



LOCAL NEWS • News

San Bernardino County reports 4 more coronavirus deaths, 101 more cases



By **SANDRA EMERSON** | semerson@scng.com |

PUBLISHED: April 29, 2020 at 2:49 p.m. | UPDATED: April 30, 2020 at 12:53 a.m.



In the interest of public safety, critical coronavirus coverage is being provided free to all readers. Support reporting like this with a subscription to The Sun. Only 99¢ for a 4-week trial.

Support local journalism

The disease caused by the novel coronavirus, COVID-19, has claimed four more lives and infected 101 more people in San Bernardino County, the public health department reported Wednesday, April

29.

Eighty-nine people have died from the disease, up from a reported 85 Tuesday, April 28, and 1,928 have tested positive, a 5.5% jump from Tuesday when 1,827 people were positive, according to the county's online dashboard.

The county has tested 19,499 people, of which 9.9% were positive for COVID-19. About 4.9% of the people who get the disease die, the data show.

#tail{fill:url(#fade)}#head{fill:#616570}stop{stop-color:#616570}

Fontana had 227 of those cases, while San Bernardino had 225 cases, Yucaipa had 175, Ontario had 137 and Rancho Cucamonga had 111.



The location for 162 cases was undetermined.

Residents 50 to 59 years old have tested positive the most, representing 379 of the confirmed cases. However, the majority of those who have died, 52, were older than 75. Cases are split almost evenly between men and women, but more men are dying from the disease, about 62.9%, compared to women at 37%.

There are more cases among Latinos, about 59.1%, but more deaths among non-Latinos, at 52.8%, the data show.

CASES BY COMMUNITY

Here is the list of confirmed cases and deaths by city or unincorporated community. Numbers in bold indicate they

RELATED LINKS

[San Bernardino County reports 3 more coronavirus deaths, 55 new cases](#)

are in the top 5 for most cases or deaths in San Bernardino County.

UC, Cal State university systems sued over refunds of campus fees during coronavirus crisis

San Bernardino County opens coronavirus testing to some people without symptoms

Fontana out \$6.8 million in revenue due to coronavirus pandemic, officials say

These nursing facilities have coronavirus cases in San Bernardino County

- Adelanto: 25 cases, 0 deaths
- Angelus Oaks: 1 case, 0 deaths
- Apple Valley: 22 cases, 2 deaths
- Barstow: 9 cases, 2 deaths
- Big Bear City: 2 cases, 0 deaths
- Big Bear Lake: 5 cases, 0 deaths
- Bloomington: 24 cases, 1 death
- Blue Jay: 3 cases, 0 deaths
- Chino: 54 cases, 0 deaths
- Chino Hills: 56 cases, 1 death
- Colton: 63 cases, **7 deaths**
- Crestline: 5 cases, 1 death
- Fontana: **227 cases**, 5 deaths
- Fort Irwin: 2 cases, 0 deaths
- Grand Terrace: 14 cases, 1 death
- Hesperia: 51 cases, 1 death
- Highland: 63 cases, 3 deaths
- Joshua Tree: 14 cases, 2 deaths
- Landers: 1 case, 0 deaths
- Loma Linda: 39 cases, 0 deaths
- Mentone: 11 cases, 0 deaths
- Montclair: 28 cases, 3 deaths
- Morongo Valley: 5 cases, 0 deaths

- Oak Hills: 11 cases, 0 deaths
- Ontario: **137 cases**, 5 deaths
- Piñon Hills: 3 cases, 0 deaths
- Phelan: 8 cases, 0 deaths
- Rancho Cucamonga: 111 cases, 5 deaths
- Redlands: 94 cases, **7 deaths**
- Rialto: 83 cases, 4 deaths
- Rimforest: 1 case, 0 deaths
- Running Springs: 2 cases, 0 deaths
- San Bernardino: **225 cases**, 4 deaths
- Twentynine Palms: 5 cases, 0 deaths
- Upland: 89 cases, **7 deaths**
- Victorville: 86 cases, **6 deaths**
- Wrightwood: 1 case, 0 deaths
- Yucaipa: **175 cases**, **21 deaths**
- Yucca Valley: 11 cases, 0 deaths
- Undetermined: **162 cases**, 1 death

Staff Writer Nikie Johnson contributed to this report.

[Newsroom Guidelines](#)

[News Tips](#)

[Contact Us](#)

[Report an Error](#)



Tags: [All Readers](#), [Coronavirus](#), [health](#), [public health](#), [Top Stories IVDB](#), [Top Stories PE](#), [Top Stories RDF](#), [Top Stories Sun](#)

SPONSORED CONTENT

4 Fundraisers Helping Those Who Need It Most Right Now

By GoFundMe



Coronavirus Survivor: Colleen Myers' Story

Apr 29, 2020 3:30 PM



by Angela Yap

On March 17, 2020 Colleen Myers became the first resident tested positive for COVID-19 in the San Bernardino Mountains, and the third COVID-19 case in San Bernardino County.

Colleen Myers, a chaplain and Operations Director of PLUR Life Ministry, is also a long time resident of Running Springs.

In an exclusive phone interview on Tuesday, April 28, Colleen Myers opened up and shared her COVID-19 experience from discovery to recovery with the community.

It had started with a dry cough and body ache, she said, and she thought it was just a cold or flu coming on on March 11, 2020. The next day, she went to the doctor at the Rural Health Clinic at the Mountains Community Hospital to get tested because by then she also had chest pain and she knew something was wrong with her lungs.

"I was tested on March 12 for the flu. The doctor had to test for everything else first as COVID test kits were scarce. When the tests came back negative the following day, the doctor then did a COVID-19 swab test on me (on March 13)," as Myers recounted. "Four days later on March 17 was when I received the phone call from my doctor informing me that the test came back positive." The doctor informed me that I would be getting a call from County Public Health.

In fact, the County Public Health contacted her the same day and conducted an hour long phone interview with Colleen, followed by daily calls to check on her symptoms. As the third patient in San Bernardino County, Public Health personnel were very serious in recording her symptoms and her status each day.

"Because my symptoms were not critical, the doctor sent me home for self quarantine," shared Myers. "The County Health Department helped me to identify 27 people who might have been exposed to me and all of them were quarantined for two weeks. Six of them were tested including my husband and all of them were negative."

When asked where Myers contracted the virus, it was an unknown.

A week into her COVID-19 self quarantine, Colleen Myers lost her sense of taste and smell. "I no longer could smell the coffee - the smell I look forward to each morning."

Her doctor told her she needed to be vigilant about her symptoms such as shortness of breath, or an increase in heart rate during this period of time. The doctor told her if that happened she needed to go to a down-the-hill hospital right away or else she might need to be air-lifted to a down-the-hill hospital. She was prescribed hydroxychloroquine.

"In the middle of the second week, I felt an increase of heart rate and shortness of breath. After talking to my local doctor, I drove myself to Loma Linda Hospital. My husband was under strict quarantine at home. I called Loma Linda and followed their instructions for the visit as a COVID positive patient. When I arrived I was the only COVID patient, and the medical team members were in full hazmat suits. They took my temperature and walked me to an isolation room through the back. They hooked me up with EKG, chest X-ray and other tests. After nine hours, the medical team concluded that my body was reacting fine and they released me to go home."

"Fever came on at night and it would go away during the day time. During the day, I was fatigued and coughing a lot. I also suffered severe headaches during this time."

When asked how she reacted when she was told she was COVID positive, Colleen said, "It shocked me to

become a statistic on the news. My husband and I sit down and pray to ask God what he wants us to do with this. We know there is a risk if we go public. We took the risks of getting some flags. Knowing the diagnosis I could die, I was not afraid of death because I know Jesus - Let's go public was the decision."

Throughout her COVID-19 quarantine, she was sharing a number of videos via Facebook about her COVID-19 condition and her faith in God.

"There were some mean comments at the beginning but I don't blame them for their fears. The vast majority were positive as the community realized that I had done everything I could to protect them. People from all over contacted me and wanted to compare symptoms," added Myers. "Emotionally and spiritually, God's love pours out in so many creative ways."

"Through this COVID experience, we are able to share God's love. My church, Spring of Life Church in Running Springs, was very supportive." In fact, two churches did the shopping for Myers, bringing her groceries and going to the post office for her.

On April 15, Colleen Myers retested at Arrowhead Regional. On April 17, exactly one month after she was told she was COVID-19 positive, she got the call and was told she is COVID-19 free.

"Right now I am going through the process with the Red Cross to donate blood. I now have antibodies in my blood."

When asked how she is feeling, Colleen said, "I feel great today! We need to be super careful to protect the weaker (more vulnerable) members of our society. Wear your masks and practice social distancing."

SHARE STORY



Comments (0)

You must be logged in

Sign Up

or

Sign In

to post comments on articles & stories!

https://www.fontanaheraldnews.com/business/fontana-has-biggest-growth-in-unemployment-among-inland-empire-cities-report-says/article_d41baf14-8a44-11ea-880e-c785f4e1b743.html

Fontana has biggest growth in unemployment among Inland Empire cities, report says

Apr 29, 2020



Fontana is the city with the biggest growth in unemployment in the Inland Empire since the COVID-19 outbreak began, according to a new report.

Fontana has been hit particularly hard by the economic crisis caused by the coronavirus pandemic, according to a new report.

Fontana is the city with the biggest growth in unemployment in the Inland Empire since the outbreak began, according to WalletHub's analysis which was announced on April 29.

In order to identify where workers have been most affected by COVID-19, WalletHub compared 130 cities in the United States based on how their unemployment rate has changed over time.

Fontana ranked No. 54 nationwide on the list. The city had a 23.84 percent change in unemployment from March of 2019 to March of 2020. In addition, Fontana had a 29.90 percent change from January of 2020 to this past March.

Fontana had been enjoying a very low jobless rate (even below California's overall rate) before businesses deemed non-essential throughout the entire state had to be shut down in mid-March due to health concerns.

Other Inland Empire cities on the list were Ontario (which ranked No. 68), San Bernardino (69), Moreno Valley (75), Riverside (83), and Rancho Cucamonga (86).

Seattle, Washington, was No. 1 on the national list with a gigantic 86.92 percent change in unemployment from March 2019 to March 2020 and a 105.92 percent rise from January to March of this year.

In Southern California, Long Beach ranked No. 16, Santa Clarita No. 17, Los Angeles No. 18, and Glendale No. 22.

The cities with the biggest recent growth in unemployment, according to WalletHub:

1. Seattle, WA
2. Hialeah, FL
3. North Las Vegas, NV
4. Miami, FL
5. Henderson, NV
6. Las Vegas, NV
7. Aurora, CO
8. Denver, CO
9. Cleveland, OH

10. Colorado Springs, CO

To view the entire report, go to:

<https://wallethub.com/edu/cities-with-the-biggest-growth-in-unemployment-due-to-covid-19/73647/>

https://www.fontanaheraldnews.com/business/ontario-airport-plans-to-tap-stimulus-grant-as-airline-schedules-show-62-percent-reduction-in/article_5d93afee-8a2c-11ea-b801-53457f548e0b.html

Ontario Airport plans to tap stimulus grant as airline schedules show 62 percent reduction in commercial flights

Apr 29, 2020



Passenger flights at Ontario International Airport will be reduced by 62.4 percent in May compared with the same month last year.

Ontario International Airport (ONT) officials expect significantly lower passenger volumes based on flight schedules for May, extending a trend since March as a result of the coronavirus pandemic's impact on global aviation, the airport said in a news release.

According to the latest flight schedules posted by carriers, passenger flights at ONT will be reduced by 62.4 percent in May compared with the same month last year.

The reduction means there will be an average of 24 daily departures at ONT during the month, with passenger volumes as much as 90 percent below normal levels – in line with other airports in the state and nation, ONT said.



The May schedules include a total of 169 nonstop weekly flight departures flown by six airlines to 11 U.S. destinations: Dallas-Fort Worth, Denver, Las Vegas, Oakland, Phoenix, Portland, Sacramento, Salt Lake City, San Francisco, San Jose and Seattle. Daily international service to Guadalajara, Mexico, also is scheduled.

Meanwhile, the May schedules show ONT flights temporarily suspended to Atlanta, Chicago/Midway, Dallas/Love Field, Houston/Intercontinental, New York/Kennedy, Orlando and Taiwan.

“We continue to work closely with the airlines and other airport partners as we navigate through these unprecedented operating conditions,” said Ontario International Airport Authority Chief Executive Officer Mark Thorpe. “As bleak as May appears for the aviation industry, preliminary flight schedules for June and beyond show airlines planning to add back flights as more businesses reopen and Americans begin to resume traditional routines and activities.”

Thorpe noted ONT is eligible to receive about \$22 million through the Coronavirus Aid, Relief and Economic Security (CARES) Act, which President Donald Trump signed into law on March 27. The CARES Act, the largest economic relief package ever passed by Congress, provided \$10 billion in grants for airports.

“We are grateful for the stimulus funds we will be receiving and wish to acknowledge the tremendous support of the Inland Empire’s congressional delegation,” Thorpe said. “These funds will go a long way to helping ONT meet our financial obligations, ensure airport operations are safe and secure, and allow us to be ready when air travel demand rebounds.”

As a result of lower flight demand, ONT will continue to operate with reduced hours for in-terminal food, beverage and retail concessions. Escape lounges remain closed until passenger service returns to near-normal levels. Likewise, Lots 3 and 5, and valet parking is also suspended for the time being. Customers can still pre-book discounted parking at FlyOntario.com for Lots 2 and 4.



Thorpe said ONT continues enhanced procedures to reduce the potential for germs to spread among passengers and those who work in the airport, including more frequent and intense cleaning to disinfect restrooms and other public areas, additional hand sanitizer stations, and the use of new passenger screening trays treated with powerful antimicrobial technology to inhibit the growth of bacteria on tray surfaces at TSA checkpoints.

In addition to urging travelers to stay in close touch with their airlines in the days leading up to any scheduled air travel, Thorpe said they should also adhere to public health guidance from the Centers for Disease Control and Prevention. He noted that San Bernardino County has ordered that face masks be worn in public to slow the spread of the coronavirus.

Thorpe directed passengers, employees and visitors to FlyONTario.com for frequently asked questions about coronavirus impacts at ONT.



http://www.bigbeargrizzly.net/news/forest-service-extends-closure-on-national-forest/article_2f3c97f8-8a7e-11ea-a4fc-5390a311c0e2.html

FEATURED

Forest Service extends closure on National Forest

Apr 29, 2020



The Serrano Campground is one of several San Bernardino National Forest recreation sites that have been closed because of COVID-19. The closure order has been extended through May 15.

KATHY PORTIE/Big Bear Grizzly

Not all recreation areas are open in and around Big Bear, including campgrounds.

The US Forest Service, Pacific Southwest Region, announced today that the developed campgrounds and recreation sites will remain closed until May 15.

The Forest Service closed the sites in March in response to stay at home orders issued by Governor Gavin Newsom due to the COVID-19 emergency. The closure was scheduled to be lifted April 30.

The order does not close trails, trailheads or general forest areas. These areas remain accessible for public use. Information on individual recreation sites and opportunities are available from local National Forests.

Outdoor recreation can be beneficial to mental and physical health but must be practiced safely. In light of the statewide shelter-in-place order issued by the governor of California, Forest Service officials are asking people to recreate in place.

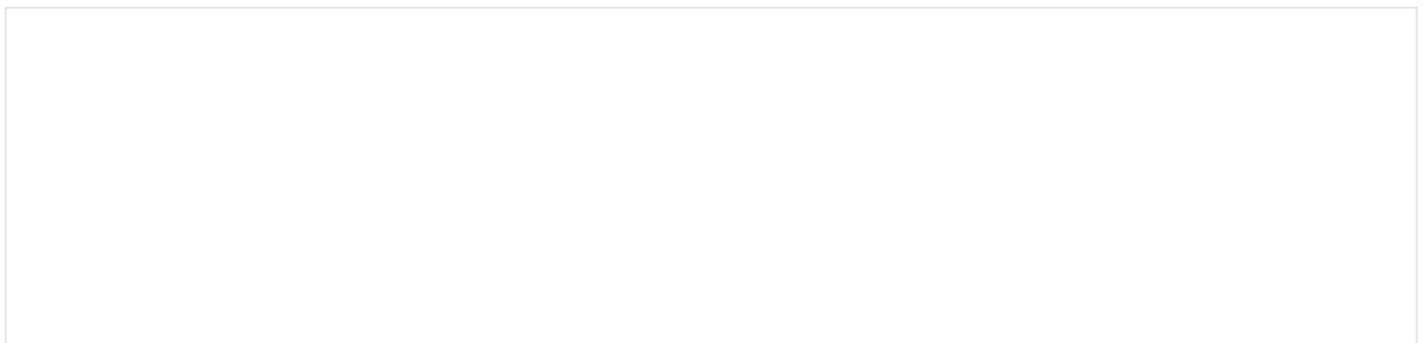
If you do plan on visiting the National Forest be aware that:

- No trash removal is currently offered – please pack out all trash and waste
- Avoid high-risk activities – law enforcement and search and rescue operations may be limited
- If an area is crowded, please search for a less occupied location

Closing any site for any reason is not an action we take lightly, but protecting visitors and employees remains the highest priority, Forest Service officials stated. They are working with state and local partners to determine the best path forward to safely reopen closed sites.

Keep in mind that even when on trails in the forest, face coverings are required, no large groups are allowed and physical distancing must be adhered to.

MORE INFORMATION



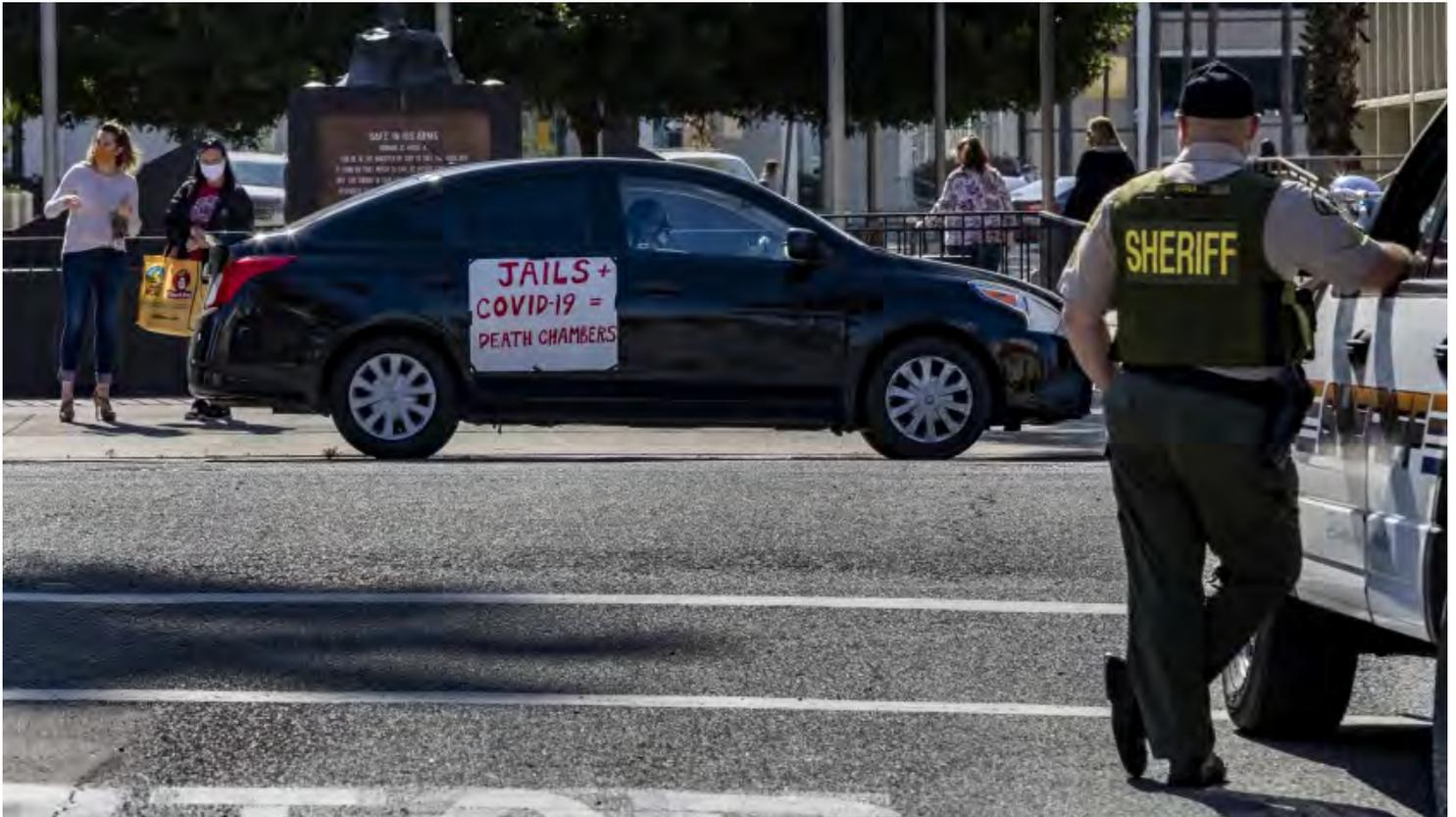


Forest Services closes Big Bear area campgrounds, picnic areas

ADVERTISEMENT

CALIFORNIA

Second Riverside County inmate dies after testing positive for COVID-19



A Riverside County sheriff's deputy keeps watch during a car rally to protest conditions in Riverside County jails, where there has been a coronavirus outbreak. (Gina Ferazzi / Los Angeles Times)

By ALENE TCHEKMEDYIAN
STAFF WRITER

APRIL 29, 2020 | 1:19 PM UPDATED 6:10 PM



A Riverside County jail inmate who tested positive for COVID-19 died Tuesday, marking the second coronavirus-related inmate death in three days.

The back-to-back deaths come as the Sheriff's Department is [facing questions from civil rights attorneys](#) and activists about its efforts to protect people who live and work in the jails.

As of Wednesday, 141 inmates have tested positive for the virus and most have recovered, according to the Riverside University Health System-Public Health. The Sheriff's Department has not provided a breakdown of coronavirus cases at each of the jails it runs.

Tuesday's death came a month after the inmate, identified as Salvador Garcia, 57, was booked into custody at Southwest Detention Center in Murrieta. He was arrested March 27 on suspicion of domestic violence and 10 days later taken to a hospital for treatment of a preexisting medical condition. At the hospital, the man came down with flu-like symptoms and on April 15 tested positive for the coronavirus.

Authorities have not determined a cause of death but said it appears to have resulted from complications from his preexisting condition, possibly exacerbated by COVID-19.

The previous inmate death occurred Sunday. The man, identified as Edward Clark, 69, had been in custody since August 2018 on burglary and arson charges. He was housed at Larry D. Smith Correctional Facility in Banning in lieu of \$1-million bail. He came down with flu-like symptoms on April 13 and tested positive the next day, the Sheriff's Department said. Six days later, his symptoms worsened and he was taken to a hospital.

The department has not released new figures on infected employees since April 17, when 71 had tested positive for the virus. Two deputies — including one who worked in the Murrieta jail — have died.

Civil rights advocates have described the agency's efforts to protect people who live and work in the jails as woefully inadequate. Inmates have said they feared their jail terms could turn into death sentences. Deputies worry about bringing the virus home to their families.

A federal judge found that the Sheriff's Department "failed to demonstrate that it is currently taking adequate precautions" to protect those in custody and ordered officials to submit a plan to achieve physical distancing.

The Sheriff's Department has not made public plans it submitted after the judge's order.

Early on, Sheriff Chad Bianco generally spurned the broad early release orders adopted by other law enforcement agencies to slow the spread of the virus behind bars.

In a court filing, the department said it already was releasing low-level offenders to ease overcrowding, including those who would otherwise qualify for compassionate release or who are at high risk of contracting the virus. It's unclear what criteria it uses for those releases.

"There is no such thing as a low-level inmate in our custody. We don't hold them anyway," Bianco said during a news briefing this month. "If you don't want to catch this virus while you're in custody, don't break the law."

Jordanna Wong-Omshehe of Starting Over Inc., which provides reentry services, said she and other activists had been urging Bianco to reduce the jail population since mid-March.

"This all could've been avoided," she said. "Why are people being booked? Why aren't alternatives to incarceration being utilized? ... Regardless of what they've done, they did not deserve to die in jail."

Wong-Omshehe pointed to Los Angeles County, which has more than triple the jail population but fewer coronavirus cases, as evidence that releasing older people, those arrested for nonviolent offenses and in other categories helped slow the spread of the virus. L.A. County jails, which typically house 17,000 inmates, now have fewer than 12,000 in custody. As of Wednesday, 107 inmates had tested positive.

In Riverside County, 141 inmates have tested positive. The jail population has dropped to 3,230 from about 3,700. Differences in the rate of testing, however, were unclear.

Some critics have argued that L.A. County has not done enough. A class-action lawsuit filed last week claims that inmates are not being tested even when they show symptoms and lack sufficient space for physical distancing. The lawsuit says inmates don't have enough soap or a safe way to dry their hands.

One of the plaintiffs named in the case is Rodney O. Cullors, 58, who is housed at Men's Central Jail downtown. The lawsuit says that he suffers from several severe ailments, including heart problems, spinal damage and schizophrenia. It claims that nearly 100 people are forced to live in the same open dorm unit where dozens of triple bunk beds are placed one to three feet apart.

In March, Cullors was taken to a medical appointment and spent 30 to 45 minutes exposed to a patient infected with COVID-19 "without any mask, gloves, or even a dividing curtain," the lawsuit says.

It seeks the release of medically vulnerable individuals and requests the L.A. County Sheriff's Department implement a list of preventive measures, including temperature checks and screening for all new bookings, free soap and paper towels to allow frequent hand washing and drying each day, an adequate supply of disinfectant hand wipes and multiple face masks that are regularly cleaned.

When asked about the lawsuit at a news briefing Monday, Sheriff Alex Villanueva said that he had not been served but that the agency has depopulated by more than 5,000 inmates.

“Our goal was to create defensible space so we could do some social distancing, we’d have the room to move populations, to quarantine, isolate where needed,” he said. “The system we put into place was intentional from the very beginning, but we have to balance the public safety of the community outside the jails versus those inside the jails and those who work in the jail system.”

Villanueva said releasing the number of inmates needed to achieve CDC-recommended social distancing guidelines behind bars would be “physically impossible.”

“You’d be putting out onto the street people that you would not want to see out on the street,” he said.

CALIFORNIA

CORONAVIRUS PANDEMIC



The stories shaping California

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

Enter Email Address

SIGN ME UP

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



Alene Tchekmedyian

[Twitter](#) [Instagram](#) [Email](#) [Facebook](#)

Alene Tchekmedyian covers the Los Angeles County Sheriff’s Department. She previously wrote about the county’s criminal courts and breaking news throughout California. Before joining The Times in 2016, she reported on crime and policing for the Glendale News-Press and Burbank Leader. She grew up in Huntington Beach and graduated from UCLA.

MORE FROM THE LOS ANGELES TIMES

CALIFORNIA

Amid a puzzling pandemic, they started posting riddles outside. Here’s what came next

1 hour ago

DAILY BULLETIN

LOCAL NEWS • News

What will Inland Empire's 2020-21 public school year look like?

Gov. Gavin Newsom wants schools to reopen as soon as July, but local educators see challenges, regardless of start date





A marquee at Hawthorne Elementary School in Ontario reminds residents Wednesday, April 29, 2020, that school is closed due to the coronavirus pandemic. (Photo by Watchara Phomicinda, The Press-Enterprise/SCNG)

By **BEAU YARBROUGH** | byarbrough@scng.com | The Press-Enterprise

PUBLISHED: April 30, 2020 at 6:00 a.m. | UPDATED: April 30, 2020 at 8:10 a.m.



On Tuesday, California Gov. Gavin Newsom caught many by surprise when he suggested public schools might start the next school year as early as July.

But Inland superintendents were already making plans for what the 2020-21 school year could look like, based on the state of the coronavirus pandemic at the time.

Schools might stick with distance learning, in which most students are taught through online instruction. They might all come back to school and be taught as they were before the pandemic. Or there might be a hybrid of the two.

“You have to have a Plan A, a Plan B and a Plan C,” said Martinrex Kedziora, superintendent of

Moreno Valley Unified School District.

Moreno Valley Unified's hybrid plan, Kedziora said, might include keeping students with respiratory problems or other health risks at home. Some students at lower risk would come to school each day, learn in less densely packed classrooms, and get the rest of their instruction online, as they are now. There could be split shifts, with morning and afternoon classes, as many kindergarten classes work.

Meanwhile, at the San Bernardino City Unified School District, officials are hunkering down for eight more months of online learning.

"Our approach is to over-prepare, as if this closure will last until December," district spokeswoman Linda Bardere wrote in an email.

But, Ontario-Montclair School District staff is "very hopeful" that they'll be able to reopen Aug. 6 — its regularly scheduled start date — for face-to-face learning, according to spokeswoman Jana Dupree.

Early start not so easy

Newsom's declaration Tuesday that schools might reopen in July made it seem like school calendars are up to the governor. They're not.



Crystal Hofmann, a teacher and activities director at Elsinore High School, works with teachers and students via Zoom to create a video set to the 1970s song, "Stuck in the Middle With You." The video sought to encourage students and teachers alike that they are stuck in the campus-closure era together and will get through it together. (Photo courtesy of Crystal Hofmann)

"It's not that easy," said Connie Verhulst, president of the Fontana Teachers Association.

Calendars are negotiated by teachers unions and school districts. Districts that unilaterally open early risk lawsuits.

"Our calendar is set for next year and actually for the year after that," Verhulst said. "We actually start

Aug. 1, as it is. If the school district were to push it to start in July, they'd have to take it to the union and negotiate."

She's skeptical that many teachers would agree to Newsom's timetable.

"At this point, we're nervous about starting Aug. 1," Verhulst said. "I can't imagine there's a union in the state that would be willing to do that."

She thinks Newsom's heart is in the right place, though.

"I get where he's coming from. It was 'let's get them back as soon as we can,' but there's a lot more to it," Velhust said. "I know that my members are concerned about safety issues. We actually have a task force to work with the district to look at safety issues before we open up."

Right now, Fontana Unified School District teachers are focused on finishing this school year through distance learning.

"Next year is a lifetime away and too much to consider," Velhust said.

Budget problems could arise

The uncertainty about the pandemic, and the cratering of California's tourism-dependent economy, means further uncertainty for districts, which get nearly all their funding from the state.

"We anticipate some very difficult years ahead as the state struggles to provide support for public education with reduced revenue sources," Dawn Lawrence, spokeswoman for San Jacinto Unified School District, wrote in an email.

Some districts, including Ontario-Montclair and Moreno Valley, are offering extra pay to essential workers. Moreno Valley Unified has also had to pay more for employee training outside regular work hours as employees juggle work and childcare responsibilities.

"There's so many things you hadn't thought of," Kedziora said. "We're delivering food to our families through our buses, so that takes additional resources and time you hadn't thought of."



A sign in front of Dollahan Elementary School in Rialto on Wednesday, April 29, 2020, says the school will be closed until further notice. (Photo by Eric Vilchis, The Press-Enterprise/SCNG)

And not every district or family was equally prepared for students to switch to online learning, which has meant additional unplanned expenses for many districts.

“There is a digital divide that we’re working to close,” Bardere wrote, adding the San Bernardino district bought 20,000 devices for students and ordered hot spots to give them Wi-Fi access.

A hybrid reopening would be expensive, with additional costs for masks, cleanser and air-conditioning.

“We have a moral obligation to protect their students and keep them healthy,” said Elliott Duchon, superintendent of the Jurupa Unified School District. “So there will certainly be expenses with that.”

Duchon has heard the state may not have a final budget for the next fiscal year, which starts July 1, until August, and is “extremely concerned” about what it’ll look like.

“We’re calling it ‘tighten your belt until you scream,’” he said. “It’s not going to be easy.”

Ontario-Montclair officials have been creating different budget scenarios, so they can be ready for potential bad news from the state, according to Dupree.

In addition to state funding, money is available from the federal government, through the Federal Emergency Management Agency and Title I funding from the federal Department of Education.

“They don’t cover everything, but there are resources supporting what we’re doing,” Kedziora said.

Teacher layoffs unlikely

One thing that’s probably not going to happen in the 2020-21 school year, despite the possible budget shortfalls: teacher layoffs.

Depending on the school district, 70% or more of its budget is spent on salaries and benefits. And most of that goes to teachers. But under California state law, teachers have to be notified by March 15 if they may not have a job in the next school year. By the time most officials knew how bad the pandemic would get, that deadline had already passed.

The memory of the 2008 recession, when tens of thousands of California teachers were laid off, is still fresh for many administrators.

INLAND EMPIRE EDUCATION AND COVID-19

Coronavirus delays Cal State San Bernardino commencement ceremonies

School year cut short by coronavirus, parents celebrate seniors with yard signs

Rancho Cucamonga teens reflect on a senior year interrupted

Newsom: California’s next school year may start in July as lower-risk businesses ‘gradually’ reopen

“How do you tell a young person, in their second or third year of teaching, who says ‘I did everything right, why is this happening’ that they’re getting cut?” Duchon said.

Here's how to help Redlands seniors celebrate graduation despite coronavirus

Instead, districts are planning on leaving vacant positions unfilled. But non-teacher employees are still fair game, as are other measures to cut costs.

“We hate laying people off; it’s a last-ditch effort,” Duchon said. “Somewhere something’s going to have to give, unless money comes in from somewhere.”

The Hemet Unified School District, which is “bracing for significant reductions” in next year’s budget, according to an email from spokeswoman Alexandria Sponheim, is still hiring for difficult-to-fill positions like special education, math and science teachers. But the district may also leave some vacancies open, she wrote.

But with all the uncertainty about the coming school year, one thing is certain, according to Jurupa Valley’s Duchon:

“I am 99.99% sure that the first day of school next year will look unlike everything I’ve ever seen before.”

[Newsroom Guidelines](#)

[News Tips](#)

[Contact Us](#)

[Report an Error](#)



Tags: [Coronavirus](#), [Education](#), [Health](#), [public health](#), [Top Stories IVDB](#), [Top Stories PE](#), [Top Stories RDF](#), [Top Stories Sun](#)

Beau Yarbrough | Reporter

Beau Yarbrough wrote his first newspaper article taking on an authority figure (his middle school principal) when he was in 7th grade. He’s been a professional journalist since 1992, working in Virginia, Egypt and California. In that time, he’s covered community news, features, politics, local government, education, the comic book industry and more. He’s covered the war in Bosnia, interviewed presidential candidates, written theatrical reviews, attended a seance, ridden in a blimp and interviewed both Batman and Wonder Woman (Adam West and Lynda Carter). He also

DAILY BULLETIN

NEWS • News

Riverside County social distancing, face covering orders extended to June 19





Dr. Cameron Kaiser, Riverside County public health officer, listens to the Riverside County Board of Supervisors during a meeting Tuesday, April 7, 2020. He extended orders requiring resident to cover their faces in public and maintain social distancing Wednesday, April 29, 2020. (Photo by Terry Pierson, The Press-Enterprise/SCNG)

By **JEFF HORSEMAN** | jhorseman@scng.com | The Press-Enterprise

PUBLISHED: April 29, 2020 at 2:30 p.m. | UPDATED: April 30, 2020 at 7:55 a.m.



In the interest of public safety, critical coronavirus coverage is being provided free to all readers. Support reporting like this with a subscription to Daily Bulletin. Only 99¢ for a 4-week trial.

Support local journalism

Public health orders requiring Riverside County residents to cover their faces in public and maintain social distancing to fight the novel coronavirus's spread will be extended to June 19, officials said Wednesday, April 29.

While the county is coordinating with the state and will reevaluate the orders as needed, “for the immediate future ... this will be the new normal in Riverside County,” Dr. Cameron Kaiser, the county’s public health officer, said at an afternoon news conference.

A ban on gatherings outside the home will expire Thursday, April 30, and starting Friday, May 1, the county will fall solely under Gov. Gavin Newsom’s statewide stay-at-home order issued March 19. The governor’s order states that all Californians must stay home unless they’re engaged in an essential business or activity, such as going to the grocery store or visiting a doctor.

Kaiser issued the orders in March and early April to slow the spread of the virus, which has led to 143 deaths and more than 3,900 infections in the county as of Wednesday. Riverside County residents don’t need hospital-grade masks, but the order calls for covering noses and mouths in public to prevent the spread of virus-laden droplets from infected people.

TOP ARTICLES 1/5



.st0{fill:#FFFFFF;}.st1{fill:#0099FF;}

READ MORE

Orders closing schools and restricting short-term rentals remain in effect until June 19.

As updated projections show fewer cases and deaths in the county of roughly 2.4 million, Kaiser allowed golf courses to reopen subject to certain conditions. Restrictions on private swimming pools in hotels, motels, apartment complexes and the like were eased last week to allow one swimmer in a pool at a time.

Residents also are allowed to use trails and parks, for hiking, biking and riding horses, provided they practice social distancing by staying at least 6 feet apart.

Sign up for The Localist, our daily email newsletter with handpicked stories relevant to where you live. [Subscribe here](#).

Despite the eased restrictions, Kaiser warned Wednesday that “COVID-19 has not been eliminated, and it’s arguable whether we can even say it’s been suppressed.”

“We expect sporadic outbreaks throughout the summer. And since there will still be virus in circulation, there is a decent chance that it will be back in the fall, and when it is, it will be very hard to get that genie back in the bottle.”

Employers demanding employees test negative for the virus in order to return to work “is bad science and bad business,” Kaiser said. “I’d rather have a situation where people are doing the right thing so that employees don’t get sick in the first place.”

Noting the governor’s four-phase plan to reopen the state, Kaiser said: “A big part of what moves us the right way or the wrong way is what we all do ... As we see improvements, we can make further accommodations to in those stricter local orders that we have as social responsibility rises to the occasion.”

RELATED ARTICLES

30 million have sought U.S. unemployment aid since virus hit

What will Inland Empire's 2020-21 public school year look like?

Memo says Gov. Newsom will order all beaches closed

L.A.'s Jackie Lacey joins colleagues in domestic violence Zoom-cast

Domino's workers hold caravan to protest company's alleged lack of safety amid COVID-19

More than 48,000 people in the county have been tested to date, including 28,700 at the drive-thru sites, Saruwatari said. The county is testing people at a higher rate than other large California counties.

He later added: "For all of you who have said that you want to take the personal responsibility to determine the risk to yourselves and act appropriately, now's your chance."

The county is working to establish COVID-19 testing sites in the San Jacinto Valley, the San Gorgonio Pass and Mecca, said Kim Saruwatari, county public health director.

"These are areas where we believe there is still a great need," she said at the news conference.

The county has appointment-only, drive-thru, testing facilities in Riverside, Lake Elsinore, Perris, and Indio.

Residents need an appointment to get tested at those sites, but they do not need to show virus symptoms. The number to call for an appointment is 800-945-6171.

[Newsroom Guidelines](#)

[News Tips](#)

[Contact Us](#)

[Report an Error](#)



Tags: [All Readers](#), [Coronavirus](#), [Health](#), [public health](#), [Top Stories PE](#)

Jeff Horseman | Reporter

Jeff Horseman got into journalism because he liked to write and stunk at math. He grew up in Vermont and he honed his interviewing skills as a supermarket cashier by asking Bernie Sanders "Paper or plastic?" After graduating from Syracuse University in 1999, Jeff began his journalistic odyssey at The Watertown Daily Times in upstate New York, where he impressed then-U.S. Senate candidate Hillary Clinton so much she called him "John" at the end of an interview. From there, he went to Annapolis, Maryland, where he covered city, county and state government at The

ADVERTISEMENT

CALIFORNIA

Orange County's coronavirus death toll hits 44 as number of infections climbs past 2,200



Elizabeth Robles decided to park in a "No Parking" zone and risk a \$30 ticket so she could walk to Salt Creek Beach in Dana Point to surf Saturday. "The ticket is worth it to me. I broke my arm recently and haven't surfed in eight months," she said. (Gina Ferazzi / Los Angeles Times)

By LUKE MONEY
STAFF WRITER



Two more Orange County residents have died of COVID-19, health officials said Wednesday, as the region's overall infection count climbed past 2,200.

Half of the county's 44 total COVID-19 victims were at least 75 years old, and 17 were anywhere between 45 and 74, according to the Orange County Health Care Agency.

The county's observed mortality rate associated with COVID-19, the disease caused by the novel coronavirus, continues to be just below 2%, significantly lower than the levels seen in neighboring Los Angeles County and statewide.

CALIFORNIA

All L.A. County residents, even those without symptoms, can now get tested for COVID-19

April 29, 2020

County health officials also announced an additional 108 coronavirus infections Wednesday, bringing the region's total to 2,252. This marked the third time in the last five days that Orange County has confirmed at least 100 additional COVID-19 cases.

But the recent increase coincides with a dramatic rise in testing. So far, 29,940 people have been tested for coronavirus infection in Orange County — including 2,203 on Wednesday alone, the second-most in a single day.

Over the last five days, the county has tested 7,857 people.

CALIFORNIA

Here are the Orange County communities with coronavirus cases

April 29, 2020

Despite the recent increases, county officials have expressed optimism that they have effectively flattened the coronavirus curve. Lilly Simmering, deputy Health Care Agency director and interim public health director, told the county Board of Supervisors on Tuesday that the region [is trending in a positive direction](#) as its fatality rate is low and the hospital system remains well below capacity.

Some in the business community are lobbying for the county to relax some restrictions put in place to combat the virus' spread. Perhaps the most significant of those measures is California's [stay-at-home order](#), which has upended the state's economy.

CALIFORNIA

Here's when stay-at-home orders are expiring in each of California's 58 counties

1 hour ago

While the state's orders take precedence over the county's, supervisors unanimously approved a [set of business guidelines](#) Tuesday that officials said "will act as a model for Orange County to transition back to a normal state of activity."

"When we talk about the business impact of COVID-19, we're not just talking about money — we're talking about people and their ability to provide for themselves and their families," board Chairwoman Michelle Steel said in a statement. "These guidelines were put together over many long meetings to ensure that all industry representatives, medical professionals and our legal counsel had input in order to best reflect business needs while simultaneously keeping in line with public health recommendations."

Tracking coronavirus in Orange County

During Gov. Gavin Newsom's daily news briefing Wednesday, Supervisor Don Wagner — who worked with Steel to craft the guidelines — got on a reporter's phone and brought up the previous day's vote.

As part of his response, Newsom noted that "Orange County has the fourth-highest number of people, of all 58 counties, hospitalized in the state of California. I'm concerned about that."

The county Wednesday reported that 175 people were hospitalized and that 70 of those patients were in intensive care.

"We have a lot of work to do to keep people healthy, keep people safe," Newsom said. "That's the data, and the data leads our decision-making."



5pc

WATCH LIVE

VIDEO

CORONAVIRUS

NEWS

MORNING NEWS

PODCASTS

CONTESTS

WEATHER

NEWS TIPS

ABOUT

[Search](#)

● LIVE NOW KTLA 5 Morning News

WEATHER ALERTS There are 9 areas under alert. [Click for alert details.](#)

LOCAL NEWS

COVID-19 affecting lower-income L.A. County residents at high rates while the more affluent have better access to testing



by: [Nouran Salahieh](#), with reporting by Melissa Pamer

Posted: Apr 29, 2020 / 12:58 PM PDT / Updated: Apr 29, 2020 / 05:15 PM PDT

The coronavirus is killing and infecting L.A. County's lower income residents and communities of color at high rates, the county's public health director Dr. Barbara Ferrer said Wednesday.

Rates of confirmed COVID-19 deaths and cases in L.A. County have been "extremely high" among Native Hawaiians and Pacific Islanders, Ferrer said, adding they're also higher among African Americans and Latinx residents compared to white and Asian residents.

The number of COVID-19 cases in L.A. County climbed to 22,485 with 1,056 deaths Wednesday.

Officials had race and ethnicity data for more than half of those who had tested positive for the coronavirus in L.A. County as of Sunday. The Department of Public Health released a [report](#) detailing racial and economic disparities among patients.

It found that Native Hawaiians and other Pacific Islanders had the highest population rate of COVID-19 cases, with 840 infections for every 100,000 people in that group.

They were followed by Latinos, who had 114 confirmed infections per every 100,000. And there were 102 known coronavirus infections per 100,000 African American residents.

For the 977 of those who have died whose ethnicities were known, 1% were Native Hawaiian/Pacific Islander even though that group only accounts for 0.4% of the county's population, and 13% were African American despite comprising 9% of the population.

Taking each group's population into account, black residents have experienced a higher mortality rate than any of other race groups, the department said.

These findings mirror trends nationwide and statewide.

Black Californians have accounted for nearly 11% of COVID-19 deaths statewide but only 6% of the population, according to [state's health department](#).

How income levels affected outcomes in the pandemic

Rates of coronavirus infections and deaths are also higher among lower income residents, and there appears to be more testing among higher income residents, Ferrer said.

"As relative income decreases, rates of confirmed cases and deaths increase," officials wrote in the report. "However, the data on COVID-19 testing

indicate a social gradient in the opposite direction. As relative income increases, the rate of testing increases.”

Ferrer called the trends “troubling and of great concern.”

“They suggest more affluent residents may have better access to COVID-19 testing and health treatment services, even as the rates of infection appear to be higher among lower income communities, and many communities of color,” she said.

The county has addresses for people who have died of COVID-19, and found that more than 18% of them lived in L.A. County communities with the most people under the poverty line.

But only 11% of those tested lived in areas where most residents live under the poverty line, the data shows.

Ferrer said the county needs to step up testing in those underserved communities.

As of Sunday, the health department knew the race and ethnicities of 32% of the 123,737 people who had been tested for the coronavirus at that point. Of the top three racial groups tested, about 30.3% were white, 16.7% were Latino and 9.2% were African American.

While white residents account for the largest percentage of those tested for the virus in the county, Latinos accounted for the largest number (47.9%) of those who requested a free coronavirus test on the county’s [online portal](#) and the majority of those who requested a test by phone.

This means that while requests for testing at county sites are consistent with L.A. County’s population, which has a majority of Latino residents, the percentage of those actually getting tested is not.

“If you can’t get easy access to testing, it’s pretty hard to know whether you need to isolate and your close friends or family members need to be quarantined,” she said. “We’ve got to improve the ability for people to get tested.”

How the health department is addressing the disparities

The health department’s report laid out a plan to address the inequities in deaths, illnesses and testing.

It involves making coronavirus testing more accessible to communities of color, coordinating health care for highly impacted communities and making sure that people have access to treatment and other supportive services.

The county recently opened up more coronavirus [testing sites in South L.A.](#), which has a population that is 38% black. A drive-up site also opened up recently in Inglewood, where over 46% of residents are black.

The plan also calls for more robust outreach and education on COVID-19 in communities of color.

Where L.A. County stands in the pandemic

With 22,485 confirmed coronavirus cases, Los Angeles County accounts for nearly half of all cases in California — even though it is home to about a quarter of the state’s population.

And with 1,940 people with COVID-19 in the county’s hospitals on Wednesday, it also has half of the state’s patients currently hospitalized for the respiratory illness.

Ferrer reported 56 new deaths attributed to COVID-19 Wednesday, and that's most of the 78 cases reported statewide in same period.

The county also reported 1,541 new cases Wednesday. Ferrer said the high number is primarily due to an increase in testing, mostly in institutional settings, and a lag from labs reporting results from the weekend.

Neighboring counties have been reporting far fewer cases and deaths each day.

"There are many unique challenges here in our county," Ferrer said, explaining that certain neighborhoods are densely populated and people live close to each other, making those areas more vulnerable to the spread of the virus.

The county also has a large homeless population and high numbers of groups living in poverty and residents in skilled nursing facilities, Ferrer said.

All are at higher risk of more severe illness.

As of Thursday, there were 4,950 residents and staff with COVID-19 at 329 institutional settings in the county. And 498 of people who tested positive in those settings have died.

The vast majority of them were in skilled nursing facilities, and all had underlying health conditions, Ferrer said.

While the number of cases in L.A. County continues to rise by the hundreds each day, the rate of hospitalizations for COVID-19 has remained stable in recent weeks, and [projections](#) show the county will be able to meet demands for hospitalizations and ventilators.

Officials say they hope to loosen some restrictions on movement and business in the coming weeks.

Both county and state officials have stressed that lifting stay-at-home orders would come gradually and it's all contingent on ramping up testing, among other prerequisites.

"If we were to pare back suddenly to pre-order levels, the situation would be dire with the vast majority, or virtually all of the ... residents of the county infected by summer," director of L.A. County Health Services Dr. Christina Ghaly said.

And even with the state allowing some settings to reopen in the next phase, L.A. County is the most populous of all the counties in the state and its efforts will look "very, very different than others," County Supervisor Kathryn Barger said.

"Physical distancing will be our new normal for quite some time," Ghaly said.

RELATED CONTENT

L.A. County reaches 1,000 coronavirus-related deaths, but officials still expect some restrictions to ease in mid-May

[Suggest a Correction](#)

SHARE THIS STORY



YOU MAY LIKE

Sponsored Links by Taboola

ADVERTISEMENT

CALIFORNIA

All L.A. County residents can now get free coronavirus tests, Garcetti says



Coronavirus testing in Boyle Heights on Wednesday. (Brian van der Brug / Los Angeles Times)

By MARISA GERBER, JACLYN COSGROVE, DAKOTA SMITH

APRIL 29, 2020 | 5:20 PM



Los Angeles Mayor Eric Garcetti announced Wednesday that all county residents can now get free [coronavirus testing](#) at city-run sites.

Until now, only residents with symptoms as well as essential workers and those in institutional settings like nursing homes could be [tested](#).

Officials say expanded testing is essential to getting a better sense of how many people have the virus — data that could be used to ease stay-at-home rules.

Under the new guidelines, priority for the same- or next-day testing will still be given to people with symptoms, such as a fever, cough and shortness of breath.



Testing will also be prioritized for certain critical frontline workers who interact with the public.

Testing [is by appointment only](#) and is being provided by the city in partnership with Los Angeles County and Community Organized Relief Effort. As of April 21, there were 35 testing sites across the county.

Los Angeles County health officials on Wednesday announced the largest influx of new coronavirus cases reported in a single day since the outbreak began, pushing the county's total number of infections past 22,400.

Public Health Department Director Barbara Ferrer announced 1,541 new confirmed COVID-19 cases, nearly 1,000 more than what was reported the previous day. The large increase is mostly the result of a boost in testing as well as a lag in weekend reporting, Ferrer said.

Despite the increase in confirmed cases and new deaths, Ferrer said, the county's rate of hospitalizations and the percentage of people testing positive for the virus have remained fairly stable.

Health officials also noted that there has been increased testing at prisons throughout the county, which has also led to an increase in the number of confirmed cases.

CALIFORNIA

CORONAVIRUS PANDEMIC



The stories shaping California

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

SIGN ME UP

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



Marisa Gerber

Twitter Instagram Email Facebook

Marisa Gerber is a narrative writer at the Los Angeles Times. She joined the paper in 2012 and has written about criminal justice, immigration and gentrification. She grew up in Nogales, Ariz.



Jaclyn Cosgrove

Twitter Instagram Email Facebook



ADVERTISEMENT

CALIFORNIA

Face masks won't be required in Ventura County, health official says



Beachgoers walk near the Ventura Pier on Saturday. (Gary Coronado / Los Angeles Times)

By MELISSA GOMEZ
STAFF WRITER

APRIL 29, 2020 | 12:56 PM



Ventura County officials have credited social distancing and a local stay-at-home order with stemming the spread of the coronavirus and keeping the number of cases and deaths in the county low.

But Dr. Robert Levin, the county's public health officer, says he will not require the wearing of face coverings, a step that neighboring counties like [Los Angeles](#) and [Riverside](#) have mandated for residents who are conducting essential business.

Levin, who has stuck to strict health measures in the fight against the pandemic, said Tuesday at a Board of Supervisors meeting that he made the decision after considering

evidence that has shown [masks are not entirely effective](#).

“With no mask order here in Ventura County, we’ve done a really good job of flattening the curve,” he said. “That’s not to say people aren’t wearing masks and electing to do that on their own, but there’s no order.”

The county reported Tuesday a total of 508 coronavirus cases, up five from the previous day’s report. So far, 356 people have recovered from the illness, 135 remain under active quarantine and 17 people have died. About 9,500 people in the county have been tested for COVID-19.

CALIFORNIA

Ventura County eases parts of its coronavirus stay-at-home order

April 19, 2020

In recent weeks, Ventura County has eased its Stay Well at Home order to allow some businesses as well as [county parks to reopen](#).

The low number of cases signals the county is [flattening the curve](#), Executive Officer Michael Powers said at Tuesday’s meeting. Keeping the numbers down will be an

important step in adhering to Gov. Gavin Newsom's [four-part plan](#) to reopen the state, Powers said.

“We’re going to continue to just lean in with everything we have to put these steps in place so when the governor does announce his easings, we’ll be in the best position to support our community’s efforts here,” he said.

Public health director Rigoberto Vargas said the county’s “doubling rate” is around 26 days, meaning that given the current rate of spread of COVID-19 in Ventura County, it would take nearly four weeks for the current number of cases to double.

A higher doubling rate is important because it gives hospitals and first responders extra time to prepare for additional patients. In comparison, in [Los Angeles County](#) — the hardest-hit area in the state — the doubling rate is [17.7 days](#).

“With our good numbers, again we get asked often why not lift Ventura County’s Stay Well at Home order,” Vargas said. “We have to be very diligent about not opening too fast.”

CALIFORNIA

Newsom says California shutdown to continue, but Ventura County eases stay-at-home order

April 23, 2020

Under Levin’s guidance, the county was quick to implement its [stay-at-home directive](#), asking residents to limit their travel and stay six feet away from others. The county even limited what items essential businesses could sell. But as other parts of the state and the nation were beginning to explore recommendations for wearing masks, Levin held out.

Then, on April 2, [he reversed his initial position](#) against face coverings and instead encouraged residents to wear them. At the time, he said there was growing evidence the

masks would decrease the possibility of spreading the virus — or contracting it — from asymptomatic people.

At the same time, the Centers for Disease Control and Prevention [began recommendations](#) that people use face masks. The [city of Los Angeles](#) on April 7 began requiring both workers and customers of essential businesses to wear masks. Los Angeles County followed suit a week later.

This week, Levin said he still supports residents who [choose to wear masks](#), but he won't mandate the practice. He cited studies showing [masks have been ineffective](#) against the spread of disease. He also pointed out that despite a shortage of medical-grade masks, nonmedical workers continue to use personal protective equipment like [N95 masks](#) instead of donating the PPE to medical workers.

“Based on these findings, I can't mandate that cloth masks be worn in all public places at this time,” Levin said.

He did note, however, that the recommendation could shift.

“If the prevalence of disease increases in our county or some convincing evidence comes along, that guidance of course can change,” he said.

CALIFORNIA

CORONAVIRUS PANDEMIC



The stories shaping California

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

Enter Email Address

ADVERTISEMENT

CALIFORNIA

This California county might defy the state and lift stay-at-home order Friday



Deer cross Main Street in Alturas, in California's Modoc County, in December 2019. (Brian van der Brug / Los Angeles Times)

By RONG-GONG LIN II
STAFF WRITER

APRIL 30, 2020 | 7:21 AM



SAN FRANCISCO — For weeks, some small California communities that have seen little impact from the coronavirus have been lobbying Gov. Gavin Newsom to allow them to ease stay-at-home restrictions.

Newsom so far has refused, saying conditions are still too risky.

On Friday, one remote county might ease restrictions anyway.

Modoc County, in the northeastern corner of California, is one of the least-populated counties in the state, with fewer than 9,000 residents. It plans to allow all businesses, schools and churches to reopen starting Friday, as long as people stay six feet apart, according to a statement signed by county officials.

Restaurants and bars would be allowed to host diners but only at half the businesses' capacity.

Modoc County is one of four California counties that have not reported a single case of coronavirus infection.

“We cannot stress enough how important it is to do this right. COVID-19 is not over. This is the beginning of a very long road to recovery. The reopening plan was made in the best interest of residents' physical, mental and economic health,” the county Sheriff's Department said in a message to residents.

CALIFORNIA

Reopening California by summer will be an arduous task requiring vast changes — and it won't be quick

2 hours ago

It's unclear whether the reopening will result in a legal showdown between Modoc County and Newsom, whose [statewide stay-at-home order](#) supersedes local laws.

[Newsom urged Californians](#) on Wednesday to stay home and practice physical distancing, saying they should avoid spoiling the progress the state has made in the coronavirus fight as he prepares to allow some businesses to reopen gradually.

“Why put ourselves in that position when we are just a week or two away from significant modifications of our stay-at-home [order],” Newsom said, “where we can begin a Phase 2, beginning to reopen sectors of our economy that are low risk?”

This week, the governor unveiled the [broad outline of a plan](#) to slowly ease restrictions on Californians in four stages in the weeks and months ahead. He also announced that [schools could potentially reopen](#) in July or early August, catching some educators off-guard.

Newsom introduced the four-phase plan weeks after he unveiled six [criteria California must meet](#) before gradually lifting restrictions — including more-widespread testing, increased hospital capacity, and plans to safely reopen businesses as well as prevent and prepare for the possibility of a second wave of infections.

He has not offered a specific timeline for the changes to be implemented.

CALIFORNIA

Criticism grows over Gov. Gavin Newsom’s management of the coronavirus crisis

April 29, 2020

Other communities have also been [clamoring to ease](#) stay-at-home rules.

Elected officials in Butte, Glenn, Tehama, Yuba, Sutter and Colusa counties in Northern California are among those who have asked Newsom [to ease restrictions](#).

They say that cases and deaths in their region appear to have stabilized and that the stay-at-home order should be modified in those areas to help restart the economy.

Last week, San Luis Obispo County officials asked Newsom to begin a slow and gradual reopening process, one they say is guided by science but also recognizes that their region may be in better shape to ease rules faster than more populous areas such as Los Angeles County and Silicon Valley.

A group of cities in Stanislaus County last week sent Newsom [a letter](#) proposing steps to loosen restrictions, saying “a reopening process that may fit, and make sense, for Los Angeles and our neighboring Bay Area regions does not work for our county. Stanislaus County is nothing like the regions of San Francisco or Los Angeles.”

The cities suggested a first phase of reopening parks, places of worship, restaurants, car washes and some other businesses, all following strict [social distancing](#) rules.

Nineteen counties from Humboldt to Tuolumne have recorded no fatalities from the virus. And even moderately populated counties such as Fresno and Monterey have experienced only single-digit death tolls.

[Los Angeles County](#), meanwhile, has had more than 1,000 deaths.

CALIFORNIA



The stories shaping California

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

Enter Email Address

SIGN ME UP

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



Rong-Gong Lin II

 Twitter  Instagram  Email  Facebook

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.

MORE FROM THE LOS ANGELES TIMES

CALIFORNIA

Beaches become coronavirus battleground as Newsom is poised to close them

14 minutes ago

CALIFORNIA

Scraps turn shuttered Silver Lake boutique into a mask emporium

34 minutes ago

CALIFORNIA

Amid a puzzling pandemic, they started posting riddles outside. Here's what came next

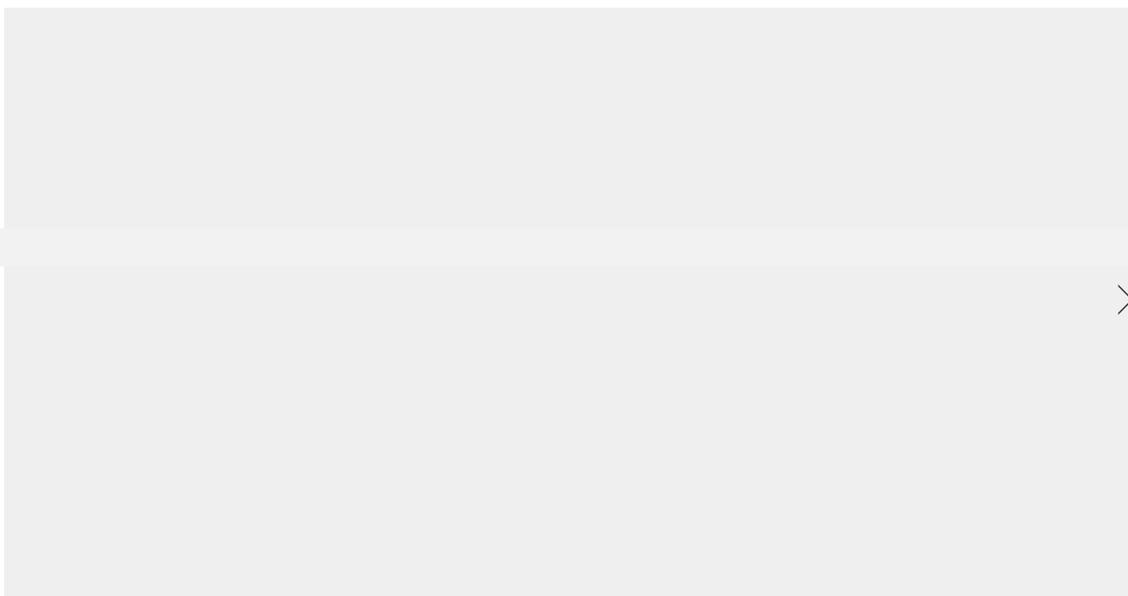
1 hour ago



San Francisco Chronicle

Asymptomatic staff, untested at many nursing homes, are spreading the coronavirus

By Sarah Ravani 14 hrs ago



YOU MAY LIKE

Ad baidu

The Canyon Springs Post-Acute Care center is seen in San Jose, Calif. on Wednesday, April 29, 2020. Santa Clara County officials have determined that asymptomatic employees unknowingly passed on the COVID-19 coronavirus to residents and other workers at the facility.

As coronavirus infections increase in nursing homes throughout the state, Santa Clara County made the chilling discovery this month that dozens of staff members with no symptoms of the coronavirus had unknowingly infected the very people they cared for at three facilities experiencing big outbreaks.

The revelation raises questions about what Bay Area county public health departments — which oversee testing at nursing homes — are doing to prevent outbreaks. Many do not require workers to be tested before they interact with patients.

“We’ve been arguing for a long time now that the state needs to make nursing homes the No. 1 priority for testing because they are the most vulnerable group, but it still hasn’t happened,” said Dr. Charlene Harrington, a professor in the UCSF School of Nursing. “We can’t protect people otherwise. There are just way too many asymptomatic people.”

Unless workers are screened for the coronavirus before entering a nursing home, Harrington and other medical experts warn, the virus will continue to spread through those facilities at alarming rates — which is what happened in Santa Clara County.

During the first week of April, reports of positive cases emerged from three facilities there: Canyon Springs Post-Acute Care Skilled Nursing and Ridge Post-Acute Care Skilled Nursing Facility, both in San Jose, and Valley House Rehabilitation Center in Santa Clara.

This prompted county officials to test workers there as well. The results showed that one-third of all COVID-19 cases at the three facilities were from staff members, said Dr. Jennifer Tong, who works with the county’s public health department. And most had no symptoms.

They “were contributing to the spread of infection within the facilities without realizing that they themselves were of risk to the vulnerable residents there,” Tong said at last week’s county Board

Face Mask

Krstea

Anti-Pollution
Activated Carbon

weallove

 AdChoices

of Supervisors meeting.

But the nursing home operators shouldn't have been surprised.

"The experts in long-term-care medicine and geriatrics have been warning government officials about this for a couple months now," said Dr. Michael Wasserman, president of the California Association of Long Term Care Medicine.

Nearly 33% of coronavirus deaths in California occur in nursing homes — residents and staff members, according to state figures, [which are probably an undercount](#) because the state relies on data from facilities, which often lag in reporting.

At the end of April, coronavirus infections among nursing home residents across California stand at nearly 4,000. In Santa Clara County alone, nearly 18% of 2,134 confirmed coronavirus cases are in nursing homes. And almost 35% of the county's 107 coronavirus deaths have occurred in nursing homes.

Workers are also sick. State data show that 2,594 nursing home workers have been infected with the coronavirus.

Although there are no data to prove it, it is unlikely that most of those workers were tested for the coronavirus before going to work. Most Bay Area facilities say they take staff members' temperature before they enter the premises.

But medical experts say temperature checks aren't good enough in determining someone's coronavirus status, since so many are asymptomatic. Scientists believe that 20% to 50% of people with the coronavirus never show symptoms.

This month, [scientists said asymptomatic transmission](#) of the virus is driving the pandemic.

Without proper intervention, that silent threat is especially dangerous at "chronically understaffed" nursing homes, said Teresa Palmer, a retired San Francisco geriatrician.

"Nursing homes are like cruise ships. They are just totally sitting ducks," she said. "The progress from being sick to death can be very rapid in nursing home patients. You want early warning on someone who is delicate so they can be very closely monitored, and you're not going to get that if you're not testing asymptomatic staff to get a lead on where a hot spot in a nursing

home might be.”

In response to revelations that asymptomatic workers were transmitting the virus in the three facilities, county and state workers, residents and staff at all three of the Santa Clara County facilities in question are now tested on an ongoing basis, said Tong of the county public health department.

But county officials say that even after the discovery about asymptomatic staff, widespread testing at nursing homes isn't an option. They often blame a shortage of testing swabs and chemical reagents needed to process the tests.

“The major limiting factor is the availability of reagent for the testing and swabs,” said Jeffrey Smith, the Santa Clara County executive. “So we've, until now, had to focus on sick people entering the system, but we are considering swabbing everyone.”

The outbreaks at the three facilities have been significant.

At Canyon Springs Post-Acute Care Skilled Nursing, a spokesman said that 99 people have tested positive for the coronavirus, and five patients have died. Ridge Post-Acute Care Skilled Nursing Facility has reported 40 infected residents and 14 infected staff. And Valley House Rehabilitation Center has 38 residents and “fewer than 11” staff testing positive. (For privacy, the state won't specify any number below 11.)

On April 17, the Service Employees International Union, which represents county health care workers, [filed a complaint with Cal/OSHA](#) alleging that county health care workers represented by the union had direct contact with infected patients without proper masks or isolation practices at Canyon Springs and Ridge Post-Acute.

Addressing the virus in nursing facilities has been an “enormous challenge,” Smith said. The county created a strike team to monitor the long-term-care facilities in the county, he said. So far, 21 skilled nursing homes have reported at least one coronavirus-positive patient, according to the county's figures.

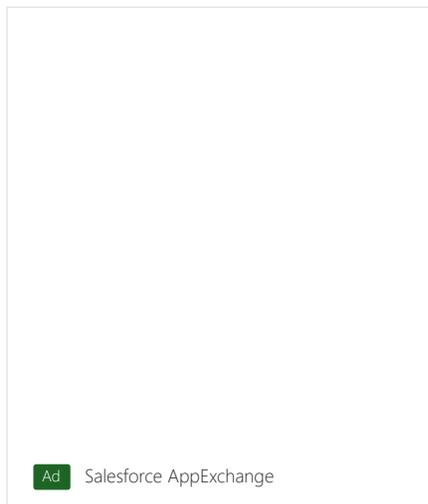
So far, only one county in the state has called for testing of all residents and staff at nursing homes even if no symptoms are present: Los Angeles. On April 22, Barbara Ferrer, the county's public health director, said that nursing homes are advised to test everyone.

Experts throughout the state say they hope Santa Clara County will implement more testing at nursing homes.

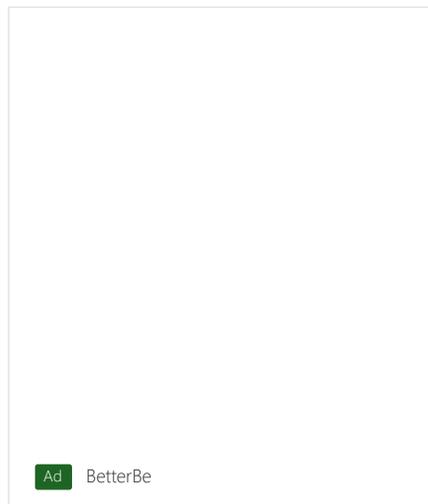
“Santa Clara County is trying to make some good decisions right now,” said Wasserman, of the California Association of Long Term Care Medicine. “It behooves us to focus a significant amount of our efforts on nursing homes, assisted living and group homes, and that means readily available testing.”

Sarah Ravani is a San Francisco Chronicle staff writer. Email: sravani@sfchronicle.com Twitter: [@SarRavani](https://twitter.com/SarRavani)

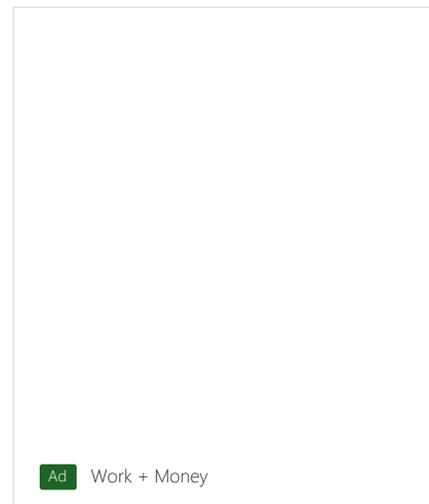
MORE FOR YOU



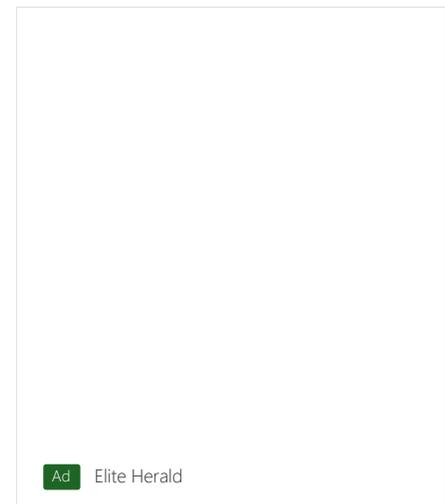
Ad Salesforce AppExchange



Ad BetterBe



Ad Work + Money



Ad Elite Herald

ADVERTISEMENT

OPINION

Editorial: The only heartbreak hotels during the pandemic are the ones that won't let homeless people in



Herb Smith, right, President/CEO of the Los Angeles Mission in downtown Los Angeles, helps distribute bags of food and hygiene products to homeless people on April 8. (Los Angeles Times)

By THE TIMES EDITORIAL BOARD

APRIL 30, 2020 | 5 AM



When a hotel in Lawndale agreed to house particularly vulnerable homeless people during the coronavirus pandemic, Lawndale officials offered a special greeting: The city attorney sent a letter to the hotel threatening to revoke its permit. Then another Lawndale official called L.A. County's Building and Safety Division to inquire about shutting off the hotel's power if the permit were revoked. (The power has stayed on and the homeless guests have stayed in.)

In Norwalk, the City Council passed an ordinance prohibiting the use of hotels and motels to house homeless people without the city's approval. But a judge issued a temporary restraining order this week barring the city from stopping one hotel from housing the homeless during the current crisis.

And in Covina on Friday, residents staged a protest outside another hotel that has agreed to house homeless people. One protester held a sign reading "Homeless" with a big X through it followed by "Not Behind My House." At the moment, the county still plans to move homeless people there.

NIMBYism against housing for homeless people is bad enough during normal times. But during a pandemic, it's appalling.

In the race to prevent the coronavirus from infecting swaths of homeless communities, hundreds of hotels and motels across the state have answered what is nothing less than a call to public service in a dire emergency. They have turned over thousands of rooms to homeless people who are 65 and older or have an underlying medical condition. These are the people most at risk of getting seriously ill if they contract COVID-19 and, for obvious reasons, they are unable to keep themselves safe by staying home.

Project Roomkey, as it's known, has resulted in more than two dozen hotels in Los Angeles County offering more than 2,600 rooms. It's not exactly charity work; the hotels get paid for three months of room rentals, can put some of their staff back to work and get reimbursed by the county for any damage to their property. The Los Angeles Homeless Services Authority selects the people who will stay in the hotels.

But some cities have worried about "potential loitering and other nuisances by homeless guests," as Lawndale's website puts it. In Covina, the city manager said that residents living near the hotel in question might be concerned

to see people they didn't recognize walking around. (What, the hotel usually provides rooms only to people from the neighborhood?)

Even the chief executive of PIH Health Whittier Hospital wrote a letter to the mayor of Whittier telling him that the 85 nurses, doctors and other healthcare personnel who work in COVID-19 units and are now being housed at the nearby Doubletree Hotel would move out if homeless people were allowed to move in. "Although that is a noble idea," wrote James R. West, it is "not a compatible arrangement." County officials agreed not to use the Doubletree.

ADVERTISEMENT

SPONSORED CONTENT

A great place to live, work and play. 

By This is CLE

See more CLE.

And despite securing numerous contracts with hotels across L.A. County, by Wednesday afternoon county officials had not signed up any of the hotels with 100 rooms or more in and around downtown Los Angeles, where the need is greatest for housing homeless people. (Five small hotels downtown have signed on.) According to a spokesperson for the Hotel Assn., hotels worry that their staff and managers are ill-equipped to deal with substance-abusing or mentally ill homeless people who might become disruptive in hotels.

To which we ask: How do they deal with indulgent, substance-abusing rock stars and celebrities trashing hotel rooms? Bear in mind, the county is looking to house only elderly or medically vulnerable homeless people. And besides, it's supplying homeless services providers and security staff and pledging to cover any damage.

City officials have complained that they were never consulted or even informed before the county signed up hotels. That may not have been the wisest strategy. County officials now promise to inform cities in a more timely fashion.

Nevertheless, getting vulnerable homeless people off the streets is essential to preventing more outbreaks. There are nearly 59,000 homeless people in L.A. County. Here are the choices: Homeless people living temporarily in a hotel near you, or homeless people sick and dying on a sidewalk near you.

OPINION

HOUSING & HOMELESSNESS

EDITORIALS

CORONAVIRUS PANDEMIC



A cure for the common opinion

Get thought-provoking perspectives with our weekly newsletter.

ADVERTISEMENT

CALIFORNIA

Coronavirus death toll higher in California than previously known, new data suggest



A patient is removed in April from Magnolia Rehabilitation and Nursing Center after 39 residents tested positive for coronavirus. (Gina Ferazzi / Los Angeles Times)

By MATT STILES
STAFF WRITER

APRIL 29, 2020 | 5:28 PM



Total deaths across the state during the COVID-19 pandemic are more than 9% higher than historical averages, according to [newly released federal statistics](#), suggesting the toll could be hundreds or even thousands of deaths more than what's been attributed to the disease thus far.

The new data from the Centers for Disease Control and Prevention show roughly 4,500 additional deaths from all causes have occurred in 2020 over what would be expected from historical averages, according to a Times [analysis](#).

With the agency's coronavirus death total for the state at 1,017 as of Monday, the difference of about 3,500 suggests a broader implication on mortality attributable to the disease, experts say.

WORLD & NATION

Photo gallery | Americans killed from COVID-19 surpass fatalities in Vietnam War

April 28, 2020

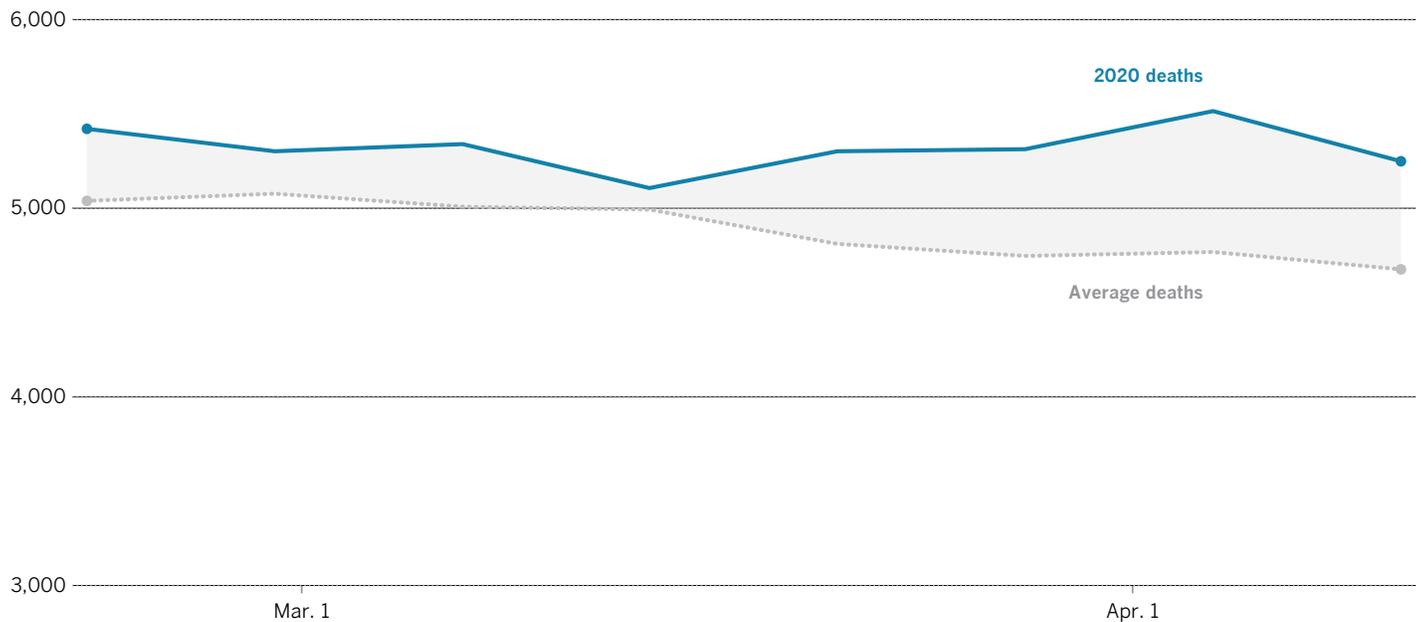
The statistics, they caution, are preliminary and more extensive research will reveal the true impact of the disease on California deaths. But they say the new figures are an important early indicator in understanding it.

“It does signal that, more likely than not, this COVID disease really did have a role in some or all of those excess deaths,” said Bonnie Maldonado, a Stanford University professor and an infectious disease epidemiologist. “The extent that it did will be important to understand.”

The federal death totals, and those attributed to the disease, lag behind those local figures, and they offer only a partial understanding of the true impact.

In California, where attention by health experts and social distancing orders perhaps slowed the coronavirus' spread, about 1,900 deaths directly linked to the disease have been reported locally.

Historical California deaths vs. 2020



Centers for Disease Control and Prevention

Matt Stiles / Los Angeles Times

The newly released figures [paint an even darker picture](#) of additional mortality in states hardest hit by the disease, such as New York and New Jersey.

The data come from official death certificates completed by doctors or medical officials. They are compiled by CDC experts under a national vital statistics program that aggregates deaths reported by local and state health authorities.

On Monday, the agency released those newly compiled weekly death totals, by state, from 2014 to 2020, allowing for a mortality comparison this year over the past. It also released its own totals for coronavirus-related deaths, by county, and the total numbers of deaths from all causes.

“What we think is there is some combination of COVID deaths that are not declared COVID deaths and other deaths that are due to other causes people have not gotten treatment for, or have delayed treatment,” said Eileen Crimmins, a professor of gerontology at USC who is the president of the Population Assn. of America.

The statistics include figures for certain common types of death, including pneumonia, influenza, lower respiratory infections and heart disease. Experts say some coronavirus deaths could have been wrongly categorized, especially as widespread and rapid testing remained elusive in the pandemic’s early weeks. A catchall category for uncategorized types of death showed an increase over previous years, according to the data.

It’s possible those additional deaths are related to the disease, or related to a reluctance by some sick Californians to seek medical attention because of its presence in hospitals and clinics. The growth may also be partially attributed to population trends or a historical anomaly, or some combination of all those factors, experts say.

More research and data collection over time could help improve understanding, they say.

“You’re not going to see the full picture, but what you’ve detected is a signal, and I think that’s important,” Maldonado said. “Over time I think we’ll have a better sense of the true impact of COVID on California deaths.”

The county by county figures released by the agency, which also lag behind local reporting, allow for a comparison of coronavirus deaths and their share of total mortality in each region of the state.

In Los Angeles County, for example, the disease has been attributed to about 2.7% of deaths from all causes this year — the second-highest rate in the state after that of San Mateo County. Orange County ranks the lowest, at roughly 0.5%, among the states included in the report. The agency withheld totals from many smaller counties with low coronavirus figures.

CALIFORNIA

CORONAVIRUS PANDEMIC



The stories shaping California

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

Enter Email Address

SIGN ME UP

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



Matt Stiles

Twitter Instagram Email Facebook

Matt Stiles covers Los Angeles County for the Los Angeles Times. He previously reported on North and South Korea from Seoul for the newspaper’s foreign desk, explaining the political and military tensions between the two nations. Before joining The Times, he worked for the Wall Street Journal, NPR and the Texas Tribune, among other news organizations. Stiles specializes in using data analysis and visualization to explain complex stories. Please send documents, pictures and messages privately using the Signal smartphone app to (202) 670-8742.

MORE FROM THE LOS ANGELES TIMES

CALIFORNIA

Beaches become coronavirus battleground as Newsom is poised to close them

7 minutes ago



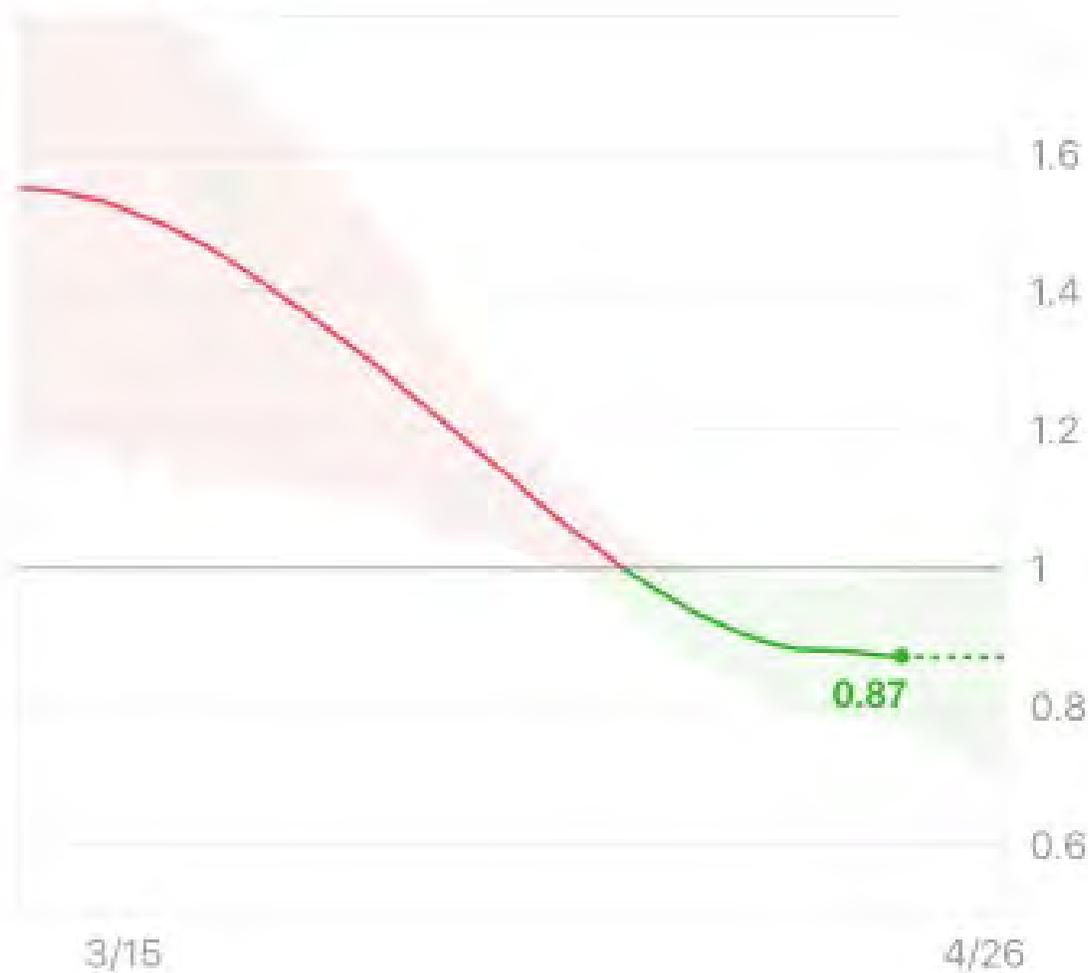
NEWS • News

See California's shrinking COVID-19 outbreak, thanks to Instagram founders

New website tracks rates of transmission, state by state



California



This is California's values for Rt, a key measure of how fast the COVID-19 virus is growing. It's the average number of people who become infected by an infectious person. If Rt is above 1.0, the virus will spread quickly. When Rt is below 1.0, the virus will stop spreading. (RT.Live)

By **LISA M. KRIEGER** |

PUBLISHED: April 28, 2020 at 11:15 p.m. | UPDATED: April 29, 2020 at 9:24 a.m.



In the interest of public safety, critical coronavirus coverage is being provided free to all readers. Support reporting like this with a subscription to The Press-Enterprise. Only 99¢ for a 4-week trial.

Support local journalism

A month ago, as COVID-19 was spreading through California, every 10 infected residents were spreading the virus to 13 others. Now, that number has fallen to fewer than nine — a rate that, if sustained, leads to extinction, say experts.

Our rate of new infections aren't zero, which is where we need to be. But the epidemic has gone from expanding to shrinking, reflecting hard-won gains against the virus, according to a major new Silicon Valley-built website called Rt.live.

"It doesn't mean it's stopped. It means it's tapering down," said Stanford University infectious disease expert Dr. Yvonne Maldonado, who is not involved in the project.

"We want to keep seeing it go down until it is zero," she said.

[Read Article](#)

Without our "stay at home" order and other precautions, what would things look like? Those same 10 people would have spread the virus to more than 38 others, based on statistical estimations. That's what happened in the early days of the uncontrolled outbreak in Wuhan, China, before health officials awoke to the challenge.

The new website, created by photo app Instagram founders Kevin Systrom and Mike Krieger, uses current infection data from the COVID Tracking Project to reveal trends of virus transmission, over

time.

It scores each state, reporting the number of new infections estimated to stem from a single case. This metric is called “Rt” – that is, the virus’s reproduction rate at a given time. It’s similar to the more familiar variable known as R0, pronounced “R-naught.”

In other words, if an Rt value is 2.5, then one person with the disease is expected to infect, on average, 2.5 others.

An Rt value isn’t perfect. It’s a mathematical calculation based on what we know about current viral and human behaviors.

But it’s the best compass we have to help health officials and governments navigate the weeks and months ahead.

“It is incredibly helpful to understand where we are,” said UCSF infectious disease epidemiologist Dr. George Rutherford.

If an Rt value is less than 1.0, it means the epidemic is slowing, he said. If it’s above 1.0, the epidemic is accelerating, suggesting the need for travel restrictions and other measures. The initial Rt value in Wuhan, China, was a stunning 3.85.

California’s current Rt rate: 0.87.

“It’s all looking good,” said Rutherford. “If we stay below 1.0, we are on the way to gradual extinction.”

The Rt.live data reflects what UCSF is

California



This is California's values for Rt, a key measure of how fast the COVID-19 virus is growing. It's the average number of people who become infected by an infectious person. If Rt is above 1.0, the virus will spread quickly. When Rt is below 1.0, the virus will stop spreading. (RT.Live)

discovering in its own Rt studies, which focus on smaller geographic areas, he said.

In all six Bay Area counties, Rt is below 1.0, or the equivalent of one person infecting one other person, he said.

That could change as restrictions ease, he cautioned. "As we look out onto nicer weather, and people start going to the beach and engaging in other activities, we want to know

what is going on," he said.

On Tuesday, the website shows that Nebraska and Wyoming have the nation's highest and most dangerous scores of 1.10, although the total number of cases remain relatively small. In addition to those two states, six others – North Dakota, Indiana, Kansas, Minnesota, Delaware and Iowa – have Rt scores above 1.0.

Nebraska and Wyoming are among the handful of states which have resisted stay-at-home orders, favoring other restrictions.

Michigan currently has the slowest rate of spread in the nation, with a score of 0.69.

On March 9, the first day the site tracked date, California's Rt was 1.55. That's about the time when many Bay Area employees began telecommuting. Salesforce told workers to go home on March 4; Apple, March 6; Google, March 10 and Twitter on March 11.

These are up-to-date values for Rt, a key measure of how fast the virus is growing. It's the average number of people who become infected by an infectious person. If Rt is above 1.0, the virus will spread quickly. When Rt is below 1.0, the virus will stop spreading. (Rt.live)

Transmission rate had already fallen to 1.46 when the state's "stay at home" order was issued on March 17.

Our epidemic is losing steam, it shows. Rates of transmission reversed course – from expanding

above 1.0 to shrinking below 1.0 – on April 8, three weeks after the state's stay-at-home order, according to the site. It's been below 1.0 ever since.

California's current Rt rate has held steady since April 21.

There's a caveat: Because there is an average 5.1 day incubation period in which people are likely infectious but not symptomatic, the model is actually showing rates of transmission that are five days old. That's like driving a car by looking at what you passed a few seconds ago.

Eventually, the Rt.live project will show not only state metrics but also data about smaller geographic regions, such as metropolitan areas, according to the team. This will make it possible to compare transmission rates in cities like San Francisco and Los Angeles, for example.

The epidemiology project is a marked departure from the popular photo-sharing Instagram site for entrepreneurs Systrom and Krieger. It is their first product together since leaving its parent company Facebook in September, 2018.

RELATED ARTICLES

Stay home, stay safe: Riverside student offers distance-learning advice

30 million have sought U.S. unemployment aid since virus hit

What will Inland Empire's 2020-21 public school year look like?

Memo says Gov. Newsom will order all beaches closed

Domino's workers hold caravan to protest company's alleged lack of safety amid COVID-19

Systrom and Krieger are both Stanford-educated in statistics, computer programming and software engineering. According to Tech Crunch, Systrom studied "virality" to help Instagram grow so fast and began publishing his own statistical models for tracking COVID-19 infections and deaths in mid-March. Krieger's first job out of college was doing data visualizations and analysis, a skill set needed to create RT.Live.

The data analysis is performed by Systrom and Thomas Vladeck of Gradient Metrics, a company that helps organizations integrate statistical modeling into their decision-making. Krieger, a software engineer, designed and built the site.

In an interview on the Axios' Pro Rata podcast, Systrom said he was inspired to build the site because he couldn't find any good snapshots of current transmission rates. He was frustrated that the models were almost always forward-looking, he said.

The goal of creating Rt.live was "a metric with which we can manage this virus," he said.

"I turned," he said, "to the science of 'nowcasting.' "



WATCH LIVE

VIDEO

CORONAVIRUS

NEWS

MORNING NEWS

PODCASTS

CONTESTS

WEATHER

NEWS TIPS

ABOUT

[Search](#)

● LIVE NOW KTLA 5 Morning News

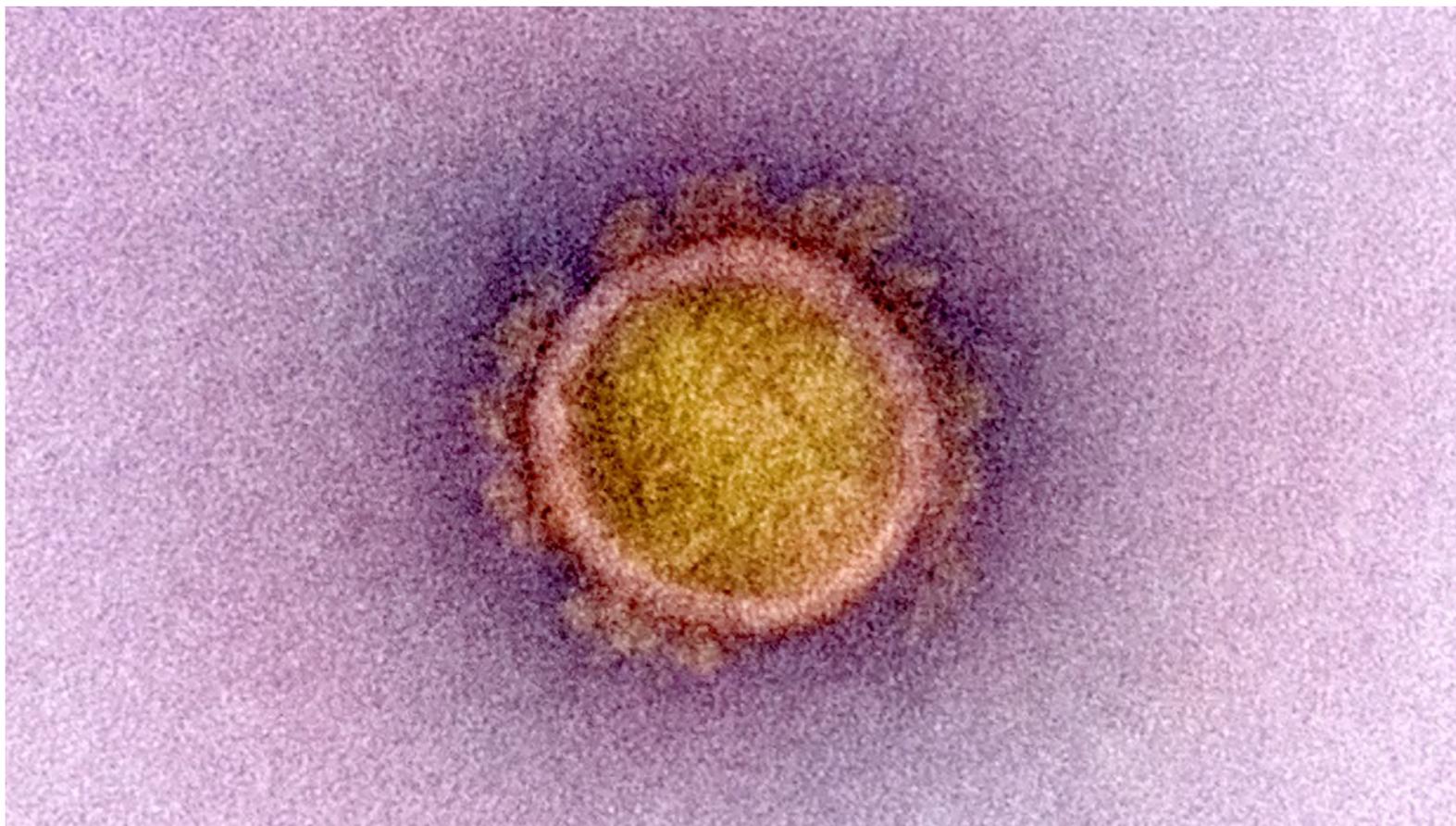
WEATHER ALERTS There are 9 areas under alert. [Click for alert details.](#)

× Close Ad

CALIFORNIA

Dubious COVID-19 claims made by 2 Bakersfield-area doctors condemned by health experts; YouTube removes video





A coronavirus particle isolated from a patient is seen in a micrograph image captured and color-enhanced at a NIAID facility in Fort Detrick, Maryland. (NIAID)

by: [CNN Wire](#)

Posted: Apr 29, 2020 / 08:32 AM PDT / Updated: Apr 29, 2020 / 09:02 PM PDT

A news conference by two California doctors that downplayed the threat of the coronavirus and made dubious claims that the disease had already spread widely, and therefore was not dangerous, struck a chord with those itching for states to ease stay-at-home orders — but is being condemned by public health officials and experts.

A widely shared local television video of last week's news conference, which was posted on YouTube, reached more than 5 million views and was amplified by Elon Musk and Fox News, where Dr. Dan Erickson and Dr. Artin Massihi appeared on primetime shows two nights in a row.

The video has since been taken down by YouTube for violating the platform's policy on misinformation, a YouTube spokesperson said.

The doctors, who are not epidemiologists and who own and operate urgent care centers in the Bakersfield area, held the news conference on April 22 to share their conclusions about the results of 5,213 coronavirus tests at their clinics, extrapolating their findings to the California population as a whole.

“Do we need to still shelter in place? Our answer is emphatically no. Do we need businesses to be shut down? Emphatically no. Do we need to test them

and get them back to work? Yes, we do,” Erickson said at the news conference.

Widespread condemnation

The comments and conclusions of the doctors drew widespread condemnation from health officials and medical experts.

“There is a lot to object to from a scientific point of view,” Andrew Noymer, an epidemiologist, told CNN. He said one big problem is that the doctors made estimates based on their clinics’ clients who were tested, not a sampling of the general population.

“What these doctors are doing is corrupting the process from the start to make it seem like they are doing an honest policy analysis,” added Noymer, who is an associate professor of population health and disease prevention at the [University of California, Irvine](#).

The video also prompted the [American College of Emergency Physicians](#) and [American Academy of Emergency Medicine](#) to issue a forceful joint statement on Monday calling the pair’s claims “reckless and untested musings” that “are inconsistent with current science and epidemiology regarding COVID-19.”

“As owners of local urgent care clinics, it appears these two individuals are releasing biased, non-peer reviewed data to advance their personal financial interests without regard for the public’s health,” the statement read, “COVID-19 misinformation is widespread and dangerous. Members of ACEP and AAEM are first-hand witnesses to the human toll that COVID-19 is taking on our communities. ACEP and AAEM strongly advise against using any statements of Drs. Erickson and Massihi as a basis for policy and decision making.”

Health officials in Kern County, where Bakersfield is located, also said they disagreed with the claims made by Erickson and Massihi.

“In our ongoing effort to mitigate the impacts of COVID-19 on our residents and healthcare system, we continue to adhere to the guidance issued by Governor Newsom regarding the stay at home order,” a Kern County health official said in a statement to CNN.

Erickson and Massihi did not return CNN requests for comment.

Receptive audience

At a time when stuck-at-home Americans are yearning to return to their pre-pandemic lives, the doctors have found a receptive, even high-profile audience.

Over the weekend, Tesla CEO Elon Musk, who has claimed the coronavirus death rate is “overstated,” tweeted the video to his 33 million followers with the comment, “Docs make good points.”

On Monday, YouTube removed the video from its platform for violating the company’s [community guidelines](#) and policies against Covid-19 misinformation, the company said.

“We quickly remove flagged content that violates our community guidelines, including content that explicitly disputes the efficacy of local health authority recommended guidance on social distancing that may lead others to act against that guidance,” a YouTube spokesperson told CNN.

In the video, the doctors repeatedly claimed that stay-home orders and social distancing are not necessary because “it decreases your immune system.”

“We understand microbiology. We understand immunology and we want strong immune systems,” Erickson said. “I don’t want to hide in my home, develop a weak immune system and then come out and get disease.”

Those claims run counter to the recommended guidance from the World Health Organization, the US Centers for Disease Control and Prevention, as well as California officials.

Swedish policy

YouTube said it is working to take down any new versions of the video uploaded to the platform and cautioned that repeated violations of its policy could result in a permanent suspension from the platform.

On Monday evening, the pair appeared on Laura Ingraham's prime-time Fox News show, where Erickson told the host he has looked to Sweden, where restrictions imposed to fight the coronavirus have been far less sweeping than those implemented by the country's neighbors.

In Sweden, the death rate has now risen significantly higher than many other countries in Europe, reaching more than 22 per 100,000 people, according to figures from Johns Hopkins University. Meanwhile, Denmark has recorded just over seven deaths per 100,000 people, and both Norway and Finland less than four.

Noymer, the epidemiologist, said the US enacting a policy like Sweden's would result in a public health disaster.

"If we followed what Sweden is doing, we would have the worst results in terms of cases in the Western Hemisphere," he said.

[Suggest a Correction](#)

Trademark and Copyright 2020 Cable News Network, Inc., a Time Warner Company. All rights reserved.

SHARE THIS STORY



YOU MAY LIKE



Earn Badges and Apps with Trailhead and AppExchange

Salesforce AppExchange



Teacher Sends Girl Home Without Pants, Doesn't Realize Who Dad Is

Obsev



(Buy 4 Free Shipping) For Excellent Breathability & Extra Comfort

Anti-Smog Activated Carbon Mask Pm2.5 Dust Masks 5 Layers Filter Reusable Towel

Sponsored Links by Taboola



Tracking coronavirus in California

By **LOS ANGELES TIMES STAFF**

UPDATED APRIL 30, 12:06 A.M. PACIFIC

48,828

confirmed cases

+2,383 today

+2,383 yesterday

1,954

deaths

+81 today

+81 yesterday

The [coronavirus pandemic](#) has spread rapidly across California. Experts say the true number of people infected is unknown and likely much [higher than official tallies](#).

To better understand the spread of the virus, The Times is conducting an [independent, continual survey](#) of dozens of local health agencies across the state. So far today, 59 of the 61 agencies we're monitoring have reported new numbers.

What we know

- **Tallies continue to climb.** Over the past week, the state has averaged 1,589 new cases and 73.7 new deaths per day.
- **Cities have been hit hard.** The largest concentration is in [Los Angeles County](#), home to half of the deaths so far.
- **Hospitals are holding up.** The number of patients has remained steady, a goal of the stay-at-home policies.
- **Nursing homes are a focal point.** The state is currently listing 270 skilled-nursing and assisted-living facilities with a confirmed case.
- **California's totals sit far below New York**, where more than 23,400 people have died.

Jump to a section of the page

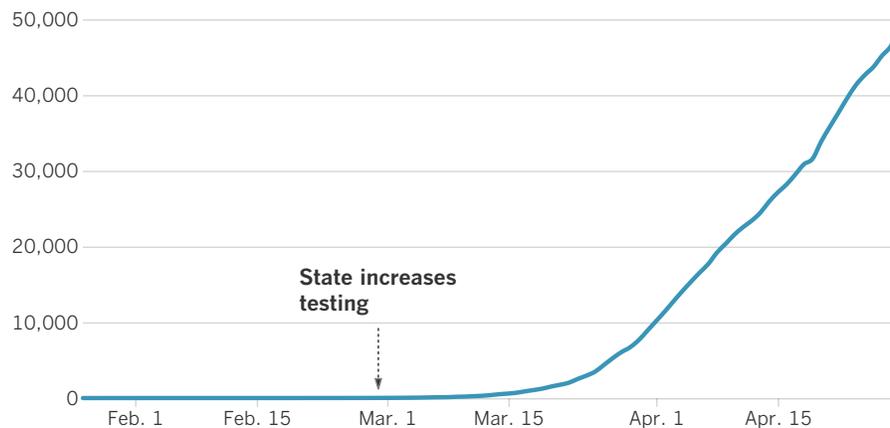
What is the trend over time?

The state's [first case](#) was confirmed near the end of January. The total grew slowly at first, then much faster as [tests](#) became more widely available.

The number of cases in California is now on pace to double every 21.1 days, a reflection of how quickly the virus is spreading.

Coronavirus can infect people [so rapidly](#) that government officials have issued shutdown orders aimed at slowing the growth of new cases and flattening this line.

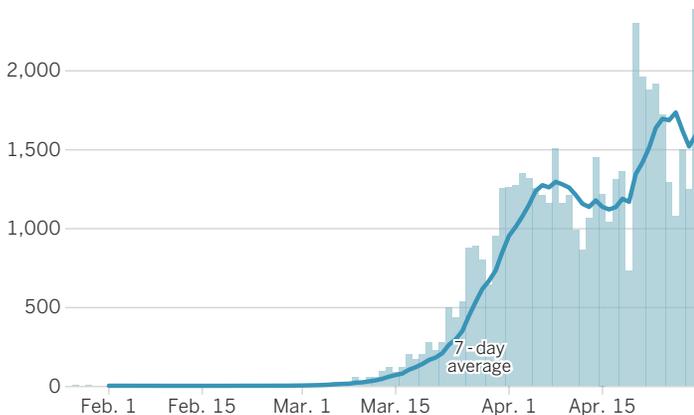
Cumulative [cases](#) by day



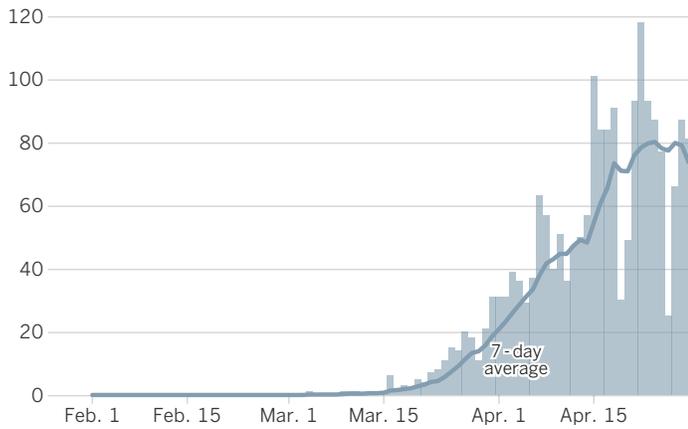
Times survey of county and local health departments

Local governments announce new cases and deaths each day, though [bottlenecks in testing](#) and reporting lags can introduce delays. For instance, some agencies do not report new totals on weekends, leading to lower numbers on those days.

New [cases](#) by day



Deaths by day



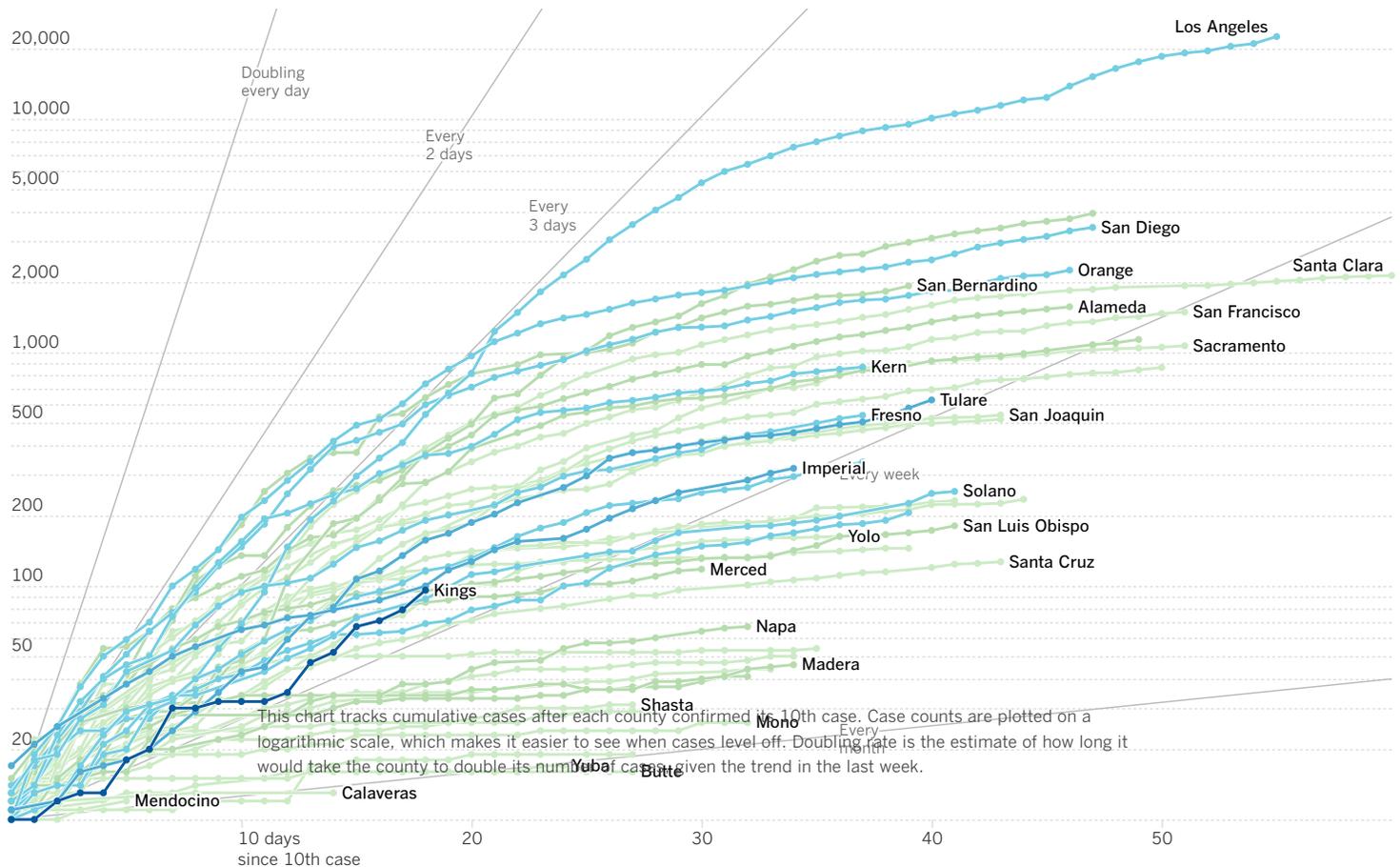
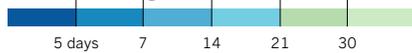
The lines above are seven-day averages. They offer a more stable view of the trend than daily totals. That's why experts wait for lines like these to flatten before they say conditions are improving.

Growth varies from county to county, but most areas are still climbing.

The chart below is adjusted to show how quickly new cases are being confirmed in each county. A good sign is when a line flattens, which indicates that transmission is slowing in that area.

Cumulative cases by county

Current doubling time



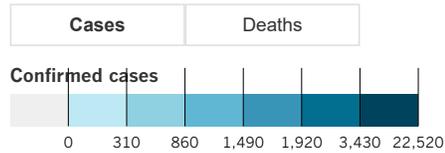
This chart tracks cumulative cases after each county confirmed its 10th case. Case counts are plotted on a logarithmic scale, which makes it easier to see when cases level off. Doubling time is the estimate of how long it would take the county to double its number of cases given the trend in the last week.

Help us track the coronavirus by subscribing ↗

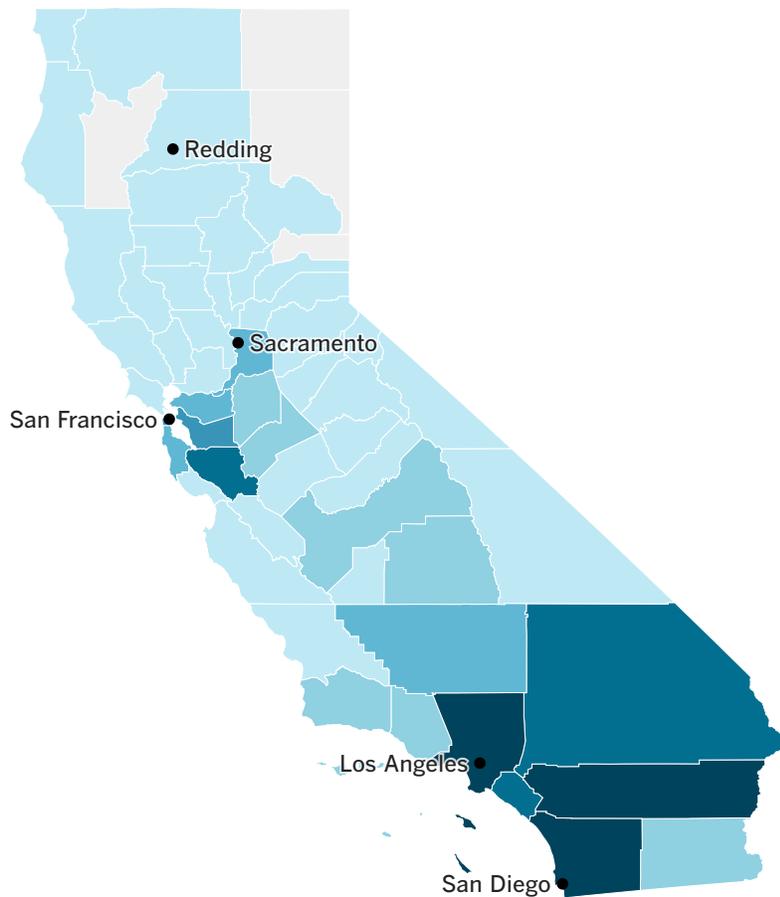
Your support makes our reporting possible. Get unlimited digital access today. Already a subscriber? Your contributions help us maintain this page. Thank you.

Which counties have the most cases?

Cases have been reported in 54 of the state's 58 counties, from Siskiyou County south to the border.



Q Hover for more information.



Early on, the largest concentrations were in the San Francisco Bay Area. Since then, cases have spread across the state and growth has accelerated in urban centers, like [Los Angeles](#)

	Total cases	Per 100k	New cases (7-day average)	
			Mar. 1	Apr. 29
Los Angeles »	22,522	223		
Riverside	3,942	165.4		
San Diego	3,432	103.9		
Orange »	2,252	71.2		

	Total cases	Per 100k	New cases (7-day average)					
			0	3	10	25	50	100
Santa Clara	2,134	111						
San Bernardino	1,928	90.3						
Alameda	1,568	95.4						
San Francisco	1,490	171.3						
San Mateo	1,136	148.3						
Sacramento	1,068	70.7						

Show all

	Total deaths	Per 100k	New deaths (7-day average)					
			0	1	2	3	5	10
Los Angeles	1,065	10.5						
Riverside	143	6						
San Diego	120	3.6						
Santa Clara	107	5.6						
San Bernardino	89	4.2						
Alameda	57	3.5						
San Mateo	48	6.3						
Orange	44	1.4						
Sacramento	42	2.8						
Tulare	36	7.8						

Show all

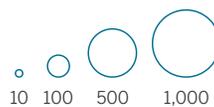
Do you know someone who has lost the battle with COVID-19?

We'd like to hear from the loved ones of people who have died from the coronavirus. Please consider sharing their stories with us here. ↗

Where are the confirmed cases?

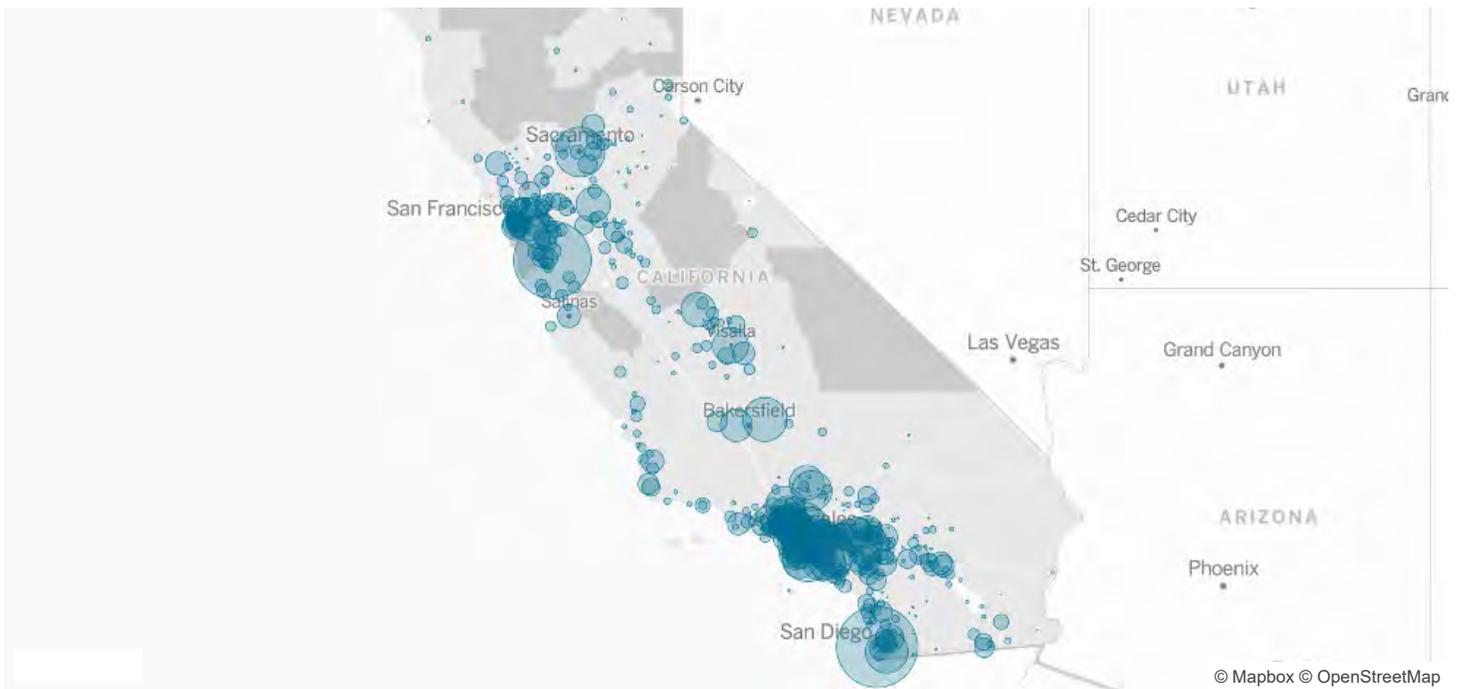
Residents of cities, neighborhoods and regions all across the state have contracted the coronavirus. Here are the latest tallies for 761 places as released by county health departments.

Confirmed cases



Counties that do not report cases by locality





The following counties currently do not report cases by locality: Alpine, Colusa, Del Norte, Glenn, Inyo, Lake, Lassen, Madera, Mariposa, Modoc, San Benito, San Mateo, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne and Yuba

Filter by county

Los Angeles ▾

City/community	Confirmed cases
Long Beach	629
Glendale	530
Palmdale	395
Pasadena	393
East Los Angeles	357
Santa Clarita	357
North Hollywood	335
Melrose	325
Sylmar	322
Inglewood	311
Lancaster	292
Van Nuys	277
San Pedro	271
Panorama City	268
Torrance	253

Show all

How does California compare?

The coronavirus has hit most of the U.S., with the largest concentrations in and around New York City. California, America's most populous state, has one of the highest totals. It ranks much lower after adjusting for population.



Show all



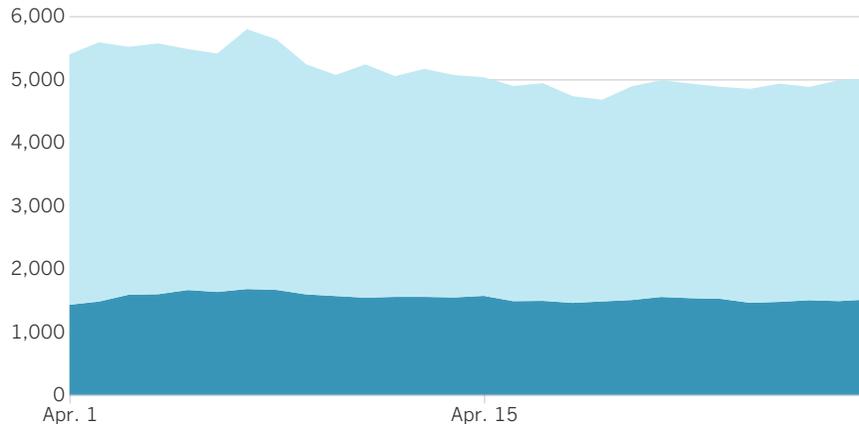
Show all

How many people are hospitalized?

One goal of the state's [stay-at-home mandate](#) is to slow the virus in hope of preventing hospitals from being overrun.

The state health department started tracking hospitalizations of confirmed and suspected COVID-19 patients on April 1. Since then, the number of people admitted to California hospitals and intensive-care units has remained steady.

[Intensive care](#) and [other hospitalized patients](#)



California Department of Public Health

Nearly half of the patients are being treated in [Los Angeles County](#), home to a quarter of the state's population.

	ICU	Other	Patient totals by day	
			Apr. 1	Apr. 28
Los Angeles	727	1,816		
San Diego	130	251		
Riverside	98	229		
Orange	100	187		
San Bernardino	82	197		
Santa Clara	56	94		
Alameda	50	90		
San Francisco	36	68		
Ventura	22	80		
Fresno	21	62		

Show all

Which nursing homes are affected?

[Nursing homes](#) have become a tragic focal point of the coronavirus outbreak. California's Department of Public Health is currently listing [skilled nursing](#) and assisted-living facilities across the state with COVID-19 outbreaks.

The state last updated the list on April 29. Officials have withheld the precise number where there are 10 or fewer cases. State officials say the numbers reflect "point in time" counts that are limited to the current number of staff and patients infected, which can result in the numbers for many facilities declining over time.

Filter by county

Los Angeles ▼

Facility	Type	Staff	Residents
AFFINITY HEALTHCARE CENTER	Skilled nursing	-	10 or fewer

Facility	Type	Staff	Residents
ALAMEDA CARE CENTER	Skilled nursing	-	34
ALCOTT REHABILITATION HOSPITAL	Skilled nursing	-	10 or fewer
ALDEN TERRACE CONVALESCENT HOSPITAL	Skilled nursing	-	36
ALEXANDRIA CARE CENTER	Skilled nursing	-	10 or fewer
ARARAT CONVALESCENT HOSPITAL	Skilled nursing	10 or fewer	-
ASTORIA NURSING AND REHAB CENTER	Skilled nursing	10 or fewer	10 or fewer
AUTUMN HILLS HEALTH CARE CENTER	Skilled nursing	10 or fewer	10 or fewer
ARARAT HOME OF LOS ANGELES	Assisted living	10 or fewer	10 or fewer
BALDWIN GARDENS NURSING CENTER	Skilled nursing	10 or fewer	10 or fewer

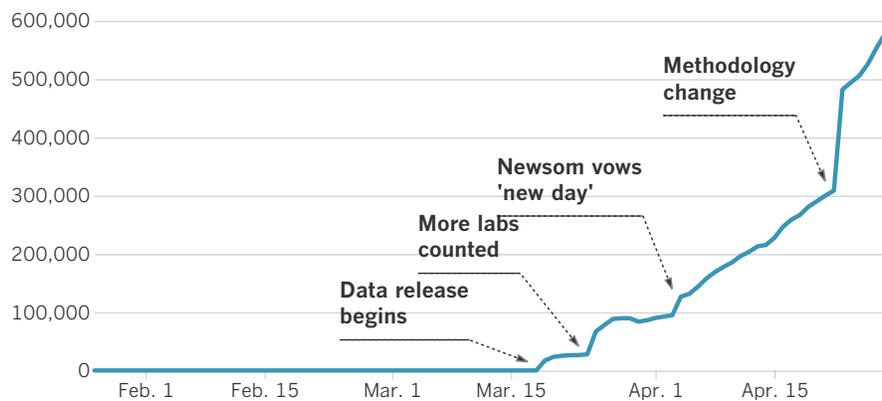
Show all

How many tests have been run?

A disorganized web of city, county and state facilities, as well as a growing number of private for-profit labs, are [conducting tests](#). Officials have struggled to keep tabs.

After a series of what he called “fits and starts” in test tracking, [Gov. Newsom](#) promised better organization and a “new day.” His administration now sets the total number of tests conducted in California at 603,139 following a sudden shift Thursday in how tests are counted.

Cumulative tests conducted by day

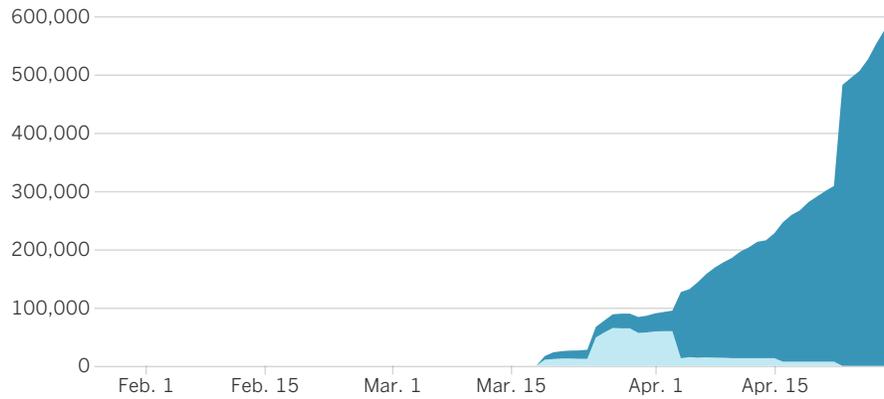


California Department of Public Health

After initially counting the number of people tested, the administration has switched to tallying the total number of tests, which includes some people who have been tested more than once.

That change, bottlenecks at [testing labs](#) and other troubles with the tally have caused numbers to suddenly rise and fall over time.

Pending vs. completed tests



California Department of Public Health

Who has COVID-19?

Information is limited about those who have contracted coronavirus in California. Here's what we know about those who have tested positive, according to data released by the state.

An almost equal number of men and women have tested positive.

Men	49.6%
Women	49.8%
Unknown	0.6%

Those who are diagnosed have tended to be older, though people of all ages have tested positive.

65 and older	22%
50-64	26%
18-49	49%
Younger than 18	3%
Unknown	0.2%

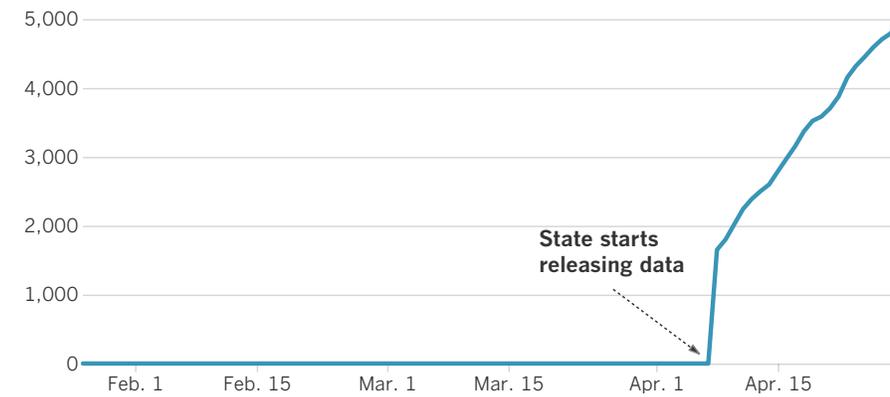
State officials do not know the race or ethnicity of 35% of people who have tested positive in California. When the race of the patient is known, the demographics hew closely to the state's overall demographic makeup.

Latino	44.8%
White	27.4%
Asian	12.2%
Black	6.5%
Other	9.2%

Healthcare workers have been hit hard by the virus. Statewide 5,015 have tested positive as of Wednesday, accounting for 11% of total infections. The

number has continued to grow since state officials started releasing tallies.

Confirmed cases among healthcare workers



California Department of Public Health

What is closed or restricted?

Gov. Newsom has ordered all Californians to [stay at home](#), placing mandatory restrictions on the lives of all 40 million residents.

No time frame was set for when the order would end. Here's what we know so far about statewide restrictions:

Statewide

Face coverings Recommended wearing face coverings in public places

Grocery & essential retail Open

Government Open only for essential functions

Parks Parking lots, state park campgrounds and indoor facilities closed

Restaurants & bars Bars closed, delivery/takeout only

Recreation Gyms, movie theaters, etc. closed

Gatherings All large gatherings banned

Many county health agencies have gone further than the state's restrictions, further restricting gatherings. Here's a roundup of the measures currently in place.

Select a county ▼

Los Angeles County

Safer at home

Face coverings Residents asked to wear face coverings in public places and at essential businesses »

Grocery & essential retail Open

Government Open only for essential functions

Restaurants & bars Bars closed, delivery/take-out only

Parks Closed (includes piers, beaches and public trails)

Schools Most K-12 schools are distance learning. Colleges online only

Recreation Gyms, movie theaters, etc. closed

Gatherings Only allowed with members of your household

Alameda County

Shelter in place

Face coverings Residents asked to wear face coverings in public places and at essential businesses »

Grocery & essential retail Open

Government Open only for essential functions

Restaurants & bars Bars closed, delivery/take-out only

Parks Parking lots, state park campgrounds, playgrounds and indoor facilities closed

Schools Most K-12 schools are distance learning. Colleges online only

Recreation Gyms, movie theaters, etc. closed

Gatherings Only allowed with members of your household

Alpine County

Following state order

Face coverings Residents asked to wear face coverings in public places and at essential businesses »

Grocery & essential retail Open

Government Open only for essential functions

Restaurants & bars Bars closed, delivery/take-out only

Parks Parking lots, state park campgrounds and indoor facilities closed

Schools Most K-12 schools are distance learning. Colleges online only

Recreation Gyms, movie theaters, etc. closed

Gatherings All non-essential public gatherings are prohibited

Amador County

Following state order

Face coverings Residents asked to wear face coverings in public places and at essential businesses »

Grocery & essential retail Open

Government Open only for essential functions

Restaurants & bars Bars closed, delivery/take-out only

Parks Parking lots, state park campgrounds and indoor facilities closed

Schools Most K-12 schools are distance learning. Colleges online only

Recreation Gyms, movie theaters, etc. closed

Gatherings Only allowed with members of your household

Butte County

Following state order

Face coverings Residents asked to wear face coverings in public places and at essential businesses »

Grocery & essential retail Open

Government Open only for essential functions

Restaurants & bars Bars closed, delivery/take-out only

Parks Parking lots, state park campgrounds and indoor facilities closed

Schools Most K-12 schools are distance learning. Colleges online only

Recreation Gyms, movie theaters, etc. closed

Gatherings All non-essential public gatherings are prohibited

Calaveras County

Following state order

Face coverings Residents asked to wear face coverings in public places and at essential businesses »

Grocery & essential retail Open

Government Open only for essential functions

Restaurants & bars Bars closed, delivery/take-out only

Parks Closed

Schools Most K-12 schools are distance learning. Colleges online only

Recreation Gyms, movie theaters, etc. closed

Gatherings All non-essential public gatherings are prohibited

Show all

Tracking the coronavirus

Statewide

Los Angeles County

Orange County

About the numbers

This page was created by Swetha Kannan, Casey Miller, Sean Greene, Lorena Iñiguez Elebee, Rong-Gong Lin II, Ryan Murphy, Melody Gutierrez, Priya Krishnakumar, Sandhya Kambhampati, Maloy Moore, Jennifer Lu, Aida Ylanan, Vanessa Martínez, Ryan Menezes, Thomas Suh Lauder, Andrea Roberson, Ben Poston, Nicole Santa Cruz, Iris Lee, Rahul Mukherjee and Jaclyn Cosgrove.

State and county totals come from a continual Times survey of California's 58 county health agencies as well as the three run by cities. Those figures are ahead of the totals periodically released by the state's Department of Public Health. State officials acknowledge that their tallies lag behind the updates posted by local agencies throughout the day and do not dispute The Times' method. The Times switched to using this method on March 18, leading to increases over what it had published previously using state data.

The tallies here are mostly limited to residents of California, which is the standard method used to count patients by the state's health authorities. Those totals do not include people from other states who are quarantined here, such as the passengers and crew of the [Grand Princess](#) cruise ship that docked in Oakland.

In an effort to aid scientists and researchers in the fight against COVID-19, The Times has released its database of California coronavirus cases to the public.

The database is available on Github, a popular website for hosting data and computer code. The files will be updated daily at github.com/datadesk/california-coronavirus-

data.

Closures and restrictions are drawn from an ongoing Times survey of county governments.

National and global case data are collected by the the Centers for Disease Control and Prevention and researchers at the Johns Hopkins University Center for Systems Science and Engineering.

If you see information here that you believe is incorrect or out of date, please contact Data and Graphics Editor [Ben Welsh](#).

MORE FROM THE LOS ANGELES TIMES

The pandemic's toll: Lives lost in California

Q&A: Behind the scenes of The Times' coronavirus tracking effort

To aid coronavirus fight, The Times releases database of cases

How do you become infected with the coronavirus?

Self-quarantine: When and how to do it

Coronavirus drugs: Where we are and what we know



ADVERTISEMENT

CALIFORNIA

California reopening: There's a plan but no firm timetable and many questions



Downtown L.A. shines in the setting sun looking east from MacArthur Park as roadways remain mostly empty during the coronavirus outbreak. (Robert Gauthier / Los Angeles Times)

By MELISSA GOMEZ, JOHN MYERS, SONALI KOHLI, LUKE MONEY, COLLEEN SHALBY

APRIL 29, 2020 | 8:34 AM



California has the beginnings [of a framework](#) for slowly reopening, but it's not exactly a timeline.

Gov. Gavin Newsom [released a four-part plan](#) that he said could have some businesses running in weeks and some schools reopened by the summer.

But the outline, officials acknowledge, still has many uncertainties. It is contingent on improvement in the fight against the coronavirus outbreak and on increased testing to assess how the illness is spreading.

These striking photos reveal how California is changing

April 29, 2020

Under Newsom's plan, some retail businesses, manufacturing, [schools](#) and open spaces could reopen first, with strict social-distancing rules. Down the line, certain entertainment venues and religious institutions could reopen. Live sports, concerts and other crowded events would be the last to resume.

What are the four phases?

Phase 1

[Expand testing](#), make workplaces safe for return, make masks and other personal protective equipment (PPE) more widely available

Phase 2

Potential opening of some retail, schools, manufacturing, offices and public spaces, with social-distancing rules

Phase 3

Potential opening of higher-risk businesses, such as gyms, hair and nail salons, movie theaters, religious institutions and sports without live audiences

Phase 4

Potential opening of highest-risk businesses, such as concert venues, convention centers and sports with live audiences

CALIFORNIA

Ten essential workers describe what their lives are like during the coronavirus outbreak

April 28, 2020

What timetables do we know?

Newsom said some businesses could open “in weeks, not months.”

The state is in the first phase, marked by ongoing efforts to provide a financial safety net for low-wage earners who might otherwise work when sick and encouraging the use of face coverings by residents when in places where they cannot practice safe physical distancing.

This is what officials say is needed to get from Phase 1 to Phase 2:

Business actions:

- Provide wage replacement so workers can stay home when sick
- Implement adaptations to lower-risk workplaces
- Allow employees to continue to work from home when possible

U.S. economy, in clear sign of recession, shrinks 4.8% in first quarter due to coronavirus

April 29, 2020

Individual actions:

- Use safety precautions, such as physical distancing and wearing masks
- Avoid all nonessential [travel](#)
- Support and care for people who are at high risk

The second phase, the governor said, would allow select businesses to reopen in communities across California. Those would be deemed “lower risk” and include more curbside options for retail locations, manufacturing sites and small businesses with few in-person customers. The change also would loosen limits on access to public spaces, probably including [some parks](#).

Newsom’s second phase, notably, might include a plan for allowing some K-12 schools to offer either summer programs or consider an earlier start to the new academic year — sometime in the summer — in order to make up some of the [lost educational opportunities](#). It also would allow more child-care facilities to resume operations.

The guidelines would require businesses seeking to reopen to keep as many people as possible working from home. And it envisions that employers must be able to ensure that they have established safe workplace conditions.

Enough with the WFH sweatpants. Dress like the adult you’re getting paid to be

April 17, 2020

For Phase 2 to kick in, the following things would need to happen:

- Hospitalization and ICU trends are stable
- Hospital surge capacity can meet demand
- There's [sufficient PPE](#) to meet demand
- Testing capacity is sufficient to meet demand
- There's contact-tracing capacity statewide

It's unclear when Phases 3 and 4 would kick in.

CALIFORNIA

Criticism grows over Gov. Gavin Newsom's management of the coronavirus crisis

April 29, 2020

What about enforcement?

The proposal does not offer information on who will enforce the rules or how enforcement will take place.

The statewide [stay-at-home order](#) issued by the governor last month has relied largely on local government officials to ensure compliance.

Key to the change would be adequate protections for places such as skilled nursing facilities and “congregate” settings, including jails and prisons.

The plan requires that officials in the state's 58 counties have the ability to perform robust contact tracing to ensure they can track potential spread of the coronavirus.

Would this happen across the entire state?

Newsom said [not all regions of the state](#) would be allowed to loosen the shutdown rules at the same time.

Local officials across California have barraged Newsom with [requests to go their own way](#), saying they have flattened the coronavirus curve even as other places such as [Los Angeles County continue to struggle](#).

On Monday, a bipartisan group of California lawmakers, mayors and other elected officials from six counties asked to ease the restrictions and start the process of reopening their economies.

At the same time, [six Bay Area counties](#) decided to extend their stay-at-home orders until the end of May.

CALIFORNIA

All L.A. County residents, even those without symptoms, can now get tested for COVID-19

April 29, 2020

The Los Angeles County Board of Supervisors [passed a motion Tuesday](#) establishing an action plan to work with businesses, labor partners and community leaders to ease its coronavirus restrictions.

Supervisor Janice Hahn, echoing an earlier statement by Newsom, said gradually lifting restrictions would not be like flipping a switch: “It’s more like a dimmer.”

“I would caution everyone from thinking that we have an end in sight, or we’re nearing the end of this unprecedented tragedy,” Hahn said. “This is not going to just go away. Coronavirus is going to be around forever, and without a [vaccine](#) to prevent us from getting the virus or a therapeutic drug to treat you, we need to really be cautious in how we reopen our society.”

The Orange County Board of Supervisors also took up [reopening guidelines Tuesday](#).

The board unanimously approved a set of business guidelines seeking to “strike a balance between the need for continued protection from the disease and the need for the economy to function again,” Supervisor Don Wagner said.

“These guidelines are intended to state clearly the minimum that business owners and operators must do, in addition to following all applicable jurisdictions’ orders,” he said.

CALIFORNIA

Craving a California road trip? These fourth-graders have you covered

April 29, 2020

What about schools?

The hope is to physically reopen some K-12 campuses to offer summer school programs or consider an earlier start to the next academic year.

“If this is going to work, there are some major questions we will have to answer,” state Supt. of Public Instruction Tony Thurmond said in a statement. Among them — how to keep everyone on campuses safe and healthy? How will schools pay for teachers and resources to facilitate the smaller class sizes that social distancing requires?

“Clearly, for now, we still have more questions than answers. But now is the time for us to problem-solve and plan for the future,” Thurmond said.

Dr. Sonia Angell, director of the California Department of Public Health, said reopening [child-care centers](#) is also important for parents as they return to work, but facilities will probably operate differently to accommodate safety issues.

Some local officials said they were not expecting Newsom’s remarks and were caught off-guard. An early start, they said, could be complicated logistically, financially and academically — especially with expected budget cuts and concerns about equity among low-income students and those with disabilities.

“July would be problematic for all school districts that already have plans to implement summer school,” Compton Unified School District Supt. Darin Brawley said. Schools use their summer classes to help students with special needs and those who need remedial classes.

Times staff writers Paloma Esquivel, Phil Willon and Taryn Luna contributed to this report.

CALIFORNIA

CORONAVIRUS PANDEMIC



The stories shaping California

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

SIGN ME UP

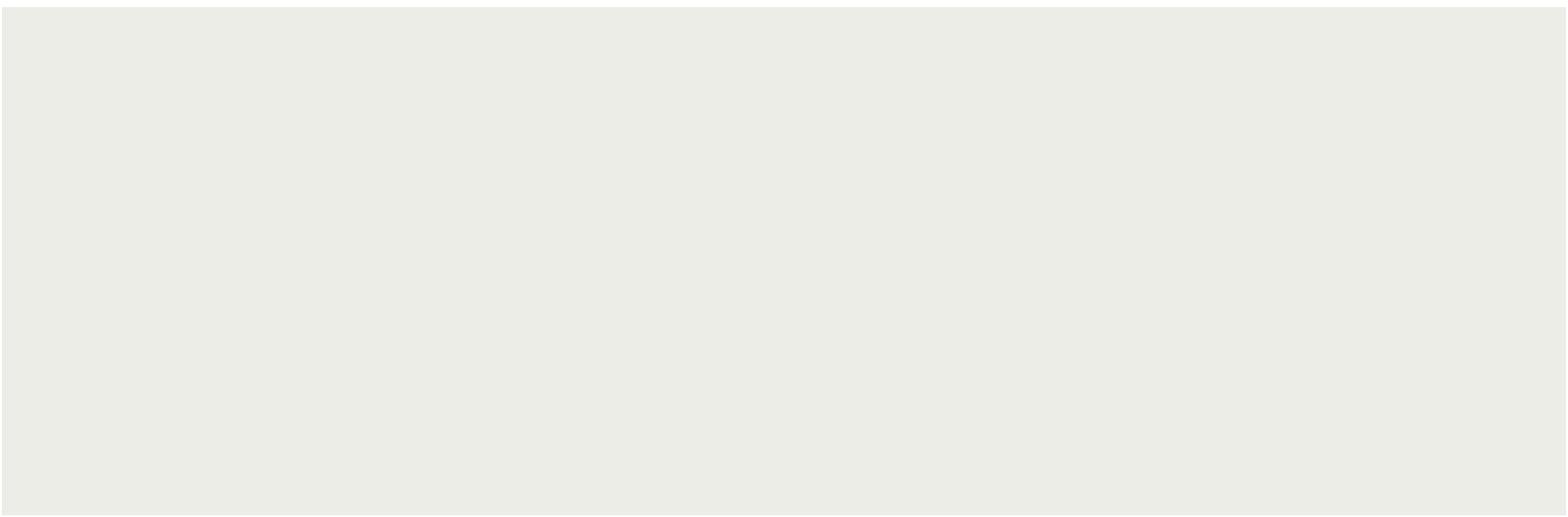
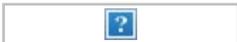
You may occasionally receive promotional content from the Los Angeles Times.



Melissa Gomez

 Twitter  Instagram  Email  Facebook

Melissa Gomez is a reporter covering the 2020 presidential campaign. She joined the Los Angeles Times in 2018 after graduating from the University of Florida. She is a



NEWS • News

Here is Gov. Newsom's 4-part plan to reopen California from coronavirus shutdown

California is in Stage 1 of Newsom plan, building resources and testing; Stage 2 could be weeks away



1 of 10

SAN FRANCISCO, CA.- APRIL 25: Ocean Beach is a popular spot for social-distancing beach goers, Saturday, April 25, 2020, as people seek exercise and fresh air during the coronavirus stay-at-home order in San Francisco, Calif. (Karl Mondon/Bay Area News Group)



By **MICHAEL NOWELS** | mnowels@bayareanewsgroup.com | Bay Area News Group

PUBLISHED: April 28, 2020 at 11:41 p.m. | UPDATED: April 29, 2020 at 8:53 a.m.



In the interest of public safety, critical coronavirus coverage is being provided free to all readers. Support reporting like this with a subscription to The Press-Enterprise. Only 99¢ for a 4-week trial.

Support local journalism

CLICK HERE if you're having a problem viewing the photos on a mobile device.

California Gov. Gavin Newsom unveiled his plan Tuesday to move the state out of its current stay-at-home order and return to normal.

On the same day Newsom said schools may open in July, the governor's office has laid out a general four-stage plan to modify the order until eventually the public is able to move about and congregate like it did before the coronavirus crisis.

Below is a breakdown of the plan, starting with the current, most restrictive stage:



[Read Article](#)

Stage 1: Safety and preparedness

- The state will build up testing, tracing, PPE and hospital capacity
- Prioritize safety for workers and customers in essential workplaces
- Prepare safety guidelines for expanded workforce, broken down by industries

Stage 2: Lower-risk workplaces

- Gradually open some lower-risk businesses and workplaces, adapted for social distancing
- Curbside pickup for retail businesses
- Reopen manufacturing businesses
- Office workers may return if telework is not possible
- Increase access to public spaces

Stage 3: Higher-risk workplaces

- Use restrictions on gathering sizes and other limits to reopen higher-risk workplaces
- Salons and gyms reopen with restrictions
- Sports (without live audiences) and movie theaters

- Religious services return to in-person settings

Stage 4: End of stay-at-home order

- The highest-risk environments will be reopened once appropriate treatments are developed
- Live sporting events with fans
- Concerts and festivals
- Conventions

RELATED ARTICLES

Stay home, stay safe: Riverside student offers distance-learning advice

30 million have sought U.S. unemployment aid since virus hit

What will Inland Empire's 2020-21 public school year look like?

Memo says Gov. Newsom will order all beaches closed

Domino's workers hold caravan to protest company's alleged lack of safety amid COVID-19

If social distancing pushes down the number of new cases, Newsom says the second stage could come in a matter of weeks.

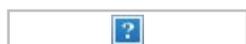
Stage 3 is months away, and the final stage of reopening fully is contingent on the development of treatment, meaning it is a matter of several months, maybe more than a year.

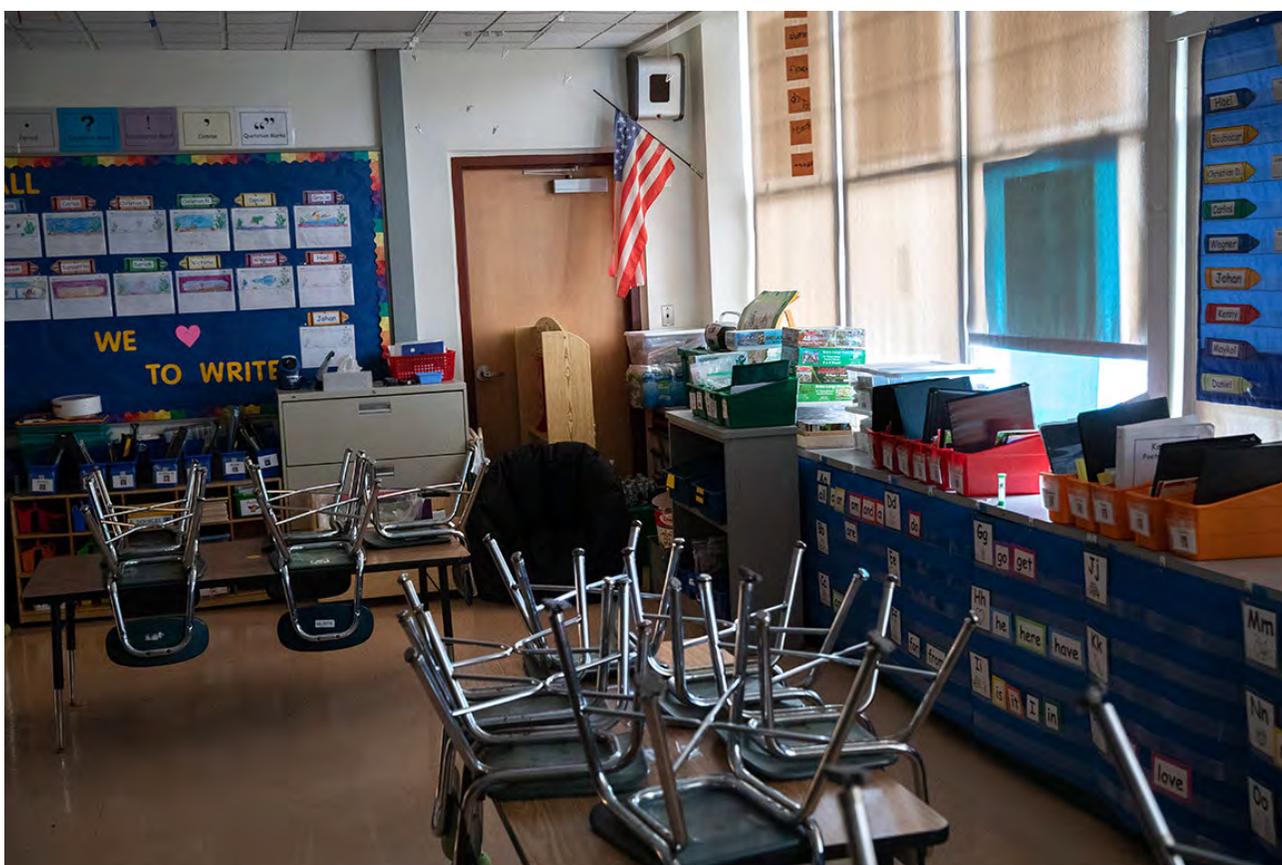
[Newsroom Guidelines](#)

[News Tips](#)

[Contact Us](#)

[Report an Error](#)





Empty classroom | John Moore/Getty Images

California teachers resist Newsom's 'unrealistic' call for July start

By MACKENZIE MAYS | 04/29/2020 08:34 PM EDT

SACRAMENTO — California teachers unions are fighting Gov. Gavin Newsom's suggestion that schools open this summer and making clear that they will have a say at the bargaining

table.

The unions say teachers were stunned by Newsom's suggestion Tuesday that schools could reopen in July in an attempt to help reduce learning gaps caused by the coronavirus and allow parents to return to work in a greater capacity.

In Oakland, the talk has actually been about the opposite: delaying the start of the school year — not opening schools weeks early, said Oakland Education Association President Keith Brown.

“We are very concerned about the governor's comments. It really caught so many teachers by surprise,” Brown told POLITICO Wednesday. “The state has not issued any executive order around the opening of schools and that sort of thing must be negotiated between labor and school districts. We have heard of no such talk from the Oakland Unified School District of opening our schools earlier.”

School officials have been preparing for schools to look different in the fall due to the pandemic — likely with staggered classrooms and smaller, socially distanced student groups — but they were not prepared to rush toward a mid-summer reopening.

President Donald Trump urged governors this week to consider opening schools before the summer break to finish out the current academic year — an approach that runs counter to what state leaders and California districts have already announced. The nation's biggest teachers unions said Tuesday they would consider strikes or major protests if schools reopen without the proper safety measures in place or against the advice of medical experts.

“It's insane. It's not safe to go back in July,” said Jon Bath, political action chair for the Fresno Teachers Association. “Can you imagine being with 40 kids in a room that's 20 [feet] by 20 [feet]? As a teacher, you're going to get it.”



Promote health. Save lives. Serve the vulnerable. Visit who.int

Newsom has said that the state's health care capacity and hospitalizations are stabilizing, and the state is "weeks, not months" away from modifying a statewide order that has kept Californians in their homes for nearly six weeks.

But United Teachers Los Angeles said the state should meet more of the metrics Newsom has outlined in his reopening plan, including increasing testing sites, "before setting unrealistic timelines."

"California has led the way on flattening the curve of this deadly pandemic by prioritizing people's health and safety. As the fifth-largest economy in the world, our leaders understand that the economy should serve the people, and not the other way around. We urge our leaders to stay the course, and caution against prematurely lifting social distancing protections by opening schools in a way that would put students, teachers and families at risk," UTLA said in a statement.

The Sacramento City Teachers Association is also against the idea, and said that if Newsom wants to see districts open in "a timely and constructive way," he will have to work more closely with districts and provide more resources to ensure student and teacher safety.

"There are too many unknowns to think that schools can safely reopen in July," SCTA President David Fisher said. "And we have to let science guide our decisions about when it's safe to reopen schools. But no matter what happens, it's important for school districts to work constructively with teachers to produce the best outcomes for kids."

California School Boards Association spokesperson Troy Flint said that educators are eager to get back to serving students but there's an immense amount of planning that would need to occur before schools resume on an accelerated schedule — and health concerns abound.

“There hasn't been sufficient consultation down to the local level,” Flint said. “There is not a clear plan for how this would take place or much of a plan at all.”

Jesse Melgar, Newsom's press secretary, said that the governor is committed to working with local leaders on this, as well as the Legislature and Superintendent of Public Instruction Tony Thurmond.

“The governor remains committed to transparency and early collaboration as we navigate this crisis. In that spirit, the governor started the next set of conversations about safely resuming in-person instruction in schools, through summer programs or an earlier start of the school year,” Melgar said in an email Wednesday.

When asked about a potential summer school start date, Riverside County Health Officer Dr. Cameron Kaiser said Newsom's comments caught people off guard but that some level of instruction could be “entirely possible” in July. But Kaiser warned of the unknowns regarding how children may act as vectors for the coronavirus despite low numbers of pediatric cases.

“Even if instruction is able to start then — the governor hasn't said for certain that would be the case — you would certainly need to keep in mind that things such as social distancing and other kinds of classroom precautions will need to be in place,” Kaiser said. “This will have important impacts as far as class size, level of instruction, school lunch times. We might have to stagger some classes and may have to stagger some recesses so we don't have a whole bunch of kids out on the playfield all at once.”

Thurmond said that Newsom's announcement on Tuesday was the first he had heard of schools potentially opening in the summer, but on Wednesday announced that he is asking state school chiefs across the country to “examine considerations and best practices” for reopening.

“We share the governor's aspirations for re-opening our schools as soon as possible. If we are going to do this, it can only be done when we are sure we can protect the health and safety of everyone in our school communities,” Thurmond said.

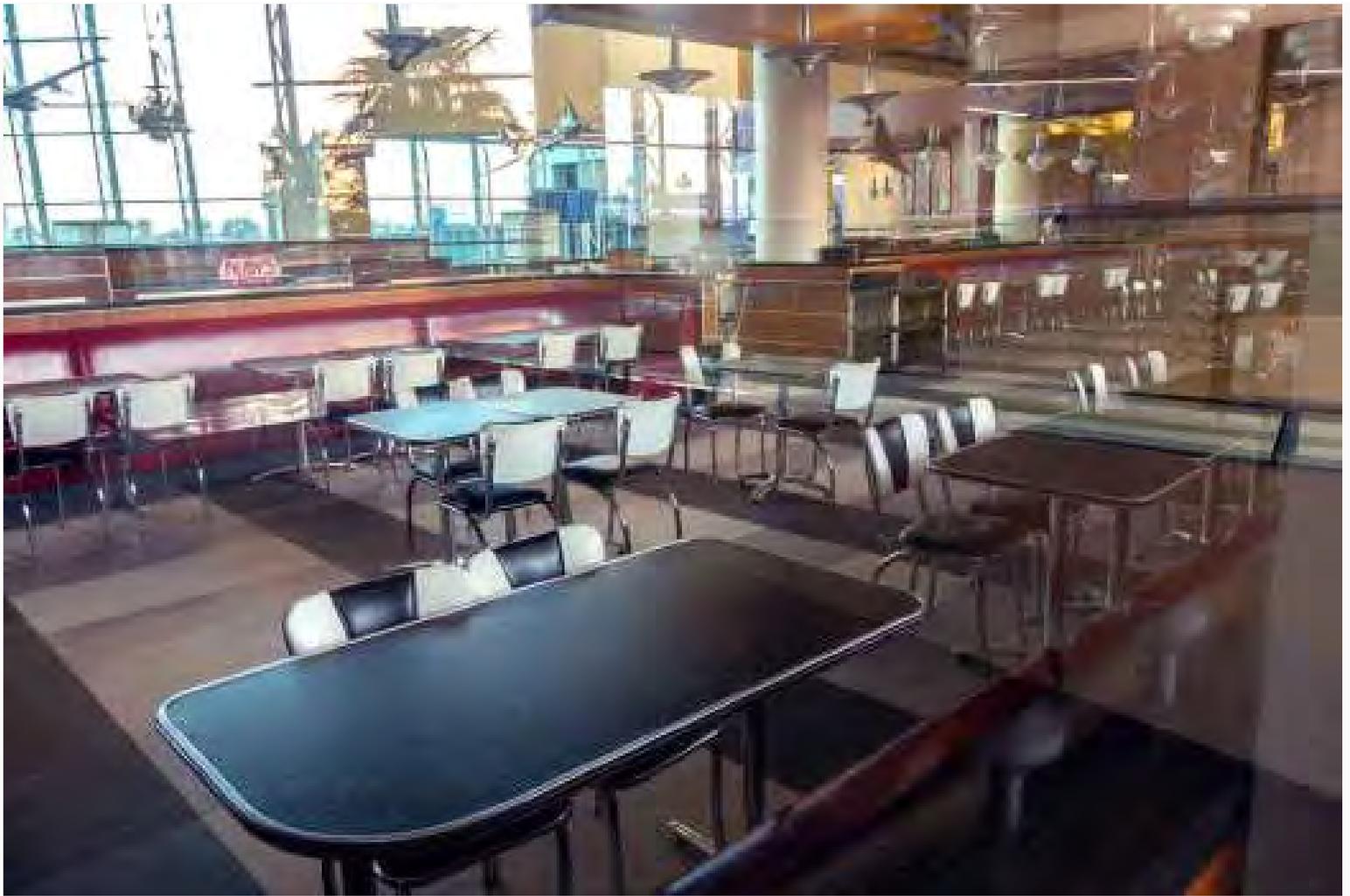
Colby Bermel contributed to this report.



BUSINESS • News

'Record negatives' in economy will lead to 'record positives,' Southern California economist says





Economist Chris Thornberg predicts a large and rapid recovery from the COVID-19 pandemic, beginning in the third quarter. A closed restaurant at John Wayne Airport in Santa Ana is seen here. (Photo by Rob Marienthal, Contributing Photographer)

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

PUBLISHED: April 29, 2020 at 4:11 p.m. | UPDATED: April 29, 2020 at 5:20 p.m.



As the nation continues to grapple with fallout from the COVID-19 pandemic, many are wondering when the economic recovery will begin and what it will look like.

Will it be slow and painful? A one-step-forward-two-steps-back process? Or a fast return to business as usual?

Economist Chris Thornberg, a founding partner with Beacon Economics, predicts a large and rapid “V” recovery. In his newly released Post COVID-19 analysis, he explains what that means.

“The second quarter will definitely post record negatives,” he said, “but that will be followed by record positives in the last half of the year as we quickly return to normalcy.”

The government announced Wednesday that the U.S. economy shrank at a 4.8% annual rate in the first quarter.

A healthy third and fourth quarter

Thornberg predicts a 7.5% decline in GDP growth in the second quarter, a 6.2% increase in the third quarter and a 5% increase in the fourth quarter. But he cautioned that there could be a margin of error on either side of the numbers because of all the unknowns.

“We know the second quarter will have a historical decline, but it won’t be driven by economic problems, but rather by public health mandates,” he said in an interview Wednesday. “We have zero reasons to assume that somehow the economy will continue to underperform when the mandates are lifted.”

Stay-at-home mandates have limited the spread of the virus, he said, but economists are far less certain of what the full economic shock will be, as economic statistics significantly lag public health numbers.

Widespread impacts

Southern California, like the rest of the nation, has weathered the closure of all nonessential businesses, ranging from mom-and-pop operations to larger companies that are not deemed critical amid the health crisis.



People wearing mask due to the Coronavirus Pandemic walk past the Hayworth as the marquee reads Home is Where the Quarantine is along Wilshire Blvd in Los Angeles on Tuesday, April 21, 2020. (Photo by Keith Birmingham, Pasadena Star-News/SCNG)

Schools and theme parks are closed, sporting and music events have been canceled or postponed and restaurants are closed to dine-in customers, although many are offering takeout and delivery service.

Getting theme parks on track

On Wednesday, a Florida task force outlined preliminary plans for a phased reopening of Disney World and Universal Orlando. Phase 1 of the plan would cut attendance at the parks by half and a second phase would boost that to 75%.

That closely matches recommendations by industry experts — guidelines some might expect to be applied to the reopening of Disneyland, Universal Studios and other major Southern California attractions.

'Going through quicksand'

Mark Zandi, chief economist at Moody's Analytics, said prospects for a recovery will hinge on the eventual availability of a coronavirus vaccine. He doesn't expect the economy to regain its footing on a sustained basis until roughly mid-2021 — and that assumes a vaccine would be ready for use by then.

"I would characterize this period as going through quicksand until we get a vaccine," he said.

As to when stay-at-home mandates may be lifted, Thornberg notes the number of new coronavirus cases appears to have peaked in the U.S. with California already seeing partial lifting of controls. Hot spots could re-emerge in some locations, he said, but government reaction to any new outbreaks will be "fast and fierce."

A small percentage of economic activity

In assessing the depth of the economic impacts, Thornberg said the obvious issues are with restaurants, hotels, airports, travel operations and a large portion of retail. But those closures, he said,

account for less than 10% of U.S. economic activity in a typical year.

In terms of government intervention, he notes an “unprecedented degree of public support” for businesses and workers who are being negatively impacted.

“The current tally comes \$2 trillion-plus in government stimulus, which is enormous,” he said. “As the predicted declines are in the 10% range for the second quarter, that amounts to a half-a-trillion dollar decline, give or take. A \$2 trillion stimulus package is four times the size of this calculated decline.”

Thornberg said the vast majority of people applying for unemployment are being laid off from profitable, sustainable businesses that have been shuttered temporarily as a result of public health mandates.

Not a new normal

But regardless of when things get better, Thornberg figures some habits may remain once COVID-19 is in the rearview mirror.

“Certainly, people will wash their hands more often and handshakes may well become a thing of the past,” he said. “But will consumers stop going to ballgames and music festivals? Will they be too afraid to go to restaurants? This is not a new normal.”

RELATED ARTICLES

30 million have sought U.S. unemployment aid since virus hit

Costco shoppers will need face covering or mask starting May 4

Rent due again and missing payments have landlords fretting

U.S. economy shrank 4.8% last quarter, with worst yet to come

Santa Anita workers plead with county to allow racing without spectators amid coronavirus

[Newsroom Guidelines](#)

[News Tips](#)

[Contact Us](#)

[Report an Error](#)



ADVERTISEMENT

CALIFORNIA

Column: Newsom could use some beach time. It's sad that he intends to close them amid the coronavirus crisis



Newport Beach on Tuesday. Newport Beach City Council members opted against closing the city's beaches for the next few weekends despite Gov. Gavin Newsom's criticism of the large crowds and lack of social distancing. (Allen J. Schaben / Los Angeles Times)

By GEORGE SKELTON
CAPITOL JOURNAL COLUMNIST



SACRAMENTO — Every Californian has an unalienable right to a day at the beach.

Or at least an hour or two.

OK, maybe just a few minutes daydreaming in a car while marveling at the foaming breakers. Of course, beach parking lots are now closed to you and me.

Going to the beach is our birthright as native Californians — and our promise to newcomers. It's our gift from the Creator — a trade-off for all the quakes, wildfires, mudslides and smog.

CALIFORNIA

These striking photos reveal how California is changing

April 29, 2020

Yeah, I know: Every right has limits. We've got the right to free speech but shouldn't wade into the surf and yell "shark." And we shouldn't be spreading germs to other sunbathers.

So hire some beach patrols and enforce the rule about plopping down no closer than six feet apart. Maybe after a couple of warnings issue a citation for enough bucks to cover the administrative costs.

Although, honestly, I can't envision a young couple adhering to the six-foot rule for more than five minutes.

SPONSORED CONTENT

A great place to live, work and play. [↗](#)

By This is CLE

[See more CLE.](#)

And forget about wearing masks on the beach. One of the ocean's appeals is breathing in that salt air drifting in on a soft breeze.

My parents left Oklahoma and Tennessee in the 1920s searching for the California Dream. They met at a Ventura beach party. I practically grew up on beaches between Ventura and Santa Barbara — Hollywood Beach, the Rincon, Carpinteria, East Beach — while sheltering in Ojai.

At Ventura College, I often took my reading assignment down to a secluded beach on the Rincon. Later at San Jose State, I immediately noticed how pale most northern students were at summer's end compared to Southern California beach worshippers. In Santa Cruz, the sun shined less and the water was colder. But it was still paradise.

Recently, it was reassuring to notice that Ventura politicians still get it. Beaches are the substance of local peoples' lives. The City Council decided to open them on the first spectacular weekend of the season "in support of balancing residents' physical and mental health," it announced.

Yes, a warm sun, calm breeze and a little body surfing will do wonders for the mind, relaxing it and enabling the toleration of all manner of aggravations while sheltering at home. You can't find therapy like that good no matter the fee.

Of course, leaders of my old beach town weren't very hospitable to outsiders. They told Angelenos to stay out.

"To our L.A. County brothers and sisters, normally we like you to come here, but not right now," county Executive Officer Mike Powers was quoted in the Ventura County Star, which gave me my first daily newspaper job while at VC. "If you have to travel, keep it to essential travel where you live."

Guess you can't blame people in Ventura, which has avoided being hard hit by COVID-19, for fearing being overrun by residents in more densely populated L.A., where the coronavirus continues to spread.

L.A. has kept its beaches closed. But they were opened in Orange County. And the Newport Beach City Council [rejected a proposal](#) to close down the beach in May after people swarmed there on the hot weekend.

Unfortunately, city parking lots at the beach were closed, so beachgoers invaded nearby neighborhoods.

"I think you should reopen them," state Sen. John Moorlach (R-Costa Mesa) said Tuesday. He's a former Orange County supervisor who represents some beach communities. "People should have access to facilities."

Moorlach says he understands why people flocked there on a beautiful weekend.

"You need to trust people," the senator says. "If they exercise proper social distancing, you've got to let people be people. If you're part of a vulnerable group, shame on you for

going to the beach. For everyone else who's sheltering in place, the beach may be the best medicine."

"We haven't seen the 'surge'" in virus contagion that was feared, he continues. "And I'm not seeing a wide band of people in ICUs. I see hospitals in my district struggling because they don't have patients. Something's amiss. Maybe people are seeing that too."

What Gov. Gavin Newsom saw — those crowded beach scenes — made him angry.

"Those images are an example of what not to see...what not to do," the governor declared during his Monday virus briefing. "You didn't see those images at L.A. beaches and San Diego beaches and [in] Northern California because we had strong guidelines that were not only adopted but were abided by."

So amend the guidelines and loosen up.

"The TV angles were bad" and made the beaches look more crowded than they really were, Moorlach says.

"Everyone did social distancing. [It] was real cooperative and very respectful. They just wanted to get out and get some sun, which is really healthy."

If it's unhealthy, if people are being infected with the virus by being drawn to the ocean as humans always have, show us some data. Do people who go to the beach contract the virus more than people who don't? Show us the numbers.

Until then, here's my declaration of independence from shallow thinking:

"We hold these truths to be self-evident, that all Californians are endowed with certain unalienable rights. Among these are sun, surf and a day at the beach."

Newsom could use some beach time. It's sad that he apparently intends to close all the beaches instead.

CALIFORNIA

Lopez: Don't endanger your friends and family. Patience, please, and stay off the beach

April 29, 2020

CALIFORNIA

POLITICS

CALIFORNIA LAW & POLITICS

CORONAVIRUS PANDEMIC



The stories shaping California

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

Enter Email Address

SIGN ME UP

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



George Skelton



Twitter



Instagram



Email



Facebook

Political columnist George Skelton has covered government and politics for nearly 60 years and for The Times since 1974.

Show Comments

ADVERTISEMENT

BUSINESS

3.8 million sought U.S. jobless aid last week; 30 million total since coronavirus hit



Hew Kowalewski, a furloughed employee of Disney World, stands next to a window of his home in Kissimmee, Fla., on April 13. (Associated Press)

By ASSOCIATED PRESS

APRIL 30, 2020 | 5:37 AM UPDATED 6:28 AM



WASHINGTON — More than 3.8 million laid-off workers applied for unemployment benefits last week as the U.S. economy slid further into a crisis that is becoming the most devastating since the 1930s.

Roughly 30.3 million people have now filed for jobless aid in the six weeks since the coronavirus outbreak began forcing millions of employers to close their doors and slash their workforces. That is more people than live in the New York and Chicago metropolitan areas combined, and it's by far the worst string of layoffs on record. It adds up to more than 1 in 6 American workers.

With more employers cutting payrolls to save money, economists have forecast that the unemployment rate for April could go as high as 20%. That would be the highest rate since it reached 25% during the Great Depression.



This week, the government estimated that the economy shrank at a 4.8% annual rate in the first three months of this year, the sharpest quarterly drop since the 2008 financial crisis. Yet the picture is likely to grow far worse: The economy is expected to contract in the April-June quarter by as much as 40% at an annual rate. No previous quarter has been anywhere near as weak since the government began keeping such records after World War II.

As businesses across the country have shut down and laid off tens of millions of workers, the economy has sunk into a near-paralysis in just a few weeks. Factories, hotels, restaurants, department stores, movie theaters and many small businesses are shuttered. Home sales are falling. Households are slashing spending. Consumer confidence is sinking.

With some signs that the viral outbreak may have plateaued at least in certain areas of the country, a few governors have taken tentative steps to begin reopening their economies. But surveys show that a large majority of Americans

remain wary of returning to shopping, traveling and other normal economic activity. That suggests that many industries will struggle with diminished revenue for weeks or months to come and might be unable to rehire laid-off workers.

The Economic Policy Institute has calculated that about 70% of people who have filed for unemployment benefits since the virus struck have been approved. Applications from the rest may still be pending, or they might have been turned down. Some applicants may not have earned enough money in their previous jobs to qualify for unemployment benefits.

ADVERTISEMENT

SPONSORED CONTENT

How HPE Greenlake helps you shift to Everything-as-a-Service

By Hewlett Packard Enterprise

Bring the cloud experience to wherever your apps and data live.

Thursday's figures also showed that states have approved the benefit applications of nearly 18 million people. This figure is much lower than the total number of people who have sought unemployment aid since the virus struck, in part because it lags behind by one week. And not everyone who applies for benefits manages to receive them.

Americans' confidence in the economy and in their future incomes has plunged, a sentiment that could slow the rebound once more states and cities allow businesses to open. Many consumers, whose spending drives the bulk of the economy, may be slow to begin shopping, traveling and eating out. Some will likely remain too fearful of contracting the virus. And local and state officials are likely to maintain limits on the number of people who can congregate in certain places at any one time.

Consumer confidence, as measured by the Conference Board, has plummeted to a six-year low, and its measure of how Americans regard the current economy fell by a record amount.

Nearly a fifth of Americans expect their incomes to fall in the next six months, the Conference Board found, the worst such reading in more than seven years. That reinforced the belief that Americans will remain cautious in their spending for months to come.

BUSINESS

CORONAVIRUS PANDEMIC



Your guide to our clean energy future

Get our Boiling Point newsletter for the latest on the power sector, water wars and more — and what they mean for California.



ADVERTISEMENT

SCIENCE

Who can get a coronavirus test and how long does it take to get results?



Assemblyman Mike Gipson (D-Carson) self-administers a coronavirus test in Carson on Tuesday. (Genaro Molina / Los Angeles Times)

By LILA SEIDMAN

APRIL 29, 2020 | 1:49 PM



It's slowly getting easier to obtain a coronavirus test in California — following an initial rollout marked by restrictions and shortages that [had the state lagging behind most others just weeks ago](#).

So who can get tested?

CALIFORNIA

All L.A. County residents can now get free coronavirus tests, Garcetti says

April 29, 2020

Hospitalized patients and symptomatic healthcare workers [are still considered top priority for testing](#). A second-priority tier includes symptomatic people who are either older or have underlying conditions.

ADVERTISING



Promote health. Save lives. Serve the vulnerable. Visit [who.int](#)

Asymptomatic people living or working in high-risk settings such as nursing homes, prisons and even some households are also [now high on the priority list](#), following a

decision last week by California public health officials to partially ease testing restrictions.

The state's broadening of federal guidelines reflects increasing availability of testing, as major labs report sufficient supplies and excess capacity to run more procedures, according to the public health department.

According to Gov. Gavin Newsom, the federal government is slated [to provide the state with critically needed specimen swabs](#), which have been in short supply. Newsom said recently that 100,000 swabs were expected to arrive in California last week and 250,000 this week.

The developments are viewed by some experts as a significant step toward establishing widespread testing in California to identify and isolate every coronavirus case — something that the governor said is crucial to [lifting the state's strict stay-at-home order](#) currently in place.

In L.A. County, residents showing symptoms [can make a same- or next-day appointment for testing](#) after [registering online](#). [Symptoms include](#) fever, chills, muscle pain, loss of taste or smell, and coughing. (Signs that you need immediate medical attention include turning blue, persistent pain or pressure in the chest, trouble breathing and confusion.)

The [test for an active infection](#) — which involves a mouth swab — takes a few minutes, but the wait in line at each test site will vary, according to county officials.

Results are typically available in three to five days. Patients are notified by email or text message when their results are ready.

This is the [latest list of L.A. County testing sites](#).

Cases statewide

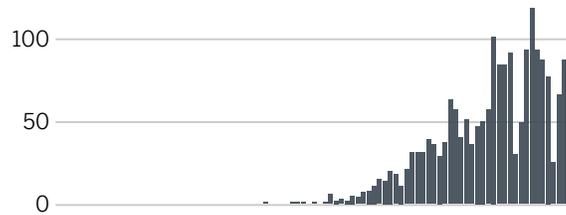
As of April 30, 12:06 a.m. Pacific

48,828
confirmed

1,954
deaths

County	Cases	Deaths
Los Angeles »	22,522	1,065
Riverside	3,942	143
San Diego	3,432	120
Orange »	2,252	44
Santa Clara	2,134	107

Statewide deaths by day



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

SCIENCE CALIFORNIA CORONAVIRUS PANDEMIC



Get our free Coronavirus Today newsletter

Sign up for the latest news, best stories and what they mean for you, plus answers to your questions.

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

ADVERTISEMENT

OPINION

Op-Ed: Surprised that black people have a higher risk of death from COVID-19? I'm not



(Jason Armond / Los Angeles Times)

By JUDY BELK

APRIL 26, 2020 | 3 AM

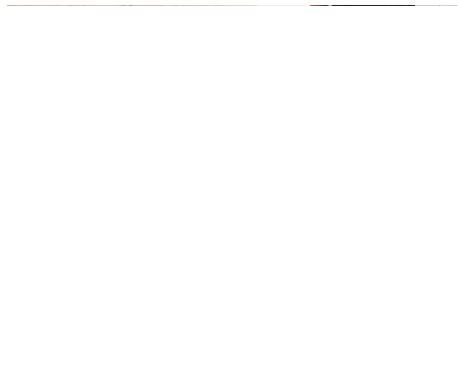


At age 26, recently engaged and about to start my first grown-up managerial position in city government, I was handed a hefty report summarizing the results of my “comprehensive executive health assessment,” an onboarding requirement for all the city’s newly hired managers. The process had included an extensive physical examination, a lengthy written questionnaire, and an hourlong in-person interview with a nerdy, non-smiling white guy who took detailed notes on my diet, lifestyle and mental health.

I relaxed immediately when I saw I had received an overall rating of “excellent health.” Then I turned to the last page of the report and read some alarming news. If I were to die in the next year, the report informed me, the likeliest cause of death would be homicide.

The next day, my first call was to Mr. Non- Smiley.

“Hey, I got my health assessment,” I began, trying to sound managerial and calm while feeling anything but, “and I have a few questions. Since I was found to be in excellent health, I was a little surprised to learn about my risk of being murdered. Do you know something I don’t know?”



“Well, first, Miss Belk, let me just say we are very objective,” he replied in a dry monotone. “It’s all about data and the model.”

“OK, so why did the model conclude that I’m at risk of being killed?”

“You’re an otherwise healthy African American woman between the ages of 21 and 30. The data show that if you were going to die today, it would likely be the result of a homicide.”

“So, what’s that about? My age, my race, my gender?”

“Oh, race by far,” he said quickly. “If you were white, it would likely be some type of accident. Car, probably.”

The “it” part — the likely cause of death; in my case, homicide — jarred me. Silence. Mr. Non-Smilely, breaking the silence, and finally showing a little compassion in his own awkward way.

“You know, Miss Belk, it’s only data. Besides, once you make it to your 30s, heart disease, stroke and cancer kick in as key data points.”

I did make it to 30. But my big sister, Vickie, and cousin Darryl didn’t. They both were murdered, victims of gun violence in their 20s.

ADVERTISEMENT

Neither of us knew it at the time, but Mr. Non-Smilely had given me my first lesson in what public health professionals call “the social determinants of health,” a fancy way of saying that your income, ZIP Code and race can and often do determine your health, longevity and even your cause of your death.

What I know now is that the long history of racial discrimination in our country has led not only to economic disparities but to poorer health outcomes for black people.

Consider what’s happening right now with the coronavirus. In cities across the country, COVID-19 is disproportionately affecting black and brown communities. In Louisiana, black people account for 32% of the population but 56% of the COVID-19 deaths. In Chicago, black people account for about 55% of the deaths, but only about a third of the population. Americans have lived with this kind of data for a long time, on disease after disease. It’s about time we did some new modeling where racial equity is front and center.

My husband is a physician, and I have spent much of my career working to improve health and wellness and advance racial equity. But that doesn’t make us immune from health disparities and the assumptions that underlie them.

ADVERTISEMENT

A few years ago, my husband and I were meeting with our financial advisor, a well-meaning white man consumed, as Mr. Smilely had been many years earlier, by data and modeling. He didn’t like what he saw in our retirement planning numbers. He was concerned we wouldn’t have enough money if we both lived to the age his actuary modeling team had calculated for us.

I was feeling a little ornery.

“Did you factor in race?”

My husband just shook his head, hoping I would shut up. He finds it useless to engage in discussions regarding race with most white people.

ADVERTISEMENT

“What do you mean?” the advisor asked, looking genuinely perplexed.

“Black folks don’t live as long as white people. Our life expectancy is a lot shorter. Go back to the people who do your modeling and tell them to factor in that we’re black.”

By now I was looking at a bemused black husband who knew I was right and a very uncomfortable white man who thought I was crazy.

“Our modeling is pretty solid, but I can tell this is important to you, so I’ll check and get back to you,” he agreed.

ADVERTISEMENT

He got back to me a week later, and it was a short conversation.

“Uh, Judy, we ran those numbers again. The good news is you and Roger will be just fine. Based on our new calculations, you’ll have enough money to last.”

I couldn’t help but laugh. “So, they factored in our race, huh?”

“Yeah, they did. But I’m still going to manage your portfolio with the expectation you and Roger will be around for many, many years. After all, it’s just data.”

ADVERTISEMENT

Judy Belk frequently writes about family, race and community. She is president and CEO of the California Wellness Foundation.

OPINION

OP-ED

CORONAVIRUS PANDEMIC



A cure for the common opinion

Get thought-provoking perspectives with our weekly newsletter.

Enter Email Address

SIGN ME UP

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

Judy Belk

MORE FROM THE LOS ANGELES TIMES

Search Input Field

[LATEST UPDATES: Tracking COVID-19 \(coronavirus\)](#)

Elder Advocates: Newsom Close To Giving Health Care Providers Legal Immunity During Pandemic

Wednesday, April 29, 2020

By [Amita Sharma](#)



Photo by [Matthew Bowler](#)

Above: Pictured above is Country Hills Post Acute nursing home in El Cajon where there have been confirmed COVID-19 cases among staff and residents, April 20, 2020.

Advocates for elderly people say Gov. Gavin Newsom is about to issue an executive order giving broad [legal immunity](#) to nursing homes, assisted living facilities and other health care providers during the coronavirus pandemic.

“We understand that Governor Newsom is likely to sign an order,” said lawyer Mike Dark of California Advocates for Nursing Home Reform. “We expect it will come out sometime in the next few days after work is completed on some related guidance.”

California hospitals, medical workers, [nursing homes](#) and [assisted living facilities](#) want Newsom to grant them immunity from criminal prosecution and all lawsuits related to the COVID-19 state of emergency.

RELATED: Senior Care Facilities Seek Legal Immunity During Coronavirus Pandemic

In an April 9 letter to the governor, health care groups said that level of protection was needed to save lives.

“Sadly, in the coming days and weeks [health care providers] will face wrenching, life-threatening decisions in managing scarce resources amid arduous conditions,” the letter stated.

But Dark and other advocates say they fear the immunity will excuse reckless and dangerous conduct.

“Reckless conduct is conduct when the defendant knows what they’re doing is dangerous and they don’t care and they do it anyway and people are hurt or die as a result,” Dark said. “If we immunize reckless conduct, truly the last safety net that most residents have in nursing facilities will fall away.”

But he added that the health care provider lobby in Sacramento is “very powerful and very well-moneyed” and may have the governor’s ear.

The California Association of Health Facilities, which represents nursing homes, and the California Assisted Living Association declined to comment Tuesday.

The Governor’s office also would not comment Tuesday, saying in an email: “We’ll let you know if we have anything on this.”

[Senior care facilities](#) nationwide have bore the brunt of the COVID-19 crisis. San Diego County has experienced the same trend, with 49 percent of reported deaths linked to senior care facilities.

In March, a federal survey at nursing homes found that 36 percent of the facilities inspected didn’t follow proper hand-washing rules, and a quarter of nursing homes failed to show they knew how to use personal protective equipment, viewed as vital in stemming infections.

Dark expressed worry that if Newsom gives providers what they want, California may see more instances of neglect like what happened earlier this month at a Riverside nursing home where staff failed to show up to work and 83 residents had to be evacuated.

Plaintiff’s lawyers are joining advocates in opposition to the potential action. They say the breadth of what the state’s health providers are asking of Newsom is extraordinary.

“We would argue that everything is covered by this broad immunity which is totally inappropriate because immunities already exist in this circumstance,” said Micha Star Liberty, president of Consumer Attorneys of California.

She said existing laws give the health care industry legal protections during an emergency. She added that California’s malpractice laws are already some of the most industry-friendly in the nation, and said giving these institutions even more protections would be “unnecessary.”

“It’s really difficult to understand how and under what circumstances the governor is considering language this broad,” Liberty said. “As an organization, the consumer attorneys knew that something like this would be coming down the pipeline because we see this each and every time from the medical-industrial complex.”

San Diego trial attorney Paul Pfingst, who represents hospitals and members of the medical community, said he pities senior care facilities.

“Every nursing home provider is at great liability because there is no template for dealing with this virus,” Pfingst said. “The contagion issue for nursing homes is extraordinarily challenging. Even the emergency rooms have difficulty protecting against contagions in hospitals.”

FEATURED PODCAST



ADVERTISEMENT

SCIENCE

Feeling drained by coronavirus quarantine? Science can explain why



Pat McCauley stares out of her home in Kirkland, Wash., where she is quarantined with her husband. The psychological toll of isolation can be as damaging to health as smoking, researchers say. (Karen Ducey / For The Times)

By DEBORAH NETBURN
STAFF WRITER

APRIL 29, 2020 | 11:15 AM



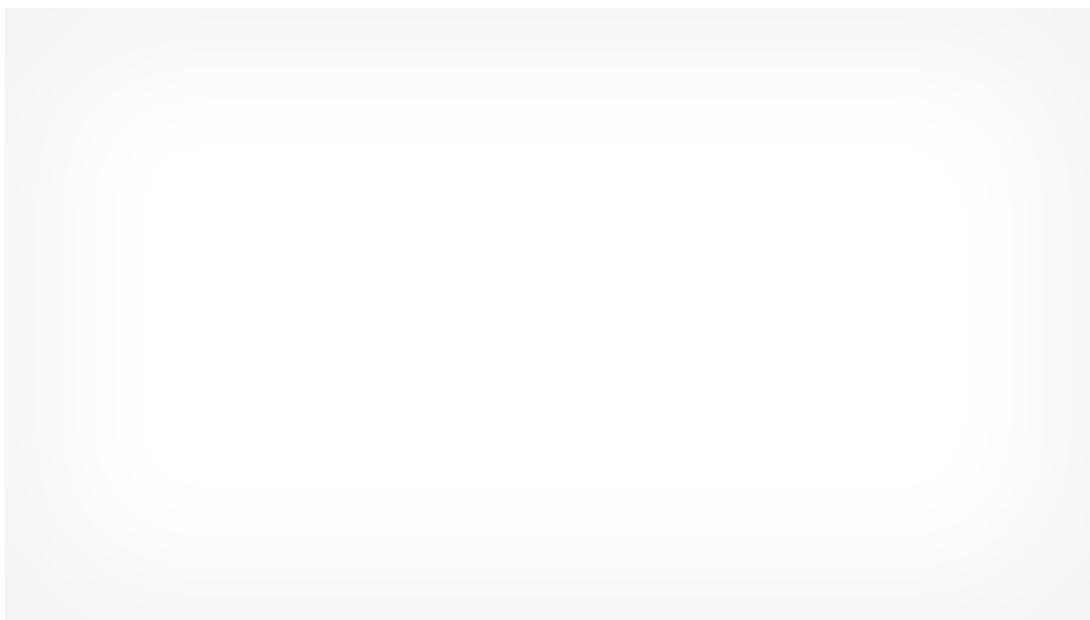
When 13 passengers from the Diamond Princess cruise ship arrived in Nebraska in mid-February, [David Cates](#) was determined to make their mandatory stay as pleasant as possible.

The passengers were among the first Americans known to be exposed to the coronavirus and had been ordered to remain isolated at a national quarantine center at the University of Nebraska Medical Center for at least two weeks, or until they no longer tested positive for the disease. Some would spend more than a month at the center before returning home.

As a psychologist and behavioral health consultant for the quarantine center, it was Cates' job to tend to their emotional well-being while they remained isolated from friends and family in the outside world. He convened a daily "town hall" meeting via teleconference so those in isolation could ask doctors questions about the virus, give nurses feedback on the food they were served, and talk to case workers about tracking down their luggage and booking flights home.

He also taught them coping techniques such as meditation, deep breathing and cultivating gratitude to help them build resilience.

ADVERTISING



Promote health. Save lives. Serve the vulnerable. Visit who.int

Months later, he is still receiving thank-you notes.

"What we were doing was giving them as much control over their lives and environment as possible," Cates said. "If the story had ended there, it would have been great. Instead, we are in a global pandemic, and now we have to take care of everybody."



Get our free **Coronavirus Today** newsletter

Sign up for the latest news, best stories and what they mean for you, plus answers to your questions.

SIGN ME UP

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

As millions of Americans face their second month of stay-at-home orders, scientists and health officials increasingly fear that physical distancing could take a grave toll on our collective mental health.

[Research](#) suggests that people forced to live in quarantine conditions face a greater risk of anxiety, depression, anger, irritability, insomnia and post-traumatic stress symptoms. The longer a quarantine lasts, the worse its impact on psychological well-being.

“There is no doubt that restrictive stay-at-home measures have been quite isolating for people, and all the more for people who are already isolated and vulnerable,” said [Dr. Michael J. Ryan](#), executive director of the World Health Organization’s Health Emergencies Program.

But stopping the virus must come first, he said.

“It is not easy, but it is something we must endure until we have in place other measures to suppress this disease,” he said.

SCIENCE

We can’t shelter in place forever: How the coronavirus lockdown might end

April 10, 2020

To help officials manage the mental health repercussions of long-term physical distancing, researchers at King's College London published a review of scientific studies on [the psychological impacts of quarantine](#), including ones implemented to counter the spread of Ebola, SARS, MERS and H1N1 influenza.

The authors found that the key stressors that lead to psychological distress include boredom, frustration, inadequate supplies, limited information and financial loss, and that these effects can linger long after life returns to normal. For instance, one of the studies found that among hospital workers, being quarantined was a predictor of post-traumatic stress symptoms even three years after the isolation ended.

The findings suggest a few ways officials can mitigate the psychological impact of quarantine: Keep the isolation as short as possible, ensure those in quarantine know why they must stay isolated, thank them for their sacrifice, and make sure everyone has access to the supplies they need.

It is also essential that people can stay in touch with others. "An inability to do so is associated not just with immediate anxiety, but longer-term distress," they wrote.

[Steve Cole](#), a UCLA researcher who studies the physiological effects of loneliness, said actively seeking social connection is essential to staying not only emotionally healthy but physically healthy as people isolate from each other.

In his own work, he's found that feelings of loneliness trigger the body's immune system to increase its inflammatory response. That response is useful for fighting off bacterial infections, but it also creates what he calls a "fertilizer" for other diseases like cancer, Alzheimer's, and cardiovascular disease. (As it happens, some patients with severe cases of COVID-19 suffer not just from the virus' attack on the lungs but from [an overactive inflammatory response](#).)

This may explain why previous [studies](#) have found that people with strong social relationships are 50% more likely to be alive at the end of a study period compared to

those with poor or insufficient social relationships. In fact, this research suggests that loneliness is as dangerous to your health as smoking, and even worse than obesity.

Cole said the connection between loneliness and inflammation may have developed thousands of years ago when being alone would have made our ancestors more vulnerable to an [attack by a saber-toothed tiger](#) or made it more difficult to recover from an accident, like being injured by a falling branch.

“This program in our body was set up for a world we no longer inhabit,” he said.

The good news is that our current state of physical isolation does not have to lead to loneliness, he said.

“With social support, you can interrupt a lot of that threat-related physiology,” he said. “Staying connected to purpose and meaning in your life is the single most powerful resilience against that impact.”

SCIENCE

Isolation is hazardous to your health. The term ‘social distancing’ doesn’t help

March 28, 2020

[Dr. Jay Buckey](#), a former NASA astronaut who now works at the Dartmouth Geisel College of Medicine, has spent the past decade developing an online tool to help people manage the psychological fallout from a different type of isolation: the stress, depression and interpersonal conflict that can occur on a long-term spaceflight.

“Living in isolation and confinement with a small number of people for a long time is a psychological challenge,” he said.

That’s something billions of people have been learning first-hand on Earth.

Buckey's experience with astronauts suggests that many of the issues that emerge in isolation are sharper versions of the problems we experience in daily life.

"Maybe you were already stressed about something, but you had outlets that were working for you, and now you are cut off from them," he said.

The tool he created, called [PATH](#), is designed to help users manage difficult emotions. Based on behavioral therapy, it helps people look clearly at how they are thinking about a situation and understand how that thinking influences the actions they take. (Though designed for astronauts, PATH is available for free to the Earth-bound public as well.)

Another analog for our current state can be found in the experience of those who spent time in the Antarctic with a small group of people for a long period, said [Larry Palinkas](#), a professor at the School of Social Work at the University of Southern California.

Palinkas' work on the [mental health of polar trekkers](#) and those who live in research stations has revealed that one of the hallmarks of adapting to isolation and confinement is a willingness to let go of control.

"You have to be flexible," he said. "If you are highly demanding of yourself and others, you are going to have a harder time."

He also found that people tend to be able to manage the first half of their isolation — whether it lasts for two weeks or two years — but when they reach the halfway point, their resolve dips.

"In the first half you conserve your emotional resources, engage in active forms of coping and you do well," he said. "In the second half, people often experience a letdown."

One of the profound challenges of our current situation is that no one knows when it will end. "The fear is that our emotional resources will become depleted and we will

become physically and mentally exhausted,” he said.

However, living through isolation can have a positive outcome as well, Palinkas said. It’s known as [salutogenesis](#), and it’s the reward that comes from coping with stress and being more self-sufficient.

In one of his early studies, he found that Navy personnel assigned to the Arctic in the 1950s, ’60s and ’70s had fewer hospital admissions and mental health problems when they returned home.

“The idea is if you can survive an experience like this,” he said, “it results in a sense of accomplishment and a feeling like, ‘I can handle anything.’”

SCIENCE

WORLD & NATION

CORONAVIRUS PANDEMIC



Get our free Coronavirus Today newsletter

Sign up for the latest news, best stories and what they mean for you, plus answers to your questions.

SIGN ME UP

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



Deborah Netburn

 Twitter  Instagram  Email  Facebook

Deborah Netburn is a features writer at the Los Angeles Times. She joined the paper in 2006 and has covered entertainment, home and garden, national news, technology and

Just Spit and Wait: New Coronavirus Test Offers Advantages

Saliva tests like the one developed by Rutgers are less painful for patients and less risky to medical workers.

By Apoorva Mandavilli

April 29, 2020

A new test for the coronavirus is so simple and straightforward, almost anyone could do it: Spit a glob of saliva into a cup, close the lid and hand it over.

While not as fast to process as the speediest swab tests, saliva tests could transform the diagnosis of Covid-19. If manufactured in enough numbers and processed by enough labs across the country, they could alleviate the diagnostic shortages that have hampered containment of the pandemic and offer a less onerous way for companies to see if workers are infected.

The first saliva-based test, already being offered in parts of New Jersey, detects genetic material from the virus, just as the existing tests do, but it avoids a long swab that reaches disturbingly far up a person's nose. For the saliva-based, health care workers do not need to wear and discard precious gowns and masks. And early evidence suggests it is just as sensitive, if not more so, than the swabs.

Because the saliva test relies on equipment that is widely available, it also offers the hope of a nationwide rollout without encountering the supply problems that have plagued the swabs.

Starting about two weeks ago, New Jersey has offered the saliva test at a walk-up site in New Brunswick; drive-through sites in Somerset and Edison; the state's Department of Corrections; 30 long-term care facilities; and even the American Dream mall.

Experts not involved with the test praised it as a welcome solution to diagnostic shortages across the country.

"If people are going back to work, and they're going to be tested presumably on a regular basis, we really do need to less invasive sampling methods than the swabs," said Angela Rasmussen, a virologist at Columbia University. "To have to do nasopharyngeal swabs twice a week? No, thanks."

The next step would be an at-home saliva test kit that skirts even the need to go to a walk-in center, said Dr. Amesh Adalja, a senior scholar at the Johns Hopkins University Center for Health Security.

Dr. Adalja noted that LabCorp, one of the nation's largest commercial laboratories, now offers an at-home test that people can use to swab their own nose. "If we can do nasal swabs unsupervised, there's no reason why we can't do these tests unsupervised as well," he said.

On April 13, the Food and Drug Administration granted an emergency-use authorization, waiving some usual requirements, to a saliva test made by a Rutgers University lab, RUCDR Infinite Biologics.

Latest Updates: Coronavirus Outbreak in the U.S.

- [3.8 million more workers filed for unemployment benefits last week. That's probably an undercount.](#)
- [Stocks dip as jobless claims rack up.](#)
- [Federal social-distancing guidelines are set to expire today as some states continue to reopen.](#)

[See more updates](#)

Updated 4m ago

More live coverage: [Global](#) [Markets](#) [New York](#)

The Rutgers lab has already processed close to 90,000 tests, according to its chief executive, Andrew Brooks, and expects to ramp up eventually to 30,000 tests per day. Results are available within 72 hours, although they could be sped up to just a few hours with enough infrastructure in place. By contrast, some rapid tests that rely on swabs deliver results in minutes.

Other states are expressing interest. Working with Rutgers, Oklahoma has begun validating a version of the test, and the Rutgers researchers have fielded questions from the White House's coronavirus task force, from Indiana, Illinois, California and from several large companies. In New Jersey, the test is available for between \$65 and \$100.

After a disastrously slow start, the United States is starting to see an increase in testing types and capacity. The National Institutes of Health on Wednesday announced a new \$1.5 billion “shark tank” style program aimed at encouraging swift innovation in coronavirus testing, with a goal of new tests by the end of summer. Also Wednesday, the testing manufacturer Hologic said that it had a new test that could allow labs to begin running up to 1 million additional tests per week.

Sign up to receive an email when we publish a new story about the **coronavirus outbreak**.

Sign Up

The nasopharyngeal swabs that have mostly been used to test for the coronavirus are invasive and uncomfortable, and may be difficult for severely ill people to tolerate. They also put health care workers at high risk of infection and require them to wear gloves, gowns and masks.

The saliva test, by contrast, doesn't require any interaction with a health care worker. And it's easy enough that New Jersey has also started using it at developmental centers with residents who have intellectual and developmental disabilities.

The saliva is immersed in a liquid that preserves it until it can be analyzed. This will be particularly important for developing tests that people can use at home and mail or drop off at a lab, or when dealing with large numbers of samples.

“When you're testing 10,000 at a drive-through a day, when you're at a correctional facility collecting it from 1,500 people per day, the use of a preservation agent is really critical,” Dr. Brooks said.

He said that the preservative in the Rutgers test is “a secret sauce” made by a Utah-based partner, Spectrum Solutions, but that the ingredients are easily available and unlikely to pose supply problems.

However, some of the PCR machines, which amplify viral genetic material, require labs to use the manufacturer's own reagents. “That could potentially be a supply issue,” Dr. Rasmussen said.

The Rutgers test was validated in people who were severely ill, but the saliva test often yielded a stronger signal than the swab, suggesting that it is more sensitive — yielding fewer false negatives — than the swab. It also generated no false positives in all of the samples tested.

False negatives in particular have been a problem with the nasopharyngeal swabs. (A different type of test for antibodies, which can say whether a person was exposed to the virus and has recovered, is riddled with false positives.)

In separate research, a Yale University team reported that saliva may be able to detect the virus in people who are only mildly ill, while a nasopharyngeal swab cannot.

In their study, the team compared swabs and saliva samples from patients. They needed only a few drops of saliva for their test, an advantage for people who may have trouble producing more. Thinking about a favorite meal can often do the trick, said Anne Wyllie, the Yale team's leader.

The swabs are known to produce false negatives — perhaps in part because of errors by health care workers under stress. The saliva test appeared to be more consistent and accurate over a longer period of time, detecting infections even after the amounts of the virus have waned, than the swab.

“The nasopharyngeal swab is subject to so much more variability in how well it's obtained,” Dr. Wyllie said. A saliva test is “definitely more reliable.”

In one case, the team found a health care worker who twice tested negative using a nasopharyngeal swab before finally testing positive on a third day. But the worker's saliva tested positive all three days, Dr. Wyllie said. She underlined the risks of asymptomatic health care workers getting a false negative and continuing to care for patients. “You can imagine the implications,” she said.

While the Yale team did not compare saliva tests with the shorter swabs used in some tests, Dr. Wyllie said she expected that saliva tests would prove superior there as well. Most people with Covid-19 do not have runny noses, which might influence how much virus a short swab can collect, she said.

Saliva tests would also be a preferred choice for at-home tests, Dr. Adalja added. A saliva test for H.I.V. is the only at-home test approved for an infectious disease, he said, but before the pandemic, the federal Biomedical Advanced Research and Development Authority had funded two companies to develop at-home nasal swab tests for influenza.

“It's not a high bar to repurpose home testing for the coronavirus,” he said. “It's not something that's out of reach.”

Sheryl Gay Stolberg and Katie Thomas contributed reporting.

The Coronavirus Outbreak >

Frequently Asked Questions and Advice

Updated April 11, 2020

- **What should I do if I feel sick?**

If you've been exposed to the coronavirus or think you have, and have a fever or symptoms like a cough or difficulty breathing, call a doctor. They should give you advice on whether you should be tested, how to get tested, and how to seek medical treatment without potentially infecting or exposing others.

- **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 P. McClellan, Louise Silvis and Crystal Watson staked out four

READ MORE 



ADVERTISEMENT

SCIENCE

Clinical trial of remdesivir may be a turning point in coronavirus fight



Remdesivir, a drug developed to treat Ebola patients, is being tested as a treatment for patients infected with the new coronavirus. (Ulrich Perrey / AFP/Getty Images)

By MELISSA HEALY
STAFF WRITER

APRIL 29, 2020 | 1:31 PM **UPDATED** 7:04 PM



In the first clear signal that a drug can effectively treat those sickened by the coronavirus, government researchers reported Wednesday that the antiviral medication remdesivir helped patients with advanced COVID-19 recover more quickly than a placebo treatment.

The early results, emerging from a large clinical trial sponsored by the National Institute of Allergy and Infectious Diseases, appears to position the drug as the standard therapy for hospitalized COVID-19 patients going forward.

In the [trial](#), patients who received [remdesivir](#) recovered 31% faster than those who received a placebo, a finding of superiority that could not be attributed to chance, researchers reported. Specifically, half of the patients who were randomly selected to be treated with remdesivir were considered completely recovered within 11 days, and half of those patients took longer. By comparison, it took 15 days or less for half of those who received the placebo to recover.

The results also suggested that patients who were given remdesivir were more likely to survive COVID-19 than were those who got the placebo. But the difference in fatality rates — 8% for the group that took the drug versus 11.6% for the placebo group — fell slightly below the cutoff point at which researchers could rule out a statistical fluke.

Remdesivir was originally designed by California-based Gilead Sciences Inc. as a drug to treat Ebola disease. But since it was less effective than other medications for that use, the experimental drug never entered full-scale production.

[Dr. Anthony Fauci](#), who leads the National Institute of Allergy and Infectious Diseases, hailed the new findings as a “really quite important” milestone in the scramble to find

any effective treatment for a pandemic that has claimed more than 227,000 lives around the world, including more than 60,000 in the United States.



Get our free Coronavirus Today newsletter

Sign up for the latest news, best stories and what they mean for you, plus answers to your questions.

SIGN ME UP

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

“What [the clinical trial] has proven is that a drug can block this virus,” Fauci said Wednesday in the Oval Office of the White House. “This drug happens to be blocking an enzyme that the virus uses.”

Indeed, the benefits were so clear that an independent review board opted to halt this portion of the trial early. As researchers move on to investigate the efficacy of other drugs against COVID-19, researchers will give all trial participants remdesivir and will make the antiviral the new standard against which other drugs are compared, Fauci said.

“Whenever you have clear-cut evidence that a drug works,” he explained, “you have an ethical obligation to immediately let the people who are in the placebo group know so that they could have access.”

Fauci added that after the data have been analyzed more completely, “some of the numbers may change a little, but the conclusion will not change.”

Full results will be submitted for publication in a peer-reviewed medical journal, he said.

Fauci, who took the helm of NIAID in 1984, likened the new findings to the 1986 discovery that the anti-retroviral drug azidothymidine, or AZT, could suppress the HIV virus in patients with AIDS. That drug, which became known as [Retrovir](#), marked the beginning of a turnaround that, over the course of a decade, transformed HIV infection from a death sentence into a manageable chronic health condition.

SCIENCE

With laboratories shut, coronavirus forces scientists to ‘stop cold’

April 29, 2020

On Wednesday, Fauci suggested the remdesivir results could “open the door” to studies that would pair the drug with other medications or new antivirals, just as the AZT find paved the way for combination therapies for HIV.

“All of the other trials that are taking place now have a new standard of care,” he said.

The U.S. Food and Drug Administration has been working with Gilead Sciences to make remdesivir available to patients as quickly as possible, NIAID officials added.

Despite Fauci’s enthusiasm, it will probably take a while for redemsivir to become widely used in clinical trials or in the routine care of hospitalized patients, said [Dr. Mark McClellan](#), who served as FDA commissioner under President George W. Bush. Like ventilators and personal protective gear, remdesivir is in short supply, and until that changes, scientists can continue to flesh out the drug’s risks and benefits.

“This is progress, but we need to learn more,” said McClellan, founding director of the [Duke-Margolis Center for Health Policy](#). “I do hope this works, but it’s not enough to pin our hat on. We’re definitely not done yet.”

The [NIAID trial](#) began on Feb. 21 and enrolled 1,063 patients across the country. The first participant was an American who became ill after traveling on the Diamond Princess cruise ship and was treated at the University of Nebraska. A total of 68 sites ultimately joined the study, including 47 in the United States and 21 in Europe and Asia.

SCIENCE

Feeling drained by coronavirus quarantine? Science can explain why

April 29, 2020

[Dr. Aneesh Mehta](#), an infectious diseases expert at Emory University, said that the trial was limited to patients who had already developed breathing problems and that other drugs were still needed to block the coronavirus in the early stages of infection.

“It is very important to understand remdesivir and antivirals in general are not silver bullets,” said Mehta, who is leading the trial at Emory.

Separately, Gilead announced Wednesday that remdesivir appeared to be [equally effective](#) at shortening COVID-19 illness when it’s administered at half the dose currently considered necessary.

Of the 200 hospitalized patients who took the drug for five days, 60% made a full recovery and 8% died. The 197 hospitalized patients who took the drug for the usual 10 days fared marginally worse: 54% of them made a full recovery and 11% died. The difference between the two groups was judged to be statistically equivalent.

The results were seen as welcome news considering that the drug is not yet rolling off production lines in large quantities. With limited stocks now in hand, and coronavirus cases continuing to pile up, the new findings suggest the medication could go twice as far as previously thought possible.

Shares of Gilead rose \$4.47 to [close at \\$83.14](#) in Nasdaq trading Wednesday, a gain of more than 5%.

CALIFORNIA

All L.A. County residents can now get free coronavirus tests, Garcetti says

April 29, 2020

The new findings are set against a backdrop of considerable uncertainty about remdesivir's effectiveness. In addition to the NIAID trial, two other major clinical trials are now underway across the country.

All told, in close to 7,500 patients at more than 430 hospitals and care centers, the disease trajectories of patients on remdesivir are being rigorously compared with those of patients getting a range of other treatments.

The results of early studies have been promising but mixed.

In a [preliminary report](#) published this month in the New England Journal of Medicine, [remdesivir](#) appeared to reduce the risk of death in severely ill COVID-19 patients and improve the condition of those who required a range of devices for breathing assistance. Researchers reported that 68% of the patients saw their symptoms improve within 28 days and 13% died. That study, however, tracked the outcomes of just 53 patients and did not compare them with patients who did not get remdesivir.

Researchers in China who did put remdesivir head-to-head against a placebo found that the drug appeared to make [no significant difference](#) in how sick patients became or how quickly they recovered.

Their study, published Wednesday in the medical journal Lancet, was a double-blind trial in which neither patients nor the doctors treating them knew who got the drug and

who got the placebo. That trial design is considered the gold standard of medical research.

The researchers, however, were only able to enroll 237 of the 453 patients they thought they would need to be able to detect a benefit with remdesivir. They drew study volunteers from 10 hospitals in Wuhan, but as outbreak conditions improved in that Chinese city, they ran out of patients to recruit.

“Considering the Lancet study didn’t meet the enrollment target, it’s hard to make a broader judgment on their findings,” Mehta said.

The NIAID trial doesn’t have that problem, he added: “We should have a wealth of data that will guide our use of remdesivir beyond the preliminary data we have today.”

Times staff writer Deborah Netburn contributed to this report.

SCIENCE

WORLD & NATION

CORONAVIRUS PANDEMIC



Get our free Coronavirus Today newsletter

Sign up for the latest news, best stories and what they mean for you, plus answers to your questions.

Enter Email Address

SIGN ME UP

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



Melissa Healy



WHO 'urgently' investigating link between coronavirus and syndrome that affects young kids

“We are urgently conducting a surveillance study in the United Kingdom to establish what is going on,” said Dr. Adam Finn.



Kawasaki syndrome mostly affects children under the age of 5, according to the Centers for Disease Control and Prevention. Desiree Martin / AFP - Getty Images

April 30, 2020, 7:04 AM PDT

By Henry Austin

LONDON – The World Health Organization is “urgently” investigating a potential link between the [coronavirus](#) and Kawasaki syndrome, an illness of unknown cause that primarily affects children under 5.

“We are aware of this newly described syndrome from a number of countries in Europe and potentially a small number of cases in North America,” Dr. Adam Finn, chair of the WHO's European Technical Advisory Group, told a news briefing Thursday.

“We are urgently conducting a surveillance study in the United Kingdom to establish what is going on,” he added.

Let our news meet your inbox. The news and stories that matters, delivered weekday mornings.

Your Email Address

SIGN UP

THIS SITE IS PROTECTED BY RECAPTCHA [PRIVACY POLICY](#) | [TERMS OF SERVICE](#)

Also known as Kawasaki disease, on its website the [Centers for Disease Control and Prevention](#) describes Kawasaki syndrome as “acute febrile illness of unknown cause” that “primarily affects children younger than five years of age.”

Clinical signs include “fever, rash, swelling of the hands and feet, irritation and redness of the whites of the eyes, swollen lymph glands in the neck, and irritation and inflammation of the mouth, lips, and throat,” it adds.

Finn said the WHO was aware that around 20 cases had been reported in London and elsewhere in the U.K., adding that other places were also reporting cases.

“Only around half these children are testing positive for coronavirus so at this point we are not completely clear as to the causal relationship although this may be a late complication of the infection with a hyperinflammatory syndrome of some kind,” he said.

“The size and the exact nature of this problem is only beginning to emerge, and we will learn a lot more in the coming days and weeks,” he added.



[Health care worker missed his graduation, so coworkers stage one at hospital](#)

APRIL 30, 202000:44

Finn also cautioned that it could be some time before a COVID-19 vaccine became available.

“As in a horse race, the first horse out of the box is not necessarily the horse that finishes the race and here, we’re not so much interested in the winner as how many horses we can get to the finishing line,” he said.

“Vaccines that are already in trials might be the ones attracting the most attention and most optimism,” he said, adding that we have to bear in mind "that they may prove not to be safe and they may prove not to be effective and, perhaps most importantly of all, they may not prove to be the ones that can most easily be manufactured and distributed effectively."

Henry Austin

Henry Austin is a London-based editor and reporter for NBC News Digital.



[ABOUT](#)

[CONTACT](#)

[CAREERS](#)

[COUPONS](#)

[PRIVACY POLICY](#)

[DO NOT SELL MY PERSONAL INFORMATION](#)

[TERMS OF SERVICE](#)

[NBCNEWS.COM SITE MAP](#)

[ADVERTISE](#)

[ADCHOICES](#)

© 2020 NBC UNIVERSAL

NBC NEWS

MSNBC

TODAY

As Georgia Reopens, Virus Study Shows Black Residents May Bear Brunt

A C.D.C. report released Wednesday suggests that the African-American community in the state is especially vulnerable to infection.



By David Waldstein

April 30, 2020, 5:00 a.m. ET

As Georgia reopens many businesses over objections from President Trump and others, a new study illustrates the high rates of coronavirus infection among black people in the state.

The report, released Wednesday by the Centers for Disease Control and Prevention, said that more than four-fifths of hospitalized coronavirus patients in the study were black. They were not more likely than other groups to die from the disease or to require a ventilator. Still, of the 297 patients in the study whose race and ethnicity were known, 83.2 percent were black.

“That is a very high rate of infections,” said Dr. Wayne A.I. Frederick, a cancer surgeon and the president of Howard University, who was not involved in the C.D.C. report. He said the high percentage of blacks in the study likely reflects the patients’ occupations.

“A lot of it may come from the fact that African-Americans are essential employees in our system,” he said, adding, “Everything from bus drivers to health care workers and cleaning services, they are on the front line, and therefore are far more likely to be exposed.”

Nationally, statistics show, black people have been infected with the coronavirus, and are dying from it, at disproportional rates in some places.

Latest Updates: Coronavirus Outbreak in the U.S.

- [3.8 million more workers filed for unemployment benefits last week. That’s probably an undercount.](#)
- [Stocks dip as jobless claims rack up.](#)
- [Federal social-distancing guidelines are set to expire today as some states continue to reopen.](#)

[See more updates](#)

Updated 4m ago

More live coverage: [Global](#) [Markets](#) [New York](#)

The study released Wednesday appeared against the backdrop of a debate over whether Georgia has been premature to ease restrictions on businesses. On Friday, Gov. Brian Kemp allowed hair and nail salons, bowling alleys and tattoo parlors to open again. On Monday, restaurants were permitted to resume dine-in service. Georgia’s stay-at-home order was scheduled to end on Thursday.

President Trump, who has at times expressed a desire to restart the national economy as soon as possible, publicly rebuked Mr. Kemp, a Republican, for allowing businesses to reopen at this stage of the pandemic. “I think it’s too soon,” Mr. Trump said last week. (On Tuesday, however, Mr. Trump applauded Gov. Greg Abbott of Texas for permitting businesses in his state to open in phases beginning on Friday.)

Sign up to receive an email when we publish a new story about the **coronavirus outbreak**.

Sign Up

Mr. Kemp’s decision spurred widespread opposition in the state. A University of Georgia poll conducted from April 21 to 25 showed that a majority residents were skeptical of the plan.

The sample of patients in the C.D.C. study was taken from eight hospitals in Georgia, including seven in metropolitan Atlanta and one in southern Georgia. Slightly more than half of Atlanta residents are African-American, according to the United States Census Bureau. “The proportion of hospitalized patients who were black was higher than expected based on overall hospital admissions,” the report said.

The Georgia Department of Public Health had recorded 25,520 cases of the coronavirus overall in Georgia and 1,076 deaths as of Tuesday afternoon. According to the department, the average number of newly confirmed cases has been declining since April 20. The Institute for Health Metrics and Evaluation, based in Seattle, projected that deaths from the coronavirus in Georgia would not level off until early May.

In the C.D.C. study, researchers examined 305 cases of laboratory-confirmed coronavirus in patients who were admitted to the eight Georgia hospitals in March. Researchers found that 26.2 percent of patients were not thought to have preconditions associated with higher risk for severe diseases.

The authors urged public health officials to recognize that, when implementing prevention methods and policies, the black population is especially vulnerable.

“Given the overrepresentation of black patients within this hospitalized cohort, it is important for public health officials to ensure that prevention activities prioritize communities and racial/ethnic groups most affected by Covid-19,” the report said.

Dr. Frederick, who has studied unconscious bias in academic medicine, noted that the study only included 305 patients and did not specify the ZIP codes where they live, making it difficult to tell if they were representative of the city’s population. He noted that larger studies are needed.

“You have to at least ask the question about whether it was a skewed population that was looked at,” he said, adding, “Will this disparity exist when you look at a larger number of patients? It would be good to get that number up to 1,200 and see if that same disparity exists.”

[The Coronavirus Outbreak >](#)

Frequently Asked Questions and Advice

Updated April 11, 2020

- **What should I do if I feel sick?**

If you’ve been exposed to the coronavirus or think you have, and have a fever or symptoms like a cough or difficulty breathing, call a doctor. They should give you advice on whether you should be tested, how to get tested, and how to seek medical treatment without potentially infecting or exposing others.

- **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 P. McClellan, Lauren Silvis and Crystal Watson staked out four

[READ MORE](#) 



OPINION • Opinion Columnist

Mail voting is OK, if done right





A voter submits his mail ballot as residents vote in the midterm elections at the Contemporary Club in Redlands on Tuesday, November 6, 2018. (Photo by Jennifer Cappuccio Maher, Inland Valley Daily Bulletin/SCNG)

By **DAN WALTERS** |

PUBLISHED: April 30, 2020 at 9:32 a.m. | UPDATED: April 30, 2020 at 9:32 a.m.



The COVID-19 pandemic is a booster rocket for advocates of completely shifting the nation's elections to mailed-in ballots.

Alex Padilla, California's secretary of state, cited warnings of a prolonged pandemic in tweeting recently, "It's a stark reality that should motivate Congress to provide states with the funding they need to execute accessible, secure, and safe, elections in November."

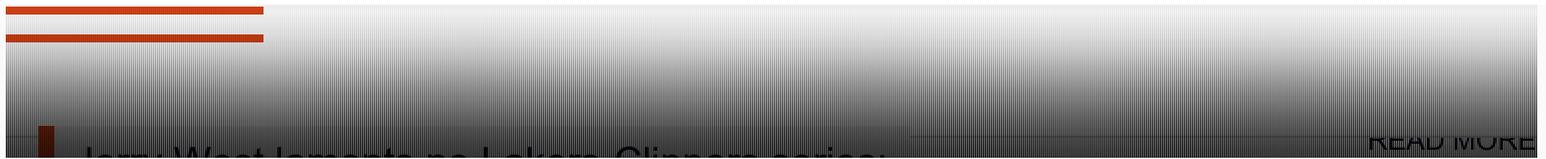
Congressional Democrats are trying to fulfill that wish, but Republicans see it as a partisan maneuver and raise the specter of widespread vote fraud.

Regardless of what happens nationally, California is headed toward vote-by-mail. For the past four



decades, California has been loosening restrictions on what used to be called absentee voting and changing laws on voter registration and other election procedures.

TOP ARTICLES 1/5



Today, the vast majority of California’s votes are cast by mail, so making it universal for November would seem to be a fairly easy process.

“In a worst-case, but very plausible, scenario, the state would have to go to what is effectively an all-mail election system, one in which in-person voting would be reserved for those who have language barriers, disabilities, require in-person assistance, or need to complete a same-day registration,” election data guru Paul Mitchell said in a recent newspaper article.

“Our increase in by-mail voting over the last two decades could be our saving grace,” Mitchell added.

Democrats do believe that mail voting will help them win close elections, and Republicans fear that they are right. However, the Public Policy Institute of California, in a recent report, contends that those hopes and fears may be misplaced, saying, “these scenarios describe the status quo; they don’t tell us how election results might change if vote by mail became more widely available. When election jurisdictions — including some California counties — have rapidly expanded vote by mail, neither major party has clearly benefited.”

So what’s not to like about all-mail voting?

One worrisome factor is that mail voting, coupled with same-day registration and provisional ballots, not only creates an election month, rather than an election day, but has meant weeks-long delays in vote-counting. Voting in the March 3 presidential primary began in early February and final tallies weren’t completed until last week, after Gov. Gavin Newsom gave officials an additional three weeks.

Another potential problem is that local election officials gain a huge amount of power to affect close elections by deciding which mail ballots are valid, as shown by what’s happening in San Joaquin County regarding a three-way contest for the 13th Assembly District.

Second place — and thus a spot on the November ballot — was decided by 30 votes in a final report issued by the county’s registrar of voters, Melinda Dubroff, on April 5, even though Newsom’s order gave her until April 24 to complete the count. The candidate on the short end complained that in her rush, Dubroff disregarded affidavits from 32 voters that their ballots had been improperly discarded, and the situation may wind up in the courts.

RELATED ARTICLES

Congress must act boldly on DACA, if the Supreme Court upholds termination

Allowing states to declare bankruptcy no panacea to state budget woes

Considerations on reopening California: Mike Morrell

Hey, big spenders — oversight is needed

New wrinkles in old school fights

Finally, there’s “ballot harvesting,” which Democrats used two years ago to capture congressional seats in Southern California. It refers to party workers collecting ballots in person, on the promise to deliver them for counting. It’s illegal in some states but is authorized in California by a law former Gov. Jerry Brown signed in 2016.

Vote harvesting is not fraud unto itself but could be manipulated to make a difference in close elections, essentially violating the sanctity of the voting booth.

There’s nothing wrong per se with mail voting. But it should be a step forward, not backward.

CalMatters is a public interest journalism venture

committed to explaining how California’s state Capitol works and why it matters. For more stories by Dan Walters, go to calmatters.org/commentary

Newsroom Guidelines

News Tips

Contact Us

Report an Error



Tags: Guest Commentary

DAILY BULLETIN

NEWS CRIME + PUBLIC SAFETY • News

Man arrested on suspicion of crashing SUV into sheriff's vehicles in Highland



By **ROBERT GUNDRAN** | rgundran@scng.com |

PUBLISHED: April 29, 2020 at 11:13 p.m. | UPDATED: April 30, 2020 at 12:34 a.m.

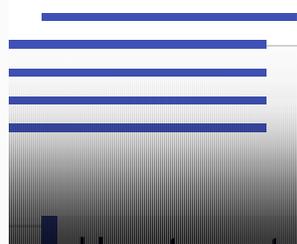


A San Bernardino man was arrested Tuesday on suspicion of assault with a deadly weapon against law enforcement after the San Bernardino County Sheriff's Department said he hit three patrol vehicles and struck a groundskeeper at an apartment complex while evading deputies in a silver Ford SUV.

The Sheriff's Department in a statement said deputies from its Highland station responded to reports of gunshots at the Mountain Breeze Villa Apartments complex on the 25000 block of Baseline Street.

"Several patrol units and the sheriff's helicopter were dispatched to the location," the statement said. "Upon arriving, the helicopter observer saw a silver Ford SUV driving at a high rate of speed through the parking lot in the complex."

The man inside the SUV drove through the parking lot, and onto the pedestrian courtyard area in order to avoid deputies, authorities said. He hit an apartment complex groundskeeper while avoiding the deputies.



.st0{fill:#FFFFFF;}.st1{fill:#0099FF;}

READ MORE

That groundskeeper was treated for minor injuries and released.

While driving around, the man stopped his vehicle several times and reversed toward deputies, striking three patrol vehicles, the Sheriff's Department said.

When the man tried to leave the complex, deputies used their patrol vehicles to push the SUV into a parked vehicle.

The Sheriff's Department said the man tried to run after his vehicle was stopped but he was stopped and arrested. The man was identified as Lasean Corell Jackson, 28, of San Bernardino.

"Jackson's vehicle was searched and detectives located a loaded handgun," officials said. "The handgun's caliber was the same caliber of the fired shell casing found at the scene."

No other injuries were reported by residents or found by deputies at the scene, the Sheriff's Department said.

Jackson was arrested on suspicion of assault with a deadly weapon against law enforcement and felony evading, according to jail records. The Sheriff's Department noted Jackson also had a no bail felony warrant for violation of post-release community supervision terms.

Jackson was booked into the West Valley Detention Center on Tuesday afternoon.

RELATED ARTICLES

Woman apprehended after man stabbed on Banning street

Woman accused of setting fire to and assaulting victim in San Antonio Heights

[Newsroom Guidelines](#)

[News Tips](#)

[Contact Us](#)

[Report an Error](#)



Tags: [Assault and Battery](#), [crash](#), [pedestrian](#), [Police](#), [Police Chase](#), [shooting](#), [Top Stories RDF](#), [Top Stories Sun](#)



Robert Gundran

At Least 89 Vaccines Are Being Developed. It May Not Matter.

A coronavirus vaccine won't stop the pandemic without all countries having access to it.

By Seth Berkley

Dr. Berkley is the chief executive of Gavi, the Vaccine Alliance, a public-private partnership that helps provide vaccines to developing countries.

April 29, 2020

If an effective and safe coronavirus vaccine were available today, would it be enough to stop this pandemic? That would depend on whether everyone who needs it can get it. But if what took place during the 2009 H1N1 pandemic happens again, then the answer is no.

As swine flu swept across the globe, the vaccines that were developed ended up mostly in wealthy countries, while the rest of the world went without them. That's what goes wrong when manufacturing agreements or domestic export policies in countries producing vaccines place restrictions on their international availability.

Fortunately, the H1N1 pandemic turned out not to be much more severe than a normal flu season — as many as 285,000 may have died worldwide — though it struck people younger than 65 particularly hard. But if the same thing happens with a coronavirus vaccine as happened with the swine flu vaccine, the current pandemic, which has already killed at least 212,000 people worldwide, will continue to spread and kill across the globe.

The first priority for any country, of course, is to protect its own citizens. But countries must think globally when the world faces an infectious disease. An outbreak anywhere is a risk everywhere. World leaders need to act now to ensure that everyone who needs the vaccine when it becomes available gets it.

The potential for outbreaks to spread uncontrollably is particularly high in low-income countries where inadequate public health systems are unable to effectively track and respond to new diseases or to treat people who are infected. These countries are also limited in their ability to pay for vaccines, which is why the organization I run, Gavi, the Vaccine Alliance, provides subsidies to countries to purchase them.

Even so, substantially more financial help will be required if large numbers of vulnerable people are to be vaccinated. Otherwise, reservoirs of the virus will remain and continue to spread. With cases of coronavirus infection now confirmed in more than five dozen lower-income countries, that is a big concern.

At least 89 coronavirus vaccines are in development, according to the World Health Organization, and possibly double that number. So when the first gets regulatory approval for widespread use, how do we ensure equal access? Initially, the challenge will be how to distribute the limited number of doses that are available.

The danger is that richer nations will buy up the supply for their own use or prevent exports of vaccines developed within their borders as countries scramble to protect their citizens or stockpile for future outbreaks. Another concern is that manufacturers might restrict sales to the highest bidder.

In the long term this may point to the need to expand the vaccine manufacturing base to a wider range of countries and regions. Because it is likely that the first vaccines will be produced in wealthy countries, we will fall short of producing a global supply if we rely only on their manufacturing capabilities. What we will need is a technology transfer to manufacturers around the world if we have any hope of having adequate quantities and global access.

For now, the Coalition for Epidemic Preparedness Innovations is trying to expedite the development of vaccines against emerging infectious diseases. The coalition has kick-started the development of at least nine coronavirus vaccines but needs to raise \$2 billion to help up to three of these candidates make it through the regulatory and quality requirements and to complete efficacy trials. The world would then need to ensure funds to guarantee manufacturing capacity for global production to make billions of doses available within the next 18 to 24 months.

In addition to this, the coalition is working to create a mechanism to ensure equal access to these vaccines. It is unclear precisely how this would be achieved and whether, for dozens of other vaccines under development through other efforts, others making vaccines will follow suit once a mechanism is developed. It is also unclear how poorer countries will pay for them. But in global health crises where emergency vaccines are a global public good that keeps us all safe, the answer has to be largely through public funding.

That is why it is encouraging that the health ministers of the Group of 20 wealthy nations called for accelerating the development, manufacturing and equitable distribution of vaccines against the coronavirus at its April 19 meeting and that last Friday, more than 15 heads of state, the president of the European Union, the director general of the World Health Organization and leaders of other international institutions committed to join together to do the same.

For the governments of high-income donor countries, many of which are already scrambling to divert funds from other uses to cope with the coronavirus crisis within their borders, raising additional billions of dollars will be difficult. But to keep the global population safe, it must be done. Innovative financing mechanisms exist that can translate long-term government commitments into immediate funding by issuing bonds on capital markets. The Ebola vaccine we have today was made possible by such an approach.

A broad range of partners, including biomedical research institutions and health agencies in the United States, the E.U., China and the pharmaceutical industry, working in coordination offers the best chance at developing a vaccine or vaccines. The best of those vaccines then need to be moved into advanced clinical trials to see what works, along with the scaling up of production capabilities to meet the global need.

Estimates put the cost of Covid-19 to the global economy at up to \$2 trillion this year. If we can advance the mass distribution of an effective vaccine or vaccines by as little as two weeks, not only would we would save countless lives, but the effort would almost pay for itself by getting the world back to work.

But that also means ensuring that affordability and access do not become barriers to widespread availability. Only by protecting everyone at risk will we end this outbreak and respond effectively to future outbreaks. In the race to develop a coronavirus vaccine, everyone everywhere should be winners.

Seth Berkley, a medical doctor and epidemiologist, is the chief executive of Gavi, the Vaccine Alliance, a public-private partnership that helps provide vaccines to developing countries.

The Times is committed to publishing a diversity of letters to the editor. We'd like to hear what you think about this or any of our articles. Here are some tips. And here's our email: letters@nytimes.com.

Follow The New York Times Opinion section on Facebook, Twitter (@NYTopinion) and Instagram.

Georgia Went First. And It Screwed Up.

Here's what other states can learn from our inept reopening.

By Keren Landman

Dr. Landman is a specialist in infectious diseases.

April 30, 2020

ATLANTA — Last week was a bad one for Georgia, and an especially bad one for our governor, Brian Kemp. On April 20, he announced that he would allow Georgia's tattoo parlors, hair and nail salons and other "high touch" businesses to reopen as early as April 24, ahead of even President Trump's ambitious plans. In the days since, the state has reverberated with political turmoil. Even the president rebuked Mr. Kemp for moving too fast.

For better or worse, the governor has made our state the nation's canary in this particularly terrifying coal mine.

Someone had to go first, and Mr. Kemp isn't the only political leader eager to reopen the country. But the ham-handed way he went about it makes Georgians of all stripes afraid of what comes next, and it leaves us wondering whether he is setting us up for a punishing new wave of infections. He has clashed with city and county leaders and left business owners — the people he was trying to help — in the dark.

From my vantage point as a doctor, an epidemiologist, a journalist and a native Georgian, it's clear that if there's anything to be gained from this moment's anguish, it is the opportunity to help others avoid our mistakes. Here are some of the lessons my state has learned.

Don't underestimate the importance of good data.

Despite all the warnings in the news media, it can be tempting to cherry-pick evidence that supports a move to reopen. Governor Kemp said his decision was based on "favorable data" and enhanced testing, but the more we looked, the more questionable that data looked: fluctuations among data curves, some of which conflicted with each other; weeklong lags in Georgia's reporting of Covid-19 cases and deaths.

Never mind that neither of the metrics Mr. Kemp cited — the past week's average of total daily cases, and daily deaths — was among the federal gating criteria, a set of benchmarks intended to help states decide when to reopen their economies. And while our testing capacity is increasing by the day, we have yet to demonstrate the coordination needed to identify emerging hot spots in real time.

It's not just about having favorable data, or even enough testing. It's about having the right infrastructure to assess it and ensure sustained decreases in cases.

"If the answer to all that is not an absolute yes, it raises serious questions about the wisdom of opening up sectors of the economy," said Joshua Weitz, a quantitative biologist at the Georgia Institute of Technology who specializes in disease dynamics. Georgia's public health funding is substantially lower than that of other states; you get the data quality you pay for.

As a consequence of the way our state gathers, reports and publicizes data, many Georgians don't trust that our leadership is making smart decisions. And while on Monday Mr. Kemp announced some changes in data reporting that will most likely improve transparency, many of my neighbors already share a creeping sense that the most critical decision of his administration was made in a data-free zone.

Don't punish small businesses by treating their decision to reopen — or not — as a purity test.

Last weekend, Jenn Jones, who owns the Creature Studio hair salon and spa in Atlanta, told me that her business would go under if she didn't reopen by June. So she's reopening. She was slowly collecting masks and gloves for her employees, and she had redesigned her salon space to accommodate the social distancing recommended by the Georgia Board of Cosmetology and Barbers.

Her decision does not signal any support for Mr. Kemp. "I don't align with his policies whatsoever," she said, echoing a position taken by business owners and politicians across the state. It's not about politics; it's about survival.

But you wouldn't grasp the complexity of these decisions from the responses of people watching them play out from afar. On social media and over email, customers and neighbors are threatening to boycott businesses that reopen, regardless of the degree to which they consider customers' safety. People on my own neighborhood website are circulating lists of local businesses that do and do not open as a pandemic purity test of sorts, intended to guide the buying decisions people will make when the pandemic is over.

Somehow, we've reached the point where caring about public health has become a progressive issue, while the nation's economy has become a conservative one. This division is false; no one should have to choose between financial annihilation and helping to spread a deadly disease. But thanks to unforgivable failures of political leadership, business owners in Georgia are bearing the burden of that

choice — and the same will happen in every state that follows our lead.

We have dangerous tensions between our state and local governments.

The governor's decision came as a surprise to our mayors, who were not consulted or informed about his executive order in advance — and were barred by one of its clauses from issuing local orders more or less restrictive than his.

Many felt the choice was the wrong one for their communities. Bo Dorough, a Democrat, is the mayor of Albany, Ga., which at one point in the pandemic had the most Covid-19 deaths per capita outside New York City. He pleaded with the governor to “recognize there are exceptions.” Atlanta's Democratic mayor, Keisha Lance Bottoms, who described seeing people lined up for haircuts and manicures in the days following the reopening announcement, said, “What we are essentially saying in Georgia is, ‘Go bowling and we'll have a bed waiting on you.’”

Even Randy Toms, a Republican who is the mayor of Warner Robins, near Atlanta, said the order was concerning. “I don't want people to go out and believe the virus is gone,” he said. But the governor didn't budge.

It's unclear why Mr. Kemp made such a unilateral decision, but it's not surprising. The move might be intended as payback: For several weeks in March, Mr. Kemp declined to shut Georgia down despite dire projections of the pandemic's public health impact. Many local governments issued countywide shelter-in-place orders during that time, which Mr. Kemp's chief of staff decried as “overreach.”

Fortunately, some other states with imminent plans to reopen, like neighboring Tennessee, have carved out exceptions or given leeway to local governments. But governors, especially Republicans who have historically clashed with Democratic mayors, may be lured into using the reopening as leverage. Don't. The people who suffer most from the results of uncoordinated public health efforts are often the people who have the least. Save the peevishness for a lower-stakes crisis.

Success is up to us.

Georgia went first. Some of our confusion and fears were inevitable — but the governor exacerbated those with his poor planning, and he may have set us up for a relapse. Inevitably, other governors will make other mistakes, even if they learn from Georgia's mistakes.

But as we — citizens, business owners and local politicians — are learning, that doesn't mean we will fail. As other states reopen — and they will — saving ourselves and one another will be up to us.

Keren Landman is a physician who specializes in infectious diseases and a journalist who writes about public health.

The Times is committed to publishing a diversity of letters to the editor. We'd like to hear what you think about this or any of our articles. Here are some tips. And here's our email: letters@nytimes.com.

Follow The New York Times Opinion section on Facebook, Twitter (@NYTopinion) and Instagram.



NEWS CRIME + PUBLIC SAFETY • News

Sheriff: Man detained in Victorville arson case tried to torch patrol car



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

PUBLISHED: April 29, 2020 at 7:53 p.m. | UPDATED: April 29, 2020 at 7:54 p.m.



A man who had been detained for questioning in an arson case near Victorville attempted to set fire to a San Bernardino County sheriff's patrol car as he sat in the backseat, the Sheriff's Department said.

Deputies received a report of an arson just before 2 p.m. on Monday, April 27, in the 13700 block of San Martin Road. A witness reported that a man was pouring gasoline for 130 feet around a home and lighting the gas on fire, a news release said. Deputies found Anthony Israel Rivera there and learned that he had no connection to the home.

Deputies then put Rivera in the patrol car.

“When (the deputy) returned to his patrol car to question Rivera, he smelled smoke and realized Rivera had lit matches and thrown them on the rubber floorboard of the vehicle. Rivera still had possession of the matches and was striking them. The unit was filled with smoke, but no fire was started,” the Sheriff’s Department said.

TOP ARTICLES 1/5



The release did not say whether Rivera was handcuffed or how he managed to strike the matches.

Rivera, a 25-year-old Victorville resident, was booked into High Desert Detention Center in Adelanto on suspicion of arson of property, arson of a structure and using an incendiary device to illegally start a fire. He is being held in lieu of \$50,000 bail.

Investigators ask anyone with information on the case to call Deputy Kevin Kraft at 760-552-6800 or leave tips anonymously at WeTip by calling 800-782-7463 or on the website wetip.com.

Silverado senior Tristyn Madole remembered after crash

By Jose Quintero
Staff Writer

Posted Apr 29, 2020 at 12:01 AM

Updated Apr 29, 2020 at 11:41 PM

VICTORVILLE — Receiving a phone call about the death of a loved one is never easy.

It's likely harder still when you're on the other side of the country and you learn your younger sister was killed in a motorcycle crash.

Austin Faux, a member of the Navy stationed in Virginia, described Tristyn Shae Madole as his best friend.

He said Wednesday he's not stopped crying since finding out Tristyn, 17, was killed in a motorcycle crash Tuesday afternoon on Bear Valley Road.

Memories of her laugh and smile bring comfort, he said, but then reality sinks in.

"I tried every day to lead her in the right path," Faux said. "She was sweet, funny, loving and had the best smile. I'm going to miss the big hug I would get from her every time I came home. She is the greatest part of my life and now she walks with the Lord. I look forward to a big hug when I see her again."

San Bernardino County Sheriff-Coroner officials said Tristyn was pronounced dead at the scene of a multi-vehicle crash in the 14000 block of Bear Valley Road. Sheriff's officials said the collision was under investigation by the Major Accident Investigation Team. Additional information was not immediately available.

Madole was a senior at Silverado High School, according to Iggy Garcia, a teacher and the school's athletic director.

Garcia said he exchanged emails with her Monday night regarding school work.

“She was one of those students you like having as a teacher,” Garcia said. “She would say hello every morning and goodbye when she left the class. She was just a genuine young lady.”



Support your local businesses

Purchasing a gift card will provide your favorite businesses with much needed resources to manage through this challenging time.

[Buy a gift card now](#)

DAILY PRESS | support local.

Silverado Principal Heather Conkle said the school distributed caps and gowns to graduating seniors on Wednesday. The pain was palpable. Students and staff alike were devastated, Conkle said.

“She was very special to many people,” Conkle told the Daily Press. “Folks were struggling to understand this loss in the midst of everything else the school is currently experiencing. As a school, we’re going to do our very best to support them in any way necessary and available.”

Conkle spoke with many of Tristyn’s friends and teachers Wednesday, as well as Sultana High School Principal and Hesperia Mayor Larry Bird. Conkle said Bird reached out because Tristyn was a Sultan before “coming to be a Hawk” at Silverado.

“Teachers repeatedly told me the special place they held in their hearts for her,” Conkle said.

Not long after Tristyn's death, Danielle Davis set up a [GoFundMe](#) account to help raise money for funeral expenses. On the account, Davis described her cousin as someone who "always had a smile on her face," with "a drive to make others laugh."

As of Wednesday night, more than \$16,400 (of a \$15,000 goal) had been raised, the account showed.

A photo provided to the Daily Press by local videographer Lewis Busch shows a victim being taken to a helicopter after the crash. On the GoFundMe account, Davis said that person was Tristyn's father.

"Please keep our family in your prayers as well during this rough time," Davis wrote. "Her father was the one driving, and he was airlifted to the hospital for his injuries."

Jose Quintero may be reached at 760-951-6274 or JQuintero@VVDailyPress.com.

Follow him on Twitter at [@DP_JoseQ](https://twitter.com/DP_JoseQ).