

TOP STORY

## San Bernardino County coronavirus cases climb past 1,000; Joshua Tree testing is next week

Apr 16, 2020



Technicians from the San Bernardino County Department of Public Health conduct their first drive-through tests for the new coronavirus Friday, March 27. The testing will come to Joshua Tree on April 22.

County photo

**MORONGO BASIN** – More than 1,000 people in San Bernardino County have tested positive for the new coronavirus and 47 have died, the Department of Public Health reported Thursday afternoon.

The number of reported positive cases in the Morongo Basin remained at 20. Eight people in Yucca Valley have tested positive, four in Morongo Valley, four in Twentynine Palms, two in Joshua Tree and two in Landers.

There are also now 32 people in San Bernardino County who have tested positive, but whose communities are undetermined – down from 56 earlier this week.

So far the county has tested 11,191. The rate of positive results has remained around 10 percent; in the latest report it is 9.2 percent.

Local numbers of confirmed cases may jump after public testing is offered at Copper Mountain College in Joshua Tree April 22.

The county has been opening the window for appointments before its community tests 48 hours before the testing events begin. Watch [www.hidesertstar.com](http://www.hidesertstar.com) or <http://sbcovid19.com> for notification of when the Department of Public Health starts taking appointments.

Also on Thursday, the San Bernardino County Sheriff's Department announced that a fifth deputy who had COVID-19 has recovered and returned to work.

The deputy is assigned to patrol. The department anticipates more employees affected by the virus will return to work in the next few weeks.

### **Numbers go up or down as errors are fixed**

Morongo Valley started the week with five reported cases, but that went down to four Wednesday.

That does not mean that one of the Morongo Valley resident who tested positive recovered or died; the number of positive tests reported does not decrease in that case.

However, a county spokesman said Monday that workers are reconciling the numbers as they get more information about patients and that may cause changes.

The location report is determined by what people write on their lab slips when taking the test, "which is why that data is not rock-solid and part of the reason we have been cautioning communities to not make bold decisions based on this information," spokesman David Wert said.

"A patient can say they live anywhere, or refuse to give a place of residence, or the person who filled out the lab slip could have terrible penmanship – hence the undetermined," Wert said.

“Sometimes, the information gets corrected later, which is why you might sometimes see a city’s caseload go down.”

### **Riverside County tests more, reports more cases**

Riverside County, where 29,571 people have been tested so far, reported 2,264 cases of the novel coronavirus, and 59 deaths.

The Riverside County Department of Public Health also reports hospitalizations and recoveries. On Thursday, 207 people were hospitalized with COVID-19, including 70 in intensive care units, while 472 have recovered.

Statewide, California now has 26,182 confirmed cases and 890 deaths. Another 2,033 people in hospitals are suspected to have the new coronavirus.

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#### **If you are sick**

If you have a fever or cough, you might have COVID-19. Most people have mild illness and are able to recover at home. If you think you may have been exposed to COVID-19, contact your health care provider immediately.

If you have an emergency warning sign (including trouble breathing, persistent pain or pressure in the chest, confusion or trouble to arouse and bluish lips or face), get medical attention right away.

More information: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html#warning-signs>

# DAILY BULLETIN

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LOCAL NEWS • News

## San Bernardino County passes 1,000 coronavirus cases, deaths rise by 8



By **SANDRA EMERSON** | [semerson@scng.com](mailto:semerson@scng.com) and **NIKIE JOHNSON** | [nijohnson@scng.com](mailto:nijohnson@scng.com) |

PUBLISHED: April 16, 2020 at 5:54 p.m. | UPDATED: April 17, 2020 at 12:29 a.m.



The number of confirmed novel coronavirus cases in San Bernardino County passed the 1,000 mark Thursday, April 16, while deaths rose by eight.

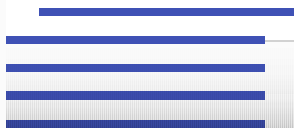
Forty-seven people have died from COVID-19 and 1,032 people have tested positive for the disease caused by the novel coronavirus, the county's data show.

As of Wednesday, April 15, there were 39 deaths and 996 positive cases, the county reported.

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Officials say 11,191 people have been tested for COVID-19 so far in San Bernardino County, representing 0.51% of the county's population, based on population estimates from the state Department of Finance.

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In neighboring Riverside County, 29,571 people have been tested, or 1.21% of its population.

Officials say 0.49% of Orange County's population and 0.68% of Los Angeles County's population have been tested.

For the most part, the counties with lower testing rates also have lower rates of confirmed cases.

San Bernardino County has 47.1 confirmed cases per 100,000 residents and Orange County has 44.2. Meanwhile, Riverside County has 92.8 cases per 100,000 residents and LA County has 106.3.

Of the 11,191 people tested for COVID-19 in San Bernardino County, 9.2% had positive results, the county's data show. Slightly more women tested positive, making up 50.2% of the cases compared to 49.2% men. The gender of .6% of the cases was unknown.

Most of the cases, 478, are among people 18 to 49 years old. Meanwhile, 295 were 50 to 64 years old, 237 were older than 65 and 22 were 2 to 17 years old, according to the county.

## CASES BY COMMUNITY

Here's where the positive cases are from:

- Adelanto, 8
- Apple Valley, 15
- Barstow, 8
- Big Bear Lake, 5
- Bloomington, 14
- Blue Jay, 3
- Chino, 60
- Chino Hills, 43
- Colton, 27
- Crestline, 4
- Fontana, 123
- Fort Irwin, 2
- Grand Terrace, 11
- Hesperia, 31
- Highland, 42
- Joshua Tree, 2
- Landers, 2
- Loma Linda, 19
- Mentone, 4
- Montclair, 11

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[Map shows coronavirus cases in San Bernardino County cities](#)

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[1 dead, 13 more test positive for coronavirus at Redlands senior community](#)

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- Morongo Valley, 4
  - Oak Hills, 5
  - Ontario, 54
  - Phelan, 2
  - Rancho Cucamonga, 66
  - Redlands, 63
  - Rialto, 44
  - Rimforest, 1
  - Running Springs, 2
  - San Bernardino, 114
  - Twentynine Palms, 4
  - Undetermined, 32
  - Upland, 38
  - Victorville, 47
  - Wrightwood, 1
  - Yucaipa, 113
  - Yucca Valley, 8
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## Sandra Emerson | Reporter

Sandra Emerson covers San Bernardino County government and politics for the Southern California News Group.

[semerson@scng.com](mailto:semerson@scng.com)

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## San Bernardino County's COVID-19 cases pass 1,000; deaths near 50

Posted Apr 16, 2020 at 5:45 PM

The number of coronavirus cases reported by San Bernardino County eclipsed 1,000 on Thursday, and deaths increased by eight to 47, according to the county's COVID-19 dashboard.

Confirmed cases now stand at 1,032, an increase of 36 from Wednesday. The number of tests conducted jumped to 11,191, which lowered the percentage of positive tests to 9.2%. As a result, the number of negative test results stood at 10,159, or 90.8%, on Thursday.

According to the county's COVID-19 dashboard, the age group with the highest number of cases is patients between 18 and 49, with 478 cases, or 46.3% of all cases.

According to U.S. census data, this age group makes up roughly 43.8% of the county's population.

Other age groups include 295 cases (28.6%) among patients between ages 50 and 64, and 237 (23%) belong to the 65 years and older demographic. Only 22 cases (2.1%) are below age 18.

Gender demographics of the first 1,032 cases show little deviation, with 49.2% of cases reported in males, 50.2% in females and 0.8% of cases without gender data.

According to an infographic published by the Los Angeles Times, San Bernardino County has doubled cases every 12.3 days. It's unclear if these trends will persist or lessen.

High Desert cases increased by five on Thursday, to a total of 138, with one new case recorded in Victorville, Yucca Valley and Oak Hills. Apple Valley saw an increase of two cases.

**Adelanto: 8**

**Apple Valley: 15**

**Barstow: 8**

**Fort Irwin: 2**

**Hesperia: 31**

**Joshua Tree: 2**

**Landers: 2**

**Morongo Valley: 4**

**Oak Hills: 5**

**Phelan: 2**

**Twentynine Palms: 4**

**Victorville: 47**

**Yucca Valley: 8**

Cases in the mountain communities stand at 15, with a one-case increase in Blue Jay.

**Big Bear Lake: 5**

**Blue Jay: 3**

**Crestline: 4**

**Rimforest: 1**

**Running Springs: 2**

**Wrightwood: 1**

The city of San Bernardino's 114 reported cases were one more than Yucaipa's. That ranks San Bernardino second in the county behind Fontana, which reported 123 cases on Thursday.

As of Thursday evening, Los Angeles County reported 10,854 cases and 455 deaths. Kern County reported 565 cases and three deaths, which contradicted their report of eight deaths on Monday evening.

Orange County reported 1,425 cases and 25 deaths, and Riverside County reported 2,264 cases and 59 deaths.

According to data from Johns Hopkins University, more than 28,000 cases have been reported statewide with 973 deaths.

New York state continues to lead the nation with 223,691 cases, eight times more than the count in California. The Empire State reported 14,832 COVID-19-related deaths.

Nationwide, cases totaled reported 671,331 cases with 33,284 deaths. Worldwide, there were 2,158,250 cases, 144,243 deaths and an estimated 543,999 recoveries as of Thursday evening.

***Night Editor Gabriel Kelvin may be reached at 760-951-6230 or by email at [GKelvin@VVDailyPress.com](mailto:GKelvin@VVDailyPress.com). Follow him on Twitter [@DP\\_GabrielK](https://twitter.com/DP_GabrielK).***

[https://www.highlandnews.net/business/planning-begins-for-reopening-state-and-county-economies/article\\_93f3aa08-8027-11ea-8e73-3f7114b93f56.html](https://www.highlandnews.net/business/planning-begins-for-reopening-state-and-county-economies/article_93f3aa08-8027-11ea-8e73-3f7114b93f56.html)

## Planning begins for reopening state and county economies

Hector Hernandez Jr.  
Apr 16, 2020

On Monday, April 13, California and San Bernardino County governments announced they have begun planning measures for reopening and recovering from the coronavirus response.

Gov. Gavin Newsom, along with Oregon Gov. Kate Brown and Washington Gov. Jay Inslee announced on Monday the creation of the Western States Pact, a shared vision for reopening the West Coast economies and controlling COVID-19 into the future.

The announcement was made with a press release that included in a joint statement from the governors: "In the coming weeks, the West Coast will flip the script on COVID-19 with our states acting in close coordination and collaboration to ensure the virus can never spread wildly in our communities. We are announcing that California, Oregon and Washington have agreed to work together on a shared approach for reopening our economies—one that identifies clear indicators for communities to restart public life and business."

The statement pointed out that "as home to one in six Americans and gateway to the rest of the world, the West Coast has an outsized stake in controlling and ultimately defeating COVID-19."



As of Wednesday, the three states had approximately 34,400 of the nation's 579,005 cases, 22,348 cases in California.

Although the governors did not disclose a timeline for reopening the three states, four goals were listed as "critical for controlling the virus in the future."

- Protecting vulnerable populations at risk for severe disease if infected. This includes a concerted effort to prevent and fight outbreaks in nursing homes and other long-term care facilities.
- Ensuring an ability to care for those who may become sick with COVID-19 and other conditions. This will require adequate hospital surge capacity and supplies of personal protective equipment.
- Mitigating the non-direct COVID-19 health impacts, particularly on disadvantaged communities.
- Protecting the general public by ensuring any successful lifting of interventions includes the development of a system for testing, tracking and isolating. The states will work together to share best practices.

According to a Tuesday, April 14, press release, while the COVID-19 preventions have yielded positive results regarding the virus they have also negatively impacted the economy, poverty and overall health care in California.

Any modifications to the stay-at-home order will be done "using a gradual, science-based and data driven framework." Six indicators were listed for modifying the state's stay-at-home order:

- The ability to monitor and protect our communities through testing, contact tracing, isolating and supporting those who are positive or exposed
- The ability to prevent infection in people who are at risk for more severe COVID-19
- The ability of the hospital and health systems to handle surges
- The ability to develop therapeutics to meet the demand



- The ability for businesses, schools and child care facilities to support physical distancing
- The ability to determine when to reinstitute certain measures, such as the stay-at-home orders, if necessary.

“As we contemplate reopening parts of our state, we must be guided by science and data, and we must understand that things will look different than before,” Newsom stated.

Locally, San Bernardino County announced on Monday, April 13, the creation of COVID-19 Recovery Coalition for the planning of a multifaceted economic recovery.

The coalition will include several government, private-sector and community partners from throughout the county under the leadership of the county’s Economic Development, Workforce Development and Housing Agency departments.

While the process for selecting coalition members is to be announced at a later date, the members will include partners in the following sectors: Transportation and logistics, healthcare, the faith community, retail, manufacturing, government, education, hospitality and tourism.

“The impacts of this pandemic are already deep and far-reaching in terms of our local economy, government resources and the basic structure of our society,” County Board of Supervisor Chairman Curt Hagman said. “The sooner we start talking about what recovery and our post-COVID-19 county looks like, even while coping with the crisis itself, the stronger and more enduring our recovery will be.”

Hagman cautioned that talking about recovery now is not a signal to ease off on efforts to control the spread of the virus that causes COVID-19.

As of Tuesday, April 14, California had 23,338 confirmed COVID-19 cases and 758 deaths. Of the confirmed cases, 2,599 were of health care workers who contracted the virus through on-the-job exposures and well as other exposures. Over 215,400 tests have been conducted in the state.

Countywide, there have been 977 confirmed cases and 31 deaths as of Tuesday.



Thirty-nine Highland residents have tested positive for COVID-19.

“We have not yet seen the worst,” Hagman said. “We must still stay at home when we can and take serious precautions when we have to go out by covering our faces as needed, washing our hands often and maintaining social distancing. Backing off now will cause more people to become infected, more people to get gravely ill, and strain our healthcare system beyond capacity.”

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Hector Hernandez Jr.





NEWS

# Chino men's prison reports 67 cases of coronavirus, 3 confirmed at women's prison



By **JONAH VALDEZ** | [jvaldez@scng.com](mailto:jvaldez@scng.com) | San Gabriel Valley Tribune

PUBLISHED: April 16, 2020 at 8:18 p.m. | UPDATED: April 17, 2020 at 7:25 a.m.



In early April, state correctional officials said they were trying to figure out the origin of COVID-19 infections that had begun to appear at the California Institution for Men, a state prison in Chino, which at the time had one inmate and 11 staff test positive for the disease.

As of Thursday, that number has ballooned to 67 confirmed cases at the prison, with 46 inmates and 21 staff testing positive for the coronavirus, the largest outbreak of the disease among all state prisons in California, according to statistics provided by the California Department of Corrections and Rehabilitation.

Also Thursday, CDCR officials confirmed that one inmate and two employees have tested positive for COVID-19 at the California Institution for Women, also in Chino.

The men's prison in Chino was among the first state prisons to report a positive case among its employees on March 21.

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In March, leading up to those initial infections, CDCR officials began to make sweeping changes to prevent the coronavirus from spreading into its facilities, such as banning all visitations to prisons, suspending rehabilitation programs, which are often hosted by non-profit advocacy groups, as well as the postponement of parole hearings.

After urging from a coalition of advocate groups such as Justice Collaborative, American Civil Liberties Union, Anti-Recidivism Coalition, California Public Defender's Association, and Los Angeles County Public Defenders, prison officials announced on March 31 they would release an estimated

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3,500 inmates early.

The first batch of nonviolent offenders would be released to parole up to 30 days early, while the next group would be released up to 60 days early, officials said. Violent offenders, sex offenders and those serving time for domestic violence were not eligible for early release.

However, population movement in the two state prisons in Chino since the announcement has been minimal.

At the men's prison in Chino, the overall inmate population has decreased by 64 people since April 1, to 4,226 inmates from 4,290, according to the latest count released by CDCR on Wednesday. Their population still remains 17% over the prison's designed capacity, a common reality for the majority of state prisons that are dealing with overcrowding. And at the women's prison in Chino, their inmate population has remained at 1,877 since the announcement of early releases.

Norma Cumpian, an advocate with Anti-Recidivism Coalition, who had been incarcerated at the women's prison in Chino from 1993 to 2010, said she is concerned about news of the confirmed coronavirus cases inside CIW and would like to see more inmates released from the prison.

"It's really scary," Cumpian said. "I know that CDCR is trying to be transparent, but they need to release more people."

She regularly exchanges emails with friends currently incarcerated at CIW through a message system approved by the prison. Among her communication network are inmates who are considered at risk due to health conditions and old age.

One of her friends said the inmate who tested positive for COVID-19 lived five cells down from hers, and their entire cell block has been on lockdown since.

Another friend reported that inmates do not have access to masks and that they were reserved for inmates who are considered high risk. Cumpian said most inmates lack the resources or material to make their own masks, unlike many in regular society.

Dana Simas, a spokeswoman for CDCR said inmates at some prisons have been assisting with producing reusable cloth masks that are to be provided to all staff and inmates at state prisons. Simas said officials also approved overtime for inmate workers, which is, according to her, the first prison industry system to do so in the country.

Cumpian said among her communication network at the women's prison in Chino, none have received those masks.

As of Thursday, nine inmates at CIW have been tested for COVID-19, and at the men's prison in Chino, 74 inmates have been tested with 12 tests still pending.

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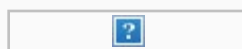
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## Feds give Ontario airport \$22.2 million to offset losses during coronavirus pandemic

Airport air cargo is booming as more people stay home and order goods online





A lone Ontario International Airport police vehicle sits outside an empty Terminal 2 on Tuesday, April 7, 2020. (Photo by Will Lester, Inland Valley Daily Bulletin/SCNG)

By **STEVE SCAUZILLO** | [sscauzillo@scng.com](mailto:sscauzillo@scng.com) | San Gabriel Valley Tribune

PUBLISHED: April 16, 2020 at 3:37 p.m. | UPDATED: April 16, 2020 at 3:39 p.m.



About \$22.2 million in federal relief coming to Ontario International Airport this week will be used to keep staff employed while helping airlines continue operations during the slowdown caused by the novel coronavirus pandemic, airport officials said.

The money is part of a \$10 billion fund earmarked for the nation's airports authorized by the Coronavirus Aid, Relief and Economic Security Act Airport Grant Program. California's 188 airports will receive \$1 billion from that pot.

Ontario airport is receiving the third-highest amount among Southern California airports, following LAX (\$323.6 million) and John Wayne Airport in Orange County (\$44.9 million). Hollywood-Burbank was

fourth with \$21.1 million.

The funding amounts to slightly more than one-fourth of ONT's total operating budget, which is between \$75 million and \$80 million, ONT CEO Mark Thorpe said on Wednesday, April 15.

"It is really helpful to us to get through this crisis," said a thankful Thorpe. "This will help us meet our operating expenses, help with concessionaires and other partners."

The airport has about 50 employees and so far, none have been laid off, he said. The airlines operating out of ONT have not cut employees either, he said, despite a 46% drop in passengers in March from March 2019. The airport has kept up contracts with janitors, parking services and legal services but has reduced output for engineering, marketing and airline recruiting, Thorpe said.

Because the airport contracts out most of its services, it can add or subtract from monthly contractual needs, he said.

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Payments from airlines are being deferred for at least two months, he said. Minimum payments from terminal souvenir shops and restaurants and parking lots are suspended. Instead, the airport will take a small percentage, he said.

Concessions have gone as low as \$200 in monthly sales revenues, he said.

He's bracing for a much larger drop in passengers this month, he said. "April will be a terrible month," he predicted.

Thorpe compared the pandemic, accompanied by stay-at-home orders and bans on travel to many countries, as a crisis similar to the aftereffects of 9/11 and the 2008 economic recession.

Recovery of the airline industry and at ONT itself will be slow-going.

“I see an 18-month climb ahead of us,” Thorpe said. “We never had anything where the bottom completely dropped out of the business.”



A Prime Air cargo jet (owned by Amazon) takes off from Ontario International Airport on Monday, Sept. 9, 2019. (Photo by Will Lester, Inland Valley Daily Bulletin/SCNG)

The good news comes from cargo freight, which is up 22% this month over March last year, according to ONT.

“Our air cargo freight is booming,” Thorpe said. “The e-commerce companies are keeping the supply chains open.”

He said some logistics experts have said the growth curve of the industry has advanced by four years in the past month.

The three giants, Amazon, UPS and FedEx all have hubs at ONT. FedEx is building a giant facility and the airport is making sure that gets finished shortly. All freight companies on the premises are hiring additional workers, he said.

“I argue that this airport is more critical to the economy now than any other in the region,” Thorpe said. “It is a place for job creation.”

Area congressional representatives worked to get the money to ONT, as well as small general aviation airports in the Inland Empire, Thorpe said. A total of \$22.5 million went to local airports. Cable Airport in Upland, San Bernardino International Airport and French Valley Airport in Murrieta each received \$69,000. Redlands Municipal and Corona Municipal airports each got \$30,000.

“Our airports are key components of our region’s economy, providing good-paying jobs to thousands of Inland Empire residents,” wrote Rep. Pete Aguilar, D-San Bernardino, in a prepared statement.

Thorpe wants to stretch out the relief money for as long as possible.

“It is not lost on me these are funds from U.S. taxpayers,” Thorpe said. “We need to make sure we keep that public trust as we use it.”

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# DAILY BULLETIN

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## LOCAL NEWS

# Ontario E-bike firm donates masks to Loma Linda, Pomona hospitals







Luis Razo, right, manager of operations of Aventon Bicycles, shows Kent Broersma, Loma Linda University Health warehouse manager, how to use one of the E-bikes Aventon donated April 3. (Photo courtesy of Aventon Bicycles)

By **STAFF REPORT** | |

PUBLISHED: April 16, 2020 at 7:04 p.m. | UPDATED: April 16, 2020 at 7:04 p.m.



Daniel Ramirez of Loma Linda University Health, left, and Kent Broersma, Loma Linda University Health warehouse manager, wheel two E-bikes donated by Aventon Bicycles to the Loma Linda University Health warehouse on Redlands Boulevard in San Bernardino on April 3. In back is Luis Razo, Aventon manager of operations, with a box of donated masks. (Photo courtesy of

Aventon Bicycles, an E-bike manufacturer and retailer based in Ontario, recently donated 2,500 surgical masks and 500 N95 masks to Loma Linda University Medical Center.

In addition to the masks, the company's donation included two E-bikes, according to a press release.

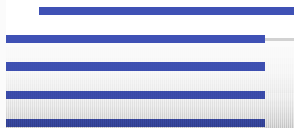
Luis Razo, manager of operations at Aventon Bicycles, has a personal connection to the Loma

Aventon Bicycles)

Linda hospital. His wife, Gracie, is works there as a registered nurse.

“When we told the hospital about the mask donation, they explained they needed help transporting them and that’s when we decided to donate the two E-bikes as well,” Razo said in the press release.

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E-bike sales are surging during the coronavirus pandemic, according to the press release, offering a means of transportation that allows for social distancing. E-bikes are powered by a battery that’s attached to the bike to help the rider pedal.

Kent Broersma, warehouse manager for Loma Linda University Health, was on hand to receive the donation.

“These E-bikes and supplies are a life saver,” Broersma said in the press release. “We need to get

supplies to our different hospital campuses, and I don't know how to do this efficiently. I tried to resurrect an old E-bike we had sitting around, and it was dead.”

Aventon is also donating surgical masks and N95 masks to Pomona Valley Hospital Medical Center.

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**Staff report**



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# Mount Baldy residents say they're fed up with those ignoring national forest closures





Visitors to Mt. Baldy play in the snow as they ignore no snow play signs and no parking signs in the area Thursday, April 16, 2020. All trails in the area are closed and no snow play is permitted due to the coronavirus pandemic. (Photo by Will Lester, Inland Valley Daily Bulletin/SCNG)

By **JAVIER ROJAS** | [jrojas@scng.com](mailto:jrojas@scng.com) |

PUBLISHED: April 16, 2020 at 3:12 p.m. | UPDATED: April 16, 2020 at 4:56 p.m.

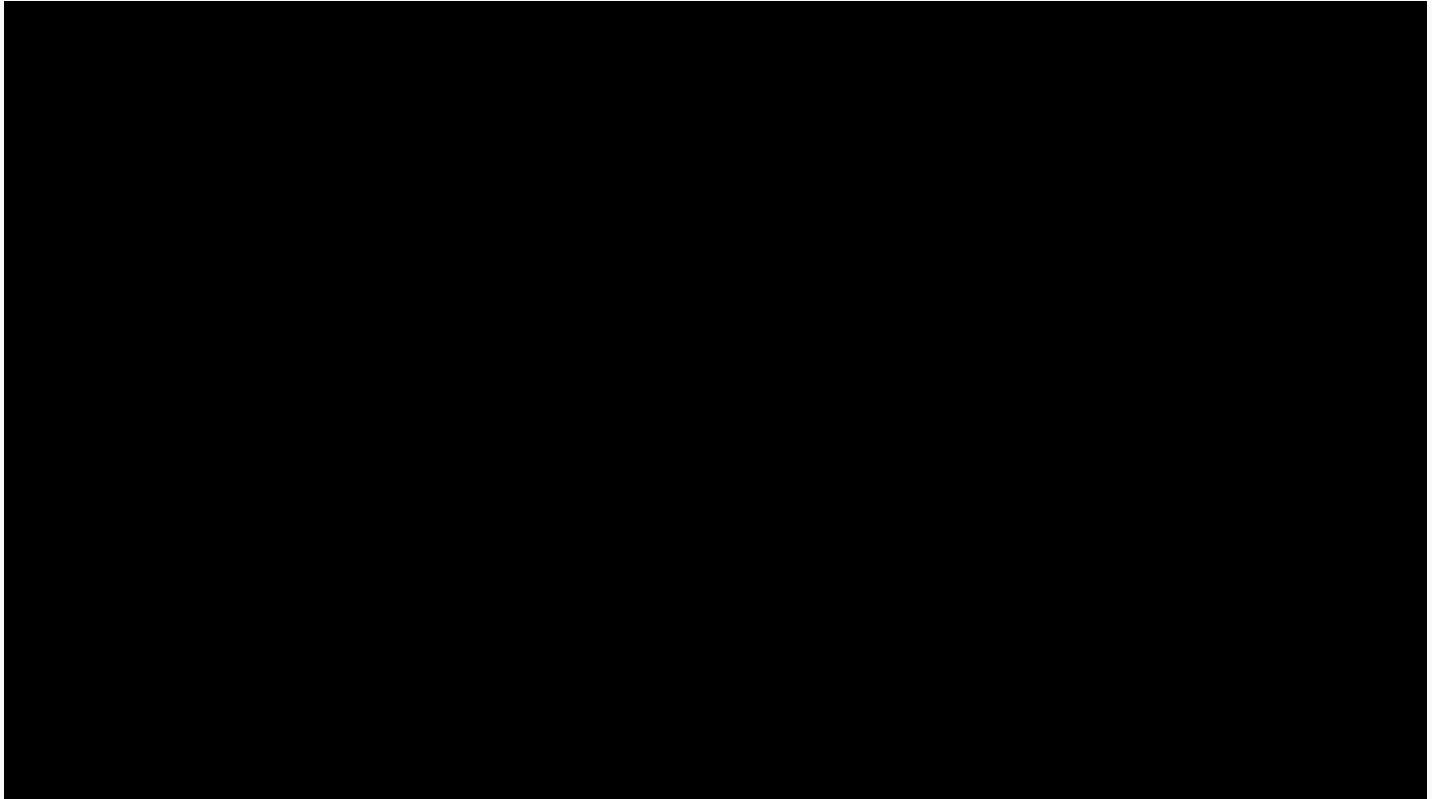


Despite closures ordered by federal officials amid the coronavirus pandemic, Mount Baldy residents say many are ignoring calls to stay home and flooding their community, a gateway to the San Gabriel Mountains.

“Since these closures were announced you’d think there would be less people up here but it’s been the complete opposite,” resident Michelle Olson said. “It’s only gotten worse.”

In recent weeks, Olson said, communities surrounding the San Gabriel Mountains have seen an influx of out-of-towners there to check out the snow or take a hike. As colder temperatures brought piles of snow this past weekend, many ascended to the mountains. But they left behind piles of trash.

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The road leading to Ice House Canyon above the Mt. Baldy Village is closed, as is the trailhead and parking lot, Thursday, April 16, 2020. All trails in the area are closed and no snow play is permitted due to the coronavirus pandemic. (Photo by Will Lester, Inland Valley Daily Bulletin/SCNG)

Visitors are making a mess of the area, Olson said, and they're ignoring local and county orders in support of social distancing. With local weather forecasts calling for rain and the possibility of snow again this weekend, the problems may be repeated.

TOP ARTICLES 1/5



The Manker Flats Campground in the Angeles National Forest has been overrun with out-of-town visitors, despite signs clearly stating the area is closed, Olson said. Turnout areas along the Angeles National Highway also are popular spots for visitors to play in the snow and to check out mountain and city views.

Earlier this month, federal officials shut down portions of the Angeles National Forest due to the coronavirus pandemic. The closures restrict access to roughly 40,000 of the forest's 700,000 acres, including four formal trailheads and 23 informal trail access points. Combined, the restrictions result in the closure of 81.5 miles of trail, out of 760 open miles, and 54.5 miles of road, according to Nathan Judy, a U.S. Forest Service spokesman.

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The closures, announced April 4, are expected to last through the end of the month, the Forest Service said.

“We have posted multiple signs on roads for guests alerting them about closures to portions of the Angeles National Forest and are doing our best to keep them safe,” Judy said about the growing number of visitors in the area.

But the closures haven't made much of a difference, according to Olson, who says many Mount Baldy residents are fed up with Forest Service and the San Bernardino County Sheriff's Department for the lack of enforcement.

with coronavirus closing some parks?

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by Comparisons.org

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“It's been tough getting through with many of the public officials in my area on this issue,” said Olson, who belongs to a Facebook group for local mountain residents who share her concerns. She said she's reached out to the Governor's Office, San Bernardino County Board of Supervisor Janice Rutherford and others, but has received little to no help on the issue.

Rutherford acknowledged the issue in an interview Thursday and said that her office and officials in Los Angeles County have tried their best to warn people about the dangers of heading up to the mountains during this time. Though she has heard complaints from Mount Baldy residents, she said, there have just as many calls from residents saying officials are putting up too many restrictions.

“There has been a whole lot of outreach to let people know the reality of the situation and we have tried to discourage unnecessary travel,” Rutherford said. “We are relying on the goodwill of people voluntarily complying with these orders.”

There are no plans to shut down Angeles National Forest roads to residents-only, Rutherford said.

San Bernardino County sheriff's deputies, meanwhile, are enforcing the orders and are giving warnings to those who aren't following them, according to Jodi Miller, department spokesperson. San



Bernardino and Los Angeles counties share jurisdiction in the Mount Baldy area. To date, those who have been contacted by deputies have complied with the order and no citations have been given, Miller said.

Sean Khao, who lives off Mount Baldy Road, agreed with Olson that something must be done to control crowds in the area, especially during a pandemic. She said she's chiefly concerned with the amount of trash visitors leave behind.

"People are going to the restroom in the snow because some because facilities are closed. I've seen syringes, condoms and diapers all along the floor," said Khao, who has previously organized mountain cleanups in the area, including at the Manker Flats campground. "None of the agencies are enforcing this."

In an earlier interview, Judy said the Forest Service employs recreational technicians to help with trash removal and keeping the restrooms clean but gave no update on the issue when reached for comment.

Bob Strickland, another Mount Baldy resident, said visitors routinely ignore signs about the national forest closures. This past weekend, he said, a large number of visitors made their way up to the mountains, a sign that many aren't adhering to social distancing guidelines.

"It's unfortunate to see, honestly," Strickland said. "I saw more than 50 cars parked up on Manker Flats."

Besides trash, Olson and Khao both say that speeding cars along the Angeles National Highway pose a danger. They say that cars going 60 mph can be frequently seen along mountain roads ignoring signs to slow down. Khoa hopes that it doesn't take a tragedy to see some change happen when it comes to better enforcement on this issue.

"I can't even take a walk around my house at times because of so many people zooming past me and I feel like I might get hit," Khao said. "This isn't right."

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# DAILY BULLETIN

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## LOCAL NEWS

# Home Depot donates supplies for nurses at Chino Valley Medical Center



By **STAFF REPORT** | |

PUBLISHED: April 16, 2020 at 7:13 p.m. | UPDATED: April 16, 2020 at 7:13 p.m.



With nurses at Chino Valley Medical Center facing shortages of N95 masks and other personal protective equipment (PPE), their union, UNAC/UHCP, delivered an emergency supply to the nurses April 8 and 9 during shift changes at the hospital.

The supplies, including masks and gloves, were donated by Home Depot stores in City of Industry, Whittier, La Mirada and Paramount, according to a press release.

“It was a community effort,” Elizabeth Hawkins, a longtime ER nurse and secretary of United Nurses Associations of California/Union of Health Care Professionals, said in the press release.

“We were actively looking for supplies for the Chino Valley RNs. Home Depot had the supplies and wanted to deliver them where they could do the most good, so we were able to coordinate the donation,” Hawkins said.

TOP ARTICLES 1/5



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Lupe Diaz, Home Depot district manager, oversaw the donations.

“It was overwhelming and very much appreciated. I had to contain myself in the car on the way home, because I really just wanted to cry,” Sonia Chesterfield, a registered nurse who works in the Medical-Surgical/Telemetry unit, said in the press release.

“UNAC/UHCP and Home Depot really came through for us. It was a great, awesome thing they did on the nurses’ behalf,” Chesterfield said in the press release.

The supplies Home Depot donated, a total of 8,971 items, included respirator masks, respirator performance cartridges, N95 masks, clear face shields, several types of gloves, shoe covers and body covers.

Chino Valley Medical Center, established in 1972, is a community hospital in Chino. For information, go to [cvmc.com](http://cvmc.com).

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## VVTA drivers ‘Sound the Horn’ to honor those working amid COVID-19

By **Rene Ray De La Cruz**

Staff Writer

Posted Apr 16, 2020 at 6:56 PM

APPLE VALLEY — Nearly 40 bus drivers with the Victor Valley Transit Authority sounded their horns Thursday in unison during a campaign that honors public transit workers in the High Desert and across the United States.

At noon, bus, rail and ferry operators participated in the nationwide “Sound the Horn,” event, which paid tribute to those on the front lines of the COVID-19 pandemic, according to the Metropolitan Transportation Authority in New York City.

Using the #HeroesMovingHeroes hashtag on social media, MTA, which created the campaign, said transportation workers continue to provide critical service for healthcare workers, first responders, childcare workers, grocery store employees and others who are performing essential work amid the health crisis.

During Thursday’s event, the VVTA bus hub next to the Apple Valley Post Office had three bus drivers behind the wheel ready to sound off, including 58-year-old Victor Gonzalez, who’s been with the agency for nearly seven years.

“OK, it’s noon. Here we go,” said Gonzalez, who wore protective gloves and Spider-Man face mask. “Everybody ready? Let’s do this.”

With that, the sounds coming from bus stop suddenly became the center of attention. People in the post office parking lot and at nearby businesses looked curiously toward the buses as their horns echoed through the area.

VVTA Planner Craig Barnes told the Daily Press that 40 of the agency’s bus drivers “from the Victor Valley to Barstow” participated in the midday event.

“Our drivers encounter a lot of people while they’re out on the road,” Barnes said. “Getting passengers to their destinations and keeping them and themselves safe and healthy is their goal.”

Barnes and Gonzalez shared how bus drivers and employees at the VVTA bus yard in Hesperia regularly clean each bus. The increased sanitation measures are part of the agency’s ongoing response to the pandemic.

Fixed route passengers, for example, must enter and exit buses using rear doors exclusively. Only wheelchair users and passengers with mobility limitations are allowed access through front doors, according to a previous Daily Press report.

VVTA also requires all passengers to wear a face covering that masks their noses and mouths. Customers who do not cover their faces are not permitted on board.

In a statement, VVTA Executive Director Kevin Kane said transit drivers across the country are working hard to “make a difference.”

“..they are putting their health and safety on the line to make sure that transit continues during this epidemic,” Kane said. “I think we under-appreciate them ... ‘Sound the Horn’ was a nationwide timed effort to show the country just how much they mean to us.”

Shortly before Gonzalez closed his bus doors and drove off, he told the Daily Press, “Tell everyone to wear a mask and to be safe out there.”

VVTA is encouraging those who recorded the “Sound the Horn” event to post it on social media using the hashtags #SoundTheHorn, #HeroesMovingHeroes and #VVTA.

***Rene Ray De La Cruz may be reached at 760-951-6227, or by email at [RDeLaCruz@VVDailyPress.com](mailto:RDeLaCruz@VVDailyPress.com). Follow him on Twitter [@DP\\_ReneDeLaCruz](https://twitter.com/DP_ReneDeLaCruz).***

# DAILY BULLETIN

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LOCAL NEWS • News

## Inland Empire getting major money from feds to fight coronavirus



By **SANDRA EMERSON** | [semerson@scng.com](mailto:semerson@scng.com) |

PUBLISHED: April 16, 2020 at 2:45 p.m. | UPDATED: April 16, 2020 at 2:46 p.m.



Inland Empire health care providers and government officials are getting a federal boost to battle the spread of the novel coronavirus.

The region has been promised hundreds of millions of dollars, and counting, as part of \$2 trillion in coronavirus relief money set aside by Congress in March. The bill includes money for those affected by the pandemic.

So far, federal lawmakers representing San Bernardino, Riverside and Los Angeles counties have arranged for dollars for colleges and students, health care providers and economic development.

More announcements are expected in coming weeks.

The money will help health care providers with the costs of caring for and testing patients as well as buying protective equipment. It will help colleges stay afloat and assist students with tuition. Some dollars are for spurring job growth and providing affordable housing.

TOP ARTICLES 1/5



Several Inland airports hit by a decline in business during the pandemic, including Ontario International Airport, also are getting money.

The list includes highlights of funding coming to districts represented by Reps Pete Aguilar, D-Redlands; Ken Calvert, R-Corona; Paul Cook, R-Apple Valley; Raul Ruiz, D-Palm Desert; Mark Takano, D-Riverside; and Norma Torres, D-Pomona.

## For hospitals and health care providers

- \$1,559,495 for Riverside County Health System, plus an additional \$101,250
- \$1,135,445 for Unicare Community Health Center in Ontario, San Bernardino, Colton, Fontana, Pomona and East Los Angeles
- \$1,094,761 for SAC Health System in San Bernardino
- \$1,044,335 for Community Health Systems, Inc. in Moreno Valley
- \$820,246 for the San Bernardino County Department of Public Health
- \$755,465 for Pomona Community Health Center
- \$711,077 for Inland Behavioral and Health Services
- \$687,455 for the Desert AIDS Project in Palm Springs, plus an additional \$60,944
- \$97,883 for Urban Community Action Projects in Riverside

## From Community Development Block Grant and Emergency Solutions Grant programs

- \$6,954,004 for Riverside County, which will receive an additional \$431,117,152 from the Treasury Department.
- \$6,560,515 for San Bernardino County
- \$2,839,568 for the city of Riverside, which is also getting \$479,139 in Housing Opportunities for Persons with AIDS funds.
- \$3,023,526 for the city of San Bernardino
- \$1,854,673 for Fontana
- \$1,851,023 for Pomona
- \$1,828,329 for Moreno Valley
- \$1,649,603 for Ontario
- \$810,528 for Victorville
- \$734,885 for Corona
- \$714,324 for Rialto
- \$702,928 for Jurupa Valley
- \$604,816 for Rancho Cucamonga
- \$601,191 for Hesperia
- \$536,986 for Perris
- \$375,735 for Upland
- \$351,040 for Apple Valley
- \$330,471 for Chino



\$329,152 for Temecula

- \$307,232 for Menifee

## For colleges and students

At least 50% must be used for tuition assistance, financial aid, meal programs and other student services.

- \$30,904,089 for Cal Poly Pomona
- \$29,734,626 for UC Riverside
- \$26,243,781 for Cal State San Bernardino
- \$17,457,959 for Mt. San Antonio College
- \$11,446,484 for Chaffey Community College
- \$10,831,532 for Riverside City College
- \$9,713,109 for Mt. San Jacinto College's Menifee Valley Campus
- \$7,913,118 for Cal Baptist University
- \$7,061,346 for College of the Desert
- \$6,732,563 for San Bernardino Valley Community College
- \$5,658,977 for University of La Verne
- \$3,681,844 for Moreno Valley College
- \$3,523,056 for Norco College
- \$3,388,020 for University of Redlands
- \$2,144,179 for La Sierra University
- \$1,285,644 for Pomona College
- \$1,105,699 for Western University Of Health Sciences
- \$855,579 for Claremont McKenna College
- \$625,861 for Pitzer College
- \$546,083 for Scripps College
- \$516,332 for Harvey Mudd College
- \$295,107 for Claremont Graduate University
- \$245,993 for Pomona Adult School
- \$189,117 for Keck Graduate Institute Of Applied Life Sciences
- \$186,455 for the Riverside County Office of Education

Money for tribes

RELATED LINKS

- \$791,184 for the Colorado River Indians Tribes. This is split between California and Arizona.
- \$109,690 for Morongo Band of Mission Indians
- \$97,636 for Soboba Band of Luiseno Indians
- \$59,903 for Torres-Martinez Desert Cahuilla Indians
- \$24,856 for the Pechanga Band of Luiseño Indians
- \$18,722 for Santa Rosa Band of Cahuilla Indians
- \$15,455 each for Twenty-Nine Palms Band of Mission Indians, Ramona Band of Cahuilla, Cahuilla Band of Indians, Cabazon Band of Mission Indians, Augustine Band of Cahuilla Indians and Agua Caliente Band of Cahuilla Indians.



## Rialto, California Launches New ... 49 Miles/Day

by Comparisons.org

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## Coronavirus in San Bernardino County: COVID-19 coverage from The Sun

San Bernardino County now has 887 coronavirus cases; deaths rise to 31

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## Sandra Emerson | Reporter

Sandra Emerson covers San Bernardino County government and politics for the Southern California News Group.

[semerson@scng.com](mailto:semerson@scng.com)

# DAILY BULLETIN

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## LOCAL NEWS

### **Recovered from coronavirus? Inland Empire hospitals want your blood**

Blood bank and hospitals seek donations from those who've recovered from COVID-19, to investigate antibody therapy





Yvette De La Rosa, a 20-year-old Colton resident, donates blood at LifeStream Blood Bank in San Bernardino on Wednesday, Jan. 8, 2020. (File photo by Watchara Phomicinda, The Press-Enterprise/SCNG)

By **TERI SFORZA** | [tsforza@scng.com](mailto:tsforza@scng.com) | Orange County Register

PUBLISHED: April 16, 2020 at 4:48 p.m. | UPDATED: April 16, 2020 at 4:51 p.m.



Hospitals in San Bernardino and Riverside counties are seeking blood donations from people who have been infected with — and completely recovered from — COVID-19.

Plasma from such people contains antibodies that can attack the virus. Infusing antibody-rich plasma into severely ill patients appeared to be a promising therapy in China and other places, and is under investigation in the U.S., with the FDA's blessing.

LifeStream Blood Bank, which provides blood products and services to more than 80 hospitals in six Southern California counties, is helping direct the collection and processing of blood plasma donations. It's also developing technologies to detect and quantify virus-fighting antibodies, officials said.

“Though convalescent plasma has not been fully proven to be effective in patients with COVID-19, there are encouraging signs from early studies,” said Joe Chaffin, MD, LifeStream’s chief medical officer, in a prepared statement.

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Potential donors must be fully recovered and symptom-free for at least 14 days. Appointments are required to donate plasma at LifeStream centers in San Bernardino, Riverside, Ontario, Victorville, Murrieta, Rancho Mirage and La Quinta.

To set an appointment, and for more information, call 909-386-6837 or visit [LStream.org/covidplasma](https://LStream.org/covidplasma).

Chino men's prison reports 67 cases of coronavirus, 3 confirmed at women's prison

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Garcetti wants to keep hiring firefighters, even as city's finances endure coronavirus smackdown

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San Bernardino County passes 1,000 coronavirus cases, deaths rise by 8

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Coronavirus has infected more than 2.1 million people worldwide, and claimed nearly 143,000 lives.

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## Teri Sforza | Reporter

Teri Sforza is one of the lead reporters on the OCR/SCNG probe of fraud, abuse and death in the Southern California addiction treatment industry. Our "Rehab Riviera" coverage won first place for investigative reporting from the California Newspaper Publishers Association, first place for projects reporting from Best of the West and is a finalist for the National Institute for Health Care Management

Foundation's print award, competing with the New York Times, the Washington Post and ProPublica. Sforza birthed the Watchdog column for The Orange County Register in 2008, aiming to keep a critical (but good-humored) eye on governments and nonprofits, large and small. It won first place for public service reporting from the California Newspaper Publishers Association in 2010. She also contributed to the OCR's Pulitzer Prize-winning investigation of fertility fraud at UC Irvine, covered what was then the largest municipal bankruptcy in America's history, and is the author of "The Strangest Song," the first book to tell the story of a genetic condition called Williams syndrome and the extraordinary musicality of many of the people who have it. She earned her M.F.A. from UCLA's School of Theater, Film and Television, and enjoys making documentaries, including the OCR's first: "The Boy Monk," a story that was also told as a series in print. Watchdogs need help: Point us to documents that can help tell stories that need to be told, and we'll do the rest. Send tips to [watchdog@ocregister.com](mailto:watchdog@ocregister.com).

# Riverside County's early mandate proving to flatten curve

By [Hailey Winslow](#) | **Published** 12 hours ago | **Updated** 11 hours ago | [Coronavirus in SoCal](#) | [FOX 11](#)

**Riverside County becomes one of the first counties in California to mandate wearing face coverings**

Two weeks ago, the Riverside County Sheriff's Office said if you want to honor the two deputies who died from coronavirus -- stay home! Riverside County then became the first county in California to mandate wearing face coverings in public. We check in to see how the mandate is working out.

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**RIVERSIDE, Calif.** - Riverside County Sheriff's deputies are handing out voluntary compliance pamphlets, letting residents know they need to wear a mask when out on essential errands and they have the authority to ticket or arrest anyone who violates the order but they haven't needed to.

Sheriff Chad Bianco says residents are following the mandate and it's definitely making a difference.

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**RELATED:** [CoronavirusNOW.com](https://www.coronavirusnow.com): FOX launches national hub for COVID-19 news and updates.

It's been two weeks since Riverside County lost two deputies in one day to COVID-19. The sheriff knew both David Werksman and Terrell Young.

"They were good men, they were dad's, they were husbands," said Sheriff Bianco. "Work came second. They were family people and really I'll just remember them as a friend."

It's been about two and a half months since the first plane from Wuhan, China landed at March Air Reserve Base, set up as a quarantine, giving county leaders instant access to top health officials.

"We had CDC and some of those experts and we were able to learn directly from them and learn what they were concerned with and that really allowed us to start early planning," said Riverside County Emergency Management Senior Public Information Specialist Shane Reichardt.

**RELATED:** [Learn how you can take action to help prevent the spread of COVID-19](#)

It's a plan that led to Riverside County, with the fourth largest population in the state, being the first in California to mandate face coverings in public, which county leaders say has translated into far fewer cases.

"What I really want to say to Riverside County residents is thank you," said the sheriff. "We don't know when it's going to be over with but if everybody is on board and does their part it's certainly going to be quicker."



And the sheriff is pleading for the community to stay on track, so they don't have to bury anyone else, like his own men. "If you really want to honor their deaths, wear a mask and stay home."

Cases in Riverside County are growing at much slower pace, now doubling in seven days rather than in four and a half, proving they are flattening the curve and not overwhelming the hospitals and EMS system.

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The sheriff told FOX 11 it is impossible for him to be more proud of his department. He said after losing his two deputies, their colleagues from the same jail volunteered to work overtime in the same facility right away, knowing what they were getting themselves into, but also knowing the community needed them.

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## Riverside County reports four new deaths and 144 new cases, including a postal worker



San Bernardino County Department of Public Health workers run a drive-through coronavirus testing site in Montclair. (Irfan Khan / Los Angeles Times)

By KAILYN BROWN

APRIL 16, 2020 | 2:10 PM



Four additional people died in Riverside County on Wednesday from complications of COVID-19, bringing the county's total to 54 fatalities, according to health officials.

Brooke Federico, the county's public information officer, said Thursday that the deceased were from Eastvale, Murrieta, Moreno Valley and Riverside.

There are currently 2,105 confirmed COVID-19 cases in the county, including 144 new ones confirmed Wednesday.

One of those cases is a U.S. Postal Service employee, who worked at the service's La Quinta office, spokesman John Hyatt confirmed in a written statement Thursday.

Hyatt said the postal service believes that the "risk is low for employees" who work at the La Quinta post office, but it will be keeping employees updated as new information and guidance becomes available. Out of caution, the postal service has enhanced the cleaning protocols at its facilities, he said, providing no further details on the postal worker.

As of Wednesday evening, 235 coronavirus patients were hospitalized in Riverside County, 64 of them in intensive care units, records show.

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## California coronavirus cases: Tracking the outbreak

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Of the positive cases, a total of 416 people had recovered from the novel virus, which is 40 more than reported on Wednesday.

Due to improved testing efforts, cases have continued to rise in the county, but Dr. Michael Mesisca, of the Riverside University Health System said that the number of infections is far below [initial predictions](#).

Earlier this month, officials said that they anticipated about 65,000 cases by early May. With that time frame about two weeks away, cases in the county are significantly lower than expected.

“Reflecting on where I thought I was going to be a week ago, I wouldn’t have thought that I’d be standing right here delivering this message,” Mesisca said during a press conference Wednesday.

The county experienced its [highest number of cases](#) on Tuesday, he added, “But it’s not at this astronomical pace, and so we are seeing some slowing. It’s going to take more time, more data points to know exactly where we’re going to be at.”

Hospitals are at about 50% capacity, which is also lower than earlier predictions by health officials. Mesisca said that he is “quite comfortable and confident” that the county has built the necessary infrastructure into the healthcare systems to treat incoming COVID-19 patients if a surge does occur.

The doubling rate for cases has lengthened from about 4.6 days to more than seven days, Dr. Geoffrey Leung of the Riverside University Health System said.

“This is very encouraging because it means that we may be entering a period of slowing and that we may have actually averted a major hospital surge,” Leung said. “We believe that we are now on a different curve.”

Leung credited the results to county residents following stay-at-home orders. But he asked that they continue to “stay the course.” By doing so, health officials say, the county will reduce potential future infections by early May from 65,000 to 13,000 cases.

CALIFORNIA

CORONAVIRUS PANDEMIC



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Kailyn Brown

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Kailyn Brown has been with the Los Angeles Times since 2018. The Las Vegas native previously worked at the city’s two newspapers, the Review-Journal and the Sun. Brown attended UNLV, where she hosted a college radio show that was named the city’s best student program by a local magazine.

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## O.C. sheriff reports an uptick in domestic violence calls amid coronavirus crisis



The Central Men's Jail in Santa Ana. (Christina House / Los Angeles Times)

By PRISCELLA VEGA  
STAFF WRITER

APRIL 16, 2020 | 6:24 PM



The Orange County Sheriff's Department announced an uptick in calls reporting domestic violence, family disputes and child custody cases — a [symptom of stay-at-home orders](#) caused by the widening coronavirus crisis, officials said.

Domestic violence calls have increased 25% when compared with the same period in March and April last year, Sheriff Don Barnes said at a news conference Thursday. Family dispute and child custody dispute calls increased to 24% and 30%, respectively, he said.

The increase in these calls do not equate to actual crimes committed, though the two are generally consistent with one another, Barnes said. Officers may be dispatched to what

they believe is a domestic violence call, but it turns out to be something else once they arrive on scene, he said.

In county jails, 24 inmates are in medical isolation because they've exhibited flu-like symptoms. Thirteen of those patients have tested positive for COVID-19. Such patients are treated on site, and none have required hospitalization, Barnes said.

Barnes said 375 inmates, plus those newly booked into jail, are quarantined from the general public as precautionary measures and still have access to services.

Three deputies have tested positive for the virus, one of whom has recovered while the other two are still fighting the infection, Barnes said.

Barnes — who previously vowed to [exhaust all other options](#) before releasing prisoners early — lambasted state judicial leaders who approved [11 new emergency rules](#) to keep essential court services running and to try and protect people from the coronavirus.

Under these emergency rules, the Judicial Council, the policymaking arm of the state court system, directed judges to set bail at zero in misdemeanor and low-level felony cases and to postpone proceedings that could result in evictions or foreclosures.

Barnes said the “blatantly irresponsible” order — which would remain valid until 90 days after Gov. Gavin Newsom declares the emergency is over or until the Judicial



Council revokes them — isn't a one-size-fits all solution for all counties facing different sets of challenges and restraints.

“I will not release any offender who I believe poses a serious risk to the public based on their current charges or their past criminal histories,” he said. “These releases of low-level offenders who are already nearing the end of their sentences is being done to create necessary capacity, allowing us to continue to house the most serious offenders.”

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Priscella Vega is a reporter for the Los Angeles Times. She previously covered city government and education for the Daily Pilot. She received a first place award from the Los Angeles Press Club in 2019 for her reporting on whether the city of Huntington Beach had overcome the racist episodes of its past following the arrest of four members of a local white supremacist group. Before joining the Pilot in 2017, she worked for the Daily Breeze covering the Palos Verdes Peninsula and for the Long Beach Press-Telegram as a general assignment intern. Vega earned her journalism degree from Cal

71°

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LOCAL NEWS

## Violence inside the home becomes a concern in O.C. as 'adverse effect' of stay-at-home order

by: [Melissa Pamer](#)

Posted: Apr 16, 2020 / 01:50 PM PDT / Updated: Apr 16, 2020 / 04:49 PM PDT

Coronavirus: Officials in Orange County, California, address COVID-19 response



The Orange County Sheriff's Department is seeing a spike in calls related to violence inside homes despite an overall drop in calls for help from deputies, authorities said Thursday following the daily release of new figures showing coronavirus case counts and deaths.

Sheriff Don Barnes said calls were up as follows compared to the same time last year: domestic violence, up 25%; family disputes, up 24%; and child custody disputes, up 30%.

much of those declines, Barnes said.

“I remain concerned about the adverse effect these stay-at-home orders has on those who are vulnerable to domestic violence and also child abuse,” Barnes said.

District Attorney Todd Spitzer said he was worried about the potential as well for elder abuse and sexual abuse. Many people are stuck in their homes and under stress like they have never before seen, he said.

“There’s going to be a point of time where society cannot handle this amount of pressure and things are going to go badly,” Spitzer warned. “People’s patience is going to grow thin.”

He later noted that – because schools are closed – mandatory reports of suspected child abuse have stopped.

“So, when people are isolated in their homes, behind closed doors, there’s things that are going on,” Spitzer said. “When we get through this, over time, there’s going to be situations that have emerged and we learn about – that we’re all going to be shaking our heads.”

He did praise O.C. residents’ overall response to the crisis, noting they’d obeyed health orders and declined to engage in “civil disobedience” or price gouging.

Both Barnes and Spitzer expressed frustration with a statewide order that bail be reduced to zero for many offenders, and the sheriff focused particularly on the [order’s continuation for 90 days](#) after the governor lifts the coronavirus state of emergency.

The county’s jail population has dropped to 3,309, a 38% decline since March 7, Barnes said. And, in the last 2 1/2 weeks, 385 low-level offenders have been released 30 to 60 days before the end of their sentences, he said.

Barnes had previously said the county [would not release jail inmates](#) to prepare for coronavirus. That was before an April 6 Judicial Council decision to [set bail at zero](#) for some offenses.

Three deputies assigned to the jails as well as 17 inmates have tested positive for the novel coronavirus, according to the sheriff.

His comments came after the county announced its latest COVID-19 figures, showing 1,425 confirmed cases in the county, with 25 deaths, three of which were reported Thursday.

The county has 51 new cases, a steep drop from Wednesday, when 87 news cases were reported.



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71°



The highest number of new cases reported occurred on April 1, with 104.

“Case counts will fluctuate day to day,” the county cautions on its [webpage](#) where coronavirus statistics are shared. “It is important to look at trends over time when reviewing these data rather than drawing conclusions from any individual data point.”

Meanwhile, the county has struggled with its plan to house homeless people in hotels during the pandemic. Residents in Laguna Woods and neighboring Laguna Hills have both protested plans for the county’s use of local hotels.

A judge had been expected to weigh the use of the Laguna Hills Inn on Thursday, in a case in which the city sued the county, [according to the Los Angeles Times](#). The hearing was postponed till Monday, county Executive Officer Frank Kim said.

In the Laguna Woods case, the [Ayres Hotel backed out of a deal](#) with the county after a backlash from local residents. Laguna Woods Village, a large nearby retirement community, had like Laguna Hills sued in that case.

The state allocated [\\$50 million](#) to help localities secure hotel housing for homeless people across California, after Gov. Gavin Newsom announced “[Project Roomkey](#)” on April 3.

 **County of Orange**  
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**COVID-19  
PRESS CONFERENCE**  
3 P.M. FACEBOOK LIVE - @OCGOV

 **www.ochealthinfo.com**  
**/novelcoronavirus**

17 9:36 AM - Apr 16, 2020



**Health Care Agency**  
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NEWS • News

# Elderly O.C. couple recovers from coronavirus, swears by hydroxychloroquine





Louis Amen, 90, and his wife Dolores, 88, at their home in Newport Beach on Tuesday, April 14, 2020. The couple are back home after being hospitalized at Hoag Hospital after contracting and surviving COVID-19. (Photo by Leonard Ortiz, Orange County Register/SCNG)

By **KEITH SHARON** | [ksharon@scng.com](mailto:ksharon@scng.com) | Orange County Register

PUBLISHED: April 16, 2020 at 2:33 p.m. | UPDATED: April 17, 2020 at 6:48 a.m.



1 of 6

Dr. Philip Robinson, right, Hoag's Medical Director of Infection Prevention, is shown with COVID-19 survivors Louis, 90 and Dolores, 88, Amen at their home in Newport Beach on Tuesday, April 14, 2020. Dr. Robinson treated the couple at Hoag Hospital after they contracted COVID-19. Both survived and are back home. (Photo by Leonard Ortiz, Orange County Register/SCNG)



She put on lipstick, wore sunglasses, packed a suitcase and, as the ambulance was arriving, she told some family members she was on her way to die.

She had pneumonia and a positive test for COVID-19.

It was Sunday, March 29, when EMTs wrapped 88-year-old Dolores Amen in a yellow tarp (“Like you would use to protect the floor when you’re painting,” her daughter Mary Amen said) and whisked her off to Hoag Hospital in Newport Beach. The EMTs did not allow her suitcase in the ambulance.

A second ambulance came for her husband.

TOP ARTICLES 1/5



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Louis Amen, 90, also had pneumonia and a fever. He made it to the curb with the help of a walker. A second set of EMTs wrapped him in a yellow tarp and took him to Hoag.

He, too, had tested positive for COVID-19.

When the Amens arrived, Dr. Philip Robinson, Hoag's Medical Director of Infection Prevention, hustled out of the Incident Command Center, a boardroom set up to handle oversight of COVID-19 patients. When he met the Amens in the emergency room, he didn't tell them what he was really thinking.

"I was petrified," Robinson said. "The older you get, the more complications there are."

The Centers for Disease Control released a morbidity study in March that said between 10 and 27 percent of COVID-positive people older than 85 will die. The rate is less than 1 percent for people under the age of 64.

Seeing the Amens, who have seven children, and 50 grand, great-grand and great-great-grandchildren, bothered him so much, "I didn't sleep for a couple of days," Robinson said.

But something strange happened on the way to the Amens' obituaries.

Fewer than five days later, the Amens were discharged from Hoag, weakened, but COVID-free. Louis,

who owns eight supermarkets in Los Angeles, is currently working from home in Newport Beach, and Dolores, with her firecracker personality, is dreaming about the day she can get back out on the golf course.

“Thank God,” Dolores said. “It’s a miracle.”

The buzz around Hoag Hospital was palpable.

“This was one of those heart-warming stories,” Robinson said. “It gave a little bit of energy to our staff. It gave everyone a great feeling.”

Heart-warming, certainly.

Also unconventional, jaw-dropping and ultimately, as you’ll see, controversial.

What you believe happened to the Amens may be a litmus test for how you see the world, how you feel about taking risks with medicine and where you stand politically. This story is full of hope and disagreement.

The Amens used an unproven treatment that has been touted by President Donald Trump. It was prescribed first by their son, a celebrity psychiatrist who was on the “Dr. Phil” show two weeks ago in between YouTube appearances with Miley Cyrus.

And Hoag’s Dr. Robinson, who continued to administer the prescription, said if he had the choice to do it again, he wouldn’t.

There is no way to know if the treatment had any effect on the Amens, even though they did defy the odds soon after taking it. Or ...

Were they just lucky?

Is your blood boiling yet?

## Get out of the ice

Louis (1929) and Dolores (1931) Amen were both born during the Great Depression.

Louis was raised in Michigan, where he earned money during World War II by selling Eskimo Pies off of a wagon for a nickel to auto workers. He also worked in a grocery store. When he had saved \$1,500, he decided to head to California, “to get out of the damn ice,” Louis said.

He met Dolores in Redondo Beach at a Lebanese party.

“He tried to kiss me in the cloakroom, and I slapped him,” she said.

Their first date was for curry soup at the Lime House in Chinatown. That must have gone a little better.

They were married on Feb. 18, 1950.

Louis made his living in the grocery business, first as part-owner of S&A Foods, and then as CEO of Super A Foods. The corporate office is in Commerce, and, up until he got sick, Louis was making the 40-mile drive to his desk four times per week.

“He works 16 hours a day, and I take care of the kids,” said Dolores. When she wasn’t taking care of the kids, she became proficient at the game of golf. She’s a three-time club champion in Newport Beach, and was proud to say that her handicap at age 50 was 8.

Their kids are Jimmy, Jeanne, Joanne, Renee, Mary, Daniel and Christine. The first four on that list now work in the family grocery business.

Dolores said they’ve never had problems ... except for that time in 1960 when she didn’t pull the “devil grass” weeds out of the dichondra in the backyard.

“I almost left her over that,” Louis said.

They moved to Newport Beach in 1974, and still live in the same house.

## Bias toward action

Things weren’t going well for the Amens in early March 2020.

Dolores was still recovering from a broken hip. Louis was having heart trouble. The coronavirus, which was spreading rapidly all over the world, seemed lower on their list of priorities.

On March 10, Mary Amen took her father to have a chest X-ray in Newport Beach.

“There was a room full of coughing people,” Mary said. “In my mind, that’s where he was most exposed.”

On March 16, he went to work in Commerce and came home with a fever.

At the same time, Mary was developing a case of pneumonia.

Still, neither of them could get a test for the coronavirus.

That's when Dr. Daniel Amen, their youngest son, stepped in.

"I'm the one who tested them," he said.

Daniel thought their futures looked grim. Dolores, he said, has battled pneumonia about 10 times in her life.

"I didn't have a good feeling, especially about my mom," Daniel said.

When both tests came back positive, Daniel was worried that one or both of his parents were going to die.

"Was I going to do nothing and hope?" Daniel said. "No."

Daniel didn't hesitate. "I have a bias toward action," he said. "When it's your mom and dad, you would do anything."

He wrote out two prescriptions for two drugs: hydroxychloroquine and azithromycin. His parents started taking the drugs before the ambulances came. They continued their doses while in Hoag Hospital. They received no other medicine.

"I went to medical school," Daniel said. "I read the studies. I know a definitive answer is not coming for months."

He read two studies. One based in China and the other in France. Both studies showed positive results. But both studies have been criticized for small sample sizes. Later studies showed the drugs have potentially lethal side effects, especially for people (like Louis) with heart problems.

On March 19, Trump announced he had authorized the use of hydroxychloroquine, which had once been used to fight malaria, as a treatment for coronavirus. The announcement was met with backlash from medical professionals who said the drug had not gone through the clinical trial process.

Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases and member of the White House Coronavirus Task Force, called any success stories with the drug "anecdotal."

"If you really want to definitively know if something works, you've got to do the kind of trial where you get the good information," Fauci said.

After the Amens discharged from Hoag on April 2, Mary Amen said, "Hydroxychloroquine saved my

family.”

‘Good for their mental health’

Robinson said it was the “supportive care” that saved the Amens. Hoag’s chief nursing officer, Rick Martin, changed the hospital’s one-person-per-room policy to allow the Amens to be together in the same room.

“It was good for their mental health,” Robinson said. “I think it contributed to them getting better.”

Louis got oxygen and IV bags of fluids.

Dolores signed up for a clinical trial of a drug called Remdesivir. Robinson remembers telling her that she had to agree not to get pregnant while participating in the clinical trial.

The next morning, he visited her.

“She said, ‘I’m not pregnant,’” Robinson recalled with a huge laugh, “But we tried.”

Dolores, however, was randomly placed in the group that didn’t receive Remdesivir. All she got at Hoag was Hydroxychloroquine.

## Controversy

“I’d do it again,” Daniel Amen said of writing that prescription for his parents.

Mary Amen was emphatic. “Hydroxychloroquine stopped the COVID in its tracks.”

Joanne Amen, who was with her father on the day he came down with a fever, also tested positive for COVID.

She took hydroxychloroquine, and she’s also on the mend.

Robinson, with 22 years experience at Hoag, said he wouldn’t use the drug again unless it was as a last resort.

Robinson said the only reason he allowed the Amens to keep taking the drug they had started at home was because hydroxychloroquine was listed among the hospital guidelines for treatment during the pandemic.

Since then, the guidelines have been changed. The drug is no longer on the list.

“We do not know if it has any benefits,” Robinson said. “We do know now it has risks.”

Robinson was very clear about the conclusions that can be drawn from what happened to the Amens.

“We cannot say that hydroxychloroquine improved their outcome,” he said. “We don’t have any good data. The message has to be this: There is significant risk. If people use this at home, they are going to harm themselves.

“It should not be used outside of a clinical trial.”

Whether it was the care they received, luck or hydroxychloroquine, the Amens are home and Dolores is thinking a lot about golf.

“I ought to be able to putt,” she said.

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# 55 new coronavirus deaths in L.A. County a record high: 'Devastating power of COVID-19'



Firefighters respond to a call at Long Beach Fire Station 11 while wearing masks. (Luis Sinco / Los Angeles Times)

By RONG-GONG LIN II, SEAN GREENE, LUKE MONEY

APRIL 16, 2020 | 7:36 AM **UPDATED** 2:06 PM



Coronavirus-linked fatalities hit another new high in Los Angeles County Thursday, as health officials confirmed 55 additional deaths.

The latest update — the [third-straight](#) day the county has seen a record number of deaths — brought the county’s total to 455 and demonstrates “the devastating power of COVID-19,” Public Health Department director Barbara Ferrer said.

The county’s mortality rate now stands at 4.2%, she added.

Of the latest victims, 43 were over the age of 65 — and 39 of those people had underlying health conditions, Ferrer said. Nine were between the ages of 41 and 65, and all had underlying health conditions, she added.

In total, Ferrer said 88% of those who have died as a result of COVID-19 have had some kind of underlying health condition. That underscores “the need for all of us to work together to make it possible for those who have underlying health issues to remain in their homes,” she said.



L.A. County officials also confirmed 399 new coronavirus infections, bringing the total to 10,854. Although the number of deaths has risen day over day, the number of new COVID-19 cases has trended downward over the course of the week.

Ferrer said there's a natural lag when it comes to deaths, as "sometimes people can be in the hospital for a few days before they actually pass away," and that other areas have seen a similar trend.

"You tend to see the deaths continue to rise after your cases may have leveled off," she said.



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Officials have race/ethnicity information for 390 of the people who have died in the county and released the following breakdown of those victims:

16% African-American

17% Asian

33% Latino

31% White

3% Other

Despite [promising signs](#) of flattening the curve in the battle against the coronavirus, California continues to see a rising number of deaths linked to the illness.

As of Wednesday night, [889 deaths had been recorded in the state](#) — including 101 new fatalities reported that day. The number marks the largest single-day toll to date.

Still, California's death totals [are far less than](#) other coronavirus hot spots like New York, New Jersey and Michigan, and officials credit early social distancing with making a major difference. New York [has seen more](#) than 10,000 coronavirus deaths.

The number of new cases reported each day in California has started to show signs the spread of the virus is lessening. So has the number of COVID-19 patients in [California's intensive care units](#), which has remained between 1,100 and 1,200 people since April 7.

Gov. Gavin Newsom said Thursday that 1,191 Californians were in intensive care as of Wednesday — a 1.4% day-to-day increase — but that the overall number of patients hospitalized ticked down by .9% to 3,141.

“That’s good news but, again, I caution everybody: one day’s data does not make a trend,” he said.

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## **Photos from the front lines of the COVID-19 pandemic**

April 15, 2020

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There are more than 27,000 cases across the state, a number that rose 1,320 in one day.

San Diego County reported seven additional coronavirus-linked deaths Wednesday, for a total of 60, as its case count climbed past 2,000.

Riverside County also passed that threshold Wednesday. Following on the heels of its [largest single-day](#) increase in cases since the pandemic began, the county reported 144

additional coronavirus infections, as well as four new deaths. Countywide, 54 people have died and 2,105 have tested positive.

In Orange County, there have been 25 deaths linked to the coronavirus — [including three each](#) on Wednesday and Thursday. The county also confirmed 51 new COVID-19 cases Thursday, boosting its cumulative total to 1,425.

## Cases statewide

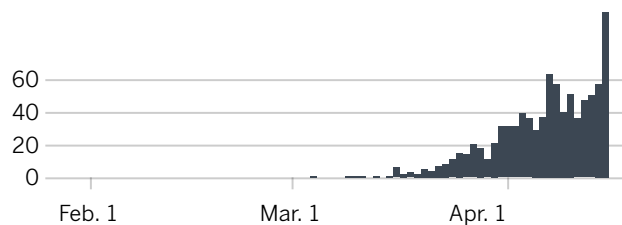
As of April 16, 2:05 p.m. Pacific

**27,575**  
confirmed

**947**  
deaths

County	Cases	Deaths
Los Angeles	10,854	455
Riverside	2,105	54
San Diego	2,012	60
Santa Clara	1,793	65
Orange	1,425	25

Statewide deaths by day



[See the full California coronavirus tracker >>](#)

And the cases are higher outside Southern California too. Some parts of the Bay Area have also seen their death tolls rise in recent days.

Alameda County reported 13 coronavirus-linked deaths Wednesday. The county now has 36 deaths and 962 total coronavirus infections.

Officials there are also contending with outbreaks at two nursing homes. Bay Area prosecutors have [opened an investigation](#) into the Gateway Care & Rehabilitation

Center in Hayward, where 13 people have died after contracting the coronavirus. Forty-one residents and 26 staff members there have tested positive for COVID-19.

At the East Bay Post Acute Healthcare Center in Castro Valley, 22 residents and 23 staff members have tested positive for coronavirus infection. One resident has died.

Santa Clara County reported 71 new cases and one additional death Wednesday, bringing its totals to 1,793 and 65, respectively.

Elected leaders have warned that life would not go back to normal any time soon.

An internal Los Angeles Fire Department email [reviewed by The Times](#) indicates that the city may hold off on allowing big gatherings, like concerts and sporting events, until 2021 because of the coronavirus threat.

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CALIFORNIA

**Across California, festivals and fairs fall victim to the coronavirus**

April 15, 2020

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“I think we’re a long way off from huge gatherings,” Los Angeles Mayor Eric Garcetti said at his Wednesday evening [news conference](#). “We can’t reopen things simply because our hearts say that we want to. I will always listen to the doctors; I will always listen to public health.”

Garcetti said he could foresee sports teams being able to play games without live audiences, if public health officials say such a move would be safe. “I think that’s probably something we will see before we see stadiums full.”

Officials are continuing to deal with the [devastating economic toll of the shutdown](#).

Newsom said Thursday that he had recently been on a call with President Donald Trump and other federal officials and governors and was grateful for what he heard as it relates to the “need for a phased approach, a thoughtful and judicious approach based on conditions and based upon the need to act with the kind of specificity at a state-by-state level that is required.”

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**Riverside County reports four new deaths and 144 new cases, including a postal worker**

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## L.A. County suffers a disproportionate share of coronavirus deaths amid a grim week



Officers from the Los Angeles School Police Department serve as honor guard and present the family with an American flag at the funeral Wednesday of retired school Police Officer Charles Jackson Jr., who died of coronavirus complications. (Jason Armond / Los Angeles Times)

By SEAN GREENE, RONG-GONG LIN II, LUKE MONEY, PRISCELLA VEGA

APRIL 17, 2020 | 4 AM



Even as the growth of [coronavirus cases appears](#) to be slowing in California, the numbers of dead reached new highs this week with the toll being particularly grim in Los Angeles County.

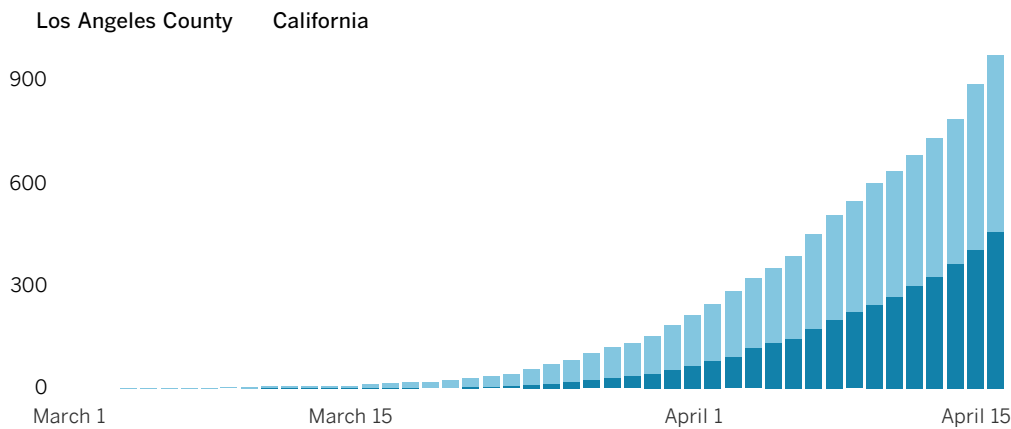
Coronavirus-linked fatalities hit another one-day high in Los Angeles County on Thursday as health officials confirmed 52 additional deaths for a total of 457. It marked the [third straight day](#) the county has seen a record number of deaths, according to the county's tally.

While the coronavirus crisis began in the Bay Area, Los Angeles County now accounts for an outsized number of deaths despite its large size.

The county represents a quarter of California's population but has been the site of almost half of the deaths due to COVID-19, a Times data analysis found. The five-county Southern California region accounts for roughly 60% of the deaths in California due to the coronavirus, even though it makes up just 48% of California's population.

## COVID-19 deaths in California

The number of deaths has continued to climb, with almost half of the state's victims from Los Angeles County.



California Department of Public Health

Sean Greene / Los Angeles Times

Those numbers led to California recording its worst one-day death total on Wednesday, at 101 reported fatalities.

“The increase this week on the number of deaths attributed to COVID-19 is distressing and a stark reminder of the devastation caused by COVID-19,” said Barbara Ferrer, Los Angeles County’s public health director.

In Los Angeles County, 88% of those who have died as a result of COVID-19 had other health problems. That underscores “the need for all of us to work together to make it possible for those who have underlying health issues to remain in their homes,” she said.

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County officials have said that while strict stay-at-home orders have slowed the spread of coronavirus, they remain worried about the possibility of more outbreaks. They forecast [last week that up to 30%](#) of the county’s 10 million residents could be infected by midsummer without more behavioral changes, such as reducing shopping trips.

Institutional settings such as nursing homes have been major hot spots for the virus in Los Angeles County. Roughly 30% of the deaths in L.A. County have [occurred in nursing homes](#). In Long Beach, [that number is more](#) than 70%. All of Pasadena’s 16 fatalities have been associated with long-term care facilities.

Nursing homes have been a crisis point elsewhere. Bay Area prosecutors have opened an investigation into the Gateway Care and Rehabilitation Center in Hayward, where 13 people have died. Forty-one residents and 26 staff members there have tested positive.

### Cases statewide

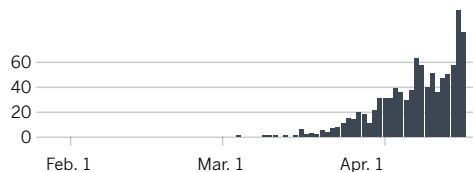
As of April 16, 10:24 p.m. Pacific

**28,156**  
confirmed

**973**  
deaths

County	Cases	Deaths
Los Angeles	10,895	457
Riverside	2,264	59
San Diego	2,087	63
Santa Clara	1,833	69
Orange	1,425	25

Statewide deaths by day



[See the full California coronavirus tracker »](#)

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State and local officials have said that California’s coronavirus outbreak should be peaking over the next few weeks and are already beginning to talk about the conditions needed to lift some of the restrictions.



If those forecasts hold, the state would fare dramatically better than places such as New York, New Jersey and Michigan. New York has seen more than 14,000 coronavirus deaths, compared to more than 970 in California. Officials have attributed early adoption of stay-at-home rules for part of that difference.

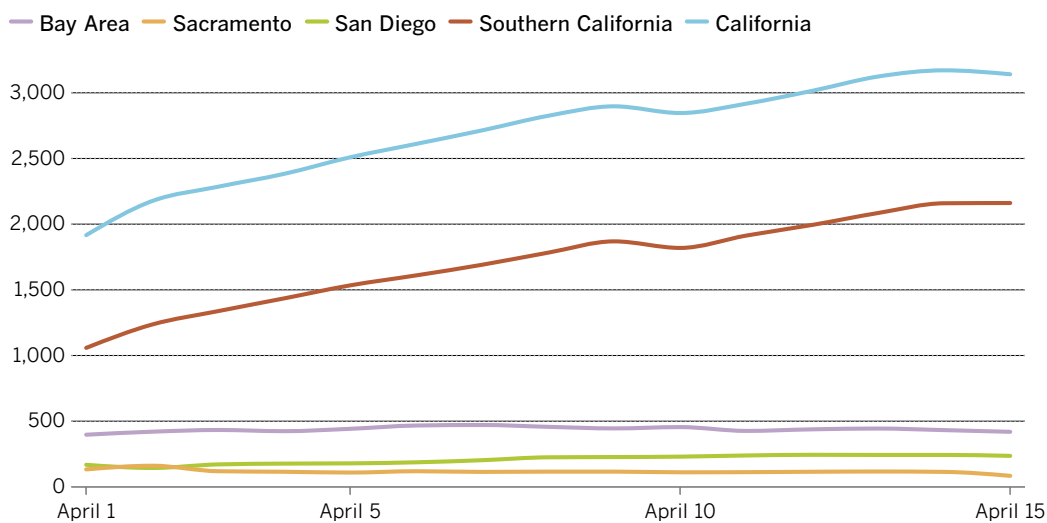
Daily tallies of new cases in California suggest the spread of the virus is slowing. So does the number of COVID-19 patients in [intensive care units](#), which has remained between 1,100 and 1,200 since April 7.

Gov. Gavin Newsom said Thursday that 1,191 Californians were in intensive care as of Wednesday — a 1.4% day-to-day increase — but that the overall number of patients hospitalized ticked down by almost 1% to 3,141.

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“That’s good news but, again, I caution everybody: One day’s data does not make a trend,” he said.

### Coronavirus hospitalizations in California



California Department of Public Health

Sean Greene / Los Angeles Times

The increase in hospitalizations over the first 15 days of April appeared to be driven by the five counties in Southern California, where the number of those hospitalized doubled from 1,058 to 2,161. But the nine-county Bay Area has seen a flat number of those hospitalized for COVID-19 for those two weeks, staying between 397 and 471.

The first two weeks of April have been more stable than the rapid increases in new cases seen in March. The Southern California region has added between 500 to 1,000 cases daily during the first two weeks of April, while the nine-county San Francisco Bay Area has added between 100 to 300 cases daily. San Diego County has added fewer than 150 cases daily, and the seven-county Sacramento area hasn’t added more than 100 cases since April 1.

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Coronavirus forces deep cuts to L.A. Metro bus and rail service

But as the death toll increases, there are growing concerns about racial disparities among coronavirus victims.

The California Department of Public Health released [data this week](#) showing that the coronavirus is [killing black residents](#) in disproportionate numbers — a trend mirrored by Los Angeles County and other local cities.

In numbers released this week, black Californians accounted for 7% of the state's COVID-19 cases and 12% of its coronavirus-related deaths. Blacks make up 6% of the state's population.

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State officials said a fuller picture of racial demographics are coming into perspective as more information is included in COVID-19 reporting. As of this week, officials said data on race and ethnicity were complete for 65% of cases and 87% of deaths reported to the state.

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CORONAVIRUS PANDEMIC



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Sean Greene is a graphics and data journalist covering science, the environment and medicine at the Los Angeles Times.



Rong-Gong Lin II

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Rong-Gong Lin II is a metro reporter, specializing in covering statewide earthquake safety issues. The Bay Area native is a graduate of UC Berkeley and started at the Los Angeles Times in 2004.



Luke Money

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Luke Money is a Metro reporter covering breaking news at the Los Angeles Times. He previously was a reporter and assistant city editor for the Daily Pilot, a Times Community News publication in Orange County, and before that

77°

**BREAKING NEWS** / Watch live: L.A. County health officials to address COVID-19 outbreak

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LOCAL NEWS

## L.A. County reports 55 more people have died from COVID-19, marking another single-day high in deaths

by: [Marissa Wenzke](#)

Posted: Apr 16, 2020 / 12:53 PM PDT / Updated: Apr 16, 2020 / 01:59 PM PDT



Los Angeles County health officials reported Thursday that another 55 COVID-19 patients have died, marking the third day in a row the county has seen a single-day high in fatalities.

California also saw a single-day peak in the statewide death toll as of Wednesday night, when [101 new deaths were reported](#) that day for a total of 889 fatalities, according to the Los Angeles Times tracker, which reports data from health providers sooner than public officials.

In total, 455 people have died from the virus in L.A. County and 10,854 people have tested positive – including another 399 infections reported Thursday alone, health officials said.

The total number of cases appears to be leveling out, essentially flattening the curve, even as the death toll continues to climb at a more rapid rate in recent days, according to L.A. County Health Director Barbara Ferrer. She said that could be due to patients dying several days after being hospitalized, creating a lag in reported fatalities seen in other hot spots like New York City.

The number of deaths across the U.S. have been multiplying in the past week. According to the [New York Times](#) database, deaths have exceeded 2,000 on three different days of the past week.

On Wednesday, the number of people who died from the virus in L.A. County was nearly 49% of all fatalities recorded in California, according to data from public health officials. To put that in perspective, the county holds just 25.5% of the state population, according to [Census projections](#).

As L.A. remains the epicenter of the outbreak in California, [Mayor Eric Garcetti has told CNN](#) the city will likely not host large public gatherings – from concerts to Dodgers games – until 2021.

Widely available testing or a vaccine would have to be available before the city can essentially reopen, he said.

Residents in L.A. County and throughout the state mostly remain quarantined inside their homes with the exception of medical workers, grocery store employees and others in so-called essential industries while hospitals continue to prepare for more infected patients.

Much like other parts of the U.S., medical workers in the L.A. area have protested against a lack of N95 masks as emergency rooms grapple with a growing number of infected patients. In Santa Monica, a union told the [Associated Press](#) 10 nurses were suspended from Providence Saint John's Health Center after demanding N95 masks which the hospital said weren't necessary.

Meanwhile, about a third of all virus-related deaths in the county have been tied to nursing homes or similar care facilities, according to data provided by health officials Wednesday.

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**BUSINESS** • News

# Airbnb program offers free stays to frontline responders during coronavirus outbreak





A program created by Airbnb co-founder and CEO Brian Chesky will create a statewide network of free living accommodations for frontline responders at public and private hospitals throughout California. Locally, that will include Harbor-UCLA Medical Center in Torrance. (File photo by Robert Casillas/Daily Breeze)

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

PUBLISHED: April 17, 2020 at 6:00 a.m. | UPDATED: April 17, 2020 at 7:46 a.m.



Airbnb co-founder and CEO Brian Chesky has partnered with Los Angeles County leaders and statewide union representatives to create a network of free living accommodations for frontline responders and others working in private and public California hospitals amid the COVID-19 pandemic.

Chesky pledged \$1.5 to create a program that will support stays for up to 1,000 workers. They will be able to book free accommodations at Airbnb listings and at hotels through the company's HotelTonight platform. The program will allow them to be close to their patients while safely distanced

from their families.

“The courage and resilience of frontline responders who are risking their lives to protect our communities is inspiring,” Chesky said in a statement. “We are grateful to our hosts across California who have stepped up to offer thousands of places to stay for these heroes.”

In Los Angeles County, the program targets doctors, nurses and others employed at four county-run hospitals —Harbor-UCLA Medical Center, LAC + USC Medical Center, Olive View Medical Center, and Rancho Los Amigos National Rehabilitation Center.



[Read Article](#)

Chesky is working with Service Employees International Union-United Healthcare Workers West (SEIU-UHW) to expand the program to include licensed vocational nurses, environmental service workers, technicians, therapists, transporters and others working at medical facilities throughout California.

The announcement follows a similar commitment made last week to support frontline responders in New York State and 1199SEIU members in New York, New Jersey, Washington, D.C, Massachusetts, Maryland and Florida.

Supervisor Kathryn Barger, chair of the Los Angeles



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County Board of Supervisors, lauded the program.

“Undoubtedly, it’s stressful for them to leave work and risk potentially exposing their own family members to this brutal virus,” Barger said. “I’m grateful to Airbnb for their generous donation that will provide our healthcare heroes much needed relief with a safe, comfortable place to rest.”

Last month, Airbnb announced Frontline stays, a program that allow hosts to support healthcare workers fighting the spread of the COVID-19. Since then, Airbnb’s global community of hosts have offered more than 140,000 places to stay for people responding to the pandemic.

Healthcare staff and other first responders can book available stays in 160 countries and regions around the world.

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# STAT

## Early peek at data on Gilead coronavirus drug suggests patients are responding to treatment

By [Adam Feuerstein @adamfeuerstein](#) and [Matthew Herper @matthewherper](#)

April 16, 2020



A vial of the remdesivir, an investigational drug from Gilead. *Gilead Sciences via AP*

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A Chicago hospital treating severe [Covid-19](#) patients with Gilead Sciences' antiviral medicine remdesivir in a closely watched clinical trial is seeing rapid recoveries in fever and respiratory symptoms, with nearly all patients discharged in less than a week, STAT has learned.

[Remdesivir](#) was one of the first medicines identified as having the potential to impact SARS-CoV-2, the novel coronavirus that causes Covid-19, in lab tests. The entire world has been waiting for results from Gilead's clinical trials, and

positive results would likely lead to fast approvals by the Food and Drug Administration and other regulatory agencies. If safe and effective, it could become the first approved treatment against the disease.

The University of Chicago Medicine recruited 125 people with Covid-19 into Gilead's two Phase 3 clinical trials. Of those people, 113 had severe disease. All the patients have been treated with daily infusions of remdesivir.

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“The best news is that most of our patients have already been discharged, which is great. We've only had two patients perish,” said Kathleen Mullane, the University of Chicago infectious disease specialist overseeing the remdesivir studies for the hospital.

Her comments were made this week during a video discussion about the trial results with other University of Chicago faculty members. The discussion was recorded and STAT obtained a copy of the video.

The outcomes offer only a snapshot of remdesivir's effectiveness. The same trials are being run concurrently at other institutions, and it's impossible to determine the full study results with any certainty. Still, no other clinical data from the Gilead studies have been released to date, and excitement is high. Last month, President Trump touted the potential for remdesivir — as he has for many [still-unproven treatments](#) — and said it “seems to have a very good result.”

In a statement Thursday, Gilead said: “What we can say at this stage is that we look forward to data from ongoing studies becoming available.”

Gilead had said to expect results for its trial involving severe cases in April. Mullane said during her presentation that data for the first 400 patients in the

study would be “locked” by Gilead Thursday, meaning that results could come any day.

Mullane, while encouraged by the University of Chicago data, made clear her own hesitancy about drawing too many conclusions.

“It’s always hard,” she said, because the severe trial doesn’t include a placebo group for comparison. “But certainly when we start [the] drug, we see fever curves falling,” she said. “Fever is now not a requirement for people to go on trial, we do see when patients do come in with high fevers, they do [reduce] quite quickly. We have seen people come off ventilators a day after starting therapy. So, in that realm, overall our patients have done very well.”

She added: “Most of our patients are severe and most of them are leaving at six days, so that tells us duration of therapy doesn’t have to be 10 days. We have very few that went out to 10 days, maybe three,” she said.

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Reached by STAT, Mullane confirmed the authenticity of the footage but declined to comment further.

Asked about the data, Eric Topol, director of the Scripps Research Translational Institute, described them as “encouraging.”

“The severely hit patients are at such high-risk of fatality. So if it’s true that many of the 113 patients were in this category and were discharged, it’s another positive signal that the drug has efficacy,” he said, adding that it will be important to see more data from randomized controlled studies.

Gilead’s severe Covid-19 study includes 2,400 participants from 152 different clinical trial sites all over the world. Its moderate Covid-19 study includes

1,600 patients in 169 different centers, also all over the world.

The trial is investigating five- and 10-day treatment courses of remdesivir. The primary goal is a statistical comparison of patient improvement between the two treatment arms. Improvement is measured using a seven-point numerical scale that encompasses death (at worst) and discharge from hospital (best outcome), with various degrees of supplemental oxygen and intubation in between.

The lack of a control arm in the study could make interpreting the results more challenging.

A lack of data has led to yo-yoing expectations for the drug. Two studies in China had enrollment suspended partway through because there were not enough patients available. A recent report of patients given the drug under a special program to make it available to those who are very ill generated both excitement and skepticism.

In scientific terms, all the data are anecdotal until the full trial reads out, meaning that they should not be used to draw final conclusions. But some of the anecdotes are dramatic.

Slawomir Michalak, a 57-year-old factory worker from a suburb west of Chicago, was among the participants in the Chicago study. One of his daughters started feeling ill in late March and was later diagnosed with mild Covid-19. Michalak, by contrast, came down with a high fever and reported shortness of breath and severe pain in his back.

“It felt like someone was punching me in the lungs,” he told STAT.

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At his wife's urging, Michalak went to the University of Chicago Medicine hospital on Friday, April 3. His fever had spiked to 104 and he was struggling to breath. At the hospital, he was given supplemental oxygen. He also agreed to participate in Gilead's severe Covid-19 clinical trial.

His first infusion of remdesivir was on Saturday, April 4. "My fever dropped almost immediately and I started to feel better," he said.

By his second dose on Sunday, Michalak said he was being weaned off oxygen. He received two more daily infusions of remdesivir and recovered enough to be discharged from the hospital on Tuesday, April 7.

"Remdesivir was a miracle," he said.

The world is waiting to find out if it is really so.

## About the Authors



### [Adam Feuerstein](#)

Senior Writer, Biotech

Adam is STAT's national biotech columnist, reporting on the intersection of biotech and Wall Street.

[adam.feuerstein@statnews.com](mailto:adam.feuerstein@statnews.com)  
[@adamfeuerstein](#)



### [Matthew Herper](#)

Senior Writer, Medicine



**BUSINESS** • News

# Coronavirus: California jobless claims slow, still 16 times normal pace

In the week ended April 11, 660,966 filings were made statewide.



# California jobless claims

Weekly claims vs. average of 52 weeks ended March 14



SOURCE: US DEPT. OF LABOR

STAFF GRAPHIC

By **JONATHAN LANSNER** | [jlansner@scng.com](mailto:jlansner@scng.com) | Orange County Register

PUBLISHED: April 16, 2020 at 7:52 a.m. | UPDATED: April 16, 2020 at 8:49 a.m.

The pace of Californians filing for unemployment benefits cooled last week. But that's about the only good news from the weekly tally of initial jobless claims.

In the week ended April 11, 660,966 filings were made statewide, according to the U.S. Department of Labor. Yes, that's down 257,848 in seven days, but it's still huge.

Consider that last week's claims were roughly 16 times more than a typical week before the novel coronavirus entered the economic picture. And note that California's official tally of unemployed was only 840,000 when last reported for February.

The battle to stem the spread of COVID-19 has shuttered or drastically limited many businesses. Unemployment claims, while not a perfect number, give a good snapshot of how many Californians have been impacted by this massive and quick business slowdown. Note that many people have



complained about difficulties in filing jobless claims due to the flood of applicants.

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In the past four weeks, these stats show 2.82 million Californians have filed for help vs. a total of 2.11 million in the previous 52 weeks. That's roughly 40,000 a week before "stay at home" orders became common.

California's official unemployment rate was 4.3% for February. Assuming March's jobless claims all were counted in the unemployment ranks, California's jobless rate would be 19%. It peaked at 12% in the Great Recession. March employment data for California is scheduled to be released Friday, April

17.

The state is by no means alone. Nationally, 5.245 million filings for unemployment benefits were made in the week. down 1.37 million in seven days. In the past four weeks, 22 million claims were filed vs. 11.3 million in the previous 52 weeks.

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## Blacks make up 6% of California's population but 12% of coronavirus deaths, data shows



A man waits Tuesday outside Kedren Community Health Center, which is offering walk-up coronavirus testing. (Jason Armond/Jason Armond/Los Angeles Times)

By PRISCELLA VEGA  
STAFF WRITER

APRIL 16, 2020 | 12:52 PM



The California Department of Public Health released data this week showing that the coronavirus is [killing black residents](#) in disproportionate numbers — a trend mirrored by Los Angeles County and local cities.

In numbers released this week, black Californians accounted for 7% of the state's COVID-19 cases and 12% of its coronavirus-related deaths.

Blacks make up just 6% of the state's population.

State officials said a fuller picture of racial demographics are coming into perspective as more information is included in COVID-19 reporting. As of this week, officials said data on race and ethnicity was complete for 65% of cases and 87% of deaths reported to the state.

This data provides a snapshot of how the pandemic is affecting Californians, but officials caution the ratios may change as local, county and state authorities ramp up testing efforts.

A [Los Angeles Times analysis](#) found that many of L.A. County's whitest and wealthiest enclaves were reporting far higher rates of infection than poorer neighborhoods of color. However, public health officials said those disparities didn't mean the virus was spreading more widely through richer neighborhoods than in poorer ones. Instead, the figures were likely skewed by uneven access to testing, and in some instances, by wealthy residents who traveled internationally and therefore had some of the earliest confirmed infections.

This partial data also shows that Latinos, who are 39% of the state's population, account for 30% of the state's COVID-19 deaths.

As of Wednesday, the state has 24,424 confirmed cases and 821 coronavirus-related deaths. Officials released the following breakdown of reported COVID-19 cases statewide:



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Latino: **37%**

White: **31%**

Asian: **13%**

Blacks: **7%**

Multiracial: **2%**

American Indian or Alaska Native: **.2%**

Native Hawaiian or Pacific Islander: **2%**

Other: **8%**

Here is a breakdown of those who have died:

Latino: **30%**

White: **39%**

Asian: **15%**

Blacks: **12%**

Multiracial: **1%**

American Indian or Alaska Native: **.4%**

Native Hawaiian or Pacific Islander: **1%**

Other: **2%**

Statewide, more than 227,6000 tests have been administered through commercial, public and state and county health labs, officials said.

L.A. officials have been [working to improve testing](#) and other services in South Los Angeles and other black communities.

A coronavirus mobile testing site opened earlier this month at Charles Drew University of Medicine and Science to serve residents of Willowbrook, South Los Angeles and surrounding neighborhoods. Another opened this week at the Kedren Community Health Center in Historic South-Central L.A.

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CORONAVIRUS PANDEMIC



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Priscella Vega is a reporter for the Los Angeles Times. She previously covered city government and education for the Daily Pilot. She received a first place award from the Los Angeles Press Club in 2019 for her reporting on whether the city of Huntington Beach had overcome the racist episodes of its past following the arrest of four members of a local white supremacist group. Before joining the Pilot in 2017, she worked for the Daily Breeze covering the Palos Verdes Peninsula and for the Long Beach Press-Telegram as a general assignment intern. Vega earned her journalism degree from Cal State Long Beach in 2015 and is a native Spanish speaker. She enjoys traveling, practicing yoga and live music.

[https://www.highlandnews.net/business/coronavirus-impacts-local-economy-airport/article\\_899e1c24-8026-11ea-ba33-bb45843256b7.html](https://www.highlandnews.net/business/coronavirus-impacts-local-economy-airport/article_899e1c24-8026-11ea-ba33-bb45843256b7.html)

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## Coronavirus impacts local economy, airport

Jason Miller  
Apr 16, 2020



The Thirty-three Delta Airlines planes that are being stored at SBD Airport during the coronavirus pandemic.  
Photo Courtesy of San Bernardino Sheriff's Aviation

As the coronavirus pandemic continues, so does the economic impact that the virus has afflicted on the local economy, including San Bernardino International Airport (SBD).

As of Friday, April 10, the state of California has received 2.3 million unemployment insurance claims. That same day Gov. Gavin Newsom announced that unemployed workers would receive an additional \$600 credited to their weekly insurance accounts due to the passage of the CARES Act.





According to San Bernardino County Public Information Officer David Wert, as of Tuesday, April 14, 8,400 people were laid off countywide. All those jobs were in the hotel, retail and restaurant sectors, said Wert.

SBD, a key economic driver for San Bernardino, has not been immune to the effects. SBD Executive Director Michael Burrows said, "There has been a slow down in the small and medium-sized business."

Burrows said he and others at the SBD are in constant contact with federal, state and local officials along with "daily, if not hourly, drill-downs with various agencies including the FAA and our trade organizations."

He said that SBD's main focal point in federal assistance right now is the FAA, and that the CARES Act provided \$10 billion for all the nation's airports and SBD will be receiving \$69,000 from the act.

The leisure and business sectors of the airport, which includes private jets, "has dropped but not as much as they thought," said Burrows. He added that the weather has played some part in the 20 to 30 percent reduction of general aviation traffic at the airport. According to Burrows, general aviation traffic hasn't stopped and the airport still gets a steady flow every week.

In the e-commerce/cargo sector business is busier with increased flights from FedEx and UPS. According Burrows, it's too early to tell if this will continue, as they have not compiled their end-of-the-month report tracking those numbers.

SBD, along with Southern California Logistics Airport (Victorville Airport), is housing airliners from airlines that are temporarily reducing fleet size due to the pandemic. According to a wire report, United Airlines said it is losing \$100 million a day, while Delta Air Lines said it is burning through \$60 million a day.

SBD is housing 33 aircraft from Delta in the "infield areas of the airport," part of that property has been used for the SBD Air Fest in recent years. Burrows said that SBD is in discussion with other airlines to store their aircraft at the airport. Burrows said if necessary some of the



taxiways could be used for future aircraft storage. He also said that Unical (an aviation maintenance contractor) and other contractors at SBD are ready to assist airlines in getting their fleets back in the air when the pandemic is over.

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Jason Miller





BUSINESS • News

# Coronavirus pushes LA Times to close Glendale News-Press, Burbank Leader, La Cañada Sun

Economic pressures exacerbated by COVID-19 quarantine lead to decision to fold publications the Times bought in 1993





The old Glendale News-Press building at 111 N. Isabel St. was replaced by a parking lot, seen above. The paper, whose closure was announced Thursday, April 16, 2020, also had offices on Broadway and Wilson Avenue over the years. LA Times parent company California Times said it is closing the News-Press, the Burbank Leader and the La Cañada Sun due to an economic climate made worse by the coronavirus quarantine. (Google Street View)

By **CITY NEWS SERVICE** | [news@socalnews.com](mailto:news@socalnews.com) |

PUBLISHED: April 17, 2020 at 6:12 a.m. | UPDATED: April 17, 2020 at 6:12 a.m.



**GLENDALE** — The Glendale News-Press and Burbank Leader will publish their final editions Saturday and La Cañada Valley Sun Thursday, victims of the coronavirus outbreak.

The parent company of the weekly Times Community News newspapers, California Times, announced their closures Thursday.

“A challenging business environment, including a decline in advertising revenue and the increasing cost of printing, has made it difficult to continue to support these publications,” Chris Argentieri, the president and chief operating officer of California Times, and Los Angeles Times executive editor Norman Pearlstine wrote in a letter sent to employees Thursday evening.

“While the business environment has been challenging for some time, it has become extremely so due to the unexpected effects of COVID-19, which have led to the closure.”



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The California Times is also the parent company of the Los Angeles Times.

The 14 staff members who worked for the News-Press, the Leader and the Sun will be leaving the company, Argentieri and Pearlstine wrote.

The two remaining Times Community News publications, the Daily Pilot and TimesOC, will continue publishing in Orange County.

The Burbank Leader and Glendale News-Press began publishing in 1905, La Canada Valley Sun in 1946.

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The Times purchased the News-Press and Leader in 1993 and the Valley Sun in 2005. The papers became part of The Times Community News division. They were

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distributed for free at local businesses, in newspaper racks and to The Times home-delivery subscribers in those areas.

The publications have received awards from the California Newspapers Publishers Association, the Los Angeles Press Club and other organizations.

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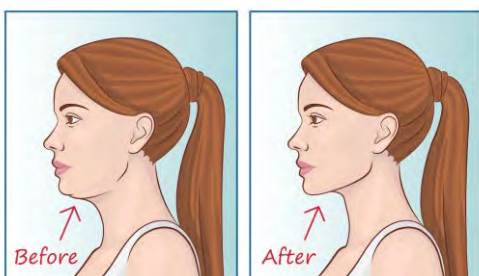
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# Coronavirus strikes California hospital workers hard, including 175 cases at UCLA alone



Jennifer Adams, a registered nurse, joins fellow healthcare workers outside Ronald Reagan UCLA Medical Center to call for further action to protect healthcare workers amid the COVID-19 pandemic. (Robert Gauthier / Los Angeles Times)

By ANITA CHABRIA, HARRIET RYAN, SOUMYA KARLAMANGLA, MATT STILES

APRIL 17, 2020 | 5 AM



The coronavirus has infected California medical workers with much greater intensity than has been publicly revealed, including more than 175 cases at UCLA, according to records reviewed by The Times and a source with knowledge of the situation.

The virus has spread in UCLA's outpatient clinics, geriatric and labor and delivery units, and in the pediatric intensive care unit, the source said.

The infections at healthcare facilities include at least eight cases involving medical workers at [Providence St. John's Health Center in Santa Monica](#); 30 at Providence Little Company of Mary Medical Center in San Pedro who are positive or awaiting results; six



at the [Santa Clara Valley Medical Center](#) in Silicon Valley, including one death; 10 at UC Davis Medical Center in Sacramento; five at Cedars-Sinai Medical Center; and hundreds scattered among numerous elder care and assisted living sites throughout the state.

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CALIFORNIA

## **20 heartwarming photos show first responders' gratitude for healthcare workers**

April 16, 2020

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“Because hospitals are not being forthcoming with the information on their employees, I am sure there are clusters that nobody even knows about,” said Steve Trossman, public affairs director of Service Employees International Union-United Healthcare Workers West (SEIU-UHW), which represents nearly 100,000 healthcare workers. “That is just wrong for people not to know that their local hospital has an outbreak.”

In multiple instances, the cluster of cases could not be confirmed beyond interviews with administrators, staff and those infected. Hospitals and other medical facilities are not required to disclose known clusters; no law mandates it, and state and county authorities have largely left it to facilities to self-report.

Medical professionals interviewed by The Times suspect staff members may be passing the virus among themselves. In some cases, they said, shortages of personal protective

equipment may be an apparent cause. All of the hospitals with outbreaks said their staff has access to appropriate protective gear.

Dr. Mark Ghaly, Gov. Gavin Newsom's top public health advisor, said Thursday that the well-being of medical workers was "of the highest concern." But he acknowledged that California does not comprehensively track possible outbreaks at hospitals and other medical facilities and that the state needs to do so.

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Ghaly, [head of the California Health and Human Services Agency](#), said the state is in direct communication with only some hospitals when it comes to clusters of cases and doesn't get reports from every one. When presented with The Times' general findings, he said the state "absolutely" should receive reports about outbreaks from all facilities.

In the absence of state or local oversight, many facilities — including publicly owned ones such as UCLA — have chosen to remain silent until the toll becomes so great that information can't be withheld, or whistleblowers come forward.

When healthcare employers provide information about sick staff, they often offer a caveat: There is no way to prove the employee testing positive contracted the illness at work.

Asked how many employees have tested positive for the virus, a spokesman for UCLA Health replied in an email, "I don't have information for you about specific groups of COVID-positive cases."

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The spokesman noted that UCLA reports data to the county Department of Public Health.

Providence Southern California, which owns St. John's and Little Company of Mary, said Thursday that it had 49 work-related COVID-19 exposures across its 35,000 employees in 11 hospitals, but it declined to name specific facilities.

Cedars-Sinai spokesman Duke Helfand disputed that the hospital had a cluster of cases but acknowledged that some staff may be affected. He added that all staff were being screened before their shifts. UC Davis declined to say how many workers were infected, citing privacy reasons.

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CALIFORNIA

**So much is unknown about the pandemic because the government keeps a lid on it**

April 15, 2020

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One blind spot involving the health of medical professionals is the death toll. Though state officials said that, as of April 8, 10 healthcare workers in California had died of causes related to COVID-19, they were unable to say exactly where those deaths occurred.

One of the dead is Valeria Viveros, a 20-year-old medical assistant who worked in a Riverside County nursing home with an outbreak and died last week after contracting COVID-19, according to her uncle, Gustavo Urrea. Urrea believes that healthcare workers should have better access to testing, training and information. When Viveros became ill, her employer sent her home for two weeks but did not offer further help, he said.

“You have to protect these kind of people who are risking their lives, and they are not, they are not doing it,” said Urrea, who described his niece as compassionate and driven to become a nurse.

“She was young and didn’t deserve this,” he said.

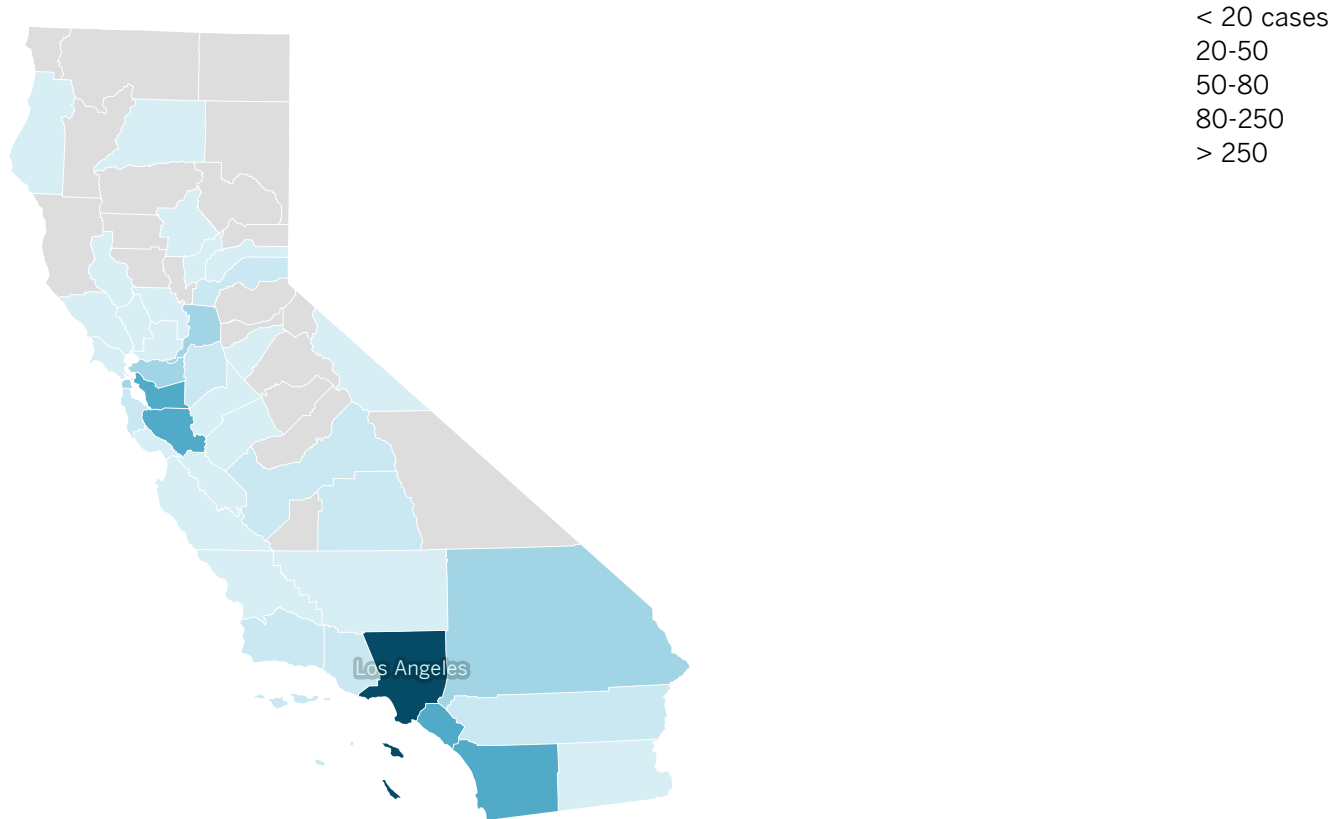
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A Los Angeles Times data analysis found wide variation in rates of healthcare worker infections across the state, suggesting some regions are having a more difficult time keeping medical staff safe than others.

Officials from California Health and Human Services released the county-by-county data on infections among healthcare workers April 10 at the request of The Times. At that time, the workers accounted for at least 7.8% of the confirmed cases across the state, though that figure could be misleading because some may have easier access to testing than other residents.

## Coronavirus infections among health care workers, by county

Darker shades represent more COVID-19 cases.



\* Data as of April 10

California Health and Human Services Agency

Matt Stiles / Los Angeles Times

As of Wednesday, 2,974 healthcare workers in California were positive for COVID-19, out of more than 26,000 confirmed cases — about 11% of all cases in the state.

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The rates of COVID-19 cases involving medical staff examined by The Times varied widely by county, with healthcare workers accounting for about 20% of all cases in Placer and Humboldt counties, for example, but only a fraction of those in Kern and Riverside counties. Los Angeles County, at 6.4%, had among the lowest rates in the state.

County-by-county statistics on the numbers of healthcare workers aren't readily available, making it hard to understand what the numbers mean to the overall population of healthcare workers in each area.

Among the more than 700 healthcare workers infected in Los Angeles County, about 42% worked in a hospital, according to county health director Barbara Ferrer. About 19% worked in a skilled nursing facility. An additional 11% worked in primary care offices, and about 5% were first responders.

Positive COVID-19 diagnoses are almost evenly split among patients and staff in institutional settings, such as nursing homes and assisted living facilities, according to L.A. County data. Ferrer said Thursday that 1,050 patients in institutional settings have tested positive, as well as 913 staff members.

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She was unable to give more detail on where those workers were employed.

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Everyone infected with the coronavirus is a silent spreader for at least a while



Medical workers check a patient's temperature at a military hospital in Rabat, Morocco. Researchers say people infected with the new coronavirus can spread it for more than two days before their own symptoms first appear. (Fadel Senna / AFP via Getty Images)

By MELISSA HEALY  
STAFF WRITER

APRIL 16, 2020 | 10:10 AM



If the new coronavirus has ever made you its host, you are almost certainly guilty of some [silent spreading](#).

Scientists in China have shed new light on how readily the SARS-CoV-2 virus spreads unseen from person to person — a form of “cryptic” transmission that can transform a manageable outbreak into an out-of-control epidemic.

People infected with the new coronavirus are almost certainly emitting it for close to 2 ½ days before their first signs of illness appear, the scientists found. In fact, the contagion of an infected person reaches its peak roughly 18 hours before she feels the



first blush of fever, notices the first twinge of body ache, or experiences her first bout of coughing.

In short, an infected person can walk around feeling fine for more than two full days while spewing virus into the air, depositing it onto door knobs and handrails, and sowing the seeds for future infections.

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CALIFORNIA

## **Photos from the front lines of the COVID-19 pandemic**

April 15, 2020

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This is not the dreaded phenomenon of “asymptomatic spread” — the hidden infectiousness of people who have no idea they’re spreading the coronavirus because their symptoms are mild or absent.

This, it turns out, is the far-more-common case of “presymptomatic spread.” Within a few days, the spreader’s misery will telegraph to all around her that they have been exposed to the coronavirus. But by then it will be too late for those who’ve already crossed her path.

The findings, [published](#) Wednesday in the journal Nature, present a fresh challenge as much of the world contemplates a [return to pre-pandemic life](#), with children in schools, shoppers in stores and workers in office cubicles.

At the point when COVID-19 patients-in-the-making are most likely to transmit the coronavirus to others, fever-screening thermometers at employee entrances and symptom questionnaires for restaurant diners would do nothing to ferret them out. They feel well enough to go for a run, do their food shopping and walk their dog. And unless they are wearing masks, they could be huffing virus in your direction.



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The World Health Organization's health emergency coordinator, Maria Van Kerkhove, [recently estimated](#) that 75% of asymptomatic people who test positive for coronavirus infection will eventually become sick.

That number is not far off from a tally taken at a nursing home in King County, Wash. In late February, researchers from the Centers for Disease Control and Prevention and the Washington State Public Health Laboratory [swept into](#) the long-term care facility and found 13 residents who tested positive for the coronavirus but had no symptoms. When the researchers came back a week later, 10 of those 13 residents — or 77% — were suffering from COVID-19.

The movements of these 10 presymptomatic residents “might have contributed to” an infection rate that quickly reached about 30% of the residents, the researchers wrote in the CDC’s Morbidity and Mortality Weekly Report.

In the Nature study, Chinese scientists recruited 94 people who tested positive for the SARS-CoV-2 virus. With a cheek swab, they regularly measured each person’s viral load — a gauge of how aggressively the virus had replicated in their cells — for up to 21 days.

The swabs indicated that viral loads tended to be highest soon after the onset of symptoms, then gradually decreased until about day 21, when the virus was no longer detectable.

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SCIENCE

## How ‘silent spreaders’ are fueling the coronavirus pandemic

March 17, 2020

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Then researchers gathered data on 77 instances in which a patient very likely transmitted the virus to another individual. Based on previous studies, they assumed that the lag time between exposure and the [first signs of illness](#) was just a little more than five days.

When they put it all together, they estimated that those infected with the coronavirus appeared to be highly contagious in the two to three days straddling the first signs of illness, and that their ability to spread the virus declined quickly within seven days.

In addition, for every 100 cases of coronavirus transmission, somewhere between 46 and 55 of them could be traced to a presymptomatic spreader, they calculated.

That is sure to complicate the work of public health officers when daily life starts to return to normal. As officials allow stores and workplaces to reopen, they’ll need to do

more than ask a person how he feels “to capture potential transmission events,” the study authors wrote.

The new findings underscore the importance of coronavirus testing that is reliable, widely available and returns quick results in a reopening economy. If new outbreaks are to be averted, coronavirus testing will need to identify at least some infected people while they still feel well. Alerted to their infection status, they could be encouraged or required to stay home from work and social gatherings.

In addition to reducing silent spread, faster and more routine testing will eventually help the patients themselves. Antiviral drugs and many other medications under investigation as COVID-19 treatments are widely believed to work best when they are started early in infection. By identifying an infected person who is presymptomatic, treatment could begin at a point where they could shorten the course of the disease and reduce its severity.

But making tests available to people who show no signs of illness would be a [vast expansion of current practice](#). In a country of close to 330 million, just 3.3 million tests have been administered, and states and counties continue to complain that tests are unavailable, slow to return results and unreliable.

“The only way to know who is sick and pull them away from the uninfected is testing,” said [Dr. Ashish Jha](#), director of the Global Health Institute at Harvard University. “That is literally Disease Outbreak 101.”

Jha estimated that the U.S. would have to be able to run at least 500,000 tests per day before the current social distancing rules could be relaxed. That would be more than [three times the current level](#), according to data from the [COVID Tracking Project](#), which has been gathering state-by-state testing data.

*Times staff writer Noam N. Levey contributed to this report.*

**CALIFORNIA**

## Coronavirus spreads among DMV workers, striking fear in employees



A line of people waiting to be helped at a California Department of Motor Vehicles office in South L.A. stretches around the building in this undated photo. (Credit: Kent Nishimura / Los Angeles Times)

by: [Los Angeles Times](#)

Posted: Apr 16, 2020 / 12:04 PM PDT / Updated: Apr 16, 2020 / 12:04 PM PDT

Two weeks after the California Department of Motor Vehicles closed its field offices to the public in response to the COVID-19 pandemic, the agency's director sent a memo to employees that confirmed what many of them

had suspected.  
77°

“There have been DMV team member cases of COVID-19 in multiple offices in the state, including the Sacramento Headquarters building,” DMV Director Steve Gordon wrote in a message to employees April 9, adding that offices were being cleaned and proper authorities notified “as we maximize telework to the extent possible.”

The response to Gordon’s message was “panic,” said one DMV worker, who asked not to be identified because of a lack of approval to speak publicly. Because the DMV has not said where all infected employees were assigned, employees throughout the agency are concerned about which offices may have been exposed, the worker said.

“Everybody just became afraid and wanted to go home and not come back to the building,” the employee said.

Read the full story on [LATimes.com](https://www.latimes.com).

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# Uncertainty and job losses grow as coronavirus outbreak leaves millions stuck at home



Dusk settles on downtown Los Angeles as Southern California completes a month of coronavirus lockdown. (Luis Sinco/Los Angeles Times)

By JACLYN COSGROVE  
STAFF WRITER

APRIL 17, 2020 | 7 AM



Because of the colossal impact that the coronavirus outbreak has had on the U.S. economy, less than half of Los Angeles County residents — 45% compared with 61% in mid-March — still hold a job, a decline of 16 percentage points, or an estimated 1.3 million jobs, according to findings from a national survey released Friday.

The survey also suggests that 25.5 million jobs have been potentially lost across the U.S. since mid-March, and that people of color, especially black Americans, are more likely to have lost their jobs since mid-March.



Nationally, 15% of white people said they had lost their jobs, while 18% of Latinos and 21% of black people reported job losses.

But a significant majority of job losses, 67% nationally, were reported as temporary layoffs. Angelenos reported similar experiences.

“Under normal circumstances losing a job without access to benefits would be bad enough, but in the current situation, chances of finding a new job are likely to be close to nonexistent,” Arie Kapteyn, director of the [USC Dornsife Center for Economic and Social Research](#), which administers the tracking survey, said in a statement. “These changes are nothing less than catastrophic for those affected.”

The Understanding Coronavirus in America Study, led by the USC Dornsife Center, has been surveying a panel of nearly 5,500 adults in the United States about their perceptions and attitudes regarding the coronavirus outbreak and how it’s affecting their lives [since mid-March](#).

The latest survey was conducted from April 1 to April 14 and compares findings from a similar survey from March 10 to March 31, two time periods that reflect immense change in California and the United States as policymakers grappled with how to address the outbreak with limited information and significant consequences.



1/81

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The researchers have a representative sample of the United States and a representative sample of L.A. County.

“Because our panel members fill out questions in the Understanding Coronavirus in America tracking survey on a daily basis, we are able to pick up any changes in behavior or attitudes that may occur as a result of the pandemic,” Jill Darling, survey director for the Understanding America Study online panel that provides the sample for the tracking survey, said in a statement. “Since the same people respond to each wave of the survey, we can detect real shifts in the impact the pandemic is having on people’s financial and personal lives.”

The researchers found that some of the most pronounced changes over the two time periods came in how Americans are actually heeding the warnings of public health officials and taking personal responsibility in slowing the spread of the coronavirus.

Ninety percent of Americans now avoid public spaces, according to the survey results, up 57 percentage points since March. In L.A. County, 94% are doing so, compared with 69% previously.

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A high percentage of respondents, 86%, reported avoiding restaurants, up 46 percentage points since March.

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CALIFORNIA

**These striking photos reveal how California is changing**

April 16, 2020

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And many more people, both across the United States and in L.A. County, are wearing masks or other types of face coverings. Whereas only 10% of Americans wore face coverings in March, now 48% report doing so. In L.A. County, the figure soared from 18% to 77%.

It's an increase that makes sense and is likely to be encouraging news for public officials who have continued to stress the importance of a largely self-enforced effort.

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Since the first wave of surveys, Los Angeles Mayor Eric Garcetti [issued a mandatory face covering order](#) April 7 for anyone visiting most essential businesses, and the county's facial covering order went into effect Wednesday. Many other municipalities and counties across the state and country have followed suit.

Some of the motivation to protect oneself has likely been, in part, from fear. In California, almost 30,000 people [have been confirmed](#) to have the coronavirus and nearly 1,000 people have died.

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# DAILY BULLETIN

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NEWS • News

## Researchers seek coronavirus antibodies – and they could help shape LA County’s future

Experts say the blood testing won't determine who has it, but will determine who has had it, who might get it. The information will be critical in coming out of lockdown.





USC, in partnership with the L.A. County Department of Public Health, has launched COVID-19 antibody testing to get a more accurate picture of the scope of the disease in L.A. County. Shown here, testing began April 10-11, at testing sites in the region. (Courtesy of USC’s Sol Price School of Public Policy)

By **RYAN CARTER** | [rcarter@scng.com](mailto:rcarter@scng.com) | Daily News

PUBLISHED: April 15, 2020 at 4:08 p.m. | UPDATED: April 16, 2020 at 9:54 p.m.



In tandem with the increasingly robust public network, the Los Angeles County Public Health Department and USC researchers are ramping up another form of coronavirus testing — for antibodies.

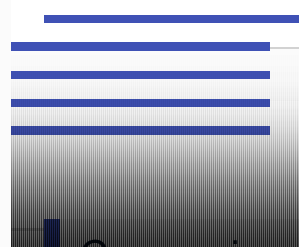
The effort comes as the U.S. Food and Drug Administration on Thursday, April 16, encouraged those who have recovered from COVID-19 to donate their blood — rich with antibodies — to help others fight it.

Antibodies are the body’s crime fighters, binding to alien invaders in your blood. They attack antigens — like viruses — with the hope of destroying them. And ultimately, they will become a key force in

how soon the region opens back up from a full-on shutdown that has brought down the economy as hundreds of died.

The county has teamed up with USC Price School of Public Policy and Lieberman Research Worldwide for the region’s COVID-19 antibody study, which began over the weekend at six testing sites.

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Researchers tapped a random sample of 1,000 adults living within 10 miles of the testing sites. The idea, officials said, is to create a representative sample of the county’s adult population. A first batch of results are said to begin emerging publicly by this weekend or early next week. Officials say results from a corresponding study in Santa Clara County will come first, followed by L.A. County and then those from Major League Baseball employees, which has partnered with USC and Stanford on the study.



USC, in partnership with the L.A. County Department of Public Health, has launched COVID-19 antibody testing to get a more accurate picture of the scope of the disease in L.A. County. Shown here, testing began April 10-11, at testing sites in the region. (Courtesy of USC’s Sol Price School of Public Policy)

If researchers can measure a person’s COVID-19 antibodies via blood tests, they’ll learn how the body’s immune system is responding to the infection. This could be pivotal in determining when stay-home orders might be eased — currently they’ve been extended until at least May 15.

On a larger scale, researchers are aiming to have a vital tool in:

- Detecting current and past COVID-19 infections. For instance, maybe somebody has it, but doesn’t realize they have it, because somehow they’ve got antibodies that are dealing with it.
- Understanding the spread of the virus in the county. Over a period of months, public health experts will be able to track the spread better — including gaining a better sense of demographic data that could ultimately help in containing it.
- Assessing future hospital bed and ventilator needs. If they better know the body’s immune response, they’ll better understand who is the most vulnerable to becoming sick, and when.
- Examining the differences in COVID-19 infection rates between men and women, different age



groups and by race and ethnicity, experts said. And they could help in developing treatments gleaned from the plasma of those who have built defenses against the disease.

- Preparing for any more waves of the virus.

“This gives us powerful information about how many people have already been infected in L.A County, regardless if they ever have become sick or had a molecular test on whether they had the virus,” said Barbara Ferrer, the county’s public health director.

### **A more accurate picture**

The focus on blood testing comes as testing for the virus itself continues to ramp-up across the region.

The antibody tests are not the same as the molecular-based tests, during which health worker swabs your mouth or nasal passages for a specimen. These tests determine if you have the virus so you can be directed for treatment.

These tests are available at more than two dozen public sites in L.A. County and are still limited to those who are showing symptoms of the virus, such as shortness of breath, fever and coughing.

That sluggish rollout of testing in the county, researchers say, has led to an “incomplete picture” of the effect of the pandemic.

Dr. Neeraj Sood, the USC researcher leading the study, has put the reliance on the swab molecular testing in the context of the mortality rate of the common flu, about 1%. That is, of all who are infected with the regular flu, 1 in 1,000 will die from it.

But if the only people tested were the ones who were sick and hospitalized, that rate would be much higher — and it would be inaccurate, skewed to only those who were seriously ill or were showing

severe symptoms.



USC, in partnership with the L.A. County Department of Public Health, has launched COVID-19 antibody testing to get a more accurate picture of the scope of the disease in L.A. County. Shown here, testing began April 10-11, at testing sites in the region. (Courtesy of USC’s Sol Price School of Public Policy)

If antibody testing can show that the death rate of COVID-19 is, say, several times that of the flu, then it boosts the strict “stay home” measures blanketing the Southland.

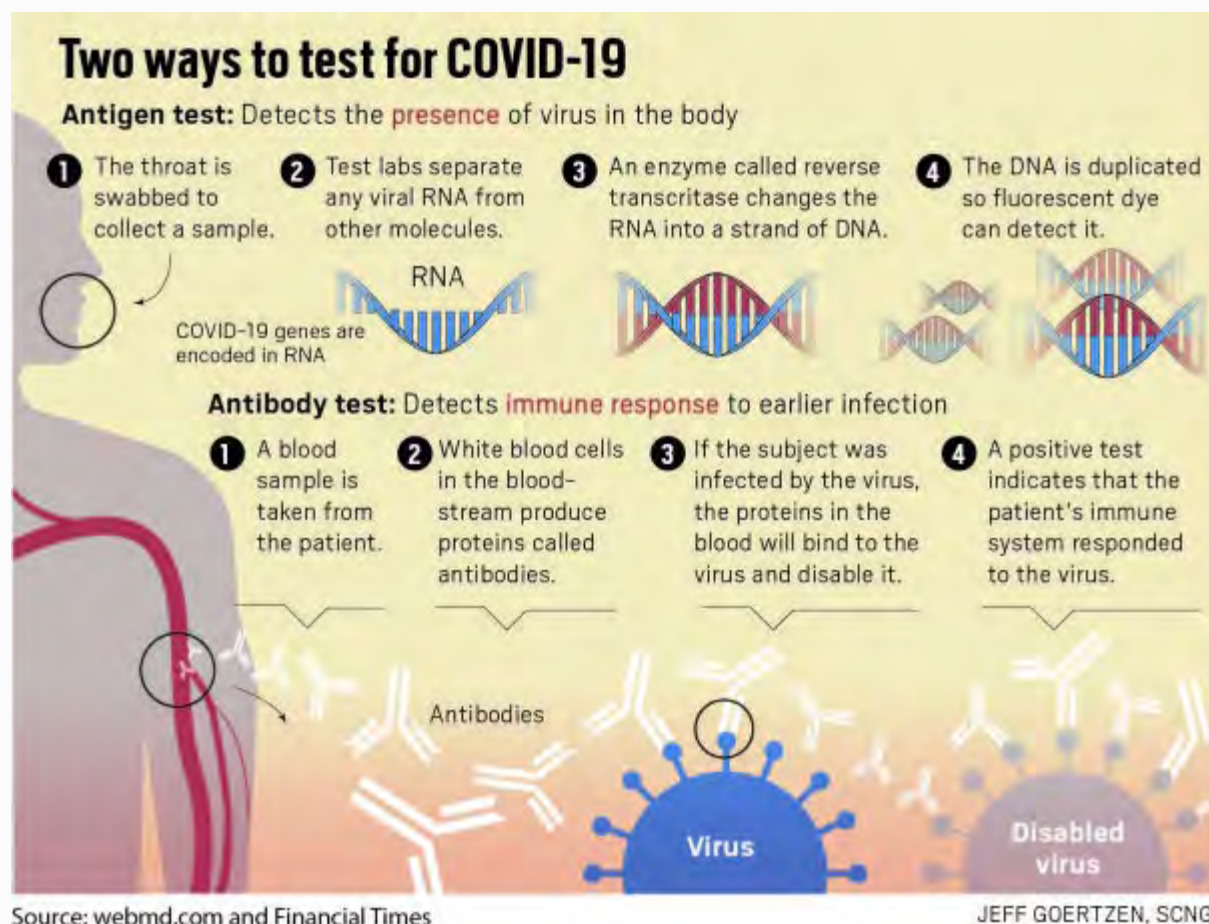
But antibody testing could help researchers find that the mortality rate is actually much lower, which could ease anxiety lead to the loosening of physical distancing measures.

“Our project is specifically a surveillance project, to better understand the scope of infection here,” said Paul Simon, chief science officer with the L.A. County Department of Public Health.

“We’re planning to continue surveys at regular intervals, every two to three weeks,” he said.

“It will also give us an understanding of how many people have experienced infection with no or minimal symptoms,” Simon added. “That’s important for prevention efforts.”

Testing will be repeated, each time with a new representative sample of L.A. County residents, to track trends and help determine if interventions are working. That data, in turn, can allow officials to figure out when it might be safe to begin the recovery phase, Simon said.



Ferrer said she hopes to dig deeper into how the virus is spreading among:

- Adults at large;
- Healthcare workers;
- Staff and residents at nursing homes and longer-term care facilities;
- And underserved populations, where there’s concern that the pandemic is taking a disproportionate toll.

Ferrer stressed that there are no FDA-approved tests that do both — as of yet.

Even if you have developed antibodies to the coronavirus, it doesn’t necessarily mean you are immune to it. But there’s

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hope you could be. Ferrer said future testing will look specifically at that question: If you had it, are you immune? (Stay tuned).

Amid worries about coronavirus’ toll on blacks and Latinos, LA County pushes for more and better data

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## **Not a panacea — yet**

Public officials have been cautious about the tests being perceived as a panacea.

The county’s public health experts don’t have confidence in individual tests being offered through the private market.

“An imperfect test works fine in a research study, because in the analysis you can sort of account for that inaccuracy, but when you’re dealing with an individual patient, you have to be right,” he said. “And so I’m very concerned that the quality of the tests are highly variable, with very little oversight,” said Simon.

More than 70 companies have signed up to sell so-called antibody tests in recent weeks, according to U.S. regulators. The tests often use a finger-prick of blood on a test strip.

But be warned: With almost no FDA oversight of the tests, “Right now it’s a Wild West show out there,” Eric Blank of the Association for Public Health Laboratories, told the Associated Press. “It really has created a mess that’s going to take a while to clean up.”

“In the meantime, you’ve got a lot of companies marketing a lot of stuff and nobody has any idea of how good it is,” he said.

Members of Blank’s group, which represents state and local lab officials, have urged the FDA to revisit its lax approach toward the tests, according to the AP. That approach essentially allows companies to launch as long as they notify the agency and include disclaimers. Companies are supposed to state that their tests have not been FDA-approved and cannot rule out whether someone is currently infected.

Simon said local officials were looking for guidance from the federal government on the most quality tests.

In March, the FDA issued a policy that allows developers of certain serological tests to begin to market and use them once they have determined their reliability. To date, the FDA has authorized only one Emergency Use Authorization for a serological test, which is intended for use by clinical laboratories.

Some firms are falsely claiming that their tests are FDA approved or authorized, or falsely claim that they can diagnose COVID-19.

“Please don’t fall for the scams that are out there that offer you serologic tests in your home,” Ferrer said.

“There are no FDA-approved home tests for antibodies,” she added. “But I hope you all know, if it’s not an FDA-approved test, and if you are not working with a provider to determine whether you need to be tested, you should stay away from products that are marketed under false pretense.”

Funding for more widespread and accessible blood testing is still limited. Garcetti hoped that ultimately the tests would be free, with funding arrangements made, perhaps, through the federal government and employers.

“We want to make sure they are reliable, they are available, and we want to make sure they are affordable,” Garcetti said.

Widespread serological testing can’t happen until a valid test is identified, he added though he envisioned a scenario where both kinds of tests are given at the same time, eventually.

“If we can identify a population that is potentially immune,” Garcetti said, “these are the people who can actually be on the front line, take care of the elderly, take care of the people in the ICUs and restart our economy.”

## A call for plasma

The FDA on Thursday called out for anyone who has recovered from a bout with COVID-19 to donate their blood.

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FDA officials pointed to “limited data” emerging from China — where the pandemic originated — that plasma, made from antibody-rich blood from those who have fought off the respiratory illness, has shown signs of halting it.

The FDA was still calling this a “potential treatment,” so it’s still early. Clinical trials were continuing Thursday, leveraging government, university, and private research. But a program led by the Mayo Clinic , in coordination with the FDA, seeks to expand access to treatment across the country.

prison

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19-plasma.

*Reporter Teri Sforza contributed to this story.*

So far, 1,290 sites and 1,478 physicians have registered for the program. And 876 patients have enrolled, including 200 who have completed a transfusion.

The FDA launched a new web page Thursday guiding people who have beaten the virus to donate:  
[https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/donate-covid-](https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/donate-covid-19-plasma)

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## Ryan Carter | editor

Ryan Carter is city editor of the Los Angeles Daily News. He's an assignment editor who revels in the delights of good story ideas and photos.

[rcarter@scng.com](mailto:rcarter@scng.com)

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# Trump unveils phased approach to reopening economy

By ZEKE MILLER, ALAN SUDERMAN, and KEVIN FREKING yesterday



WASHINGTON (AP) — New White House guidelines outline a phased approach to restoring normal commerce and services, but only for places with strong testing and seeing a decrease in COVID-19 cases.

President Donald Trump unveiled his administration's plans to ease social distancing requirements on a call Thursday with the nation's governors. The new guidelines are aimed at clearing the way for an easing of restrictions in areas with low transmission of the coronavirus, while keeping them in place in harder-hit locations.

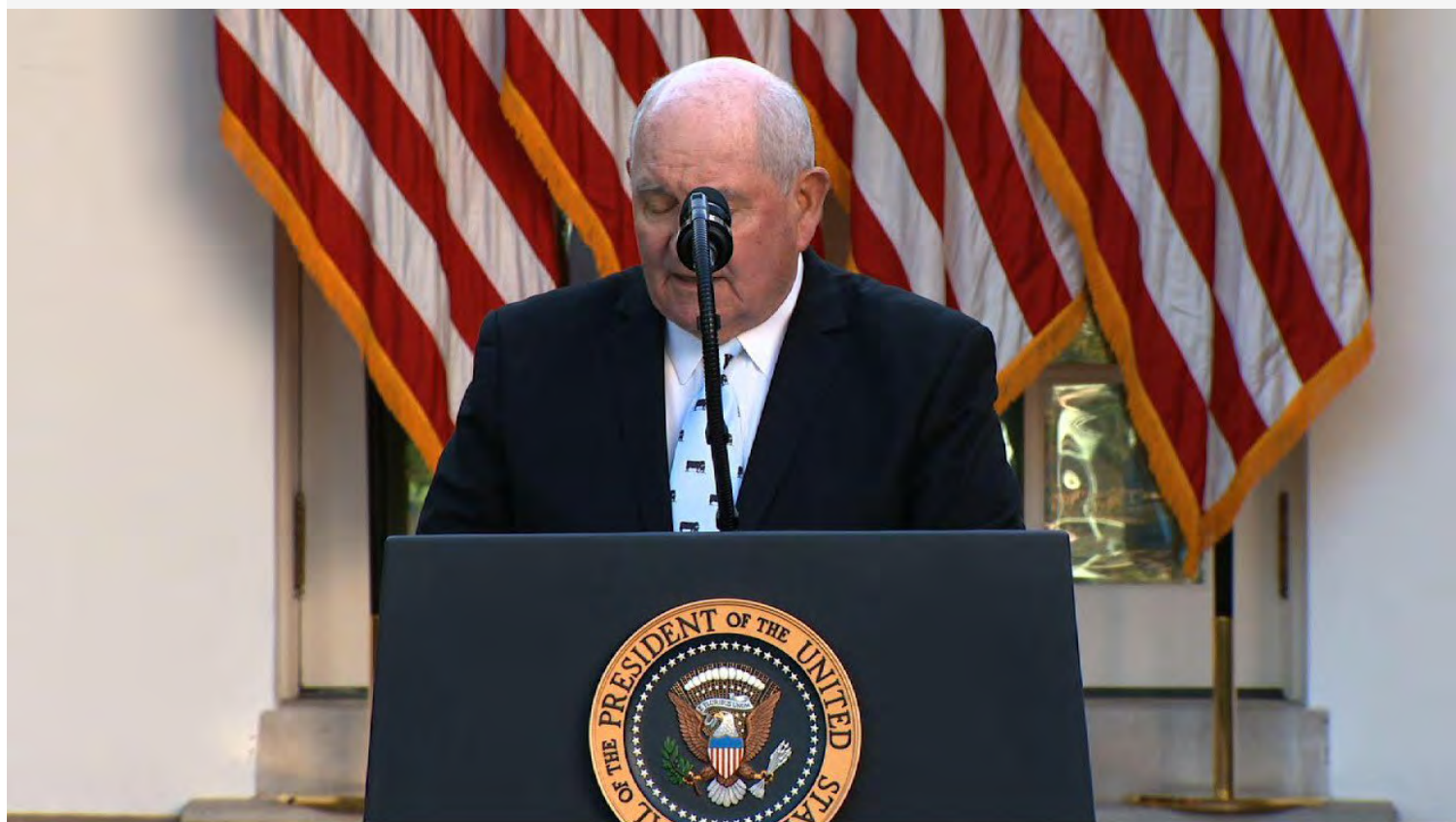
Places with declining infections and strong testing would begin a three-phased gradual reopening of businesses and schools, with each phase lasting at least 14 days, meant to ensure that the virus outbreak doesn't accelerate again.

The Associated Press obtained a copy of the guidelines before their public release.



The recommendations make clear that the return to normalcy will be a far longer process than Trump initially envisioned, with federal officials warning that some social distancing measures may need to remain in place through the end of the year to prevent a new outbreak.

At earliest, the guidelines suggest that some parts of the country could see a resumption in normal commerce and social gatherings after a month of evaluating whether the easing of restrictions leads to a resurgence in virus cases. In other parts of the country, or if virus cases resume an up-tick, it could be substantially longer.



Trump briefed the nation's governors on the plan Thursday afternoon, saying they were going to be responsible for deciding when it is safe to lift restrictions in their states.

“You’re going to call your own shots,” Trump told governors, according to an audio recording obtained by The Associated Press. “We’re going to be standing along side of you.”

Meanwhile, under the federal guidelines, those most susceptible to the respiratory disease would be advised to remain sheltered in place until their area enters the final phase — and even then are advised to take precautions to avoid close contact with other people.

The federal guidelines come after seven governors in the Midwest announced Thursday they

will coordinate on reopening the economy, after similar pacts were announced earlier this week in the West and Northeast.

Trump held conference calls earlier Thursday with lawmakers he named to a new congressional advisory task force. The economic costs were clear in new federal data showing that at least 22 million Americans have been thrown out of work in the last month. But the legislators repeatedly urged the president not to sacrifice public health in an effort to reopen the economy.

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“My highest priority on this task force will be to ensure the federal government’s efforts to reopen our economy are bipartisan, data-driven, and based on the expertise of public health professionals,” said Democratic Sen. Mark Warner of Virginia.

Business leaders, too, raised concerns to the president in a round of calls Wednesday, warning that a dramatic increase in testing and wider availability of protective equipment will be necessary before they can safely revive operations.

The federal government envisions a gradual recovery from the virus, in which disruptive mitigation measures may be needed in some places at least until a vaccine is available — a milestone unlikely to be reached until sometime next year.

“It’s not going to immediately be a situation where we have stadiums full of people,” said Housing and Urban Development Secretary Ben Carson on Thursday. “We’re Americans. We will adapt,” he added.

New Jersey Gov. Phil Murphy said at a news conference before the call with the White House that he planned to ask the president for “direct cash assistance,” citing the state’s troubled tax revenues. He also said he would press for “robust health care infrastructure” and mass testing with quick turnaround times before reopening the economy.

Trump said Wednesday that data indicates the U.S. is “past the peak” of the COVID-19 epidemic. He said the numbers have “put us in a very strong position to finalize guidelines for states on reopening the country.”

Dr. Deborah Birx, the White House coronavirus task force coordinator, added that data from across the country showed the nation “improving,” but that Americans had to recommit to social distancing to keep up the positive momentum.

She said nine states have fewer than 1,000 cases and just a few dozen new cases per day. She said those would likely be the first to see a lifting in social distancing restrictions at the direction of their governors under the guidelines set to be released Thursday.

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But participants in a Wednesday call with Trump that included executives of dozens of leading American companies raised concerns about the testing issue, according to one participant who spoke on condition of anonymity to describe the private discussion.

Another participant said it was stressed to Trump that expansion of testing and contact tracing was crucial, as well as guidelines for best practices on reopening businesses in phases or in one fell swoop.

The participant said those on the call noted to the administration that there was about to be a rush on personal protective equipment. Many businesses that are now shuttered will need the protective equipment to keep their employees and customers safe.

Trump was told “the economy will look very different and operations will look very different,” one participant said.

South Carolina Sen. Lindsey Graham, a Republican close to Trump, said the lack of widespread testing was an impediment to lifting the social distancing guidelines. “We are struggling with testing at a large scale,” he told ABC’s “The View.” “You really can’t go back to work until we have more tests.”

But some of Trump’s conservative allies, like economist Stephen Moore, have encouraged him to act swiftly, warning of “a mini Great Depression if we keep the economy shut down.”

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“That is a catastrophic outcome for our country. Period,” Moore said he advised the president.

“We can’t have 30 million people in this country unemployed or you’re going to have social chaos.”

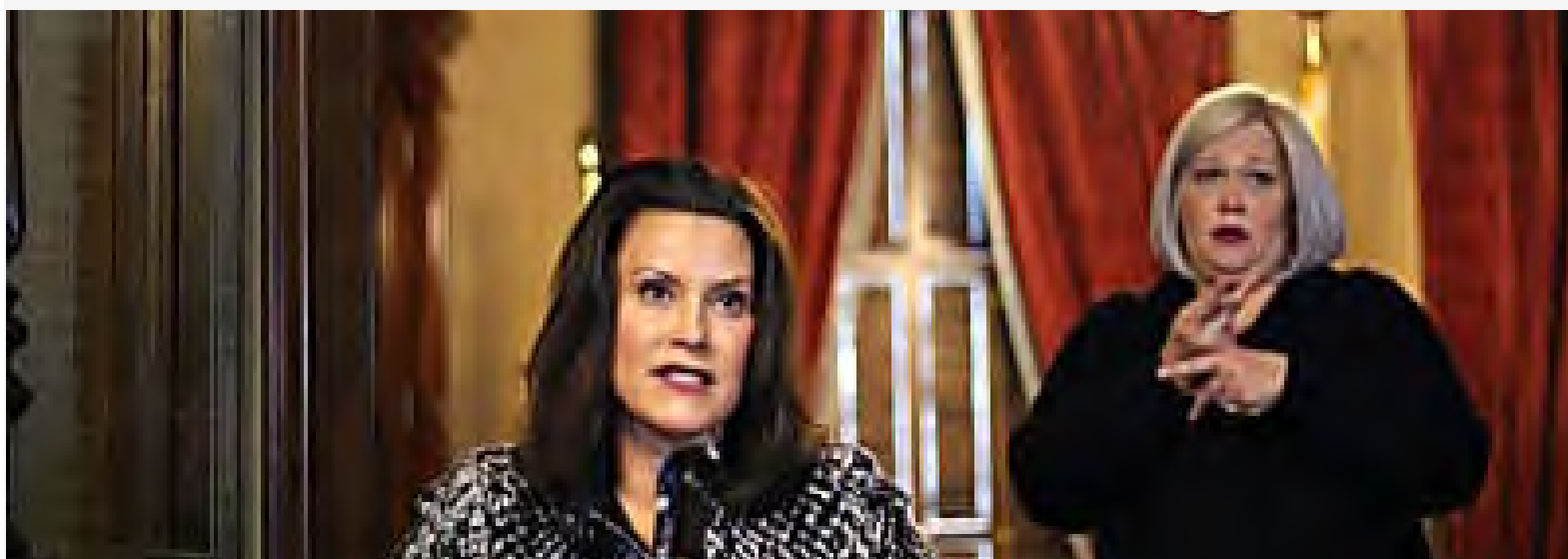
The panel, which Trump dubbed the new Great American Economic Revival Industry Groups, also could help give him a measure of cover. If cases surge once restrictions are lifted, as many experts have warned, Trump will be able to tell the public he didn’t act alone and the nation’s top minds — from manufacturing to defense to technology — helped shape the plan.

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Associated Press writers Jill Colvin in Washington, Alan Suderman in Richmond, Virginia, Brian Witte in Annapolis, Maryland, and Cathy Bussewitz in New York contributed reporting. Madhani reported from Chicago.

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## What's in Trump's three-phase reopening plan

By Adriel Bettelheim

04/16/2020 07:50 PM EDT

President Donald Trump's new [guidelines](#) for reopening parts of the country recommend states and localities confirm a two-week downward trend in coronavirus symptoms and documented cases before starting to ease lockdowns while assuring hospitals have adequate capacity and robust testing in place.

The administration envisions states or localities meeting those criteria each time they progress through three phases. It's not prescribing target dates for meeting each phase, and officials acknowledged restrictions could snap back if there's a resurgence in cases.

Here's how the new guidelines envision easing social distancing restrictions:

**Phase one:** Restaurants, movie theaters, sporting venues, places of worship and gyms can reopen if they observe strict social distancing. Elective surgeries can resume when appropriate on an outpatient basis.

Schools currently closed should remain shut and visits to senior living facilities and hospitals should be prohibited. Bars should remain closed. High-risk individuals should remain at home.

**Phase two:** Schools and organized youth activities like camps can reopen. Nonessential travel can resume, and people can start circulating in parks, outdoor recreational areas and shopping centers, while avoiding gatherings of more than 50 individuals unless unspecified precautionary measures are taken. Restaurants, movie theaters and other large venues can operate under moderate social distancing rules.

Vulnerable individuals should continue to shelter in place, and employers should continue to encourage telework whenever possible. Common areas where people congregate in close quarters should be closed. Bars can operate with diminished standing-room occupancy.

**Phase three:** Vulnerable individuals can resume public interactions but practice social distancing. Employers can resume unrestricted staffing of workplaces. Large public venues can operate under limited social distancing rules. Visits to senior care facilities and hospitals can resume.

The document also outlines "core state preparedness responsibilities," including having adequate testing and screening, the ability to supply enough protective gear and medical equipment and plans to surge intensive care beds, if needed.

**The big picture:** It leaves the final say in any loosening of restrictions to state and local officials, adding that governors should work on a regional basis to progress through the phased recovery.

The document repeats past federal guidance on personal hygiene — including urging people to wear masks or face coverings when in public. Employers should consider temperature checks, social distancing and doing their own testing and contact tracing. It urges barring anyone with symptoms from returning to work until they are cleared by a medical provider.

*To view online:*

<https://subscriber.politicopro.com/health-care/article/2020/04/whats-in-trumps-three-phase-reopening-plan-1916924>

## U.K. Paid \$20 Million for New Coronavirus Tests. They Didn't Work.

Facing a global scramble for materials, British officials bought millions of unproven kits from China in a gamble that became an embarrassment.



By David D. Kirkpatrick and Jane Bradley

Published April 16, 2020 Updated April 17, 2020, 5:37 a.m. ET

LONDON — The two Chinese companies were offering a risky proposition: two million home test kits said to detect antibodies for the coronavirus for at least \$20 million, take it or leave it.

The asking price was high, the technology was unproven and the money had to be paid upfront. And the buyer would be required to pick up the crate loads of test kits from a facility in China.

Yet British officials took the deal, according to a senior civil servant involved, then confidently promised tests would be available at pharmacies in as little as two weeks. “As simple as a pregnancy test,” gushed Prime Minister Boris Johnson. “It has the potential to be a total game changer.”

There was one problem, however. The tests did not work.

Found to be insufficiently accurate by a laboratory at Oxford University, half a million of the tests are now gathering dust in storage. Another 1.5 million bought at a similar price from other sources have also gone unused. The fiasco has left embarrassed British officials scrambling to get back at least some of the money.

“They might perhaps have slightly jumped the gun,” said Prof. Peter Openshaw of Imperial College London, a member of the government’s New and Emerging Respiratory Virus Threats Advisory Group. “There is a huge pressure on politicians to come out and say things that are positive.”

A spokesperson from the Department of Health and Social Care said that the government had ordered the smallest number of tests allowed by the sellers and that it would try to recover the money, without specifying how.

The ill-starred purchases are in some ways a parable of the risks in the escalating scrum among competing governments racing for an edge in the fight against the pandemic.

The still-emerging tests for antibodies formed in response to the virus are the next stage in the battle. By enabling public health officials to assess where the disease has spread and who might have some immunity, widespread use of the tests is seen as a critical step in determining how and when to lift the lockdowns currently paralyzing societies and economies in much of the world.

“You can’t lift the lockdown as long as you are not testing massively,” said Nicolas Locker, a professor of virology at the University of Surrey. “As long as the government is not testing in the community, we are going to be on lockdown.”

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The gamble on the Chinese antibody tests, though, is also a barometer of the desperation British officials felt as public pressure has mounted over their slow response to the virus. One prominent expert, Jeremy Farrar, the head of the Wellcome Trust, a British nonprofit that is a major funder of medical research, recently warned that “the U.K. is likely to be certainly one of the worst, if not the worst affected, country in Europe.”

Long before the development of an antibody test, Germany, for example, the continent's leader in containing the virus, began conducting as many as 50,000 diagnostic tests a day to help trace and isolate cases. That rate is now nearly 120,000 a day.

As of Wednesday, Britain was still conducting less than 20,000 diagnostic tests a day. Having missed a previous target of 25,000 diagnostic tests a day by the middle of April, officials are now promising to reach 100,000 a day by the end of the month and as many as 250,000 a day soon after that.

British officials have said that they started out behind because they lack major private testing companies of the sort found in Germany and the United States, which are capable of manufacturing and performing tens of thousands of diagnostic tests.

But by the time Britain began pushing in earnest to expand its capacity, it was also trailing behind most of Europe in the competition to buy up the limited supply of compounds, tubes and even swabs needed for diagnostic tests to determine a current infection with the virus.

So when the Chinese offers of antibody tests arrived, the officials knew that almost every government in the world was hunting for them, too. Nationalists like President Trump were pressuring domestic suppliers not to sell outside their borders. Oil-rich Persian Gulf princes were bidding up prices.

Medical companies in China, where the virus first emerged, seemed to hold all the cards, typically demanding yes-or-no decisions from buyers with full payment upfront in as little as 24 hours.

The two Chinese companies offering the antibody tests, AllTest Biotech and Wondfo Biotech, both said their products met the health, safety and environmental standards set by the European Union. Public health officials reviewed the specifications on paper while the British Foreign Ministry hurriedly dispatched diplomats in China to ensure the companies existed and to examine their products.

Representatives of both AllTest and Wondfo declined to discuss prices.

Within days of the deal, enthusiastic health officials back in London were promising that the new tests would vault Britain into the vanguard of international efforts to combat the virus.

Appearing on March 25 before a parliamentary committee, Sharon Peacock, a professor of public health and microbiology at Cambridge University who is the senior public health official overseeing infectious diseases, testified that the tests would require only a pin prick in the privacy of one's home and would soon be available at minimal cost from either local pharmacies or Amazon.

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"Testing the test is a small matter," Prof. Peacock assured lawmakers. "I anticipate that it would be done by the end of this week."

After quietly admitting last week that the testing had in fact proven unsuccessful, health officials are now defending the purchase as prudent planning and valuable experience.

It was to be expected, Prof. Chris Whitty, Britain's chief medical officer, said in a news conference. "It would be very surprising if first out of the gate we got to the best outcome that we could for this kind of test," he said. "It made a lot of sense to get started early."

But Greg Clark, the chairman of a parliamentary committee examining the coronavirus response, said the government's promises appeared unrealistic.

"There is no country in the world that is able to operate in massive scale antibody tests yet," he said in an interview.

"I think it's now clear," he added, "that we should have moved earlier and more expansively to make use of all of the testing facilities that we could have."

After British complaints about the test kits surfaced, both Chinese companies blamed British officials and politicians for misunderstanding or exaggerating the utility of the tests. Wondfo told Global Times, a Chinese newspaper, that its product was intended only as a supplement for patients who had already tested positive for the virus.

AllTest said in a statement on its website that the tests were "only used by professionals," not by patients at home.

Doctors say the government's descriptions of the antibody tests could also be misleading.

By comparing the antibody tests to pregnancy tests, officials seemed to be suggesting the antibody tests would determine whether a patient was currently infected. But a discernible level of antibodies may not appear in the blood until as long as 20 days after infection — meaning a person with the virus would test negative until then.

The British military laboratory at Porton Down is also working on an antibody test, but primarily to help public health officials assess the course of the pandemic by surveying samples of the population, not to inform individual patients. The government is hoping to repurpose some of the stored Chinese-made kits for this sort of population-level testing.



Do-it-yourself pinprick tests like the ones the British government ordered from China are far more complicated and much further off than such laboratory tests, researchers say. It is not yet certain what degree of immunity recovery from a past infection may confer, either.

Rapid antibody tests “have limited utility” for patients, the World Health Organization warned in an April 8 statement, telling doctors that such tests remained unfit for clinical purposes until they were proved to be accurate and effective.

British officials, though, were eager for a breakthrough.

Even in late March, as the pandemic overwhelmed hospitals in Italy and Iran, British officials brushed off the advice of the World Health Organization to expand diagnostic testing as quickly as possible.

By the time Britain began pushing in earnest to expand its testing, every country in the world was competing for the same materials.

To make up the shortfall, academic research laboratories have sought to convert themselves into small-scale clinical testing facilities, typically focusing on the needs of local hospitals.

“If it comes around from the government, all well and good,” said Ravindra Gupta, professor of clinical microbiology at Cambridge University’s Department of Medicine, “but we have to prepare for nothing to come. It would be crazy to wait.”

Cancer Research UK, a nonprofit organization, is converting its research laboratories to conduct as many as 2,000 tests a day. But its capacity has been limited to a few hundred because of difficulty and delays in obtaining scarce materials, said Prof. Charles Swanton, its chief clinical officer.

Even the swabs used to obtain samples had turned out to be scarce, he said, and his laboratory ultimately agreed to pay a Chinese supplier as much as \$6 a swab — about 100 times the typical cost. “It took about 10 days to get them,” Professor Swanton added.

The British division of the drug giant AstraZeneca began setting up a testing facility last month for its own essential workers, said Mene Pangalos, the executive overseeing the effort. But at the request of the British government, AstraZeneca and its rival drug company GlaxoSmithKline have teamed up to repurpose a laboratory at Cambridge University to carry out as many as 30,000 diagnostic tests a day by the beginning of May.

AstraZeneca hopes to develop a laboratory test for antibodies, too, Mr. Pangalos said. But that will take until at least the middle of next month, and a home-based test, such as the British government tried to order, would take much longer, he added.

“Everyone is overpromising at the moment,” he said. “I don’t want to overpromise.”

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## Frequently Asked Questions and Advice

Updated April 11, 2020

- **When will this end?**

This is a difficult question, because a lot depends on how well the virus is contained. A better question might be: “How will we know when to reopen the country?” In an American Enterprise Institute report, Scott Gottlieb, Caitlin Rivers, Mark B. McClellan, Lauren Silvis and Crystal Watson staked out four goal posts for recovery: Hospitals in the state must be able to safely treat all patients requiring hospitalization, without resorting to crisis standards of care; the state needs to be able to at least test everyone who has symptoms; the state is able to conduct monitoring of confirmed cases and contacts; and there must be a sustained reduction in cases for at least 14 days.

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# Coronavirus outbreak at Lompoc prison worst in nation: 69 inmates, 25 staff infected



The federal prison in Lompoc in a 1995 photo. (Jeffrey May / Associated Press)

By RICHARD WINTON  
STAFF WRITER

APRIL 16, 2020 | 1:49 PM



The nation's worst outbreak of COVID-19 in a prison is at the federal penitentiary in Lompoc, where 69 inmates and 25 staff members are infected and a field hospital is being constructed on the grounds, authorities said.

While about 450 federal inmates nationwide have tested positive for the novel coronavirus, the Lompoc penitentiary's level of infection has far outpaced any other facility, according to the U.S. Bureau of Prisons.

Thirteen of the infected inmates have been hospitalized and two are now in intensive care, according to Santa Barbara County Public Health Officer Dr. Henning Ansorg. Of the 25 infected staffers, one is in the hospital, he said.

The medium-security facility houses about 1,500 inmates.

"The current outbreak at the federal prison in Lompoc and the problems at nursing homes across the nation represent the challenge," he said of the spread of the virus in close quarters in institutional settings.

"We are continuing to work cooperatively with the prison administration and its infection control team to limit the spread of the disease," Ansorg said.

Of the 13 hospitalized inmates, five are at Santa Barbara's Cottage Hospital and eight are at Lompoc Valley Medical Center. Six are on ventilators.

Van Do-Reynoso, Santa Barbara County's public health director, said she has staff onsite to help contain the outbreak.

"With support from our federal, state and local officials, the Bureau of Prisons and other federal partners are working to stand up a field hospital within the prison grounds," she said.

The plan is for the field hospital to begin operating within two weeks with 11 beds and eventually expand to up to 100 beds for low- to medium-level patients.

Do-Reynoso said the field hospital "will prevent our local hospitals from being overwhelmed by patients and their accompanying security." Inmates sent to civilian hospitals are guarded by two prison officers on rotating shifts.

U.S. Rep. Salud Carbajal (D-Santa Barbara) and California U.S. Sens. Kamala Harris and Dianne Feinstein in a letter called on the assistant director of the correctional programs division to expedite construction of the field hospital after hearing it could take six to eight weeks to open.

Nationwide, 449 inmates had tested positive for the coronavirus as of Wednesday along with 280 Bureau of Prisons employees. Sixteen inmates have died of conditions related to COVID-19. Cloth masks have been issued to all inmates and protective gear to employees handling those infected, according to the bureau.

Guards, inmates and relatives across the country have criticized the bureau's response to outbreaks at its facilities. On March 31, the agency implemented a strict policy of keeping inmates in their cells or assigned quarters for 14 days and barring transfers to limit the spread of the virus.

Santa Barbara County has so far seen 334 people test positive, with 38 hospitalized, two dead and 130 recovered.

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Richard Winton is an investigative crime writer for the Los Angeles Times and part of the team that won the Pulitzer Prize for public service in 2011. Known as [@lacrimes](#) on Twitter, during 25 years at The Times he also has been part of the breaking news staff that won Pulitzers in 1998, 2004 and 2016.

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## Obesity Linked to Severe Coronavirus Disease, Especially for Younger Patients

Young adults with obesity are more likely to be hospitalized, even if they have no other health problems, studies show.



By [Roni Caryn Rabin](#)

April 16, 2020

Obesity may be one of the most important predictors of severe coronavirus illness, new studies say. It's an alarming finding for the United States, which has one of the highest obesity rates in the world.

Though people with obesity frequently have other medical problems, the new studies point to the condition in and of itself as the most significant risk factor, after only older age, for being hospitalized with Covid-19, the illness caused by the coronavirus. Young adults with obesity appear to be at particular risk, studies show.

The research is preliminary, and not peer reviewed, but it buttresses anecdotal reports from doctors who say they have been struck by how many seriously ill younger patients of theirs with obesity are otherwise healthy.

No one knows why obesity makes Covid-19 worse, but hypotheses abound.

Some coronavirus patients with obesity may already have compromised respiratory function that preceded the infection. Abdominal obesity, more prominent in men, can cause compression of the diaphragm, lungs and chest capacity. Obesity is known to cause chronic, low-grade inflammation and an increase in circulating, pro-inflammatory cytokines, which may play a role in the worst Covid-19 outcomes.

Some 42 percent of American adults — nearly 80 million people — live with obesity. That is a prevalence rate far exceeding those of other countries hit hard by the coronavirus, like China and Italy.

Obesity is defined by a measure called body mass index, which is based on a formula that divides one's weight in kilograms by the square of one's height in meters. Someone who is 5 feet 9 inches tall and weighs 203 pounds would have a B.M.I. of 30, which is considered obese.

The new findings about obesity risks are bad news for all Americans, but particularly for African-Americans and other people of color, who have higher rates of obesity and are already bearing a disproportionate burden of Covid-19 deaths. High rates of obesity are also prevalent among low-income white Americans, who may also be adversely affected, experts say.

More than half of Covid-19 deaths in the United States so far have been in New York and New Jersey, but the new findings mean the coronavirus could exact a steep toll in regions like the South and the Midwest, where obesity is more prevalent than in the Northeast.

"If obesity does turn out to be an important risk factor for younger people, and we look at the rest of the United States — where obesity rates are higher than in New York — that will be of great concern," said Dr. Roy Gulick, chief of infectious diseases at Weill Cornell Medicine. "We may see a lot more younger people being hospitalized."

Dr. Gulick's review of data from the first 393 Covid-19 patients admitted to NewYork-Presbyterian/Weill Cornell Medical Center and NewYork-Presbyterian Lower Manhattan Hospital identified obesity as a risk factor for admission. He also found that among adults under the age of 54, half live with obesity, though the New York City obesity rate is only 22 percent.

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One of the largest U.S. studies to identify obesity as a prominent risk factor analyzed data from more than 4,000 Covid-19 patients who sought care at NYU Langone Health between March 1 and April 2.

“Obesity is more important for hospitalization than whether you have high blood pressure or diabetes, though these often go together, and it’s more important than coronary disease or cancer or kidney disease, or even pulmonary disease,” said Dr. Leora Horwitz, the paper’s senior author and director of the Center for Healthcare Innovation and Delivery Science at NYU Langone.

Obesity also appears to be a factor for higher risk of death from Covid-19, though to a lesser degree, Dr. Horwitz said

She cautioned that the findings were preliminary, noted that some of the data was still incomplete and emphasized that the paper had not been peer reviewed.

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Scientists are still somewhat puzzled by the impact of obesity on the course of the disease, but Dr. Horwitz said the implications for patient care were clear.

“It means that as clinicians, we should be thinking a little more carefully about those patients with obesity when they come in — we should worry about them a little bit more,” she said.

Another NYU Langone study, which focused on patients under the age of 60, found that those with obesity were twice as likely to be hospitalized and were at even higher risk of requiring critical care. The association between obesity and more severe disease was not seen in patients over the age of 60.

The severity of the illness often comes as a surprise to younger adults, and “provides another layer of shock to this disease,” the paper’s author, Dr. Jennifer Lighter, said.

Studies highlighting the risks of obesity have been conducted in other countries as well.

Though most of the early reports from China pointed to risk factors like Type 2 diabetes and hypertension, which are common in people with obesity, scientists in Shenzhen, China, reported in *The Lancet* this month that Covid-19 patients with a high body mass index were at more than double the risk of severe pneumonia than those with a lower B.M.I.

Another study from China, which looked at outcomes among a group of 112 Covid-19 patients, reported that of the 17 patients who died, 15 were either overweight or obese.

More recently, a French study reported that nearly half of 124 Covid-19 patients in Lille, France, had obesity, twice the rate of a comparison group of intensive care patients hospitalized for other reasons last year. The study also reported that the need for mechanical ventilation increased with higher body weight.

At Ochsner Health, a system with 41 hospitals in Louisiana and southern Mississippi, Dr. Leo Seoane, the company’s senior vice president, said that 60 percent of patients hospitalized with Covid-19 had obesity and that obesity appeared to nearly double their risk of requiring a ventilator.

“We in the U.S. have not always identified obesity as a disease, and some people think it’s a lifestyle choice. But it’s not,” said Dr. Matthew Hutter, director of the Weight Center at Massachusetts General Hospital and president of the American Society for Metabolic and Bariatric Surgery. “It makes people sick, and we’re realizing that now.”

Conventional wisdom has traditionally explained excess weight as a simple caloric imbalance that can be addressed by eating less and exercising more. Prominent medical groups have reconsidered their approach, however, and now recognize obesity as a medical disorder caused by a complex web of underlying factors, which in turn predisposes people to other serious medical problems.

Some doctors consider obesity a marker of poor health associated with poverty, reflecting a combination of social and economic factors, from inadequate education and limited job opportunities to impoverished neighborhoods where access to healthy food, medical care and opportunities for exercise are scarce.

Obesity’s link to chronic diseases is well known, but the experience with H1N1 influenza in 2009 revealed that people with obesity are also more vulnerable to infectious diseases. Studies have also shown that they do not get the same protection from influenza vaccinations that others do.

Physicians say patients with obesity can be harder to manage in the hospital setting. They require special beds and imaging equipment, and they are harder to intubate and harder to assess when removing a ventilator.

Advocates for people with obesity say they may also delay seeking care, deterred because they have been treated poorly by health care providers in the past.

“They worry: ‘If I go to the hospital, am I going to be triaged based on my body mass index? Is the skinny person next to me going to get the ventilator, not me?’” said Dr. Donna Ryan, associate editor in chief of the journal *Obesity*.

Doctors in the trenches treating critically ill coronavirus patients say they expected to see old and elderly patients become acutely and critically ill, but the young patients becoming severely sick have unnerved them.

Of the 14 Covid-19 patients recently in Dr. Sanam Ahmed's critical care unit at Mount Sinai on the Upper East Side, she said, 12 were at least 50 years old and had complex medical problems. The two younger patients, who were in their 30s, had obesity and no other diseases.

"It looks like, for them, obesity is the risk factor," Dr. Ahmed said.

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## Frequently Asked Questions and Advice

Updated April 11, 2020

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## 'You Have to Disobey': Protesters Gather to Defy Stay-At-Home Orders

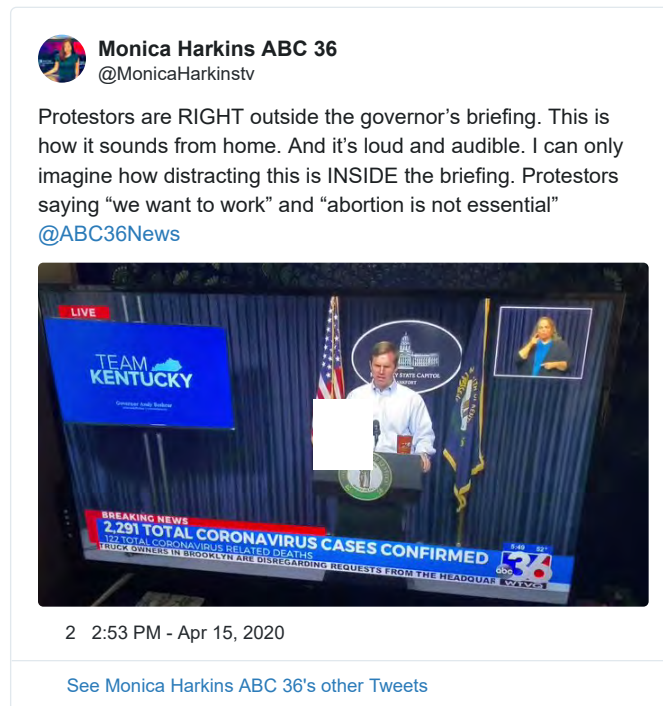
Demonstrators headed to statehouses in Michigan, North Carolina, Ohio and elsewhere to urge their governors to ease restrictions. More protests are planned.

By **Nicholas Bogel-Burroughs** and **Jeremy W. Peters**

April 16, 2020 Updated 3:19 p.m. ET

As President Trump and some of his supporters push for a more rapid return to pre-coronavirus economic activity, protesters in several states took to the streets this week to urge governors to relax the strict rules on commerce, work and daily life that health officials have said are necessary to save lives.

In Michigan, thousands of demonstrators in cars jammed the streets around the State Capitol in Lansing, saying restrictions to prevent the spread of the virus were dooming small businesses. In Frankfort, Ky., dozens of people shouted through a Capitol building window, nearly drowning out Gov. Andy Beshear, a Democrat, as he held a news conference. And in Raleigh, N.C., at least one woman was arrested during a protest that drew more than 100 people in opposition to a stay-at-home rule, The News & Observer reported.



More protests against stay-at-home orders have been planned in other states, including Texas, Oregon and California, as the economic and health effects of the coronavirus mount across the country. In the last four weeks, more than 22 million Americans have filed for unemployment benefits. Still, public health experts warn that returning to normal behavior too soon — particularly with ongoing testing shortages — could exacerbate the spread of the virus, which has killed nearly 29,000 people in the United States so far.

At recent rallies in Ohio, New York and Michigan, many organizers and demonstrators, some who came armed, were aligned with anti-government activists on the right and libertarian groups. Some had affiliations with the Tea Party and displayed the “Don’t Tread on Me” logo that was an unofficial slogan for the movement, and at least one protester in Michigan waved a Confederate flag with the image of a gun. Others waved banners in support of Mr. Trump, and protested Gov. Gretchen Whitmer, a Democrat, by chanting “Lock her up.”

Polls show most Americans support restrictions meant to combat the virus. But the size of the protest in Michigan, and the appetite in other states for more rallies, suggested that anger over the no-end-in-sight nature of the lockdowns was not limited to the far right, and that the public’s patience has a limit. As anxiety, uncertainty and joblessness continue to grow, the next few weeks will pose a test for governors and local leaders who are likely to face increased pressure to loosen some of the restrictions.

In Michigan alone, more than 1 million people — roughly a quarter of the state’s workforce — have filed for unemployment benefits.



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Greg McNeilly, a Republican consultant in the state who has criticized the governor's response as too sweeping, said that while the protests this week included fringe elements of the right, politicians would be mistaken if they dismissed them outright.

"At the heart of this is legitimate concern that, look, we can't beat this virus without a vaccine or herd immunity," he said. "And right now it feels like our policymakers, state and federal, are choosing fear instead of saying, 'how can we live safely with this?'"

Mr. McNeilly said he thought governors who did not demonstrate more flexibility risked turning Americans against their elected officials at a time when trust in government is crucial. "Our institutions have not been sitting on a surplus of trust," he said.

Ms. Whitmer has tried to tie the protest to Betsy DeVos, the education secretary, noting that one of the host groups was linked to the DeVos family, though there is no evidence that Ms. DeVos herself funded the protest.

On Wednesday, Ms. Whitmer said the protesters were in the minority among Michiganders.

"It was a political rally that is going to endanger people's lives, because this is precisely how Covid-19 spreads," she said on MSNBC.

Polling has indicated divides between Democrats' and Republicans' responses to the virus. One Gallup poll found that a higher share of Democrats said they had avoided public places and small gatherings than did Republicans. Still, a vast majority of Americans have limited their behavior and have said the government should be more focused on stopping the virus than keeping the economy running.

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Tyler Miller, 39, an engineering technician in Bremerton, Wash., said he was surprised by the number of people who signed up to attend a rally he organized for this weekend at the State Capitol in Olympia after growing frustrated with limitations on gatherings and travel.

Mr. Miller said in an interview that he believed that Americans should take the virus seriously, noting that even as he wrote to Gov. Jay Inslee, a Democrat, to complain about the restrictions, he had self-quarantined at home after experiencing coronavirus-like symptoms.

"I want the governor to say that these are strongly encouraged practices, but that people have the right to gather," Mr. Miller said. If the state-mandated rules were to be revised, he said, he would call off the rally. "I want people to be as safe as possible, but I also want their liberties to be respected in the process."

Other organizers were more blunt in their calls to action.

"You have to disobey," Wayne Hoffman, the president of the Idaho Freedom Foundation, a nonprofit organization that advocates smaller government, said after Gov. Brad Little, a Republican, announced he would extend a stay-at-home order until the end of April. Idaho has recently seen growing discord over government mandates.

"You have to do what's best for your business," added Mr. Hoffman, who said a rally would take place at the State Capitol on Friday. "You have to do what's best for your employees and your customers. You have to do what's best for your livelihood, for your families."

For some conservative protesters, the rallies are about more than reopening state economies. They are an outlet to express their anger, which is in some cases fueled by conspiracy theories. Some believe they are being lied to by the government and the news media about the dangers of the coronavirus.

Owen Shroyer, a host of a show on Infowars, the far-right website founded by the conspiracy theorist Alex Jones, is organizing a rally in Austin on Saturday. He told his audience this week that he had no fears of either getting arrested or of getting infected with the coronavirus, the spread of which he claimed was a scheme by the Chinese Communist Party and the "Deep State" to destroy the economy and undermine the Trump presidency.

“They want to put out fake propaganda on Twitter, pretending like everyone’s dying,” Mr. Shroyer said on Infowars, the site where Mr. Jones spread the false claim that the Sandy Hook school shooting in 2012 was a hoax or staged. “They want to tell you the hospitals are like war zones, but all we see is dance routine videos. It’s all Chinese Communist propaganda.”

But others had more mainstream grievances.

At the rally in Michigan on Wednesday, which drew the largest crowd of any protest so far, demonstrators accused Ms. Whitmer of going too far with restrictions on everyday activities. Ms. Whitmer’s orders are among the strictest in the nation, barring residents from crossing the street to visit neighbors or driving to see friends.

Some protesters, not in vehicles, waved American flags along the sidewalks. From the top of the steps, protesters chanted “freedom, freedom, freedom.”

Denny Bradley, 33, told The Detroit News that he was the sole breadwinner for his family and that his employer, an auto supplier, had been shut down for three weeks. He carried a sign that read, “I want to work.”

Mike Baker, Manny Fernandez and Adeel Hassan contributed reporting.

[The Coronavirus Outbreak >](#)

## Frequently Asked Questions and Advice

Updated April 11, 2020

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This is a difficult question, because a lot depends on how well the virus is contained. A better question might be: “How will we know when to reopen the country?” In an American Enterprise Institute report, Scott Gottlieb, Caitlin Rivers, Mark B. McClellan, Lauren Silvis and Crystal Watson staked out four goal posts for recovery: Hospitals in the state must be able to safely treat all patients requiring hospitalization, without resorting to crisis standards of care; the state needs to be able to at least test everyone who has symptoms; the state is able to conduct monitoring of confirmed cases and contacts; and there must be a sustained reduction in cases for at least 14 days.

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## Why We Don't Know the True Death Rate for Covid-19

Determining what percentage of those infected by the coronavirus will die is a key question for epidemiologists, but an elusive one during the pandemic.

By Amy Harmon

April 17, 2020 Updated 10:41 a.m. ET

Coroners in some parts of the country are overwhelmed. Funeral homes in coronavirus hot spots can barely keep up. Newspaper obituary pages in hard-hit areas go on and on. Covid-19 is on track to kill far more people in the United States this year than the seasonal flu.

But determining just how deadly the new coronavirus will be is a key question facing epidemiologists, who expect resurgent waves of infection that could last into 2022.

As the virus spread across the world in late February and March, the projection circulated by infectious disease experts of how many infected people would die seemed plenty dire: around 1 percent, or 10 times the rate of a typical flu.

But according to various unofficial Covid-19 trackers that calculate the death rate by dividing total deaths by the number of known cases, about 6.4 percent of people infected with the virus have now died worldwide.

In Italy, the death rate stands at about 13 percent, and in the United States, around 4.3 percent, according to the latest figures on known cases and deaths. Even in South Korea, where widespread testing helped contain the outbreak, 2 percent of people who tested positive for the virus have died, recent data shows.

These supposed death rates also appear to vary widely by geography: Germany's fatality rate appears to be roughly one-tenth of Italy's, and Los Angeles's about half of New York's. Among U.S. states, Michigan, at around 7 percent, is at the high end, while Wyoming, which reported its first two deaths this week, has one of the lowest death rates, at about 0.7 percent.

Virology experts say there is no evidence that any strain of the virus, officially known as SARS-CoV-2, has mutated to become more severe in some parts of the world than others, raising the question of why there appears to be so much variance from country to country.

Determining death rates is especially challenging in the midst of a pandemic, while figures are necessarily fluid. Fatality rates based on comparing deaths, which are relatively easy to count, to infections, which are not, almost certainly overestimate the true lethality of the virus, epidemiologists say. Health officials and epidemiologists have estimated there are five to 10 people with undetected infections for every confirmed case in some communities, and at least one estimate suggests there are far more.

On top of that, deaths lag infections. The thousands of people with Covid-19 who died this week in the United States were most likely infected as far back as a month ago. So as the number of new cases reported begins to fall in hard-hit places like New York City, the death rate will almost certainly rise.

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“To know the fatality rate you need to know how many people are infected and how many people died from the disease,” said Ali H. Mokdad, a professor of health metrics sciences at the Institute for Health Metrics and Evaluation. “We know how many people are dying, but we don't know how many people are infected.”

In fact, even the number of people dying is a moving target. Covid-19 deaths that happen at home appear to be widely underreported. And New York City increased its death count by more than 3,700 on Tuesday, after officials said they were now including people who had never tested positive for the virus but were presumed to have died of it.

But the missing data on deaths in the deaths-to-infections ratio is still almost certain to be dwarfed by the expected increase in the denominator when the total number of infections is better understood, epidemiologists say. The statistic typically cited by mayors and governors at Covid-19 news conferences relies on a data set that includes mostly people whose symptoms were severe enough to be tested.

Epidemiologists call it “severity bias.” It is why the fatality rate in Wuhan, China, where the outbreak began, was reported to be between 2 percent and 3.4 percent before it was revised to 1.4 percent, and it may yet be lower.

One intriguing case study for epidemiologists looking for the true fatality rate is the Diamond Princess cruise ship, which became a kind of natural experiment when nearly all of its 3,711 passengers and crew members were tested for the coronavirus after an outbreak on board.

The ship’s “case fatality rate,” which included only those who showed symptoms, was 2.6 percent, according to a study by researchers at the London School of Hygiene and Tropical Medicine, while the “infection fatality rate,” which included those who tested positive yet remained asymptomatic, was 1.3 percent. (A cruise ship, in which people are in a confined space, is not representative of the more dynamic situation in cities). The known number of coronavirus cases worldwide is about 2 million, and at least 127,000 of those patients have died. The United States has an estimated 600,000 reported cases and more than 25,000 deaths, the most in the world. But many people infected with the virus have no symptoms, or only mild ones, and appear in no official tally.

Facing a shortage of tests to confirm who has the disease and who does not, and fearing a shortage of I.C.U. beds, hospitals in some areas of the United States have declined to test or admit people whose oxygen saturation is above 90 percent.

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Whether a particular locale tests people with even mild symptoms is a key factor in determining how many people were infected, but testing capacity has been limited in many places.

“People with mild symptoms, I just send them home,” said Amesh Adalja, a senior scholar at Johns Hopkins Center for Health Security, and a critical care physician in Pittsburgh. “All of this is creating disparities in case-fatality ratios that don’t reflect real differences.”

Even with testing now becoming more widely available for Americans with Covid-19 symptoms, the proportion of people infected by the virus who do not feel appreciably sick is unknown, including in places with some of the highest deaths per 100,000 people: New York (55), Spain (40), Belgium (36), Italy (35), New Jersey (32), France (23) and Louisiana (22).

A clue comes from Iceland, which has tested 6 percent of its population, perhaps the highest proportion of any country. Of those who tested positive, 43 percent had no symptoms at the time, though it is likely that many developed them later.

What scientists call the infection fatality rate is so closely watched because even a seemingly trivial decrease — from, say, 1.0 percent to 0.9 percent — could mean a few hundred thousand fewer deaths in a population the size of the United States. It is also used to calibrate interventions aimed at preventing more deaths with their grim economic consequences.

Over the coming months, tests that can identify antibodies in the blood of people who were unwittingly exposed to the virus will allow for a closer approximation of total infections in different populations.

Both the Centers for Disease Control and Prevention and the National Institutes of Health recently announced that they would begin using antibody tests to see what proportion of the U.S. population has already been infected. Covid-19 may prove to be less lethal than initial predictions, with an infection fatality rate of under 1 percent, as suggested in a March 26 editorial published in the *New England Journal of Medicine* by Dr. Anthony S. Fauci and Dr. H. Clifford Lane, both of the National Institute of Allergy and Infectious Diseases, and Dr. Robert R. Redfield, director of the C.D.C.

But the public should not take a false comfort in death-rate statistics that might suddenly seem lower, epidemiologists warn.

The infection fatality rate of seasonal flu strains, which kill tens of thousands of Americans each year, is about 0.1 percent. And as Dr. Fauci, the nation’s top infectious disease official, told lawmakers in March when he was urging them to take serious mitigation efforts, the coronavirus “is a really serious problem.”

The inconsistencies in the number of coronavirus cases and deaths in different parts of the United States, according to a C.D.C. report released this week, depend on numerous factors: when the first cases of the virus arrived in a region; its population density; and the age distribution and prevalence of underlying medical conditions in its population. Also important are the timing and extent of community mitigation measures introduced by a region’s public officials, its diagnostic testing capacity and its public-health reporting practices.

The same factors most likely apply to the jumble of outcomes across the globe. But which ones end up fueling or mitigating a local outbreak, infectious disease experts say, can be hard to tease out.

The disparity between New York, with 55 deaths per 100,000 people, and California, with two, for instance, has been widely attributed to the imposition of earlier stay-at-home orders in California, which already had a work-at-home culture prepared to embrace the restrictions. But what about New York's role as the business capital of the world, where travelers returning from Europe unwittingly introduced the coronavirus by mid-February? Or its high population density, which the C.D.C. report suggests may significantly accelerate the transmission of a disease spread by droplets of mucus or saliva?

"The comparison of New York to California is a little unfair in a way," said Dr. Mokdad of the Institute for Health Metrics and Evaluation. "Yes, in California, the governor put in the shutdown order faster, we shouldn't take that away from them. But the deck of cards are stacked more against New York."

Italy's large number of cases, which overwhelmed its health care system, may be linked to its having the second-oldest population in the world after Japan; likewise The New York Times has identified more than 3,800 deaths at nursing homes and other long-term care facilities across the United States with coronavirus cases.

And the alarming number of African-Americans across many states being killed by Covid-19, health experts said, is likely to be related to higher rates of health conditions, rooted in longstanding economic and health care inequalities, that make it harder for them to survive the infection.

"The state number is an average that masks disparities by county, or even within a county," Dr. Mokdad said. "Covid-19 is coming on top of underlying population diversity and disparities in health in the United States, and many communities will suffer from it more than other communities."

Even as parts of the country edge toward reopening, cases are rising in Florida and other Southern states whose governors delayed closing beaches and dine-in restaurants. And it is the virus's transmission rate, as much as its infection fatality rate, that is preoccupying public health experts trying to find a way forward.

"Everyone in the whole country is vulnerable to this," said Andrew Noymer, an associate professor of public health at the University of California, Irvine. "Nobody has pre-immunity. That's totally unlike flu. So New York had some early cases, it spread like crazy. But why is Des Moines not going to have a Covid epidemic? What's so special about Springfield, Ill.? Social distancing will end. And people will start getting it again and dying."

[The Coronavirus Outbreak >](#)

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Updated April 11, 2020

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NEWS →

# African Americans Make Up All of Richmond Coronavirus Deaths

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Written by  
VPM News

April 15, 2020

*Richmond's African-American residents make up a disproportionate number of coronavirus cases, and all confirmed deaths in the city. (Photo: Crixell Matthews/VPM)*

*\*This story was reported by VPM Intern Alan Rodriguez Espinoza*

HEALTH

CORONAVIRUS

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All eight people who died from the coronavirus in Richmond were African American, according to Danny Avula, director of Richmond and Henrico Health Districts.

Avula also said African-American residents make up 62 percent of Richmond's 162 confirmed COVID-19 cases. African Americans only make up [48 percent of the city population](#), according to the U.S. Census Bureau.

Richmond's racial disparity in coronavirus cases mirrors one at the state level, and nationwide.

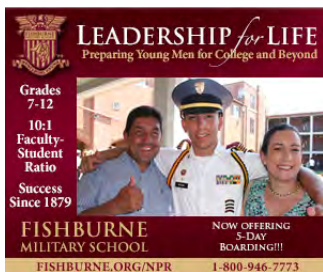
Although only about half of cases in Virginia have race and ethnicity data available, State Health Commissioner Norman Oliver said Wednesday African Americans makeup around 30 percent of those patients.

"In terms of deaths, with 59 deaths among African Americans, and with the race and ethnicity data available on 168 of our total of 195, that means 35 percent of deaths are African American," Oliver added.

According to data from the Census Bureau, people who identify as black or African American account for [20 percent](#) of Virginia's population.

Avula said during a press conference Tuesday that the Richmond City Health District plans to [open a series of walk-in testing clinics](#) in low-income neighborhoods to address COVID-19 cases among black, Hispanic and uninsured patients.

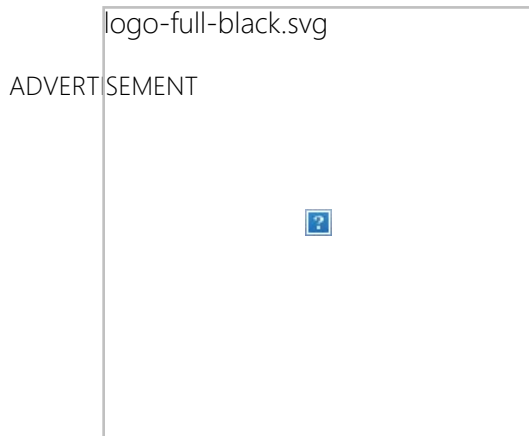
Avula tells VPM News these tests will be free of charge. The clinics will also provide low-income city residents with personal protective gear.



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Sections



WORLD & NATION

# Wuhan, China's coronavirus epicenter, raises official death toll by 50%





Funeral home workers remove the body of a person suspected to have died from the coronavirus outbreak from a residential building in Wuhan, China, in February. (Chinatopix)

By ASSOCIATED PRESS

APRIL 17, 2020 | 12:14 AM

BEIJING — At least 50% more people died in China's coronavirus epicenter of Wuhan than previously counted, with Chinese state media on Friday attributing the initial under-count to the health system having been overwhelmed with thousands of sick patients.

The addition of 1,290 victims raised Wuhan's death toll to 3,869, the most in China, and may confirm suspicions that far more people died in the city where the illness began than has been previously announced.

The total confirmed cases in the city of 11 million people also increased by 325 to 50,333, accounting for about two-thirds of China's total 82,367 announced cases.

The revised Wuhan figures raised China's nationwide COVID-19 death toll to 4,632, up from 3,342 announced by the National Health Commission on Friday morning.

## WORLD & NATION

China suffers worst economic drop since '70s in coronavirus battle

**April 16, 2020**

The official New China News Agency quoted an unidentified official with Wuhan's epidemic prevention and control headquarters as saying that during the early stages of the outbreak, "due to the insufficiency in admission and treatment capability, a few medical institutions failed to connect with the disease-prevention and -control system in time, while hospitals were overloaded and medics were overwhelmed with patients.

"As a result, belated, missed and mistaken reporting occurred," the official was quoted as saying.

The new figures were compiled by comparing data from Wuhan's epidemic prevention and control system, the city funeral service, the municipal hospital authority, and nucleic acid testing to "remove double-counted cases and fill in missed cases," the official was quoted as saying.

## ADVERTISEMENT

Deaths occurring outside hospitals had not been registered previously and some medical institutions had confirmed cases but reported them late or not at all, the official said.

Questions have long swirled around the accuracy of China's case reporting, with Wuhan in particular going several days in January without reporting new cases or deaths. That has led to accusations that Chinese officials were seeking to minimize the impact of the outbreak and wasting opportunities to

bring it under control in a shorter time.

A group of eight medical workers, including a doctor who later died of the virus, was even threatened by police for trying to alert people about the disease over social media.

## WORLD & NATION

Coronavirus killed China's whistleblower doctor. Now the virus has changed how the country can mourn him

**April 3, 2020**

### ADVERTISEMENT

Chinese officials have vigorously denied covering up cases, saying that their reports were accurate and timely. However, the U.N.'s World Health Organization has come under criticism for defending China's handling of the outbreak, and President Trump is suspending U.S. funding to the WHO over what he alleges is its pro-China bias.

Trump's blaming of China came after he initially spent weeks showering praise on Chinese President Xi Jinping over the country's performance in the pandemic, while largely dismissing the risk it posed to the U.S.

At the start of the outbreak, China proceeded cautiously and largely in secret, emphasizing political stability and the leadership of Xi's ruling Communist Party.

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More than 3,000 people had been infected before China's government told the public that a pandemic was likely, something officials had concluded six days earlier.

The risk of sustained human-to-human transmission was also downplayed, even while infected people

entered hospitals across the country and the first case outside China was found, in Thailand.

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**April 17, 2020**



LOCAL NEWS • News

# Mary's Table feeds hundreds of San Bernardino County residents every day





Mary's Table in San Bernardino helps impoverished residents of San Bernardino County. (Photo by Marsha Olguin)

By **MICHEL NOLAN** | michelnolan77@gmail.com | San Bernardino Sun

PUBLISHED: April 16, 2020 at 12:14 p.m. | UPDATED: April 16, 2020 at 12:14 p.m.



For more than 20 years, Marsha Olguin has had a heart for the San Bernardino County's most impoverished residents.

As director of Mary's Table, part of Mary's Mercy Center, she and her team of volunteers provide hot meals daily to the hungry.

The center is known for the miracles that happen there — second chances, lives turned around. Jobs and self-confidence come when people find their way, and she knows this.

The center, which is associated with Our Lady of Guadalupe Church, also includes St. Joseph's

Clothes Closet, which distributes donated, gently used clothing to those at or below the poverty line. During the pandemic, however, clothes are not being accepted.

TOP ARTICLES 2/5



At the center, the 64-year-old San Bernardino native works with the homeless, the aged, families in need — giving hope, she said, to those without it.

These days, this level of care is more challenging, providing necessities in the midst of the coronavirus pandemic.

Under the current COVID-19 guidelines, it is recommended people stay in their homes — self isolating — more than a little challenging if you don't have a home.

Mary's Table serves between 200 and 300 meals every day — six days a week except for Fridays, Marsha said. "And now, San Manuel is helping with 150 meals on Mondays and Wednesdays —

that's 300 meals a week.”

During the coronavirus outbreak, meals are served outside.

Mary's Table was seeing more families with children before the recent rains started, since then they aren't seeing as many children, Marsha said.

The center has made the adjustments: When people arrive at the center, they wash their hands in the restrooms, and put on clean masks made from strips of T-shirts, Marsha said. When they find a place to sit down, it must be six-feet away from another person.

As far as the staff knows, the center has not contributed to the nearly 1,000 cases of the coronavirus in San Bernardino County.

On Wednesdays, the kitchen also fills food bags — bagged groceries for families who have a place to cook. Bags are filled with beans and rice, canned vegetables, cereal, powdered milk, tomato sauce, and sometimes extras like macaroni, frozen foods and produce.

In addition to Mary's Table and St. Joseph's Clothes Closet, Mary's Mercy Center provides hot showers and the shelter of Veronica's Home of Mercy, a residential home for temporarily homeless women and their children.

But Mary's is more than a “handout,” it is a “hand up” as well, Marsha said. The program offers work opportunities.

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“Sometimes people recover from their homelessness or addiction situations and get better, ending up getting a job or going to school,” she said.



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Marsha and her family have a long tradition of volunteering and donating time to local church and charity groups.

“It’s just the way I was brought up,” she said.

*Michel Nolan appears on the first and third Fridays of the month. Reach her at [michelnolan77@gmail.com](mailto:michelnolan77@gmail.com).*

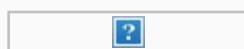
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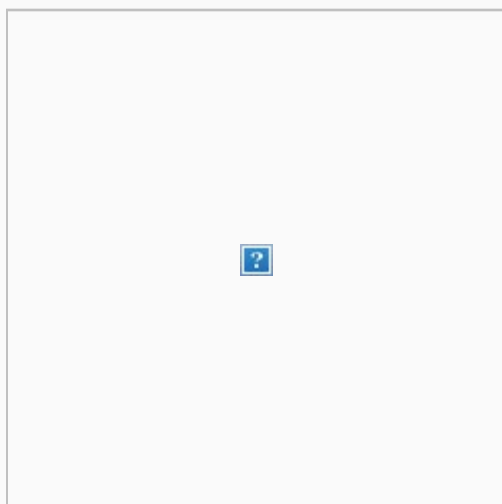
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Michel Nolan | Columnist

VIEW COMMENTS

# A sign says Chick-fil-A is coming to Hesperia. It's not.

By Rene Ray De La Cruz  
Staff Writer

Posted Apr 16, 2020 at 8:24 PM

HESPERIA — Chick-Fil-A is “Coming Soon” to Hesperia. At least that’s what the banner posted on a fence at one busy intersection near Interstate 15 said.

But it isn’t true.

In what appears to be an April Fools’ Day prank that continues to generate attention, the banner on the southwest corner of Main Street and Mariposa Road reads, “Chick-fil-A, Home of the Original Chicken Sandwich, Hesperia, California #protaprilia.”

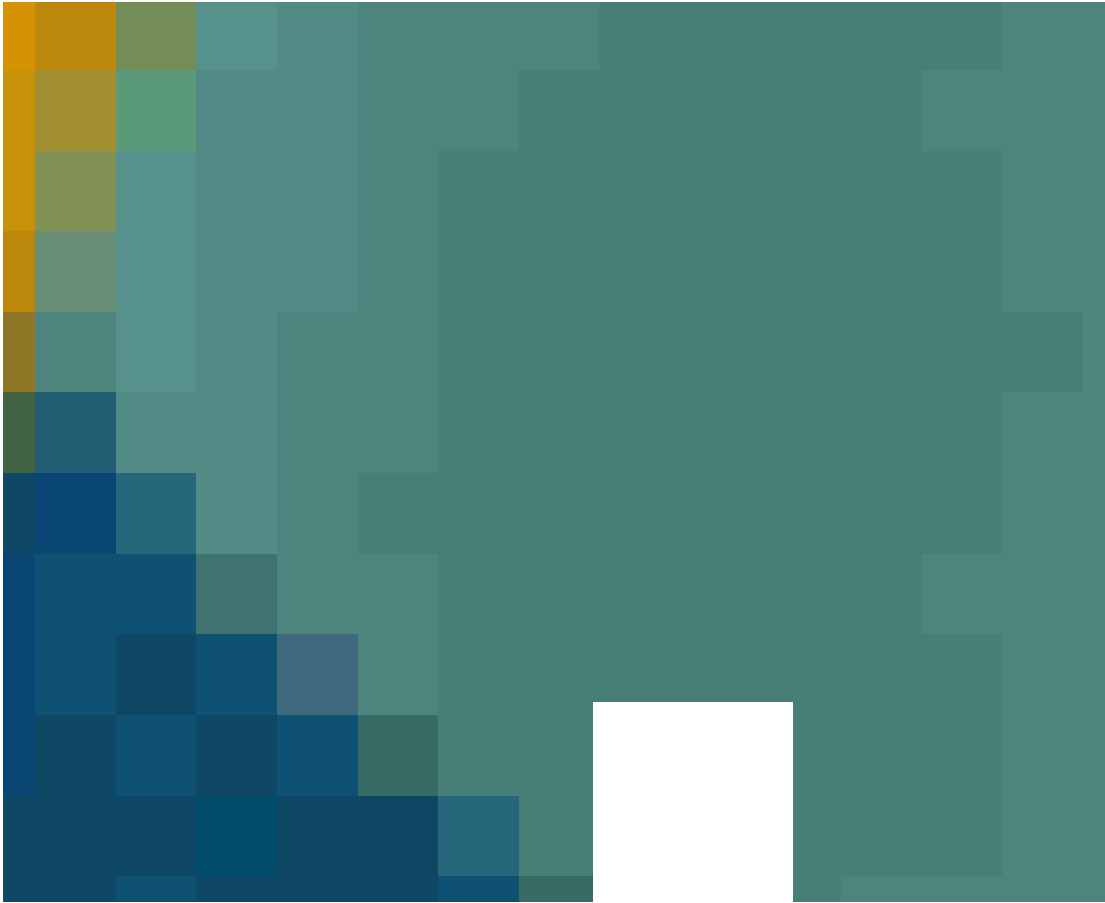
The hashtag provides the clue.

According to several websites that deal in the Greek language, including Omilo.com, “Kali protaprilia” translates in English to “Happy Fools’ Day.” The only difference, an Omilo post notes, is that in Greek you would instead say, “Happy First of April.”

City of Hesperia spokesperson Rachel Molina did not mention an April Fools’ Day prank, but she did say city staff saw the banner and contacted the property owner, who indicated that Chick-fil-A was not coming to that location.

Molina added that company representatives have not contacted the city about constructing a new restaurant.

The banner is posted on a fence near a vacant lot that was once home to a Shell gas station. The site is sandwiched between Burger King to the south and In-N-Out Burger to the north, just across Main Street.



Last year, residents in Hayden, Idaho were fooled when a prankster posted a similar banner that read “Coming soon. Chick-fil-A.” The sign sparked a frenzy on social media, according to news station KREM2.

Christi Cooper, a permit technician with Hayden’s Community Development, told the station the city had not had any contact from Chick-fil-A regarding a location in the city that’s located about 40 miles east of Spokane, Washington.

If the banner in Hesperia had any merit, it would mean two Chick-fil-A restaurants were coming to the High Desert. In February, Victorville officials told the Daily Press that construction on the region’s first Chick-fil-A could begin as early as this year on Mariposa Road.

In February, the Victorville Planning Commission approved a site plan to allow demolition of the former Marie Callender’s building to allow for the construction of the 5,000-square-foot chicken restaurant.

The company’s new location is expected to be built with double drive-thru lanes capable of serving over 25 vehicles and patio seating, according to the plan.

On Feb. 5, Mayor Gloria Garcia made the surprise announcement about the restaurant at Victorville's State of the City, which drew "hollering and cheering" from the audience, the Daily Press reported.

***Reporter Rene Ray De La Cruz may be reached at 760-951-6227, [RDeLaCruz@VVDailyPress.com](mailto:RDeLaCruz@VVDailyPress.com), Twitter [@DP\\_ReneDeLaCruz](https://twitter.com/DP_ReneDeLaCruz).***

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FEATURED

## MWD board reviews lake opening day plans

By Kathy Portie [kportie.grizzly@gmail.com](mailto:kportie.grizzly@gmail.com)

Apr 16, 2020

Big Bear Lake surface and launch ramps remain closed to boating for now. The Big Bear Municipal Water District board of directors debated and eventually decided not to amend or change its original decision to delay opening day until May 1. The April 16 telephone board meeting was attended by about 30 people, including members of the public and marina owners.

Members of the public encouraged the MWD to allow boating for locals only beginning on May 1 or earlier. Some suggested the board could allow private dock owners the ability to launch while keeping public ramps closed and restricting rentals. Barb Cohen suggested allowing non-motorized boats on the water. Bob Ybarra of Sugarloaf said he would like to be able to use his pontoon boat moored at Holloway's Marina beginning May 1. He, too, suggested the lake could open only for residents.

Marina owners entered the debate on whether the governor's order specifically bans the opening of marinas or lakes to the public. "To say only open the lake to slipholders, that doesn't make a lot of sense for marina operators," said Steve Fengler of Big Bear Marina. "How do you discriminate?"

Fengler suggested the marinas could submit plans for operation to be reviewed by the MWD.

Steve PonTell of Pine Knot Marina said that it is the marina owners' responsibility to comply with the state and county, stating that it would give marina operators options to opening their business.

Board member Bob Ludecke pointed out that access to the lake has to be equitable because of state and federal funding the district receives. "Most of our money comes from off the hill," Ludecke said. "To tell them thanks for the money but stay away, isn't good. If we vote to restrict the number of boats at any one time, that might be something to think about."

Board member Larry Cooke said the lake is basically subdivided. Parts of the shoreline is city land, but most is either county or national forest. “Have we received any comment at all from the state, county, Forest Service or city?” Cooke asked.

MWD General Manager Mike Stephenson said the district and marinas are all preparing to be ready for a soft opening on May 1, but said if the governor’s order isn’t lifted, that date might not be feasible. “An order is an order,” Stephenson said. “I think all of us have the ability for a soft opening. “

Stephenson said the board could call a special meeting if the order is lifted early. He said the trigger for him is when the governor relaxes the stay at home order.

Board member Tom Bradford said he hoped it was by May 1, but isn’t sure that is a date that can be met. He said lodging and restaurants remain closed, and until they are able to open, he doesn’t see how the marinas can open. “I would love more than anything to put my boat out on the water,” Bradford said. “I don’t see us able to do any of these things until it’s back to business as usual.”

Holloway’s Marina owner Loren Hafen said he sees the governor’s order affects the MWD’s public ramps, but calls the order open to interpretation regarding whether or not some access should be granted. He, too, said marina owners are working on plans to meet the social distancing guidelines while allowing limited access to the lake.

“I’d love to open it today,” Stephenson said about lake access. “This isn’t a question of whether they want it open, it’s are we allowed to open. The Vegas strip is closed. As a special district, I think these rules apply. My personal opinion is we couldn’t even (open) if we wanted to. I think we have a responsibility to the people and our employees to phase in opening.”

Stephenson said if things change regarding the governor’s order, then the MWD can hold a special meeting regarding opening day. The MWD could be ready to go within 24 to 48 hours to open the lake, he said.

Bradford said that nothing has changed since the last board meeting. There was nothing to vote on since the board had already voted to delay opening day until May 1 in the previous meeting. Other board members agreed, reaching a consensus that marinas and the MWD work on their plans for a potential soft opening for review.

[https://www.fontanaheraldnews.com/news/no-layoffs-at-fontana-city-hall-but-budget-challenges-lie-ahead/article\\_098dca5a-800f-11ea-8f0b-2f966d64e6c5.html](https://www.fontanaheraldnews.com/news/no-layoffs-at-fontana-city-hall-but-budget-challenges-lie-ahead/article_098dca5a-800f-11ea-8f0b-2f966d64e6c5.html)

## No layoffs at Fontana City Hall, but budget challenges lie ahead

By RUSSELL INGOLD

Apr 16, 2020



So far, the City of Fontana has not been forced to lay off any employees due to the coronavirus pandemic, but the city will be impacted by the ongoing economic crisis in the coming months due to an anticipated decrease in tax revenue.

So far, the City of Fontana has not been forced to lay off any employees due to the coronavirus pandemic.

The city's departments are still functioning, even though the office buildings and community centers remain closed.





"We're staying strong," said Mayor Acquanetta Warren on April 10. "We don't have any plans to cut services or lay off any people."

However, she said that the city will be impacted by the ongoing economic crisis in the coming months due to an anticipated decrease in tax revenue.

The City Council is working with new City Manager Mark Denny on the new 2020-2021 budget, which could face some major challenges. The budget will be announced in June.

For several years, the city has been relatively strong financially and has maintained a 15 percent reserve. In fact, the city has received awards for its fiscal prudence.

According to the Mid-Year Budget Status Report issued in February (before the coronavirus threat erupted in full force), Fontana's sales tax receipts had been rising compared to the same quarters from the previous year.

The city reported a net increase in General Fund inflows of \$3.6 million, which included an increase of sales tax money of \$2.2 million and a rise in property tax funds of \$830,000.

Warren said the city will be helped by \$1.9 million in federal grant funding that had been recently announced. This funding comes in the form of Community Development Block Grants (CDBG) and Emergency Solutions Grant (ESG) Program funds, which allow the city to invest in programs to support economic growth, spur job creation, address homelessness and provide affordable housing.

Denny started in his new role with the city on April 6 and said that because of the public health crisis, his immediate focus was to "help ensure that our community gets through this as quickly and safely as possible."

In an email to the Herald News, Denny said that "Fontana is a vibrant city with a bold future. It's what attracted me to this role, and I'm looking forward to working with our staff, our Council and our community partners. As with any city, we have challenges to overcome. I'm confident in our team's ability to do that and, more importantly, to seize the tremendous opportunities ahead of us."





LOCAL NEWS • News

# Rail work closing California Street in Redlands this weekend





Construction is underway for the Redlands Passenger Rail Project near Eureka Street and Stuart Avenue in downtown Redlands on Wednesday, Jan. 22, 2020. (File photo by Watchara Phomicinda, The Press-Enterprise/SCNG)

By **JENNIFER IYER** | [jiyer@scng.com](mailto:jiyer@scng.com) | Redlands Daily Facts

PUBLISHED: April 16, 2020 at 1:29 p.m. | UPDATED: April 16, 2020 at 1:39 p.m.



Work on the railroad tracks has led to several street closures, the next of which is California Street in Redlands this weekend. Streets in San Bernardino also are affected by Redlands Passenger Rail Project construction.

California Street will be closed from 8 p.m. Friday through 5 a.m. Monday in preparation for rail crossing installation, according to the San Bernardino County Transportation Authority.

Other scheduled closures include Orange Show Road and Arrowhead Avenue, both in San Bernardino, which

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[Complete Redlands Passenger Rail coverage](#)

[Road work to close 210 Freeway in Highland, Redlands](#)

continue to be closed around the clock at the tracks, as will Washington Avenue at Orange Show.

Weeknight work on Tennessee Street in Redlands and Mill Street in San Bernardino also continues through Friday.

TOP ARTICLES 1/5

San Bernardino County agency orders its first zero-emission train for Redlands rail service

Expired registration isn't likely to get you a ticket during coronavirus pandemic

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Weekday work that is expected to close lanes but not full streets for the next few weeks is set for Sixth, Orange, California, Church, Ninth and University streets in Redlands.

Up next in Redlands, Alabama Street is scheduled for a weekend closure beginning April 24 and Colton Avenue is expected to close beginning April 27.

The 9-mile line, dubbed Arrow, is set to begin operation in early 2022.

Information: gosbcta.com



## LOCAL NEWS

# San Bernardino Public Library offers online resources



By **STAFF REPORT** | |

PUBLISHED: April 16, 2020 at 7:20 p.m. | UPDATED: April 16, 2020 at 7:20 p.m.



In recognition of National Library Week, April 19-25, the San Bernardino Public Library invites people to visit the library's website, [www.sbpl.org](http://www.sbpl.org), to access virtual services and resources.

While the library's physical spaces are temporarily closed because of the coronavirus pandemic, people can access eBooks, Audiobooks, online databases and much more, all from home, according to a press release.

The San Bernardino Public Library has a wide array of virtual services such as Overdrive; Reference USA; Brainfuse; New York Times; Britannica School and Escolar; Footsteps2Brilliance; R & B Digital Magazines; and America's News, featuring full-text of newspaper articles including the San Bernardino Sun since 2001.

The Virtual Reference Desk includes employment resources, government and legal resources; health and medicine, online book sites, public domain eBooks, and a children's section with links for homework help, animals, history, fun and games and more.



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Del Trabuco... family... 14...  
READ MORE

Those who do not have a San Bernardino Public Library card can sign up for one at [catalog.sbpsl.org:8086/onlineBorrowerRegistration.html](http://catalog.sbpsl.org:8086/onlineBorrowerRegistration.html). Those signing up should allow about a day for the card to be activated.

The library is not charging fees for materials due from March 17 until the library buildings reopen.

A library staff member is available at 909-381-8201 from 10 a.m.-6 p.m. Monday through Thursday and Saturday to answer questions about materials due, library cards, electronic resources and more during the library closure.

A  
B  
C

[https://www.highlandnews.net/community/san-manuel-casino-culinary-team-continues-cooking/article\\_00c1045c-7a81-11ea-bee2-8f0fa8a00a98.html](https://www.highlandnews.net/community/san-manuel-casino-culinary-team-continues-cooking/article_00c1045c-7a81-11ea-bee2-8f0fa8a00a98.html)

FEATURED

## San Manuel Casino culinary team continues cooking

Apr 9, 2020



San Manuel employees distribute meals to medical professionals at Social Action Corps Health Center during the coronavirus pandemic.

Courtesy San Manuel

San Manuel Casino may be temporarily closed, but its culinary team is hard at work preparing meals for medical professionals, senior citizens and the homeless population in the Inland Empire.

San Manuel Band of Mission Indians has partnered with multiple community organizations that provide services for groups that are elevated risk during this coronavirus pandemic.



For the entire month of April, Monday through Friday, San Manuel is providing 100 hot meals daily, like fresh sliced turkey breast, homemade mashed potatoes and vegetables to the Highland Senior Center. These meals are distributed with the help of the East Valley Water District to members of the senior community who drive up between 11:30 a.m. and 12:30 p.m.

San Manuel Band of Mission Indians has a long-standing relationship supporting Mary's Mercy Center in San Bernardino. For the entire month of April, the San Manuel Casino Culinary team is providing 150 boxed lunches with a freshly made sandwich, fruit, cookies, chips and a bottle of water, on Mondays and Wednesdays. These are distributed to the unsheltered in San Bernardino who look to Mary's Mercy Center for resources.

Social Action Corps Health System in San Bernardino specializes in providing medical care for low-income families. Given the current medical crisis, frontline workers are bombarded throughout their shifts, often without having time to eat. San Manuel has partnered with them to ensure these medical professionals are well fed by providing 350 meals every Thursday in April.







NEWS  CRIME + PUBLIC SAFETY • News

# 1 found dead after firefighters put out RV fire in Joshua Tree



By **ALMA FAUSTO** | [afausto@scng.com](mailto:afausto@scng.com) | Orange County Register

PUBLISHED: April 17, 2020 at 9:29 a.m. | UPDATED: April 17, 2020 at 9:29 a.m.



One person was found dead after firefighters extinguished an RV fire in Joshua Tree late Thursday night, authorities said.

Firefighters responded around midnight and found the RV ablaze in the 900 block of Sunset Road, according to the San Bernardino County Fire Department.

First respondents were notified about that a person might be trapped inside and called for an ambulance. The fire did not spread to any surrounding brush or property.

One person was found dead inside and investigators were sent out to the scene. The gender of the deceased had not been released by officials.

TOP ARTICLES 1/5



NEWS  CRIME + PUBLIC SAFETY • News

# Light rain may return to Southern California



The sun breaks through the clouds over Chino on Wednesday, April 8, 2020. (Photo by Cindy Yamanaka, The Press-

Enterprise/SCNG)

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By **ALMA FAUSTO** | [afausto@scng.com](mailto:afausto@scng.com) | Orange County Register

PUBLISHED: April 16, 2020 at 2:33 p.m. | UPDATED: April 16, 2020 at 2:34 p.m.

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After early April storms and a few days of sun, rain may return to Southern California this weekend – but it is expected to be on the light side.

The National Weather Service says a fast-moving, low-pressure system will move through the area starting Friday afternoon, April 17, bringing gusty winds, cooler temperatures and a chance of showers.

“The clouds will start to move in,” said Casey Oswant, a meteorologist with the National Weather Service, adding there likely will be showers early Saturday, if not on Friday. “Most of the rain will fall over the (San Bernardino) mountains and coastal slopes of the mountains.

“But nothing like we saw last week,” she said.

TOP ARTICLES 1/5



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Expect a tenth of an inch or less of rain in most parts, while the coastal mountain slopes could see up to a quarter of an inch. Snowfall will be light as well, with up to an inch on the San Bernardino and Riverside mountains.

Last week, most of Southern California got enough rain or snow to already surpass the average counts for April, National Weather Service meteorologists said.

Some coastal areas and cities saw upward of four inches of rain, while canyon areas got more than six. The San Bernardino Mountains got up to 2 feet of snow.

In much of Southern California, this weekend's weather will be much milder, though high temperatures will drop 10 degrees below the seasonal average, Oswant said, sitting at the low to mid-60s in most areas.

“After the light rain that we’re going to get (Friday) afternoon into Saturday morning, it’ll be dry Sunday,” she said. “But as we move into Monday, another quick-moving, low-pressure system will be moving into the area.”



That system will bring light showers again on Monday afternoon and into Tuesday. After that, it will begin to warm up, forecasters said.

The same is expected in Los Angeles County where forecasters described it as “by no means a potent storm...with only limited moisture.”

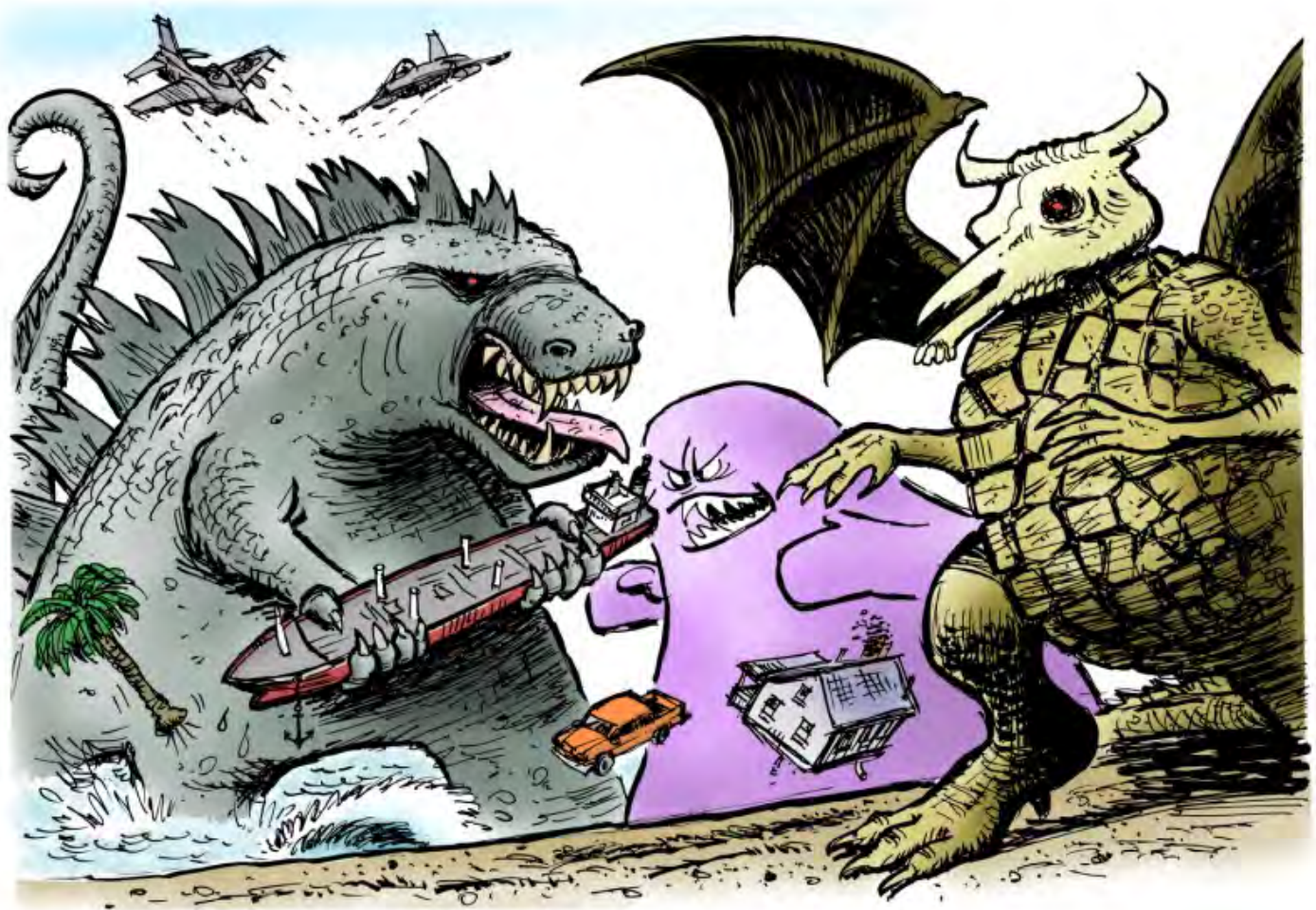
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CALIFORNIA

# Among the 'climate monsters' that afflict California, Megadrought is the most reliable



Climate monsters, from left, "Godzilla El Niño," "the Blob" and "Megadrought," bedevil California. (Paul Duginski / Los Angeles Times)

By PAUL DUGINSKI  
GRAPHICS AND DATA JOURNALIST

APRIL 16, 2020 | 6:16 PM



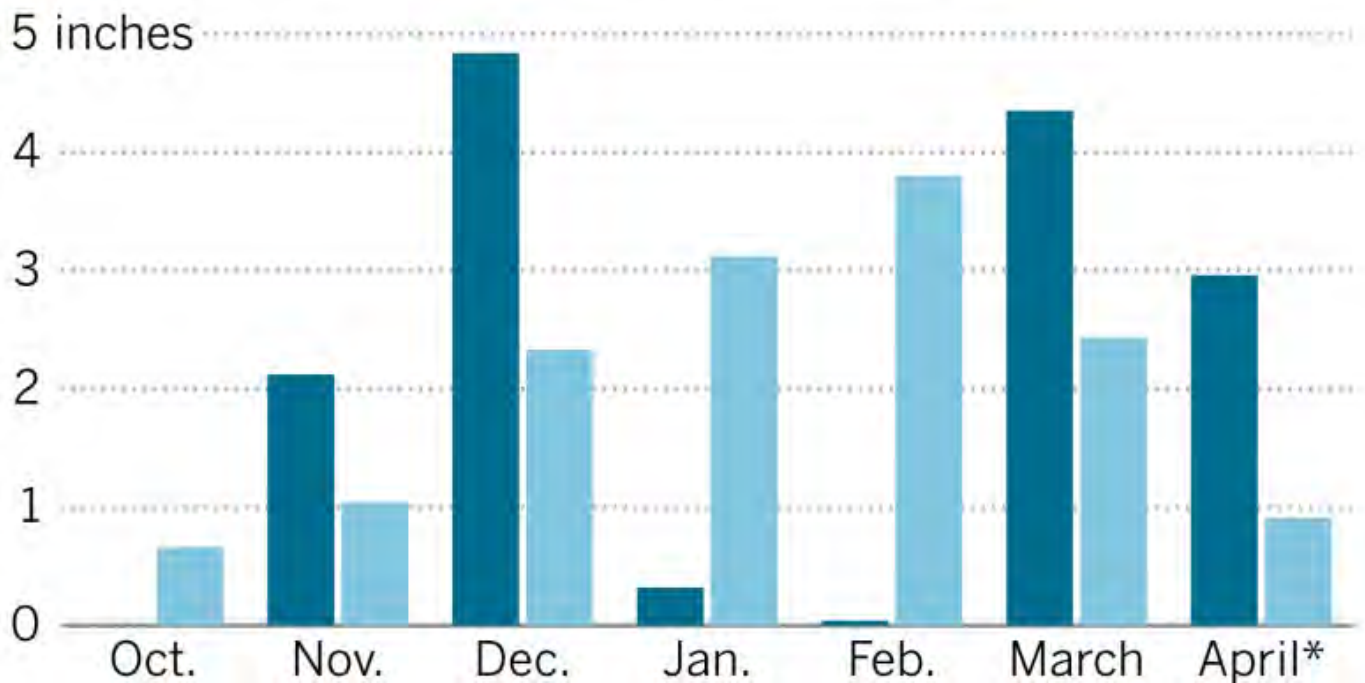
As is appropriate for the state that is home to Hollywood, the “climate monsters” that bedevil California have names that sound like they came from B-movies — the Blob, Godzilla El Niño, Megadrought.

One monster in particular, Drought, has more than overstayed its welcome, according to a new study in the journal Science. So much so, according to the study, that a climate-driven megadrought that is as bad or worse than anything known in prehistory may be developing.

Southern Californians, emerging into the sunshine after an unusually wet stretch of spring, are likely to say, “What drought?”

## Rainfall in downtown L.A., 2019-20

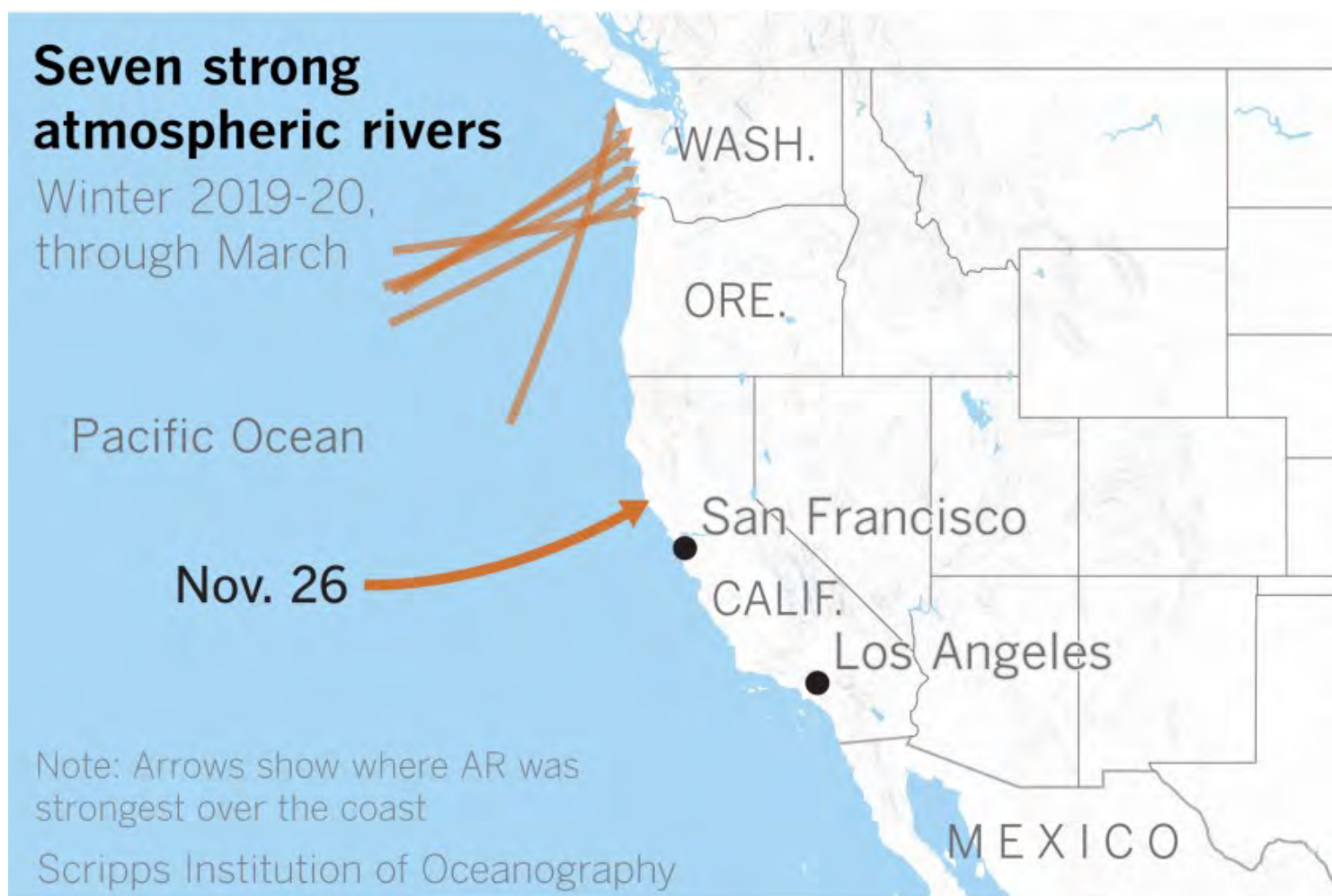
■ This season    ■ Normal for the month



\*April 2020 amount is to date

A rainfall chart for downtown Los Angeles shows an unusually dry January and February. (Paul Duginski / Los Angeles Times)

Rainfall in downtown Los Angeles, for example, was more than twice what is considered normal in November and December. But then we got “bageled,” as climatologist Bill Patzert puts it. January and February, normally the wettest months, formed a dry hole in the middle of the rainy season. When Los Angeles should have been getting 3.12 and 3.80 inches in January and February, it got 0.32 and 0.04 of an inch, respectively.



Only one strong atmospheric river hit California during the winter season. (Paul Duginski / Los Angeles Times)

From October through March, 40 atmospheric rivers made landfall on the West Coast, according to the Center for Western Weather and Water Extremes at UC San Diego’s Scripps Institution of Oceanography. Of those, seven were considered strong, and only one of those strong storms made landfall in Northern California — on Nov. 26. The rest hit Washington and Oregon, and no strong atmospheric rivers affected Central or Southern California.



During the previous year, 41 atmospheric rivers made landfall on the West Coast, but they were more spread out. More, stronger atmospheric rivers making landfall in California resulted in more precipitation in 2018-19.

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“We are working on how best to count [atmospheric rivers], which is trickier than it might seem,” said Marty Ralph of Scripps. The period from October to March was especially low for atmospheric river counts in California and high in the Pacific Northwest, Ralph explained. The previous year was closer to normal overall but a bit above average for California.

Five moderate atmospheric rivers made landfall in California, all in December. Normally, four or five strong ARs can constitute a rain year, Patzert said.

In January and February, as a strong, [stable polar vortex](#) developed, high pressure in the eastern Pacific blocked storms aiming at California and sent them to the north, into the Pacific Northwest. The polar jet stream adjusted to the north, and the contiguous United States had its sixth-warmest winter on record.

Meanwhile, [talk of “the Blob”](#) returned as global ocean temperatures rose to the warmest on record, continuing a decadelong trend, and die-offs continued in marine ecosystems in the eastern Pacific.

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After a [record dry February](#), the blocking high shifted and hopes rose for a “March Miracle.” Some 4.35 inches of rain fell in downtown Los Angeles, nearly doubling the normal monthly rainfall. Then came April, a month when 0.91 of an inch would be expected in Los Angeles, but more than three times that much fell through April 10, as a cold low system [more like a February storm](#) meandered over Southern California.

This storm was a cutoff low that came down the coast and tapped into some subtropical moisture. When the polar jet stream adjusted to the north, the subtropical jet did as well. Although this wasn’t an El Niño year, the subtropical jet stream behaved more like an El Niño, feeding moisture into the U.S. Southeast, which experienced an unusually wet winter punctuated with severe weather and a caravan of tornadoes.

In the strong El Niño of 1997-98, the subtropical jet shifted north and downtown Los Angeles got slightly more than 31 inches of rain — more than twice normal. This would qualify as a “Godzilla El Niño,” to use a name coined by Patzert. The 2015-16 season also was setting up as a similarly strong El Niño, but the subtropical jet behaved more

like the one during the El Niño-neutral 2019-20 season, keeping to the south and plowing rain into Texas. “It was the wettest winter and spring in Texas history,” Patzert said.

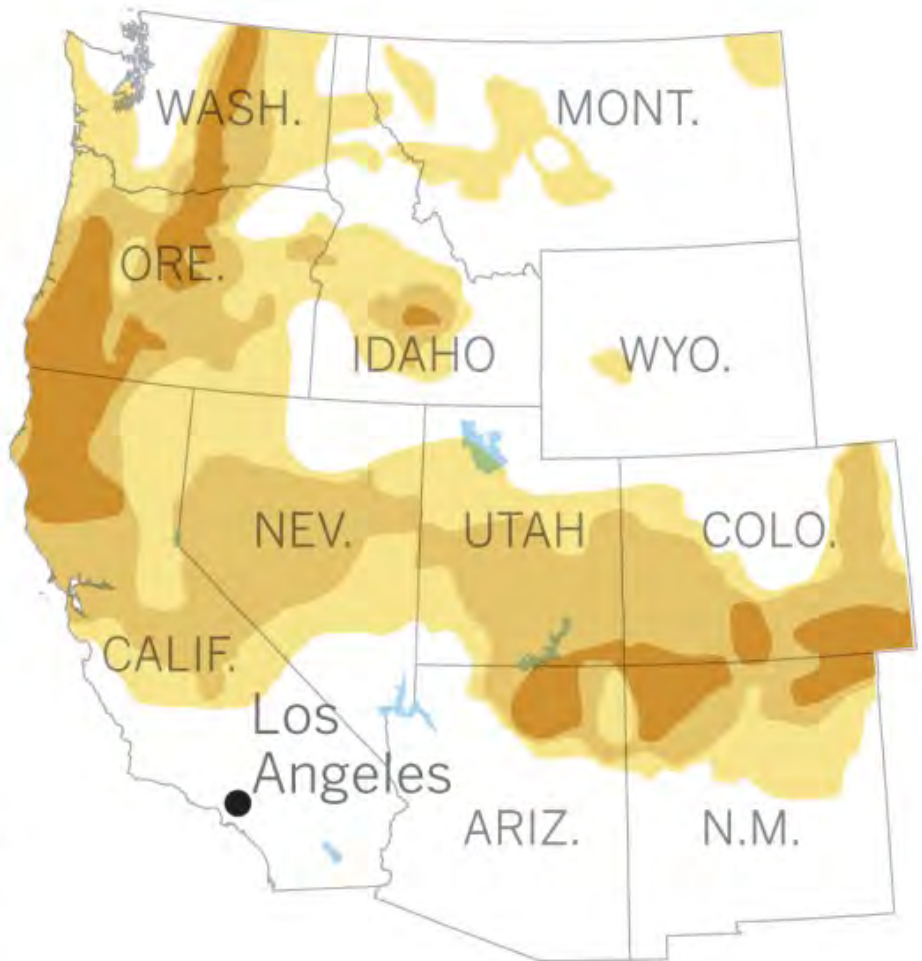
If you live in Southern California, where Los Angeles has received 14.69 inches of rain, or 106% of normal, you might indeed say, “What drought?” But as you move northward, it becomes clear that the bounteous moisture [hasn't been enjoyed by Northern California](#).

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San Francisco, with 10.99 inches of rain to date, stands at 50% of normal. Sacramento is at 56% of normal, the city of Mount Shasta is at 46%, Ukiah is at 40%, and Montague in Siskiyou County is at 31%.

## Western drought conditions

- Abnormally dry
- Moderate drought
- Severe drought



Data released April 16  
[droughtmonitor.unl.edu](http://droughtmonitor.unl.edu)

The latest U.S. Drought Monitor shows widespread drought in the West. (Paul Duginski / Los Angeles Times)

Though the most recent U.S. Drought Monitor data released Thursday show drought receding in Southern California, the northern part of the state is still beset by drought, as is much of the Western U.S.

Compared with [drought data from a week ago](#), it is clear that an area of severe drought that had been hugging the California-Oregon border has expanded, plunging southward along the coast into Mendocino, Lake, Colusa and Butte counties.

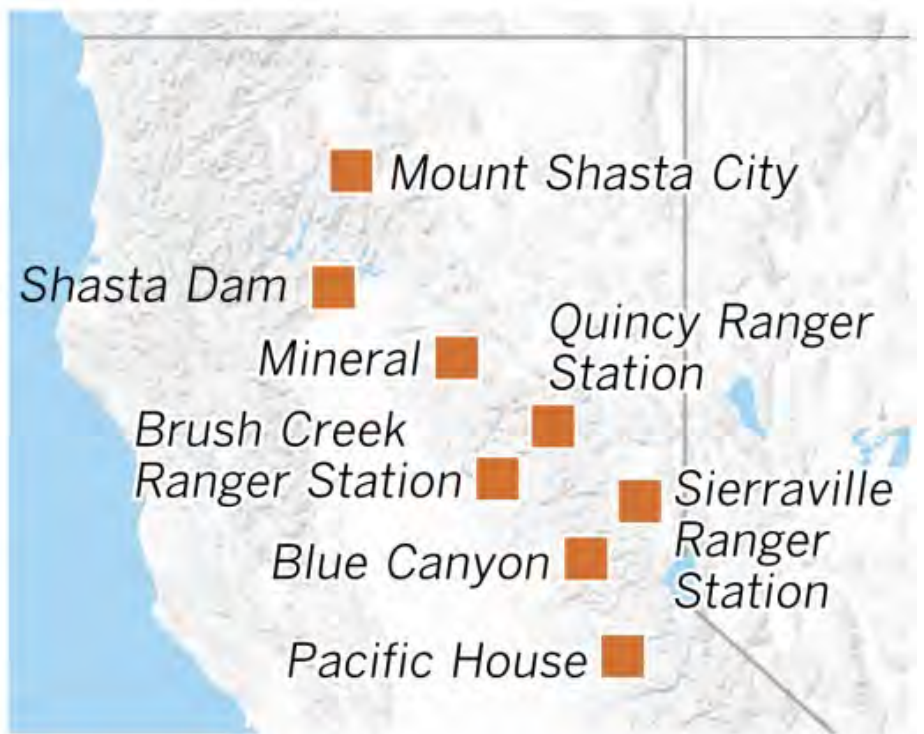
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# Northern Sierra 8-Station Index

Percentage of average  
for this date, as of  
April 16:

59%

Department of  
Water Resources



The critically important Northern Sierra 8-Station Index covers an area with California's biggest reservoirs. (Paul Duginski / Los Angeles Times)

The northern Sierra Nevada is mostly abnormally dry, and the Northern Sierra 8-Station Index is at 59% of seasonal normal, as of Thursday. The index is the average of eight precipitation measuring sites that provide a representative sample of the northern Sierra's major watersheds. These watersheds include the Sacramento, Feather, Yuba and American rivers. These rivers flow into some of California's biggest reservoirs, providing a large portion of the state's water supply.

Based on this information, the idea of a looming drought becomes more plausible, even for Southern Californians tired of being cooped up at home while it pours outside.

The shift of the polar jet stream to the north this winter meant fewer Pacific storms slamming into Northern California and a skimpy snowpack in the Sierra. That has resulted in a drier year this year for much of the state than last year. That's the picture in the short term, but the [long-term pattern is also dry](#).

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A new study from the Earth Institute at Columbia University calls the emerging long-term dry pattern in the Western U.S. a megadrought in which a warming climate is playing a key role. The megadrought is as bad as or worse than droughts known from prehistory, the study's authors say, based on modern weather observations, 1,200 years of tree-ring data and dozens of climate models.

Based on tree rings, the researchers identified four megadroughts that lasted decades: in the late 800s, the mid-1100s, the 1200s and the late 1500s. The 19 years from 2000 to 2018 were compared with the worst 19-year segments of those historical droughts, and the current Western drought was judged to be outdoing the first three episodes. The fourth historical megadrought, from 1575 to 1603, was judged to be the worst. The difference between

it and the current drought was slight and considered to be within the range of uncertainty. The current drought is more widespread and more consistent, which researchers attribute to global warming.

The megadrought in the 1200s lasted nearly a century. All of the ancient droughts lasted longer than 19 years, and they all began on a path similar to the modern drought.

According to the Columbia researchers, the 20th century emerges from the data as the wettest century in the 1,200 years of data. During that time, populations burgeoned along with overly optimistic assessments of the available water.

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But Patzert, former climatologist with NASA's Jet Propulsion Laboratory, says there have been many decades of punishing drought in the 20th century. He cites droughts such as the long one in the 1920s and '30s known as the Dust Bowl, which affected the entire Western U.S.; a megadrought of 33 years from 1945 to 1978, which led to construction of the State Water Project in California; and the current drought, which he views as beginning in 1999 after a wet period in the 1980s and '90s.

"If the 20th century is characterized as the wettest in the last 1,200 years, we're living on some very dry, drought-prone real estate," Patzert said.

Regardless, lengthy and stubborn droughts, even megadroughts, have clearly been looming over California and the West much more than many people realize. Reliable monsters such as these make you want to sleep with the lights on.

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Paul Duginski



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## Megadrought emerging in western U.S. could be the worst in 1,200 years, study finds

BY JEFF BERARDELLI  
APRIL 17, 2020 / 9:30 AM / CBS NEWS



Catastrophic wildfires, decreasing snowpack and dwindling water resources have become a normal part of life for residents in the western U.S. And, as a result of climate change, this may be just the beginning. A new study from Columbia University says the region has now entered into a climate-driven megadrought – possibly the worst in modern history.



Since 2000, the West has experienced one of its driest 20-year periods in history due to a combination of a dry natural cycle and the changing climate. While there have been some wet years like in 2019, overall water resources have been under unprecedented stress in the modern era.

Going back over a thousand years, there's evidence that naturally driven megadroughts have devastated the region several times in history. These droughts led to upheavals among indigenous civilizations in the Southwest.

## Climate Change ›

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MORE IN CLIMATE CHANGE ›

Scientists have long suspected that the current situation has been evolving into one of these megadroughts. This new research, published in the journal Science, not only confirms that suspicion, but also concludes this megadrought is as bad or worse than anything known before.

Catalina Mountains in southern Arizona.

PARK WILLIAMS

To reach this conclusion, the team conducted what they call the "most up-to-date and comprehensive long-term analysis" covering an area stretching across nine U.S. states from Oregon and Montana down through California, New Mexico and part of northern Mexico.

Their analysis utilized 1,200 years of tree ring data, modern weather observations and dozens of climate models. While reliable modern observations only date back to about 1900, yearly growth of tree-rings allows scientists to gauge annual changes in soil moisture centuries in the past.

Cross section from a ponderosa pine tree that grew in the Catalina Mountains in southern Arizona.

PARK WILLIAMS

"We now have enough observations of current drought and tree-ring records of past drought to say that we're on the same trajectory as the worst prehistoric droughts," says lead author Park Williams, a research professor in the Lamont-Doherty Earth Observatory at Columbia University.

Using the tree-ring data, Williams and his team detected dozens of droughts across the region, starting in 800 AD. Four of those stand out as megadroughts – with extreme dryness which lasted for decades – in the late 800s, mid-1100s, the 1200s and the late 1500s.

The team then compared the ancient megadroughts to soil moisture records from the years 2000 to 2018. As illustrated in the below image, they found that this 19-year period was the second-driest, already outdoing the three earliest ones and on par with the fourth period which spanned from 1575 to 1603. The other megadroughts lasted longer, which is why their red shading is wider, but they all began on a similar path to this modern drought.

Megadrought ranking over most severe 19-year interval. Park Williams

PARK WILLIAMS

What separates this drought from past megadroughts is that the natural dry cycle is magnified by a warming climate. This has caused the modern megadrought to impact an even wider area than any of the past ones.

Climate change has boosted temperatures in this part of the West upward by 2.2 degrees Fahrenheit in the past 20 years. Since warmer air holds more moisture, extra moisture is increasingly being drawn from the ground, intensifying drying soils.

The researchers say rising temperatures due to human-caused climate change are responsible for about half the pace and severity of the current drought. Since regional temperatures in the West are projected to keep rising, this trend is likely to continue.

"Because the background is getting warmer, the dice are increasingly loaded toward longer and more severe droughts," said Williams.



Another interesting finding in the research: The 20th century was the wettest century in the entire 1,200-year record. So the conditions we may think of as "normal" were actually a historical fluke.

"The 20th century gave us an overly optimistic view of how much water is potentially available," said co-author Benjamin Cook.

This is problematic for water resource managers, especially with an exploding population. Because the past century was not representative of typical water availability, and climate change is stripping away water at an ever increasing rate, policy makers and managers have been forced to grapple with the new climate reality.

Jeff Lukas, with the Western Water Assessment at University of Colorado, has noticed an increasing consensus in the past decade within the water management community about the urgency of the task. "The rethinking began with their approaches to long-term planning, which now increasingly incorporate climate change," said Lukas.

This urgency is motivated by a strain on once abundant water resources. The mighty reservoirs of Lake Mead and Lake Powell along the Colorado River, which supply water to agriculture around the region, have shrunk dramatically. In addition, insect outbreaks are ravaging dried-out forests, making them more vulnerable and generating fuel for wildfires.

Lukas says although water availability has been an issue, so far urban water supplies have been pretty resilient and managers have done a good job at reducing per-capita water use. "The biggest impact to everyday people from the changing climate and inevitable future megadroughts is not – perhaps surprisingly – towns and cities running out of water," explains Lukas.

Instead, he is more concerned about out-of-control blazes.

"I think the biggest impact is the West-wide increase in very large and intense wildfires, which will get even worse in a warmer future and perhaps unimaginable during a future megadrought."

Lukas says that while water managers are pragmatically oriented to consider the risks presented by climate change, their biggest challenge is gaining cooperation.

"Climate change plays out on much longer time scales than electoral cycles, and climate change has become a highly partisan and divisive topic in this country," he said.

And while recently there have been some changes in specific policies and management decisions to adapt, Lukas says significant obstacles remain. "When managers need the backing of elected officials and the public to pursue and enact policies motivated by the new climate reality, they can be constrained by short-term thinking and partisan opposition."

