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Pa. has biggest 1-day increase in coronavirus cases: 1,211; largest jump in deaths reported as well
Press & Journal
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Why does Pennsylvania have so many more unemployment claims than even larger states?
Philadelphia Inquirer
Lizzo sends lunch delivery to Hospital of the University of Pennsylvania workers
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Trump declares major disaster in Virginia. The state has gotten a fraction of the supplies it’s requested.
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The Washington Post
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Coronavirus Testing Site in Virginia Opens With Few Restrictions
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Virginia’s health commissioner braces for the coming surge of COVID-19 patients
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Washington, D.C. Needs 3,600 Hospital Beds for Coronavirus Peak: Mayor

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<p>Less than 10 percent of the N95 masks sought received by 5 states</p>	
<p>Roll Call</p>	<p>Since the novel coronavirus was first detected in the District of Columbia about a month ago, the city has requested more than 1 million N95 masks from the national stockpile. The number of these masks the city has received: 5,520. States are receiving just a fraction of the supplies they need from the Strategic National Stockpile, according to internal Federal Emergency Management Agency data for five states and the District of Columbia made public for the first time Thursday. Less than 10 percent of the N95 masks requested by the states — Delaware, Maryland, Pennsylvania, Virginia, West Virginia, as well as the District of Columbia — have been distributed by the stockpile, according to the Trump administration's internal data. The states also requested 194 million pairs of gloves, but received less than 1 percent of that amount. The documents were released as part of an investigation by the House Oversight and Reform Committee. FEMA and the Department of Health and Human Services briefed committee members on Tuesday and Wednesday. The figures give the first look into the shape of the stockpile since HHS stopped releasing numbers on its supply of N95s and other essential equipment in mid-March. The Trump administration officials acknowledged to the committee that its analysis pointed to a looming shortage in mid-January, weeks before nurses began raising the alarm about locked up supplies and homemade masks and gowns on social media. Asked by the committee when more supplies would come into the stockpile, the agencies did not give a specific timeline.</p>
<p>White House Weighs FEMA Takeover of Stockpile's Virus Supplies</p>	

Note: The article reference FEMA's 2017 A.A.R. following hurricane season, citing coordination and resource prioritization challenges.

The Trump administration is expected to put FEMA in charge of obtaining medical supplies like masks and gloves for the Strategic National Stockpile, including deciding who receives federal contracts, according to two people familiar with the discussions.

The agreement isn't yet in place because officials are still evaluating the scope of FEMA's new authority such that it complies with federal contracting law and still is practicable, according to an administration official who spoke on condition of anonymity.

The contracting responsibility for purchasing supplies like ventilators, masks, and gloves normally resides with the Department of Health and Human Services. White House officials want to transfer that power to the Federal Emergency Management Agency because it can act more quickly.

The method that the administration is looking to use is an "interagency agreement," a cooperative document between government agencies in which one agency does work for another. Typically, these agreements are used when one agency lacks a certain capability.

The Office of Management and Budget is proposing that the HHS execute a blanket agreement that allows FEMA full authority to contract for goods to add to the Strategic National Stockpile, a supply of drugs and medical supplies for use during a public health emergency.

Officials haven't yet decided whether FEMA's new authority would cover all stockpile funds or be limited solely to the purchase of personal protective equipment like gloves and masks. The Strategic National Stockpile received \$16 billion in the most recent emergency coronavirus bill.

Interagency Agreements

There are concrete criteria that must be met for such a transfer of authority. The Department of Homeland Security's directive for interagency agreements says that the services transferred from one agency to another need to be identified, must be "specific, definite, and clear," and a ceiling amount of the financial obligation needs to be established.

Federal contracting law says such transfers can only occur if the servicing agency, in this case FEMA, states that the needed activities can't be carried out because the original agency, in this case HHS, doesn't have the "capability or expertise" to enter into such contracts. There could be legal questions about the administration's proposal because HHS has been obtaining such supplies for the stockpile for for years.

There is also concern that FEMA may rush through the contracts and not follow all relevant laws. FEMA has a history of "systemic problems" in its management of disaster relief grants and funds, and it has problems with "improper contracting activities," according to a 2018 Homeland Security Department Inspector General report. The Government Accountability Office has also repeatedly written about FEMA's poor management of federal contracts.

FEMA's own after-action report for the 2017 hurricane season said that its "logistics effort featured notable and persistent coordination challenges in resource prioritization, resource movement and tracking, commodity distribution efforts and contracting processing."

	<p>Still, the HHS tends to be slower in contracting for supplies, which is why officials fighting the pandemic want FEMA to take the helm. The HHS gutted its contracting office last year.</p> <p>HHS Expertise</p> <p>The job involves ensuring procurement officers are ordering the right material and parts for the devices being stockpiled. They also must evaluate the scientific evidence to make sure the goods on order work as needed, former Strategic National Stockpile Director Greg Burel said in an interview. He retired from the HHS in January.</p> <p>Without that expertise, “there’s no telling what they’ll buy,” Burel said. The administration official said FEMA will need advice and expertise from HHS contracting officer representatives in carrying out the procurement activities. The transfer of authority will likely face requests from Congress to keep HHS in the loop. Rep. Susan Brooks (R-Ind.) said in an interview that HHS’s Office of the Assistant Secretary for Preparedness and Response (ASPR) “needs to be very much in the lead role with respect to procurement and replenishment decisions when it comes to the medical supplies.”</p> <p>Brooks told Bloomberg Law that she was aware of the discussions about transferring authority to FEMA but hadn’t been formally consulted. She led the negotiations for House Republicans last year in reauthorizing a pandemic preparedness response law.</p> <p>She said ASPR officials should be “intimately involved in decision-making” for the stockpile.</p>
<p>[U.S. House Majority Leader] Hoyer Statement on FEMA's Failure to Provide States with Urgently Needed Medical Supplies</p>	

<p>EIN News Desk</p>	<p>WASHINGTON, DC – House Majority Leader Steny H. Hoyer (MD) released the following statement today after the House Oversight and Reform Committee released documents from the Federal Emergency Management Agency (FEMA) showing a critical shortage of personal protective equipment and other medical supplies requested by five states and the District of Columbia:</p> <p>“The report today by the Committee on Oversight and Reform is alarming, indicating that the Trump Administration continues to fail in its responsibility to provide critical supplies to states fighting the spread of coronavirus. We already know that the White House delayed taking action for weeks as the virus spread. Now we are seeing further evidence of mismanagement in this emergency with its failure to answer states’ dire requests for masks, gloves, and other critical supplies needed by health care workers. It is unconscionable that FEMA would ask our frontline health care workers to re-use personal protective equipment, putting their lives and the health of their families at great risk.</p> <p>“Both with the new Select Committee announced by the Speaker today and through standing committees like the Committee on Oversight and Reform, the Democratic-led House will perform its duty to the American people by holding the Administration accountable for its actions and inactions. As we confront this pandemic together as one nation, we must ensure that the federal government is acting with the seriousness and responsibility this challenge demands, supporting the efforts of our health care heroes on the front lines, not hindering them.”</p>
<p>U.S. expected to recommend masks for Americans in coronavirus hotspots</p>	
<p>NBC</p>	<p>The White House is expected to urge Americans who live in areas of high coronavirus transmission to wear cloth face coverings to prevent the spread of the virus, a senior administration official told NBC News on Thursday night. Vice President Mike Pence addressed the potential for a mask advisory based on guidance from the Centers for Disease Control and Prevention at Thursday's daily briefing on the pandemic. He said the new guidance, based on "consultation and advice from the CDC and top health experts," would come "in the days ahead."</p> <p>Bloomberg reported the expected guidelines earlier Thursday. The mayors of America's two largest cities, Los Angeles and New York, have in recent days urged their residents to wear face coverings when in public. The White House coronavirus response coordinator, Dr. Deborah Birx, was careful to caution that any recommendation on masks must be "additive" and not a substitute for existing social distancing guidelines. Birx said people often feel "an artificial sense of protection because they are behind a mask." "Don't get a false sense of security," she said. Sens. Pat Toomey, R-Pa., and Michael Bennet, D-Colo., urged the White House this week to recommend masks as a complement to social distancing. They welcomed news of an imminent advisory. "Wearing a cloth mask is not a substitute for staying home and regularly washing our hands," the duo said in a joint statement Thursday. "By wearing a cloth mask when in public, we will limit transmission of the virus. Put simply, my mask protects you, and your mask protects me."</p>

<p>Fauci endorses national stay-at-home order: 'I just don't understand why we're not doing that'</p>	
<p>Politico</p>	<p>Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, suggested Thursday that the federal government should impose a nationwide stay-at-home order to help prevent the spread of the coronavirus in the United States. Asked whether all states have to be "on the same page" in terms of issuing those directives, Fauci told CNN, "I don't understand why that's not happening," and acknowledged the Trump administration's hesitance to encroach upon local authorities. Advertisement "As you said, you know, the tension between 'federal mandated' versus 'states rights' to do what they want is something that I don't want to get into," Fauci said. "But if you look at what's going on in this country, I just don't understand why we're not doing that. We really should be." The remarks from the country's top infectious disease expert represent perhaps the most forceful recommendation yet by an administration official that the federal government implement a sweeping decree limiting Americans' movements nationwide. President Donald Trump has thus far left the implementation of such orders up to state and local governments, while his administration has promoted a set of social-distancing guidelines with no enforceable mandate. But several states still have yet to impose stay-at-home orders despite dire warnings from the federal government that between 100,000 and 240,000 could die from Covid-19, the disease caused by the novel coronavirus, even if the administration's recommendations are strictly followed.</p>
<p>Jared Kushner — who is operating a 'shadow' coronavirus task force — appears not to know why federal emergency stockpiles exist</p>	

Business Insider	<p>White House Senior Adviser Jared Kushner said state officials can't necessarily count on using "our" federal stockpile of emergency medical equipment during the coronavirus crisis, prompting widespread confusion and criticism. It was Kushner's first time fielding questions from the press since reports emerged that he had set up his own "shadow" coronavirus team in the White House, which is tasked with obtaining key supplies for hospitals and rolling out testing for the disease. When asked about his work with the Department of Health and Human Services (HHS) and the Federal Emergency Management Agency (FEMA) to ensure states can obtain vital equipment, he said that state officials should not assume that federal stockpiles of equipment are for state use. "You also have a situation where in some states, FEMA allocated ventilators to the states and you have instances where in cities they're running out, but the state still has a stockpile and the notion of the federal stockpile was, it's supposed to be our stockpile. It's not supposed to be state stockpiles that they then use," Kushner said. "So, we're encouraging the states to make sure that they're assessing the needs, they're getting the data from their local situations, and then trying to fill it with the supplies that we've given them."</p>
<p>FEMA said only 3,200 of the 100,000 new coronavirus ventilators it is sourcing will be ready in time for the peak of the pandemic</p>	
Business Insider	<p>Only 3,200 of a predicted 100,000 new ventilators meant to treat COVID-19 patients will be ready by the time the US outbreak peaks, according to a summary of two FEMA briefings published this week. The forecast was published this week by the House Oversight Committee, which made public a summary of earlier briefings from officials at FEMA, the Federal Emergency Management Agency. The documents said that the 100,000 ventilators are coming, but that "most" of them will not arrive until late June at the earliest. They summarised a briefing made on Sunday March 30, but not made public until April 2. In the time period where the virus is expected to be hitting the US hardest — the week commencing April 13 — there will only be 3,200 available, according to the House documents. President Donald Trump announced the 100,000 new ventilators on March 27, saying they would come "within the next 100 days" — which equates to early July. He did not give a sense of when in the 100-day span they might come. In a press release accompanying the documents, a statement from the committee said:</p> <p>"Unfortunately, President Trump spent months downplaying the coronavirus crisis and wasting precious time," adding that Trump's administration "should have been working around the clock" to get supplies. At a second briefing, on April 1, FEMA officials also said medical workers should re-use protective equipment — which is meant to be disposable — because of dire shortages.</p>
<p>A defining moment in our medical supply chain crisis</p>	

[The Hill](#)

The United States is at a defining moment in its frontline health systems' response to the coronavirus outbreak. America has a lead federal organization that can fix the medical supply chain crisis and support our nation's medical systems. Why hasn't it been called into action? As a professor of supply chain risk management, I have had deepening concerns about the abilities of our national supply chains to respond to the six-month inventory disruptions and transport volatility that can accompany such contagions. As a former nurse who had engaged in medical logistics, I was left speechless when my family member, a physician, told me of being issued a pair of N95 masks meant for one-time use. His employer, one of the finest health systems in the country, advised him not to expect any more "in the foreseeable future." Without them, his surgical team had to cover patients' faces in Saran Wrap, poking a hole in the mouth area for intubation to try and block any virus aerosol. This supply failure is a shocking vulnerability our doctors and nurses must live (or die) with each day now. The federal emergency stockpile of medical equipment and supplies reportedly is nearly depleted, leaving the Trump administration and states to compete for the supplies in a global marketplace and be exposed to price-gouging and profiteering. Consider the projected ventilator shortage: About a week ago while experts predicted as many as one million U.S. patients would need the machines, there were 16,600 units in the federal government's strategic stockpile, in addition the roughly 160,000 units in the U.S. medical system. The stakes to bolster and surge the U.S. medical system have never been higher. Yet, no organization of the U.S. government has stepped forward with the necessary global scale, network of key supplier relationships and mass volume procurement/distribution systems to effectively help save our medical supply chains from extreme disruption.

**Ventilator Shortages
Loom As States Ponder
Rules For Rationing**

<p>NPR</p>	<p>Medical rationing is not something Americans are accustomed to, but COVID-19 may soon change that. The specter of rationing is most imminent in New York City, where the virus is spreading rapidly and overwhelming hospitals with patients. According to New York Gov. Andrew Cuomo, the state has 2,200 ventilators in its state stockpile. Current COVID-19 case projections suggest the state may not have enough of the machines, which help critically ill people breathe, as soon as next week. The survival rate for COVID-19 patients on ventilators may be as low as 20%, though the machines' effectiveness for those patients is still being studied. "At the current burn rate, we have about six days of ventilators in our stockpile," Cuomo said on Thursday. If there are not enough ventilators to provide one for every patient who might benefit, hospitals in New York would need to begin making excruciating decisions about who will receive what care. So far, Cuomo and other governors have not formally directed hospitals to prepare for so-called crisis triage. Asked by a reporter on Tuesday how the state would decide who got ventilators if there were too few to go around, Cuomo replied, "I don't even want to think about that consequence. I want to do everything I can to have as many ventilators as we'll need." "There's no protocol," he continued, before describing state efforts to increase the number of ventilators available. Guidelines for rationing However, New York State does have a protocol for allocating ventilators during a pandemic. The 2015 guidelines were developed by a state bioethics task force over more than a decade, and lay out detailed protocols for saving the maximum number of lives by assessing how likely every patient is to benefit from ventilator therapy.</p>
<p>Next Virus 'Hot Spots' Seen as Michigan, Connecticut, Indiana</p>	
<p>Bloomberg</p>	<p>The rate of positive coronavirus tests suggests that the next "hot spots" could include Michigan, Connecticut, Indiana, Georgia and Illinois, said White House virus task-force coordinator Deborah Birx. "We do have two states that have 35% positives. And that's New York and New Jersey. So that confirms very clearly that that's a very clear and an important hot zone." Birx told reporters at a White House briefing on Thursday evening. Louisiana's positive test rate is 26%. "Michigan, Connecticut, Indiana, Georgia, Illinois -- that should tell you where the next hot sports are coming -- are at 15% test positive," she added. "And then Colorado, D.C., Rhode Island and Massachusetts are at 13%." More than 242,000 people in the U.S. have tested positive for the virus and more than 5,800 have died, according to a tally by Johns Hopkins University. Birx said more testing is being done -- after weeks of complaints from governors and state health officials that tests weren't available. Birx said there are "a high level of negatives in states without hot spots." "California and Washington remain steady at an 8% rate," she added.</p>
<p>Trump touted Abbott's COVID-19 test — but emails show only 5,500 on way for entire U.S.: report</p>	

Salon	<p>A coronavirus test made by Abbott Laboratories and introduced with considerable fanfare by President Donald Trump in a Rose Garden news conference this week is giving state and local health officials very little added capacity to perform speedy tests needed to control the COVID-19 pandemic. "That's a whole new ballgame," Trump said. "I want to thank Abbott Labs for the incredible work they've done. They've been working around-the-clock." Yet a document circulated among officials at the Department of Health and Human Services and the Federal Emergency Management Agency this week shows that state and local public health labs were set to receive a total of only 5,500 coronavirus tests from the giant manufacturer of medical devices, diagnostics and drugs, according to emails obtained by Kaiser Health News. That number falls well short of the "about 500,000 capacity of Abbott tests that" Dr. Deborah Birx, the White House coronavirus response coordinator, said were in the states and were "not being utilized." Although it is unclear whether she was referring to just the quick test or combining it with another test — one with slower results — that Abbott previously received authorization to sell. Millions of tests are urgently needed as the virus keeps communities across the country in lockdown and hospitals are overwhelmed with patients.</p>
Social Media	
R3 Twitter	
FEMA Twitter	
FEMA Facebook	
FEMA Instagram	
NSTR	
Delaware	
Troopers Offer Information on Covid-19 Travel Restrictions	

[Press Release](#)

Dover – As the Covid-19 pandemic continues to progress, the amount of information associated with it seems to be ever-changing, sometimes causing more confusion than clarity. With this in mind, the Delaware State Police are providing the following information to both Delaware residents and non-residents alike, to specifically address travel related restrictions set forth in Governor Carney’s State of Emergency Declaration.

While certain restrictions outlined in the declaration do have arrest consequences associated with them, the primary intent and goal of the Delaware State Police is to uphold their sworn duties by providing information to the public that we serve, in order to gain voluntary compliance with the mandates, and to promote, and further ensure public safety and health.

The seventh modification of the Governor’s State of Emergency Declaration specifically addresses the requirement for out-of-state persons traveling in to the State of Delaware to self-quarantine for 14 days. This order authorizes any Delaware law enforcement officer to stop a vehicle driving within the state simply because it is displaying out-of-state tags. During the stop the officer may ask limited questions related to the driver’s recent travel. The driver then must be informed of the Governor’s declarations and will be explicitly advised that if they are coming into Delaware from out-of-state, they are required by law, to self-quarantine for 14 days while in Delaware, or immediately return to their home state. This authorization does not apply to vehicles traveling on I-95, I-295, or I-495.

Troopers will be conducting directed patrols on non-interstate roadways which have been identified as having a large volume of out of state travelers, in an effort to enforce the Governor’s declaration. Again the intent of this order and the purpose of the stop is to achieve voluntary compliance. These stops are intended to serve the public welfare.

Now is not the time to visit Delaware. As a State and a nation, we are facing a serious situation that is getting worse each day. Our goal is to limit a surge in COVID-19 cases that would overwhelm our hospital system. Per the order, we must control and prevent the spread of COVID-19 in our Delaware communities coming in from other states. We’ll get through this – but everyone needs to do their part.

Contained within this modification there are limited exceptions that allow for out-of-state persons and vehicles to enter Delaware without being required to self-quarantine, including:

Motorists may pass through Delaware en-route to other states.

Motorists may leave their home state (PA, NJ, MD, etc.) to work for a Delaware designated essential business, to care for a family member in Delaware, or for healthcare reasons (pharmacy, going to vet, visiting PCP) in Delaware.

Out-of-state employees who work for an essential business in Delaware but who could otherwise do their work from home should remain home.

The Delaware Department of Justice and Delaware law enforcement agencies are empowered to respond, inspect and react accordingly. Out-of-state visitors who fail to self-quarantine could face criminal charges.

Please click on the following link to view FAQ's regarding the Governor's Stay at Home Order: <https://attorneygeneral.delaware.gov/public/covid-19-faqs-delawares-stay-at-home-orders/>

For detailed information regarding the Covid-19 Pandemic to include specific details regarding the Out of State Traveler Restrictions log on to: <https://de.gov/coronavirus>

**Delaware Correctional
Officers and Inmates
Contribute to
Delaware's COVID-19
Response**

[Press Release](#)

SMYRNA, Del. – This week, three dozen inmates who are employed in the James T. Vaughn Correctional Center garment shop began producing cotton face masks for the correctional system and first responders as the Delaware Department of Correction steps up to support the First State's COVID-19 response.

These skilled inmate workers normally cut and sew material from large rolls of red and white cotton cloth into the clothing worn by more than 4,200 inmates across DOC's prison facilities. However, As Delaware confronts the challenges of community spread of the illness, the inmates and their Correctional Officer supervisors in Delaware Correctional Industries offered to turn their sewing skills into producing face masks in short supply.

Governor John Carney said, "As this serious situation evolves, we need to find innovative solutions for pressing issues. That is exactly what the Department of Correction has done by shifting the production within the James T. Vaughn Correction Center to provide greater protection to staff and inmates in DOC facilities. We'll get through this, but we all need to pitch in and take this threat seriously."

Delaware Department of Correction Commissioner Claire DeMatteis said, "We say often that 'we are all in this together,' and this initiative by correctional officers and offenders demonstrates that we all want to do our part to help slow the spread of COVID-19. It's a real-time, real-life demonstration of DOC's dual mission of public safety and offender rehabilitation."

The mask production effort was originally presented to the DOC by Delaware Correctional Industries Trades Instructor Dion Hawkins, who worked collaboratively with Trades Instructors Lori Quinney Craig Devries, Lee Lepore, Frank Kulhanek and Brett Smith and their team of inmate workers to design and produce a prototype mask last week using two layers of cotton cloth in stock, sewn together around a polyester filter designed to remove particles down to 3-10 microns in size.

Production began Monday on two sewing machines, and by mid-week daily volume increased to nearly 100 face masks. Up to a dozen inmates will support the operation by cutting patterns and sorting and packing masks, while up to two dozen inmates will operate sewing machines to stitch the materials and add elastic ear loops. At full production capacity, DOC estimates that it will be able to produce up to 500 face masks each week.

Face masks produced at James T. Vaughn Correctional Center will be used, as necessary, in DOC facilities to protect staff, inmates and contractors. Once inventory increases, the face masks will be offered to other first responders. DOC's infirmaries and isolation units will continue to use medical grade FDA-certified face masks and other Personal Protective Equipment produced by national manufacturers.

Hourly wages for inmate workers are set by state statute and hourly pay rates for

inmates employed in the garment shop at James T. Vaughn Correctional Center range between .25 and \$2.00 per hour depending on skill level and length of service.

Delawareans with general questions about COVID-19 or their exposure risk can call the Division of Public Health’s Coronavirus Call Center at 1-866-408-1899, or 711 for individuals who are deaf or hard-of-hearing, from 8:30 a.m. to 6 p.m. Monday through Friday, and 10 a.m. to 4 p.m. Saturday and Sunday.

Questions can also be submitted by email at DPHCall@delaware.gov

DPH will continue to update the public as more information becomes available. For the latest on Delaware’s response, go to de.gov/coronavirus.

**Bloom Energy
refurbishing ventilators
in Newark**

[Delaware Public Radio](#)

Bloom Energy has been refurbishing ventilators alongside its fuel cell production lines in Newark to try to help save lives during the coronavirus pandemic. Now the company is looking for new ways to find old ventilators in need of repair. The project started with a partnership between Bloom and the state of California where the company is headquartered. Bloom refurbished more than 500 ventilators that state either had stockpiled for emergency or received from the federal supply.

“Refurbish the ventilators, return them to people who can allocate them appropriately and then fill the gap until other companies and the original equipment manufacturers of these ventilators are able to increase production,” said Bloom COO Susan Brennan.

Bloom launched similar partnerships locally with the Delaware Emergency Management Agency (DEMA) and First State hospitals. Officials say the first 32 refurbished ventilators to be distributed in Delaware were sent out Thursday. “Here in Delaware, they’re currently working with Bayhealth. They’re taking out of service ventilators, servicing them, upgrading them and getting them back into service,” said Delaware’s junior Sen. Chris Coons.

Brennan says between Delaware and California Bloom expects to send out about 1,000 refurbished ventilators by the end of the week. After that, Bloom is constrained by the supply coming in. Brennan encourages people to contact Bloom if they know of ventilators that need work.

“We are looking for ventilators that are new or lightly used—where it’s refurbishment, not anything more than that,” said Brennan. “Changing the batteries, charging the batteries, calibrating the oxygen sensor, and really making sure they’re available for functional use.”

Inquiries can be made at bloomenergy.com/ventilators, by email at ventilators@bloomenergy.com, or by phone 1 888 544 2644.

Troopers in Delaware can stop drivers with out-of-state tags during coronavirus pandemic

[6ABC](#)

DOVER, Delaware (WPVI) -- A modification to Governor Carney's State of Emergency Declaration now gives troopers in Delaware the authority to pull over out-of-state drivers.

Delaware State Police say Carney's order "authorizes any Delaware law enforcement officer to stop a vehicle driving within the state simply because it is displaying out-of-state tags."

This authorization does not apply to vehicles traveling on I-95, I-295, or I-495.

During the stop, troopers may ask limited questions related to the driver's recent travel.

The driver will be advised that if they are coming into Delaware from out-of-state, they are required by law, to self-quarantine for 14 days while in Delaware, or immediately return to their home state, according to news release.

Troopers will be monitoring non-interstate roadways which have been identified as having a large volume of out of state travelers, authorities said.

There are limited exceptions that allow for out-of-state persons and vehicles to enter Delaware without being required to self-quarantine, including:

Motorists may pass through Delaware en-route to other states.

Motorists may leave their home state (PA, NJ, MD, etc.) to work for a Delaware designated essential business, to care for a family member in Delaware, or for healthcare reasons (pharmacy, going to vet, visiting PCP) in Delaware.

Out-of-state employees who work for an essential business in Delaware but who could otherwise do their work from home should remain home.

Out-of-state visitors who fail to self-quarantine could face criminal charges, officials said.

As of Friday morning, Delaware reports 393 positive cases of COVID-19 and 12 deaths.

Delaware State Parks to close restrooms, defines permitted activities

Public restrooms are the latest thing to be closed by the Delaware State Parks system as the result of the COVID-19 battle.

Campsites, playgrounds, and cabins had already been closed, but now DNREC says they will shut down the bathrooms until May 15, or when the state of emergency is lifted.

“We made the decision to close restrooms, which have multiple public touch points,” DNREC Secretary Shawn Garvin said in a statement. “Our staff has worked tirelessly to maintain the cleanliness of our restroom facilities, but hand sanitizer and soap has been stolen. It has become more difficult to maintain not only the cleanliness, but the social distancing in the facilities. It is no longer safe for our staff or the public to continue this service.”

In addition, DNREC made other clarifications for activities based on the current status of Delaware's state of emergency.

Anyone who enters Delaware from another state must immediately self-quarantine for 14 days. The order applies to individuals who would like to fish, hunt or intended to visit state parks and wildlife areas, including the state's golf courses.

The use of beaches, including those at state parks, has been restricted to exercising, walking dogs, and surf fishing under severely restricted conditions. Some municipalities have further restrictions.

Surf fishing is limited to those with a current surf fishing permit with the following restrictions: Only fishing from vehicles will be allowed, only two persons from the same household may accompany the vehicle and both persons must be actively fishing at all times, with distance between vehicles on the beach of 20 yards.

Article continues below advertisement

“The more activities that are allowed, the more crowded our beaches will be, which is contrary to the public health imperative at this time,” Garvin said. “We want to be clear that the following activities are not allowed from beaches: boating, surfing, sea kayaking, skimboarding, fishing from the beach not from a vehicle, football, volleyball and any other activity that would add more people to the beach.”

Although services are limited, outdoor recreation is still available in compliance with site rules, to include:

- birding
- cycling
- disc golf
- dog walking
- fishing in bays, ponds, rivers and streams
- drive-on surf fishing with restrictions

hiking
hunting
jogging or running

The amenities not available, open and/or permitted include, but are not limited to:

basketball courts
camping
gatherings of 10 or more people
guided tours, events and programs
playgrounds
pavilions
public park buildings: state park offices, nature centers
restrooms
rock climbing
surfing and skimboarding
walk-on surf fishing
sea kayaking from the beach
sunbathing on the beach
Go Ape Course at Lums Pond
The Brandywine Zoo

**Coronavirus research
underway in at
University of Delaware
could pave the way to a
vaccine**

It's Jodi Hadden-Perilla's first year teaching at the University of Delaware, and it may end up being one of the most important in her career.

Beyond navigating the new hurdles brought on by social distancing measures, Hadden-Perilla and her colleague and husband, Juan Perilla, are also racing to develop a complex computer model that could guide the development of treatments and vaccines to battle the coronavirus pandemic.

"If you understand how something works, you can understand how to intervene to stop it from working," the 36-year-old computational virologist said. "If we have details about how the structure moves and behaves, what it looks like, down to the level of all atoms, that's the information that leads to designing drugs that would target the virus."

Juan Perilla and Jodi Hadden-Perilla are racing against the clock to build a simulation of the novel coronavirus in an effort to learn more about its life cycle to help lead the way to effective vaccines and drugs.

Juan Perilla and Jodi Hadden-Perilla are racing against the clock to build a simulation of the novel coronavirus in an effort to learn more about its life cycle to help lead the way to effective vaccines and drugs. (Photo: Kathy F. Atkinson/University of Delaware)

The two researchers, who are both assistant professors in UD's Department of Chemistry and Biochemistry, received a \$200,000 Rapid Response Research program grant from the National Science Foundation last month for their work, which relies on advanced supercomputers that can model the virus down to each atom.

They're also working directly – albeit virtually – with UD students and a third research partner, Tyler Reddy, a computational virologist at Los Alamos National Laboratory.

"The sooner that we can come up with information, the sooner that information could be used to really impact people," Hadden-Perilla said.

The model basics could be ready within a few weeks, Perilla told the university's UDaily publication.

[CORONAVIRUS IN DELAWARE: Our full coverage](#)

[CORONAVIRUS FAQ: Here's what people have been asking](#)

The NSF grant also offers them remote access to the Frontera supercomputer at the Texas Advanced Computing Center at the University of Texas at Austin, one of the newest and most powerful of its kind in the world. Remote capabilities also allow them, and students, to access on-campus resources needed for their work.

Using expensive and complex technology like supercomputers is key to

understanding this novel coronavirus, SARS-CoV-2, through its life cycle.

By building a model of the virus and running simulations of how it would behave in a natural environment, the scientists can better understand how it moves, how it changes its shape, how it interacts with elements of its environment, and even how it's able to cloak itself in the face of an immune system response.

"It's actually like being able to zoom in and watch this thing in action, down to the level of individual atoms," she said. "There's no microscope in the world that can get you to that level of simulation."

Electron microscope image the new coronavirus, SARS-CoV-2 (February 2020)

Electron microscope image the new coronavirus, SARS-CoV-2 (February 2020)
(Photo: National Institute of Allergy and Infectious Diseases - Rocky Mountain Laboratories)

Just like other scientists must spend a vast amount of time living in the wild with apes to understand how their society functions, the behavior of viruses must be observed to understand how they can wreak havoc on human health – and subsequently, to understand what elements to target to stop it from causing harm.

"If you want to see how a machine works, you have to turn it on and watch it," Hadden-Perilla said. "All this time, there's pressure to get something done because people are dying."

Previous work that Hadden-Perilla did on Hepatitis B showed her that how a virus interacts with its environment is a key factor in truly understanding how it works, she said.

Meanwhile, Perilla – known for his work on HIV – used similar computational methods to fill in gaps that offered new insights into the virus that causes AIDS infections.

"There are not many people in the world that have the type of expertise we do," she said. "Between the three of us, we have a really unique skill set to put towards this."

Coronavirus resources
Information you can use

Latest: Unemployment claims far surpass records as tally rises to 30, more updates

How coronavirus is impacting Delaware: Thursday cancellations, changes

A list of Delaware restaurants offering takeout and curbside pickup

See which Delaware workers face the greatest coronavirus risk

Affected by the coronavirus outbreak? These Delaware hometown heroes want to help

A full understanding of the novel coronavirus's behaviors is not yet known. Because of that, researchers are missing this basic information that could guide the development of efficient treatments and vaccines to combat the sometimes deadly viral respiratory illness that has now infected more than 1 million people worldwide.

"Viruses are very efficient, very highly evolved," she said. "None of this stuff is there by accident. All these parts have a job."

Other research work being done around the world has focused heavily on the protein spikes on the coronavirus's membrane envelope that inspired its solar corona-based name.

Those spike proteins have been identified as a key element in the virus's ability to attach to a host cell, and the thought is that if that process can be stopped, so could the disease caused by a viral infection.

"It's only just a piece of the entire virus," Hadden-Perilla said. "What we're trying to do is build the whole thing."

Understanding the jobs of each element of the virus — those spike proteins included — is vital to figuring out what elements of the virus can be targeted to help stave off the public health crisis caused by COVID-19.

"We're stuck at home, but are getting to know the virus and all the dirty details," she said. "We're really lucky in the big scheme of things because right now, a lot of experimental labs are just shut down. ... We remain fully functional."

Meanwhile, unused gift cards given in celebration of their wedding last summer have funded the vital caffeine production equipment fueling their work — an espresso machine they purchased just as stay-at-home, work-from-home orders went into effect.

"Work for us hasn't slowed down, it's sped up," she said. "It's pretty surreal for us

and our students."

It takes a lot of time to build something so complex, and it takes time to watch and learn how the simulations of the virus in an environment akin to the human body ultimately play out. But this team of scientists and students are working as fast as they can to get those answers as quickly as possible.

Their research may be a bit ahead of the game compared to others just now diving in, as she and her husband had started thinking about the need for this kind of research in early January as reports of COVID-19 poured out of China.

When the American Physical Society conference they were planning to attend in Denver at the beginning of March got canceled because of the stateside coronavirus outbreak, they knew they had to act immediately.

"We need answers now," she said.

It will ultimately be up to other scientists and researchers to take their findings and suggestions to develop effective vaccines and drugs to fight the coronavirus, but Hadden-Perilla said she's excited to be working toward something that could have a vastly positive impact on public health.

"It's also a lot of pressure," she said. "And so many other people are working on this at the same time. It's just wild."

**Here's how
ChristianaCare is
monitoring more than
350 COVID-19 patients
virtually**

[Delaware Online](#)

As the coronavirus pandemic surges in Delaware and surrounding states, more than 350 people who have tested positive for COVID-19 are being monitored virtually by ChristianaCare in an effort to lessen the burden on the state's hospital systems and free up space for those who need it most.

Every day, these patients are monitored with text messages and phone calls about their condition through CareVio, a web platform built and maintained by ChristianaCare. Until now, the platform was used to run a virtual primary care practice and monitor those with chronic health conditions.

But as coronavirus cases began popping up throughout Delaware, the state's largest healthcare provider shifted the platform's focus to COVID-19, the disease caused by coronavirus.

"It was a perfect platform to take a population who needs really close monitoring in a way that doesn't require them being in a facility and coming in contact with other people, but still feeling like they're being checked on," said Dr. Lisa Maxwell, the chief learning officer for ChristianaCare and a family care doctor. "This is where COVID really comes down," she said. "It removes our ability to really be with a patient."

MORE TO IT: Will the benefits of telemedicine seen during pandemic lead to lasting change?

Rather than force doctors and nurses to don personal protective equipment that is in short supply multiple times a day, patients are now contacted by healthcare workers either once, twice or four times throughout the day to see how their symptoms are progressing.

Their responses get logged in a large dashboard system monitored 24/7 by doctors, nurses and scheduling staff who determine where a patient ranks on a traffic-light scale. Patients coded as yellow or red often trigger the scheduling of video visits to decide whether he or she is rapidly declining and needs further in-person care, Maxwell said.

Because the patient is already self-reporting their symptoms, doctors can get right to the tough questions.

Subscribers make our coronavirus coverage possible. If you appreciate our work, please consider subscribing to Delaware Online to keep up with the latest news.

"Can we still stay home? Can we still manage you the way we would like to?"

Maxwell said of these patient conversations. "But obviously ... if we think you need additional help beyond this video [visit], then we'll escalate it."

Fortunately, Maxwell said, most patients are coded green.

But because this disease takes different forms with different people, some patients need to be directed to an urgent care center for a physical exam or a chest X-ray.

In serious cases, they're sent directly to the emergency room, Maxwell said.

ChristianaCare's response reflects a growing trend of healthcare providers mobilizing in the face of this pandemic, primarily through telemedicine and associated technology. Doctors across Delaware are relying on video platforms now more than ever to see patients remotely and ensure social distancing practices are followed while still delivering care. At Nemours/Alfred I. duPont Hospital for Children, doctors and specialists conduct virtual "rounds" each morning, calling into a video platform from remote offices, conference rooms and even their homes to check in on patients. It eliminates the gathering of a dozen doctors and nurses outside patient rooms and limits exposure of those providing

care.

CHECK OUT THE DATA: Tracking coronavirus cases in Delaware

Family care doctors are doing much of the same in their practices, turning to telephone and video calls rather than bringing otherwise healthy patients to their clinics and expose them to more germs.

Doctors say the forced innovation will change medicine forever.

"We're not going back," Maxwell said. "You can't put the genie back in the bottle."

Though plans to enhance virtual visits was always on ChristianaCare's radar, Maxwell said the pandemic forced them to jump into action and accelerate plans exponentially. The result won't rule out in-person visits, but the technology will change what must be cared for in person and how patients are seen.

"It would have taken us years before we would have done some of these things," she said, "and we've done them in two weeks." It's also served as a teaching moment for doctors and patients, said Dr. Cydney Teal, who chairs ChristianaCare's Family and Community Medicine and leads the Primary Care & Community Medicine Service Line.

Already, patients have shared notes of gratitude for the ability to connect with doctors directly during this anxious time.

CORONAVIRUS FAQ: Get answers to your questions here

"Even telephonic visits have taken on a completely different spirit," Teal said, noting that unlike some in-person visits, doctors are provided sometimes 20 minutes of concentrated time in which they can directly engage with the patient.

That can feel much different than the quick exchanges that often occur during the craze of in-patient care and the demands on physicians.

"It can be a very rushed exchange," Teal said. "This gives doctors time to focus, to really have a great dialogue. And that's only supersized during a patient's sickest time."

Since ChristianaCare launched this COVID-19 virtual practice, they've conducted more than 250 video visits with patients, Maxwell said.

All the while, they've been able to see patients face-to-face, though separated by a screen.

"We've sent people to the ED [emergency department] who weren't going to go," Maxwell said. "But we see them and can say, 'I don't like the way they're breathing' ... or we just got their test back and we say, 'You need to be there.' And people, it helps them with that anxiety." It's an undertaking that has grown so large in nature, doctors and nurses are taking equipment home with them or to their remote offices to continue offering care while social distancing.

And as more health care workers on the front lines become ill while coronavirus cases surge, that separation will grow even more important.

<p>Maryland Governor to Expand Telehealth Options</p>	
<p>NBC Washington</p>	<p>It's about to become easier for people in Maryland to see their doctors without leaving home.</p> <p>Governor Larry Hogan is set to sign two new telehealth bills into law Friday. The bills expand the kinds of services doctors can provide through digital means like video chat and email.</p> <p>Medicaid will be required to cover mental health services appropriately delivered via telehealth options under one bill, the Maryland State Medical Society says.</p> <p>Another bill sets up standards for telehealth and requires doctors to document care, among other measures.</p> <p>Doctors will be allowed to use methods outside of instant communication, such as email, for patients when appropriate.</p> <p>Both bills passed before the coronavirus outbreak but, because of the pandemic, the bills were reclassified as "emergency legislation." That means they'll take effect as soon as they're signed.</p>
<p>Baltimore Co. Officials Host Virtual Town Hall To Answer Questions Surrounding COVID-19 Pandemic</p>	

BALTIMORE COUNTY, Md. (WJZ) — As the state’s COVID-19 cases continue to rise, Baltimore County is, as of Thursday evening, the third most affected jurisdiction in Maryland.

There are over 350 cases in the county. Two police officers are among those with the virus, and there has been a rise in positive cases in nursing homes.

There were also over 13,000 claims for unemployment last week alone.

The affects of the pandemic prompted Baltimore County officials to hold a virtual town hall Thursday night, answering the public’s questions.

“I know that this is a difficult time and that residents rightfully have questions about what will happen, and what will happen next,” Baltimore County Executive Johnny Olszewski said.

Unemployment, high school grading and prom, and face masks were among some of the most asked questions.

Pet owners also asked about dog parks.

“Our new normal right now means we cannot have our dog parks open,” Roslyn Johnson, Director of Baltimore County Recreation and Parks, said.

Residents also asked if police are responding to their large crowd complaints

“We’ve been successful in disbursing crowds,” Baltimore County Police Chief Melissa Hyatt said. “In a lot of these situations, they’ve been mostly youth, and we’ve been able to inform them more than anything.”

There were many questions revolving around schools and grading.

CORONAVIRUS COVERAGE:

[What Is A Coronavirus?](#)

[The Symptoms Of Coronavirus And What You Should Do If You Feel Sick](#)

[LIST: EPA Releases Names Of Disinfectants You Can Use Against Coronavirus](#)

[Coronavirus-Related Scams Are Going Around. Here’s What To Watch Out For](#)

[What We Know About Coronavirus In Maryland](#)

[Latest coronavirus stories from WJZ](#)

[Coronavirus Resources: How To Get Help In Maryland](#)

“As we’re looking at grades potentially being a pass fail or pass incomplete,” Baltimore County Schools Superintendent Darryl Williams said.

High school proms are likely cancelled, but the superintendent said they’re looking at alternative graduation options in the event schools don’t re-open this year.

Many feared whether first responders are properly protected.

“Our officers are equipped with masks gloves goggles and gowns,” Hyatt said. “Now, we’re taking the temperatures of our officers as they come on to duty.”

The Baltimore County Fire Department said it is taking similar measures.

“We’re hand sanitizing, we’re washing, we’re cleaning our units,” Baltimore County Fire Chief Joanne Runde said. “Any of our providers have gone through a health check. They are healthy through the day and they are going to help you as much as they can

As the town hall wrapped up, officials ensured resident they don’t have to stop asking their questions, pointing many to their call center, open seven days a week.

For the latest information on coronavirus go to the Maryland Health Department’s website or call 211. You can find all of WJZ’s coverage on coronavirus in Maryland here.

MTA suspends all Express BusLink routes beginning Monday to help slow the spread of coronavirus

[Capital Gazette](#)

The Maryland Transit Administration announced Thursday that it's eliminating all nine Express BusLink routes plus two LocalLink routes next week as concerns for stopping the spread of coronavirus continue to rise.

The Maryland Department of Transportation MTA said the routes will be discontinued Monday because they largely serve schools that are now closed. Most of the routes can be replicated by LocalLink service.

"This strategic modification ensures MDOT MTA is operating lifeline service for essential travel only during the COVID-19 emergency to protect employees, customers and the community," the agency said in a news release.

Rear-door boarding is also going to be implemented, MTA said, to help minimize contact with riders. People are also encouraged to pay fares with the CharmPass mobile ticketing app, CharmCard or a paper ticket that can be visually validated. Last week the Eastern bus division was closed for two days after an operator tested positive for COVID-19.

These are the routes that will be discontinued: 103, 104, 105, 115, 120, 150, 154, 160, 164 and LocalLink 38 and 92.

MTA said alternative services are as follows:

Express BusLink 103 - LocalLink 53, CityLink Green

Express BusLink 104 - CityLink Green

Express BusLink 105 - CityLink Pink

Express BusLink 115 - CityLink Brown

Express BusLink 120 - LocalLink 56, CityLink Brown

Express BusLink 150 - Commuter Bus 310, MARC Train

Express BusLink 154 - LocalLink 54

Express BusLink 160 - LocalLink 59, CityLink Orange

Express BusLink 164 - LocalLink 67

LocalLink 38 - LocalLink 94, CityLink Blue

LocalLink 92 - LocalLink 34, 89

4 more coronavirus deaths in Montgomery County; 10 nursing homes reporting cases

[FOX 5](#)

ROCKVILLE, Md. - Four more people have died as a result of the novel coronavirus, Montgomery County officials announced Thursday evening, and 10 different nursing homes say they've identified cases as well. Officials say two men in their 70s, one in his 80s, and another in his 40s were the county's latest victims of COVID-19. At this point, six people have died as a result of the virus that has ripped through the greater D.C. region. In addition, one baby boy has tested positive for coronavirus. The 10 nursing homes that reported cases on Thursday included:

- Althea Woodland in Silver Spring currently has one confirmed case of a staff member with COVID-19
- The Angels Garden in Rockville currently has one confirmed case, a man in his 70s, whose death was one of four reported today
- Brighton Gardens in North Bethesda currently has one confirmed case of a staff member with COVID-19 (previously reported on March 27)
- Brooke Grove in Sandy Spring currently has one confirmed case of a resident with COVID-19
- Cadia Healthcare in Wheaton currently has one confirmed case of a resident with COVID-19
- Fairland Center in Silver Spring currently has one confirmed case of a staff member with COVID-19 (previously reported on March 27)
- Fox Chase Rehab and Nursing in Silver Spring currently has one confirmed case of a staff member with COVID-19 (previously reported on March 27)
- Hebrew Home of Greater Washington in Rockville has one resident who tested positive for COVID-19
- Maplewood Park Place in Bethesda currently has one confirmed case of a resident with COVID-19
- Layhill Center in Silver Spring currently has three residents with confirmed cases and one staff member who tested positive

Officials say each of the facilities have enhanced their infection control procedures, including the physical separation of residents, they're not taking any new people, and group gatherings and activities have been prohibited. County officials are also expressing their sadness – and saying the most important thing we can all do right now is take the pandemic seriously, while doing everything possible to stop the virus.

Maryland Congressional Delegation pushes FEMA for urgent medical supplies needed to fight coronavirus

[WGMD Radio](#)

The full Maryland Congressional Delegation is pushing FEMA to help with emergency medical supplies as cases continue to climb in the Old Line State.

The time-sensitive request for the Federal Emergency Management Agency (FEMA) comes as COVID-19 cases are on the rise in the state and overall MD-DC-VA region.

The latest bipartisan request comes among reports that Maryland has received only a third of the items requested previously from FEMA.

In a letter to the regional FEMA director, the delegation identified six priority requests to FEMA: ventilators, Personal Protective Equipment, testing supplies, swabs, pharmaceutical supplies for medical surge sites, and mobile medical labs.

The delegation also urged approval of the Crisis Counseling Program under the Individual Assistance portion of the Major Disaster Declaration for Maryland.

The Major Disaster Declaration was approved on March 27, but approval for the State of Maryland is still under review.

Baltimore launches \$50K grant fund for manufacturers making personal protective equipment

A new \$50,000 city grant fund is launching to provide grants to Baltimore manufacturers who are shifting their operations to make products to protect against COVID-19.

Announced on Wednesday by Mayor Bernard C. "Jack" Young and the Baltimore Development Corporation (BDC) along with its Made in Baltimore program on Wednesday, the fund will allow businesses to request up to \$7,500 to offset costs for equipment materials and labor.

"It is essential that we provide new and innovative ways to support our local manufacturing, especially during these critical times," Young said in a statement.

"This grant will specifically support Baltimore businesses in their production of much needed Personal Protective Equipment, including vital wage support."

In order to qualify, businesses must be making products identified on the state Department of Commerce's Maryland Critical Needs List. These include masks, gowns, face shields and gloves, as well as hand sanitizer and disinfectant wipes. With the shortage of protective equipment for front-line workers, Baltimore's makers and manufacturers have converted operations to help with supplies. Andy Cook, who is program manager for BDC's Made in Baltimore program, counts a dozen such operations.

It has also brought businesses together that spun up production quickly. Last week, for instance, Remington-based Mount Royal Soap Co. joined up with Charm City Meadworks and Waverly Color Company to make hand sanitizer.

Using a formula released by the World Health Organization, the three founders of Mount Royal Soaps started their operation in a 20-quart stock pot and teamed with Charm City Meadworks to expand. The craft beverage company produces honey, which is about the same consistency as hand sanitizer. They've since bought a tanker truck of alcohol and are now producing in a pair of 1,200 gallon tanks at the Meadworks facility. And Waverly Color Company, which supplies tattoo shops, had pocket-sized bottles. With production at Charm City Meadworks, Mount Royal Soaps' showroom and production facility is now a shipping and fulfillment facility.

"We've been supplying, on average, 1,000, units a day to Baltimore city government," said Pat Iles, a cofounder of Mount Royal Soap Co. It is being used by Baltimore's fire department, sanitation workers with the Department of Public Works and senior housing facilities, as well as postal workers around the state. The operation is also employing the staff members from the three businesses that were disrupted when social distancing measures were put in place to keep up with demand. Iles said they are looking to keep getting supplies, and continue producing.

There's also a need to keep making equipment for medical professionals, as shown when Greenmount West makerspace Open Works kicked off an effort to make face shields for local hospitals, and put out the call to volunteer 3D printers who have since responded in droves. And Innovation Works is interfacing with the healthcare system to help identify what's needed.

With the new fund from the city, the open call is going out that funding is available. The grant is designed to help with retooling costs, materials and labor, Cook said.

"It is a way to help our small manufacturers tool up to meet this very immediate need in a rapid way," he said. "Our hope is that it helps in the short term but also

helps small manufacturers in the long-term” — and looking beyond the crisis, it can also help them gain more experience, as well as connections with the city’s anchor institutions.

Applications will available on BDC’s website. Email andy@madeinbaltimore.org with questions.

Pennsylvania

Pennsylvania asked FEMA for nearly 500,000 N95 masks. It’s still 380,000 short.

WASHINGTON — As Pennsylvania braces for the worst of the coronavirus to hit, state officials have requested 494,392 N95 medical masks from the Federal Emergency Management Agency to protect frontline medical workers.

To date the state has received less than a quarter of that amount — 112,250.

State officials have been told that more are on the way, but even once those arrive, they'll be more than 261,000 masks short of what they've asked for, according to FEMA data and the state's Health Department. The medical-grade masks block particles and are critical for health-care workers treating coronavirus patients.

It's a similar story with some other vital equipment, according to FEMA figures released Thursday by Democrats who run the U.S. House Oversight and Reform Committee. As of Monday Pennsylvania had received 216,621 fewer pairs of gloves and nearly 55,500 fewer surgical gowns than it has requested, according to the information House Democrats received from FEMA.

Pennsylvania equipment requests from FEMA

Pennsylvania faces a shortfall in N95 masks and other equipment requested from FEMA to fight the coronavirus, but a surplus of other items.

Though it wasn't included in the data released Thursday, Gov. Tom Wolf has said the state is also seeking an additional 1,000 to 1,400 ventilators.

Meanwhile, Pennsylvania is on track to have a surplus of face shields and surgical masks. It has already received much of what it asked for, including more face shields than requested, yet additional supplies of both are en route, according to FEMA figures and the state Department of Health. In each case, the state would end up with tens of thousands more than requested — including an extra 62,435 face shields, while governors in other states are struggling to obtain supplies.

In neighboring New Jersey, for example, Gov. Phil Murphy has said the state was still seeking 864,000 more face shields, along with other items.

The numbers add to the concerns that the federal response to the pandemic has been scattershot and disorganized. Many of the early shipments have been based on population size, not state requests, said Nate Wardle, a spokesperson for Pennsylvania's Health Department.

Democrats blasted the shortfalls.

"The new documents we are releasing today confirm the urgent warnings we have

been hearing from our nation’s governors and health care professionals for weeks — they do not have enough personal protective equipment and medical supplies, and the Administration has provided only a tiny fraction of what they desperately need," said a statement from Rep. Carolyn Maloney (D., N.Y.), chair of the oversight panel. "Rather than casting doubt on the gravity of this pandemic, the Administration should have been working around the clock to prepare and execute plans to obtain desperately needed personal protective equipment and medical supplies."

Governors facing the growing wave of coronavirus cases have complained that they are bidding against one another for the same items, rather than having the federal government acquire equipment and distribute it as needed.

FEMA did not respond to a request for comment Thursday.

Earlier, however, President Donald Trump tweeted: "Massive amounts of medical supplies, even hospitals and medical centers, are being delivered directly to states and hospitals by the Federal Government. Some have insatiable appetites & are never satisfied (politics?). Remember, we are a backup for them. The complainers should ... have been stocked up and ready long before this crisis hit. Other states are thrilled with the job we have done."

House Democrats released data Thursday from the FEMA region that includes Pennsylvania, Delaware, the District of Columbia, Maryland, Virginia, and West Virginia.

Their information also shows that in many instances Pennsylvania has requested far less than its neighbors. Wardle, of the Health Department, said the state already had a stockpile of some supplies.

**Coronavirus Latest:
Boeing To Shut Down
Delaware County Plant
For Two Weeks To
Combat Spread Of
COVID-19**

<p>CBS 3 Philly</p>	<p>RIDLEY TOWNSHIP, Pa. (CBS) — At the end of the day Friday, Boeing will shut down its Ridley Township plant for two weeks to combat the spread of COVID-19. Boeing says it will use that time to deep clean its buildings.</p> <p>Employees will be paid during the shutdown.</p> <p>“Suspending operations at our vital military rotorcraft facilities is a serious step, but a necessary one for the health and safety of our employees and their communities,” said Steve Parker, Vertical Lift vice president and general manager, and Philadelphia site senior executive. “We’re working closely with government and public health officials in the tri-state region. We’re also in contact with our customers, suppliers and other stakeholders affected by this temporary suspension as we assist in the national effort to combat the spread of COVID-19.”</p> <p>Boeing says the facilities will reopen on April 20.</p>
<p>7 test positive for coronavirus at Bucks facility for people with intellectual disabilities</p>	
<p>The Philadelphia Inquirer</p>	<p>At least seven people at a Bucks County facility for people with intellectual disabilities have been diagnosed with the coronavirus. Four residents and three staff members at Woods Services in Langhorne have tested positive, and additional residents have exhibited symptoms consistent with those of the coronavirus, Woods’ president and CEO said in a letter to the community.</p> <p>The four residents have been moved into an isolation residence, as have others who are sick and awaiting test results, said Tine Hansen-Turton, the president and CEO.</p> <p>For weeks, she said, Woods has been monitoring residents for symptoms, screening staff members with temperature checks, operating on a no-visitor policy, and preparing two isolation residences that have negative pressure rooms, personal personal equipment for staff, and other supplies.</p> <p>But, she said, “we have also operated under the assumption that we would be facing this scenario eventually.”</p> <p>Woods Services, a nonprofit, provides care for more than 4,000 people with intellectual and developmental disabilities, brain trauma, and other behavioral conditions, and employs 6,000 people.</p>
<p>Pennsylvania schools move online amid indefinite closure</p>	

[Daily American](#)

(The Center Square) – Pennsylvania extended public school closures indefinitely this week, forcing many districts to move instruction online for its students.

Gov. Tom Wolf made the call Monday as cases of novel coronavirus surge statewide. As of Thursday, more than 7,000 residents have tested positive for COVID-19 and 90 have died.

Education Secretary Pedro Rivera advised districts to subscribe, free of charge, to online learning platforms Odysseyware and Edgenuity. The department will also offer “equity grants” to schools struggling to provide enough laptops, tablets or other school supplies to their students. The one-week application process begins April 6.

“We are pleased to be able to leverage these resources to assist our schools during this unprecedented situation,” Rivera said Monday. “Recognize that these resources are optional; use them to the extent that they provide value to your existing continuity of education plans. PDE will continue to provide schools and communities with updated guidance as we work through the school closure challenges together.”

Cyber charter schools will continue with their educational programs, but avoid in-person meetings with students, said Ana Meyers, executive director of the Pennsylvania Coalition of Public Charter Schools.

Gov. Tom Wolf signed Senate Bill 751 last month, an emergency school code bill that waived education mandates districts would be unable to meet given the coronavirus pandemic. It also froze cyber charter school funding at the March 13 enrollment level – meaning cybers can continue admitting students, but will not see any additional dollars passed through school districts to cover them.

Meyers said cyber charters also chose to limit or suspend advertising altogether during the pandemic.

“The cyber charter school community is not looking in any way to benefit from this global health crisis,” she said. “They don’t want to be seen as profiteering from a pandemic.”

Doctors in Pennsylvania say they've developed potential coronavirus vaccine

[WBNS](#)

PITTSBURGH — Scientists at UPMC and the University of Pittsburgh School of Medicine announced they have found a potential vaccine against the new coronavirus that has spread into a pandemic.

UPMC said the scientists tested the vaccine on mice and found it produces antibodies specific to SARS-CoV-2 that can neutralize the virus. Researchers dubbed the vaccine, which would be given through a fingertip-sized skin patch, PittCoVacc, short for Pittsburgh Coronavirus Vaccine.

Researchers were able to quickly find a potential cure because they laid the groundwork during earlier coronavirus epidemics.

“Our ability to rapidly develop this vaccine was a result of scientists with expertise in diverse areas of research working together with a common goal,” said co-senior author Louis Faló, M.D., Ph.D., professor and chair of dermatology at Pitt’s School of Medicine and UPMC.

However, Faló said in a paper for EBioMedicine magazine that testing patients will last about a year or longer.

"This particular situation is different from anything we’ve ever seen, so we don’t know how long the clinical development process will take. Recently announced revisions to the normal processes suggest we may be able to advance this faster," Faló said.

The researchers also used a new approach to deliver the drug, called a microneedle array, to increase potency. UPMC explained that the patch goes on like a Band-Aid and then the tiny needles — which are made entirely of sugar and the protein pieces — simply dissolve into the skin.

The authors are in the process of applying for an investigational new drug approval. The Federal Drug Administration's U.S. Food and Drug Administration’s Center for Biologics Evaluation and Research External (CBER) is responsible for regulating vaccines in the United States.

As part of vaccine development, there's a multiple-step approval process that typically includes an application, an inspection of the manufacturing facility and getting the drug approved by a biological products advisory board.

So far, the virus worldwide has more than 980,000 confirmed cases and it has killed more than 50,000.

**Harrisburg University
providing protective
shields to fight against
coronavirus**

[ABC 27](#)

HARRISBURG, Pa. (WHTM) — Harrisburg University is providing protective medical face shields through 3D printing. Dr. Charles Shearrow is leading the effort through the school's Advanced Manufacturing program.

Shearrow says they are able to print 12 shields per day and their goal is to help protect healthcare workers against COVID-19.

"It is one of those things, when you know how to do something and people need help, you volunteer," said Shearrow. "That is what we are doing as we move forward."

Harrisburg University is teaming up with the Pennsylvania Healthcare Association. The university is covering the costs of the printing while PHCA will distribute them to local caregivers in nursing facilities, personal care homes and assisted living residences.

As Pennsylvania revenue drops 6.2% in March, taxes from cigarette and alcohol rises

[Philadelphia Business Journal](#)

The Pennsylvania Department of Revenue reported a decline of 6.2% for its General Fund in the month of March, down \$294.6 million from its anticipated \$314.1 million.

Fiscal year-to-date figure collections for its General Fund now total \$25.3 billion, which is \$45.6 million, or 0.2%, below its targeted estimate.

“The shortfall in March is only partially related to the COVID-19 outbreak,” Department of Revenue Secretary C. Daniel Hassell said in a press release. “We expect the pandemic will have a greater impact on revenues in the coming months, particularly in a month like April when many of the tax filing due dates are pushed back.”

Hassell added that the department will continue to monitor the situation closely and that he will provide continuous updates to the governor and the Pennsylvania General Assembly.

For March, sales tax revenues totaled \$839.2 million, down \$24.2 million from expected. Pennsylvania income tax revenues were also down \$120.6 million from its anticipated \$1.3 billion estimate.

Inheritance tax revenue, however, was up for the month by 8.2% higher than anticipated at \$20.6 million above estimate. Cigarette, malt beverage, liquor and gaming taxes, totaled \$58.8 million for the month, which was \$1.9 million above estimate.

The Pennsylvania Liquor Control Board closed all Fine Wine & Good Spirits stores earlier this month, prompting long lines of customers prior to the move. The stores are now offering online delivery.

In Pa., a freeze on evictions amid coronavirus. What that means for tenants and landlords.

The letter stating that her eviction hearing was postponed came as a true help to Helen Brown.

Brown, who works in housekeeping at a hotel, said she's seen her schedule cut from about 30 to 25 hours per week. She owes her rent for March, which is \$800. Now, with the court proceeding pushed back, she has more time to save up.

"I was happy I got it," said Brown, 63, of York. "Because I didn't have the money at the time."

Meanwhile, Cathy Krout, a landlord in York with two rentals, had already won an eviction against a tenant who hadn't paid in five months — a situation that predated the economic fallout from the novel coronavirus. Then, she learned that she couldn't go forward with the lockout.

Krout lives on a fixed income and relies on the rent to help pay her bills. She said she's a nice person and understands that life happens. But she gets upset when people take advantage of her kindness.

"People just think, 'All landlords are rich,'" Krout said. "No, we're not."

The Pennsylvania Supreme Court has put a freeze on evictions for non-payment through at least April 30 in response to the new coronavirus, which causes a disease known as COVID-19.

To some renters, the development represents a sort of reprieve, ensuring that those who've lost hours or been laid off won't be thrown out during a global pandemic. Yet smaller landlords including Krout worry that the move could put them in a precarious financial situation.

York Mayor Michael Helfrich said police will enforce the court's temporary ban on evictions. People who've been living places including rooming and boarding houses, recovery homes and hotels for at least two weeks, he said, will also be protected.

"Now, we do want everybody that can, to pay their rent. Because you're going to have to pay it sometime down the road here," Helfrich said at a news conference on Wednesday outside York City Hall. "If landlords don't have the money to keep up with their properties, they could lose the properties, and then you still may lose your house — you still will have housing insecurity."

Brown said she began seeing her hours reduced several weeks ago. She said she must come up with additional money for late fees and court costs.

If her eviction hearing hadn't been delayed, Brown said she would've had to forgo paying other bills to cover rent.

"I have to pay it," she said, "because that's where I live."

Krout — she's not Brown's landlord — said she's an understanding person. One of her tenants, she said, was laid off due to the coronavirus and promised to pay after receiving unemployment compensation.

Meanwhile, Krout won a more than \$3,300 judgment against her other tenant who hadn't paid rent in five months.

Though Krout has someone who's interested in the home, she can't proceed with a lockout or show the property. She said she'd prefer the house to remain empty than having a person living in it for free and running up bills.

She's raising three boys — 14, 15 and 16 — and is struggling herself. "If somebody doesn't pay me rent, I can't pay my bills," she said. "We're both going to lose."

"To some people, this is like a free ride," Krout said. "This is how they're looking at it."

Besides the pause on evictions, the coronavirus is affecting some landlords in York County in a different way: filling vacancies.

Steve Konarzewski, a landlord with four rentals, said he's currently managing two vacancies and has seen interest in them drastically drop off.

In the past, Konarzewski said, he'd typically have 20-30 people who were interested. He said he's only received three inquiries between the two rentals.

"Right now, we went from one of the strongest economies ever to, basically, from the way things are looking, things possibly not seen in this era since probably the Great Depression," Konarzewski said. "It's a scary time for investors, lenders, tenants, landlords — everyone across the board."

Konarzewski doesn't believe in kicking people out because they lost their job at no fault of their own — he said his first option would be to come up with a plan with the tenant. But if the government helps renters, he said, he believes it should assist landlords, too. He said he still has to pay expenses including the mortgage, property taxes, electricity and water.

"If everyone works together and is as honest as possible," he said, "we can make it through this together."

Philadelphia could close a section of Spruce Street for tent hospital

WHYY

A section of Spruce Street near the University of Pennsylvania could soon close to traffic, to make way for a field hospital to accommodate a potential surge in COVID-19 patients.

Hospital of the University of Pennsylvania (HUP) trauma surgeon Jeremy W. Cannon told The Philadelphia Inquirer that the hospital had spoken with federal officials about converting a stretch of Spruce Street between 34th and 36th streets into hospital tent space. Auto traffic would be diverted along the bustling stretch, which runs between the hospital and the university.

“The nice thing about Spruce Street is that it’s close to the main hospital,” Cannon told the newspaper.

The closure of the busy street for such a facility would likely require the approval of city officials, including City Council. Philadelphia Managing Director Brian Abernathy said Thursday that city officials were not involved in conversations with HUP about the proposed facility.

West Philadelphia Councilmember Jamie Gauthier said Thursday that while she had not discussed the idea with HUP, she supports “whatever efforts are going to save lives.”

“We are in the midst of a once-in-a-generation global public health crisis — and it’s only just begun here in Philly,” Gauthier said. “We need to do everything we can to expand our health care system capacity, and if that means diverting traffic for a period of time, so be it.”

The medical facility would be built as a precautionary measure and, ideally, never used. But health officials have been on edge since a spike of coronavirus cases began to overwhelm hospitals in New York City.

Many regional healthcare centers have already erected additional tent space and Temple University’s Liacouras Center was recently converted into a field hospital.

But the Spruce Street plan would be the first time a large public space in Philadelphia was converted for patient use since the 1918 flu pandemic.

The University of Pennsylvania’s nearby campus quad was also reportedly under consideration as overflow space for patients.

Abernathy has said the city hopes to also eventually have 1,000 beds available to people who can’t quarantine at home, or don’t have a home. Already, the city has opened a quarantine facility at a rented Holiday Inn Express on 13th and Walnut streets.

All 13 floors of the hotel are being used as medical space with some floors reserved for people who test positive for COVID-19 and others used for symptomatic patients who are awaiting test results. The managing director said

city officials are negotiating with other property owners for sites that may ultimately allow for 800 additional beds.

**Pa. has biggest 1-day
increase in coronavirus
cases: 1,211; largest
jump in deaths
reported as well**

For the first time, the number of new cases of the coronavirus hit the four-digit mark in one day in Pennsylvania: 1,211 reported Thursday, bringing the state total to 7,016.

The state Department of Health also reported the highest number of people who died in one day from COVID-19: 16, bringing the total to 90. York County reported its first death.

New deaths reported Thursday were: 4 in Northampton County, 3 in Philadelphia and Montgomery counties, 2 in Monroe County, and 1 each in Berks, Chester, Delaware, Lancaster, Luzerne and York counties. It is unclear why the county breakdown totals 18 new deaths but the statewide figure provided totals 16.

Dauphin County increased from 59 cases on Wednesday to 67 on Thursday, with one death overall. York County went from 79 cases to 102 cases. Lancaster County went from 157 to 203, with 1 new death reported, for 4 total deaths. Cumberland County went from 38 to 41 cases, with 1 total death.

The counties with the most number of cases continue to be in southeast Pennsylvania and the Pittsburgh area. Philadelphia County is up to 1,852 cases and 13 deaths, and Montgomery County has 735 cases and 9 deaths. Allegheny County has 419 cases and 2 deaths.

Of the cases in Pennsylvania, state Department of Health Secretary Rachel Levine said 216 have required intensive care, and 130 have need a ventilator. About 350 of the cases are in health care workers, and about 10 percent of the 695 licensed nursing homes in the state have at least one case.

All deaths are in adult patients, Levine said.

A Penn State Health Milton S. Hershey Medical Center patient died from COVID-19 on Friday.

Also, Penn State Harrisburg in Lower Swatara Township over the weekend reported its first case. Also, a Lower Swatara Township employee might have the virus.

Cases have been reported in 62 counties of the state's 67 counties. Forest and Wyoming reported their first cases Thursday. Clinton, Elk, Fulton, Jefferson and Sullivan are the only counties without reported cases.

There have been 47,698 negative tests for the coronavirus.

The number of cases increased statewide by 962 on Wednesday, 756 on Tuesday, 693 on Monday, 649 on Sunday, 533 on Saturday, 531 on Friday, 560 on March 26, 276 on March 25, 207 on March 24, 165 on March 23, 108 on March 22, 103 on March 21, 73 on March 20, and 52 on March 19.

	<p>Positive cases by age range</p> <ul style="list-style-type: none">• 0-4 years, less than 1 percent• 5 to 12 years, less than 1 percent• 13 to 18 years, 1 percent• 19 to 24 years, 9 percent• 25 to 49 years, 41 percent• 50 to 64 years, 29 percent• 65 and older, 19 percent <p>Hospitalizations by age range</p> <ul style="list-style-type: none">• 0-4 years, less than 1 percent• 5 to 12 years, 0 percent• 13 to 18 years, less than 1 percent• 19 to 24 years, 2 percent• 25 to 49 years, 20 percent• 50 to 64 years, 28 percent• 65 and older, 50 percent
<p>New coronavirus tests could be powerful tools to manage the pandemic — if they work</p>	

A slew of new coronavirus tests is coming — and so is confusion about them.

Stephen Hahn, the U.S. Food and Drug Administration commissioner, didn't help matters Thursday when he told CBS radio, "We're going to announce today our first approval of a serology test that will, in laboratories, allow the labs to determine exposure in the antibodies." A few moments later, he added that those serology tests "aren't FDA approved. but we've given them the flexibility to go forward as long as they've done their own quality assurance."

Serology tests — so called because they examine the blood serum — could be transformative in managing the pandemic, if they work. In theory, the tests could help diagnose and even treat infections. The tests might also identify people who could safely go back to work, and answer questions about the transmissibility and lethality of the virus.

But just like the laborious, time-consuming molecular tests that have been used worldwide to diagnose the coronavirus over the last three months, the serology versions are fraught with unknowns and pitfalls. Here is an overview:

Immunology

When a virus invades the body, it starts producing telltale proteins, called antigens. The body's disease-fighting immune system then produces antibodies that zero in on the antigens and neutralize the virus. That's a bit of an oversimplification, but it's what Hahn was referring to. Serology tests detect immune activation.

Rapid diagnostic tests, which use a sample of blood or another body fluid, look for antigens (think of the influenza and strep tests) or antibodies, (the HIV test), or both.

The implications

Numerous academic and commercial labs around the world have developed and validated serological antibody tests because of their potential to fill critical needs.

Last week, for example, researchers led by Florian Krammer at Mount Sinai's Icahn School of Medicine, published instructions for making their antibody test to encourage its wide use.

Daniel Stadmauer, a virologist in Krammer's lab, said the first goal of testing is to recruit recovered COVID-19 patients to donate their blood so the antibody-laden plasma can be extracted and given to critically ill patients. Mount Sinai has so far given "convalescent plasma" to four patients.

Another goal is to screen workers, starting with health-care providers, to find those with enough antibodies to safely return to work.

"That could restart the economy," he said. "There is already talk of 'immunity passports' in European countries."

Experts agree that serology tests could also identify people who lack immunity so they can be first in line for a vaccine, which could be available within 18 months. Ultimately, with population testing, called serosurveys, public health authorities could map the full scope of the pandemic and be on guard for resurgences.

China has begun doing such serosurveys. In the United States, United Biomedical is offering its antibody test, free, to all 8,000 residents of Telluride, the wealthy Colorado ski town where the company's cofounders have a residence.

Limitations

If serology tests are so quick and easy, why haven't we been using them since the beginning of the pandemic?

One reason is that looking for secondary evidence of a disease-causing germ is tricky. Timing matters; if there aren't enough antigens or antibodies to be detected, that can undermine the accuracy. Or, if the test isn't precise enough in probing for a protein, it may detect antibodies to the wrong virus, a problem called cross-reaction. Coronaviruses that cause common colds can cross-react with tests for the new virus.

"There is a lot we don't know about the immune response to the virus," said Kelly Wroblewski, director of infectious-disease programs at the Association of Public Health Laboratories. "What antibody [level] is enough for immunity? We have to make some assumptions."

"The clinical value of these tests is not known yet," researchers wrote in the current issue of the *Journal of the American Medical Association*. There are "challenges such as cross-reactivity, and ... sometimes the test does not detect the virus when it is there."

The Spanish government can attest. It bought and then withdrew 340,000 Chinese-made coronavirus antibody testing kits, deeming the test too inaccurate to use to diagnose patients. The maker, Bioeasy Technology, said it would replace some of the tests.

Until now, worldwide diagnosis of coronavirus has relied on time-consuming molecular tests that use PCR (polymerase chain reaction) to look for viral RNA in nasal swab samples. But even this highly sensitive technology isn't perfect; in one Chinese study, 30% of infected patients got negative results.

Regulations

Over the last month, the FDA's regulation of coronavirus testing has gone from restrictive (only the government's test was initially authorized for emergency use) to liberal. Now, any lab or company that wants to roll out a molecular PCR test for coronavirus can do so as long as the maker submits data to the FDA for review within 15 days.

As for serology tests, the makers don't even have to go through FDA review

because the tests “are less complex than molecular tests and are solely used to identify antibodies to the virus.” Makers still have to validate their serology tests, notify the FDA, and include warnings that the results “should not be used as the sole basis” for a diagnosis.

Nonetheless, Cellex, a North Carolina company, went through FDA review and got an emergency authorization, issued Wednesday, for its serology test. Cellex is the “first approval of a serology test” that Hahn referred to.

Why does Pennsylvania have so many more unemployment claims than even larger states?

[Philadelphia Inquirer](#)

About 377,000 Pennsylvanians filed unemployment claims during the first week of coronavirus shutdowns, more than twice as many people as in any other state. As bad as the first week was, even more Pennsylvanians — 406,000 — filed for benefits last week.

Nationwide, initial unemployment claims soared to 6.6 million for the week ending March 28, according to data released Thursday by the U.S. Department of Labor. That marks the highest level of seasonally adjusted initial claims ever recorded by the government, breaking the record of 3.3 million set just a week earlier.

Before the world ever heard of the coronavirus, the previous high was 695,000 in October 1982, which lends some scale to the unprecedented pace of the economic paralysis triggered by the public health emergency.

Pennsylvania had the second highest total for last week, as weekly unemployment claims in California soared to 879,000. New Jersey reported 205,515 new claims last week, up from 115,815 (a number that was adjusted down from the state's previous report of 155,000).

Pennsylvania's two-week total of 783,331 new claims is still the second largest number nationwide since March 14. One of the few states that reports daily tallies, Pennsylvania says 195,000 workers filed initial claims during the first four days of the reporting week, through Wednesday. It is on pace to surpass by Thursday a million new claims since the outbreak arrived.

The state's unemployment claims from the last two weeks are higher than all of last year's. When measured as a percentage of the workforce, almost 12% of Pennsylvania's workforce has filed for benefits in the last two weeks, making it the hardest-hit state in the nation, according to an Inquirer analysis. (Only two other states are in double digits: Rhode Island is second at about 11.5%, and Nevada is third at 10.5%.)

Why is Pennsylvania, which is neither the most populous state nor the hardest hit yet by the pandemic, outpacing most other states?

And is joblessness really worse here? To that question, experts say: Yes. And maybe not.

Pennsylvania's big numbers are the consequence of early and aggressive action by Gov. Tom Wolf to shut down the state's economy to curb the spread of the virus, said Mark Zandi, chief economist at Moody's Analytics in West Chester.

"Gov. Wolf was early in requiring businesses to shut down, particularly here in Southeastern Pennsylvania, long before many other parts of the country began to lock down their businesses, so we were early going into this," Zandi said.

Wolf on Wednesday extended the stay-at-home order to all 67 counties.

Wolf's order idled most major construction sites in Pennsylvania except those involving health-care facilities, said Gene Barr, president of the Pennsylvania Chamber of Business and Industry. In other states with coronavirus lockdowns, construction has continued largely unabated, though New York state recently shut down construction.

"Pennsylvania arguably has the most restrictive provisions as it relates to businesses continuing to operate," Barr said.

The Wolf administration has since granted waivers to some other construction projects, but the industry is largely idle. And construction workers, whose jobs are often seasonal or cyclical, typically know how to tap into the unemployment insurance system without delay, labor experts said.

The Wolf administration acknowledged that the state's early shutdown played a big role in boosting the tally. It also encouraged workers to file unemployment claims. More than two weeks ago, the Pennsylvania Department of Labor and Industry began temporarily waiving some requirements to speed up the filing process.

"Pennsylvania was one of the first and largest states to take action to save lives and stop the spread of COVID-19 with aggressive mitigation efforts, therefore an increase in unemployment compensation applications would be expected," Penny Ickes, spokesperson for the Pennsylvania Department of Labor and Industry, said in an emailed response to questions.

Pennsylvania's numbers also may have run up quickly because unemployment insurance is often a jobless worker's first line of defense in the state. Some large states have other programs in place — mandatory paid sick leave, short-term disability, paid family and medical leave — that may kick in initially and mask the severity of job losses there.

"California, New York, and Washington all have such programs, allowing them other means of paid leave for workers who may temporarily be unable to work due to COVID-19," Ickes said.

Though Pennsylvania's unemployment compensation system is choked with 25 times more applications than it received on a weekly basis in early March, and has been the subject of much criticism from frustrated workers, it did not suffer major disruptions like those reported in California and New York, economists said.

Zandi, the Moody's economist, also said Pennsylvania's numbers may have been boosted because its economy was particularly frail going into the coronavirus outbreak — its manufacturing, transportation, agriculture, and energy sectors had already suffered from trade war damage.

"People were on edge and probably went over the edge faster than other parts of the country just because they were already struggling," he said.

Most experts said Pennsylvania’s quick start out of the gate was a harbinger of worse things to come as other states begin to catch up this week, and the federal numbers released Thursday seemed to bear that out. New York state, the epicenter of the COVID-19 outbreak in America, reported 366,000 new claims last week, up from 80,000 the previous week. It’s reasonable to assume New York’s numbers will eventually surpass most other states’.

The detached analysis of hard data may be little solace to individuals and small business owners who are struggling with joblessness, and have received no response from their state’s overwhelmed unemployment systems.

Steven Mavros, an acupuncture therapist and co-founder of the Healing Arts Center in Philadelphia, was forced to largely shut down his business because its work involves close contact with patients. The acupuncturists are self-employed independent contractors, but they pay fees to the center. The loss of revenue forced Mavros to lay off six of his eight administrative employees on March 17.

“Friday was going to be payday for those people, and they were hoping to get their unemployment by then,” Mavros said. “So I’m thinking I might have to hand my staff, like, cash out of my pocket just so they have something until unemployment starts coming through.”

The employees applied for unemployment benefits by March 20, but not none of them had received a response from the state by Wednesday, Mavros said. According to Pennsylvania’s Office of Unemployment Compensation, those employees should be receiving benefits this week.

“None of them have gotten a single response,” Mavros said. “So I don’t — you know, I don’t know where to guide them or what to tell them.”

Lizzo sends lunch delivery to Hospital of the University of Pennsylvania workers

[Philadelphia Inquirer](#)

Workers at the Hospital of the University of Pennsylvania were treated to lunch Thursday by the Grammy-winning singer Lizzo, who has been sending food to hospitals caring for COVID-19 patients all week.

“Shoutout to the Hospital of the University of Pennsylvania,” Lizzo said in a video Penn Medicine shared on social media. “I just wanted to tell you personally: Thank you so much for everything you are doing during this pandemic.

“The least I could do is send y’all some lunch,” she continued.

Earlier this week, Lizzo sent meals to hospitals in Detroit, Minneapolis, and Seattle.

A publicist for the singer told the Seattle Times that Lizzo sent food to hospitals “that were hit really hard for staff working around the clock.”

Virginia

How many coronavirus patients are hospitalized in Virginia? Depends on whom you ask.

Virginia's public-facing COVID-19 dashboard, viewed nearly 15 million times, might be underselling the number of patients who have been hospitalized with the novel coronavirus.

The counts matter because it helps officials assess hospital capacity as the state braces for a surge of cases.

The problem is that the state's health department, which publishes new numbers at 9 a.m. every day, said Thursday there had been 246 total hospitalizations since Virginia recorded its first novel coronavirus case nearly a month ago. That figure is representative of all hospitalizations, including those who have been discharged or who had been in the hospital and died, as of 5 p.m. Wednesday.

But the Virginia Hospital & Healthcare Association reported on the same day that there were currently 370 hospitalizations of confirmed COVID-19 patients, with 173 in ICU beds and 129 on ventilators, according to Julian Walker, a spokesman for the industry group that represents some 27 of the state's health systems. In addition, 145 coronavirus patients had been discharged, he said.

Those figures are more than double what the state had reported as of Thursday. Asked about the difference, health department spokeswoman Tammie Smith said that the state and hospital association use different data sets.

The health department's figure is based on its own case investigations, so it represents the "confirmed COVID-19 cases that we know to have been hospitalized in the course of our investigation," Smith wrote.

The hospital association uses hospital data that is updated every day. The health department plans to start using it, she said.

As the coronavirus pandemic has already overwhelmed healthcare systems in Italy and Iran, hospital capacity is a key concern in the United States as the virus spreads. In New York, which has reported 92,000 cases and nearly 2,500 deaths, doctors may soon face questions of who to treat if there are not enough ventilators for all patients.

For Virginia, which has roughly 1,700 confirmed COVID-19 cases, the hospitalization statistic helps officials accurately assess hospital capacity, said William Petri, vice chair for research at the University of Virginia's Department of Medicine. Modeling shows that the state's hospitals could be pushed to the brink under many scenarios in the coming months.

"It will be important to track bed capacity so that we can plan for care properly, especially in 1-3 weeks as the numbers of hospitalized individuals increases," he wrote in an email.

To prepare for the worst, some hospitals have already requested more licensed beds and the state is working with the Army Corps of Engineers on surge sites around the state, with one each in Hampton, Northern Virginia and the Richmond area.

But at this point, the state is not near its capacity. Of Virginia's roughly 2,200 ventilators, only about 25% are in use, Walker said.

Dr. Norm Oliver, state health commissioner, referenced the Virginia Hospital & Healthcare Association's numbers in a Wednesday press conference, when he said there were 305 current hospitalizations. But the health department's figures showed 208 cumulative hospitalizations at that point.

To date, the Virginia Health Department has declined to provide any more details on the number of statewide patients, such as listing the number of patients in age

ranges — as they have for all people who have tested positive for the virus. They also have not provided a geographic breakdown for the hospital patients. Other state’s health departments, like in Florida, have provided such information on a daily basis.

Virginia receives “D” in social distancing

[WRIC](#)

(WRIC/WJHL) – Virginia has been doing a poor job of social distancing, according to Unacast.

Unacast compared current location data to data collected before the COVID-19 pandemic began. The data includes changes in time spent around the home and total distance traveled.

Virginia has a score of a “D” as of Thursday evening.

The United States as a whole received an average score of a “C.”

In Central Virginia, the city of Richmond received an “B-,” while Henrico County and Chesterfield County received a “C” and “D” respectively. Hanover County, Hopewell and Petersburg received a “D-.”

Some other grades for Virginia counties/cities:

- Charlottesville – “A-“
- Williamsburg – “A-“
- Albemarle County – “B-“
- Spotsylvania County – “C”
- Dinwiddie County – “D”
- Goochland County – “D-“
- Louisa County – “D”
- New Kent County – “D-“
- Charles City County – “F”
- Greensville County – “F”

You can view the full map of the U.S. broken down by county by clicking [here](#).

Virginia reports largest overnight increase in coronavirus cases | Here’s a breakdown of the numbers

RICHMOND, Va. (WWBT) - The Virginia Department of Health reports 2,012 confirmed COVID-19 cases, 46 deaths and 312 hospitalizations throughout the state Wednesday.

The total number of cases increased by 306 throughout the state - the largest overnight increase so far.

Richmond and Henrico have the highest number of cases in central Virginia.

When it comes to testing, 19,005 Virginians have now been tested for the virus.

On Monday, Governor Ralph Northam implored Virginians to stay at home as the coronavirus continues to spread. His order began immediately and will last until June 10 unless rescinded or amended.

"The sooner we can put this health crisis behind us, the sooner our lives will return to normal and the sooner our economy can revamp," Northam said during a press conference.

The order will allow people to leave their homes for essential services like seeking medical attention, buying groceries, banking and more. But Northam asks that anyone who can work from home to do so.

Anyone with questions related to a business can email business@virginia.gov for more information.

Anyone caught not complying with the order could be criminally charged with a class 1 misdemeanor.

"This is not a time that we are looking to put people in jail, but this is a time where we are looking for Virginians to comply," said Northam.

Wednesday, the commonwealth got its third shipment from the national stockpile of personal protective equipment for healthcare workers.

Governor Northam said his team is working with the Army Corps of Engineers to help fight coronavirus, choosing 41 sites around Virginia to be used as medical facilities. Some of those sites include the Exxon Mobil facility in Fairfax, the Hampton Convention Center and a yet-to-be-announced site in Richmond.

Northam has also urged everyone to fill out the Census forms, either through the mail or online. He added that it can help the federal government allocate money, and respond when things get back to normal.

"Getting an accurate count of everyone living in Virginia will ensure that we get out full share of federal funding for a variety of programs. That will be even more critical as we work to recover from the impacts of this pandemic," he said.

For many Virginians, the first of the month means rent is due, which may be more difficult for some in the midst of the pandemic, but some relief is on the way.

"For those who have federal mortgage loans through the Virginia Housing Department Authority, we're deferring loan payments up to three months if people need it. We're also suspending evictions for anyone with public housing vouchers," Northam said.

The governor also addressed the upcoming local elections in May, and congressional primaries in June. While he says the candidates running need to get creative, in terms of campaigning remotely, his office is exploring the best way to hold voting - but encourages Virginia to do it through absentee ballots in the mail.

Governor Ralph Northam will continue to update the commonwealth on the coronavirus outbreak on Mondays, Wednesdays and Fridays at 2 p.m.

While the current number of confirmed cases stands at 2,012, experts expect that to continue to climb as more tests and supplies become available. The numbers

reported by the Virginia Health Department are only updated once a day. Northam previously said he's making his decisions on the response to COVID-19 based on science and data and takes full responsibility as governor.

Trump declares major disaster in Virginia. The state has gotten a fraction of the supplies it's requested.

President Donald Trump has declared that a major disaster exists in Virginia, a move that releases federal funds to help the state combat the coronavirus pandemic.

The White House said in a news release Thursday money would be available for the state, tribal groups, eligible local governments and certain private nonprofit organizations for emergency protective measures related to COVID-19.

The news comes as a Congressional oversight committee revealed Virginia received a fraction of the medical supplies it requested from the national stockpile in its third shipment to the state.

The disaster declaration provides a wide range of federal assistance for people and public infrastructure, including funds for both emergency and permanent work, according to the Federal Emergency Management Agency.

The approval comes three weeks after Gov. Ralph Northam declared a state of emergency, and as the number of confirmed coronavirus cases in Virginia reached 1,706.

It's unclear how much money Virginia will receive from the federal government during this disaster declaration.

In a statement Thursday evening, Northam said financial assistance would be given at a federal cost share of 75%.

"We thank the federal government for moving quickly to approve Virginia's request for a major disaster declaration," he said. "This critical funding will support our ongoing, statewide efforts to fight this virus in our Commonwealth and keep Virginians safe."

Trump issued a similar major disaster declaration in neighboring Washington, D.C., on Sunday and in Maryland on March 26. Virginia is the 28th state to receive the declaration.

The U.S. House of Representatives Committee on Oversight and Reform said Thursday the FEMA region that includes Virginia, Maryland, Delaware, Pennsylvania, West Virginia and Washington, D.C. received less than 10% — and in some cases less than 1% — of the personal protective equipment and medical supplies the states requested.

Among Virginia's asks:

Requested 3.3 million gloves and received 263,032.

Requested 104,742 face shields and received 69,600.

Requested 550,065 face/surgical masks and received 318,500.

Requested 2,214,388 N95 respirators and received 155,120.

Requested 87,620 surgical gowns and received 59,886.

It's unclear how the supplies are apportioned and why states in the region aren't getting all of what they're requesting. ProPublica reported last month that the U.S. Department of Health and Human Services told states it is giving out 25% of the stockpile to states according to population size, and sending another 25% strategically to states with the most severe outbreaks. ProPublica reported HHS said the remaining 50% will be held in "strategic reserve," to be used if there's a huge spike of critical needs around the country.

Northam and health officials have repeatedly said they are competing with other states and countries to obtain enough personal protective equipment, medical gear and testing supplies to support the demand in hospitals as coronavirus cases continue to increase. Northam has pleaded directly with Virginia businesses to help with the shortage, even as his administration won't say exactly how extensive the shortage is.

The third shipment of supplies was far below what Virginia sought, Secretary of Public Safety Brian Moran told a teleconference sponsored by the Virginia Campaign for a Family Friendly Economy on Thursday.

Daniel Carey, Virginia's secretary of health and human resources, said the state's topmost priority was getting masks, face shields and gowns to doctors, nurses and respiratory technicians caring for coronavirus patients needing ventilators, since droplets expelled when people cough are the main way the virus is spread.

And Northam said that while several manufacturers have promised to begin making needed protective equipment, it would be several weeks before that could gear up.

In the meantime, Virginia's healthcare workers are getting creative, in some circumstances using trash bags as gowns and wearing donated hand-sewn masks on top of their respirator masks to keep using them longer.

Peter Gaynor, a FEMA administrator, told the Congressional oversight committee on March 20 that FEMA had begun developing a system to track the supply chain and availability of critical supplies.

On Friday, the Trump administration also approved Northam's request for federal reimbursement of costs associated with deploying the Virginia National Guard. Northam said on Twitter Thursday the state has mobilized about 150 troops to perform tasks such as transporting supplies and emergency logistics.

"As we find areas where we need more capabilities or resources are spread thin, I will mobilize additional VNG to help fill any gaps," he said.

Virginia considers delaying raises, minimum wage increase as coronavirus

<p>blows huge hole in state budget</p>	
<p>The Washington Post</p>	<p>RICHMOND — Gov. Ralph Northam is considering whether to delay raising Virginia's minimum wage and postpone pay increases for public employees as the state wrestles with a coronavirus pandemic that could drain more than \$2 billion from its coffers over the next two years.</p> <p>The crisis will cost Virginia hundreds of millions of dollars this fiscal year, which ends June 30, and is likely to carve \$1 billion from each year of the two-year budget the General Assembly approved last month, Finance Secretary Aubrey Layne said.</p> <p>“That is the minimum, and I would suggest it’s worse than that,” he said.</p> <p>Northam (D) is in discussions with lawmakers about how to address the shortfalls and whether to delay long-sought priorities passed by the state’s new Democratic majority just weeks ago — at a time when the state budget was overflowing and the outbreak was something happening far away in China and Italy.</p> <p>“I haven’t made any definite decisions,” the governor said Wednesday, adding that he’s consulting business and labor leaders across the state. “And what I will do . . . after getting input from these individuals, is make a decision that’s in the best interest of Virginia and the best interest of our economy.”</p> <p>Raising the minimum wage was a signature accomplishment this year for Democrats, who settled on a plan to increase it from the current \$7.25 an hour to \$12 by 2023. Business owners have petitioned Northam to delay the increase, as has the Virginia Municipal League, a coalition of local governments.</p> <p>But organized labor argues that workers need the extra pay now more than ever, given the near-total shutdown of the economy during the coronavirus crisis. And many Democrats are loath to back down from promises they made to voters ahead of last fall’s elections.</p> <p>We ran on that issue, and we won on that issue,” said state Sen. Janet Howell (D-Fairfax). “So I think we have an obligation to follow through to the extent that it’s at all possible.”</p> <p>Northam stressed that he is determined to address the public health crisis first and then worry about the crater being blown into the state’s economy and finances.</p> <p>The pandemic comes at a time when Virginia had seemed flush with cash, with Amazon building its East Coast headquarters in Arlington and other businesses flooding in. Northam projected an unexpected windfall of more than \$200 million as recently as early March, when lawmakers were putting the final touches on the \$135 billion biennial budget. They expanded state agencies and boosted funding</p>

for a host of social programs.

The unemployment rate was down to 2.6 percent last month; since then, record numbers of people have filed jobless claims as Northam declared a public health emergency and ordered residents to shelter at home, leading many businesses to shut down. Last week, 112,497 Virginians filed initial unemployment claims, up from a record 46,277 the week before, the Virginia Employment Commission said Thursday.

The pandemic is devastating finances for localities, as well. Fairfax County budget officials this week projected a loss of at least \$72 million in sales, business and other tax revenue by the end of the year. Prince William County officials projected a \$28 million budget gap from economic damage caused by the coronavirus outbreak.

One bright spot: The state has nearly \$2 billion in rainy day and reserve funds, the most ever.

Northam is still reviewing the state budget, and the General Assembly is scheduled to return to Richmond on April 22 to consider any amendments he might suggest. But it's unclear how they'll do that at a time when gatherings of more than 10 people have been prohibited.

Republicans — and some Democrats — had warned about the pending crisis when the General Assembly adjourned on March 12, the same day Northam declared a state of emergency.

Del. Ibraheem S. Samirah (D-Fairfax) drew audible groans when he delayed adjournment by arguing for a special session to address the coronavirus. Sen. Stephen D. Newman (R-Bedford) asked the Senate to hold off voting on the budget to let the crisis take shape.

"There's been a dramatic change in our economy," he said on the Senate floor on March 12. "I'm concerned for Virginia."

But Democrats who control the Senate voted against the delay. Three weeks later, conditions are even worse than Newman anticipated.

"This is not one of the items I wanted to be right about," he said glumly this week.

To address the crisis, Newman wants to throw out the new budget entirely and revert to the two-year spending plan adopted two years ago. He would scrap legislation that could strain small businesses, such as increasing the minimum wage, imposing stricter environmental regulations and boosting the power of unions.

"I believe that businesses in Virginia have been damaged in a very deep way, and we're going to have to do something extraordinary for them," Newman said. "The

first thing you do when you're in a hole is stop digging."

Many Republicans had supported this year's budget, and Newman said he was proud to offer raises to law enforcement workers and teachers. But now, he said, it would be better to cut raises than furlough state employees.

As a member of the Senate Finance and Appropriations Committee, Newman was asked to convey his suggestions to the committee staff this week. Howell, who chairs the panel, will review the suggestions along with Layne, the finance secretary.

"We're preparing priorities and contingencies," Howell said in an interview. "It's a little bit early to be making any decisions." She noted that the state is still trying to determine how much of a revenue hit it will take, how much federal funding the state will receive and what that money can be spent on.

Howell was not receptive to Newman's idea of reverting to the 2018-2020 budget, which was approved when the General Assembly was under GOP control, saying, "It gets rid of all our priorities." She said she hopes to avoid across-the-board cuts to agencies. But no matter what, "it's going to be very painful."

House budget writers are going through the same process, although House Appropriations Chairman Luke Torian (D-Prince William) noted that the state has historically high reserve funds. "At the end of the day, my priorities for Virginia remain the same, and I will work to protect them," Torian said in a statement.

House Speaker Eileen Filler-Corn (D-Fairfax) said she would push to keep the minimum wage increase. "It is imperative that we stand with the grocery store workers, janitors, home health care providers and other frontline essential workers who are risking their lives during this pandemic," she said in a statement.

Twelve Democratic delegates wrote to Northam on Thursday urging him to ensure that K-12 teachers receive full pay and benefits through the end of the academic year.

Layne said he is continually adjusting his revenue projections for the state. "Right now, if we were to do a formal forecast I suspect it would be very, very bad," he said.

For now, the governor's office is focused on the costly process of ramping up its coronavirus response — securing protective gear for health-care workers, setting up temporary bed space and supporting emergency responders as they prepare for a surge in patients. "You're talking in the hundreds of millions of dollars," Layne said.

The federal stimulus package passed by Congress and signed by President Trump will provide about \$3.3 billion for the state and its localities to help offset some costs, Layne said, "but it doesn't help with the lost revenues, it doesn't help with

some of the other expenses we have to do to support that.”

At the same time, localities and businesses are clamoring for relief from state taxes. The problem, Layne said, is that the state collects many taxes on behalf of localities, which are facing their own budget crises. “So it’s a balancing act,” he said.

Eventually, the state will shift emphasis to restoring its business sector.

“The governor has made it clear that it’s an economic crisis also — there’ll come a time for that,” Layne said. “But that’s not what we’re focused on right now.”

**Warner, Kaine
announce \$52 million
for Virginia Housing
Assistance**

WASHINGTON (CBS19 NEWS) -- Senators Mark Warner and Tim Kaine announced \$52,292,406 in federal funding on Thursday to support access to safe and affordable housing in Virginia, according to a news release from the Senate.

Charlottesville will receive \$246,699 from the Community Development Block Grant program.

This funding is part of the first allocation of grants from the coronavirus relief package, which was signed into law last week.

“We’re pleased to see significant funding go directly towards supporting Virginians with affordable housing during this pandemic,” the Senators said in the release. “We will continue fighting to ensure people across the Commonwealth get the federal assistance they need.”

The U.S. Department of Housing and Urban Development (HUD) awarded the funding through three grant programs: The Community Development Block Grant (CDBG) program, the Emergency Solutions Grants (ESG) program and the Housing Opportunities for Persons With AIDS (HOPWA) program.

The funding will be awarded as shown below from the release.

The Community Development Block Grant (CDBG) program provides annual grants on a formula basis to states, cities, and counties to develop viable urban communities by providing decent housing and a suitable living environment and expanding economic opportunities, principally for low- and moderate-income persons. The following localities will receive funding through the CDBG program:

Recipient

Amount

Alexandria

\$671,570.00

Blacksburg

\$314,277.00

Bristol

\$159,013.00

Charlottesville

\$246,699.00

Chesapeake

\$690,158.00

Christiansburg

\$62,234.00

Colonial Heights

\$62,237.00

Danville

\$517,740.00

Fredericksburg

\$115,302.00

Hampton

\$587,909.00

Harrisonburg

\$314,293.00

Hopewell

\$123,919.00

Lynchburg

\$420,487.00

Newport News

\$769,836.00

Norfolk

\$2,653,164.00

Petersburg

\$371,969.00

Portsmouth

\$949,655.00

Radford

\$105,448.00

Richmond

\$2,683,549.00

Roanoke

\$1,056,225.00

Staunton

\$207,590.00

Suffolk

\$282,715.00

Virginia Beach

\$1,209,508.00

Waynesboro city

\$114,079.00

Winchester

\$133,624.00

Arlington County

\$830,027.00

Chesterfield County

\$861,295.00

Fairfax County

\$3,506,542.00

Henrico County

\$1,017,678.00

Loudoun County

\$831,931.00

Prince William County

\$1,585,562.00

Virginia Nonentitlement

\$10,993,780.00

The Emergency Solutions Grants (ESG) program provides annual grants to state, local, and private entities to assist people in quickly regaining stability in permanent housing after experiencing a housing crisis and/or homelessness. In addition to rapid re-housing and homelessness prevention, the ESG program also provides limited funding for street outreach as well as for improving the quality and number of emergency homeless shelters. The following localities will receive funding through the ESG program:

Recipient	Amount
Norfolk	\$1,328,583.00
Richmond	\$1,351,959.00
Roanoke	\$525,434.00
Virginia Beach	\$606,131.00
Fairfax County	\$1,699,586.00
Henrico County	\$508,566.00
Prince William County	

\$791,662.00

Virginia Nonentitlement

\$10,375,562.00

The Housing Opportunities for Persons with AIDS (HOPWA) program provides housing assistance and related supportive services to local units of government, states, and non-profit organizations for projects that benefit low-income persons medically diagnosed with HIV/AIDS. The following localities will receive funding through the HOPWA program:

Recipient

Amount

Richmond

\$194,445.00

Virginia Beach

\$282,244.00

Virginia Nonentitlement

\$178,219.00

**Coronavirus Testing Site
in Virginia Opens With
Few Restrictions**

[NBC Washington](#)

A new coronavirus testing site in Spotsylvania County, Virginia, is attracting people from all across the northern part of the state because of its streamlined testing process.

About a week ago, BetterMed Urgent Care started converting five of its 12 urgent care clinics into strictly coronavirus exam sites. Co-owner Dr. Mark Rausch said he was concerned over the lack of testing. They were able to partner with smaller labs to get a quick plan to increase the number of people they test each day.

“The hope is that some of our facilities were going to have a two-lane system built where we’re going to try to do 120 a day. And seven days a week,” said Rausch.

The process starts with answering a few questions online and an appointment is booked — no doctor’s order required like most other testing locations. Once an individual comes curbside, a mini-exam is conducted before the swab is done.

Results are available in three to five days, which is faster than a lot of other available testing sites. Rausch said they’re planning on inviting first responders and health care providers to get tested without an appointment very soon.

“We’re going to have you come in and just not make an appointment because those are the people that need testing critically and quick, so put them to the front of the line,” Rausch said.

Fredericksburg resident Penny Wack drove to the testing site to get herself and her 15-year-old tested. Her voice is normally heard across the area on Thunder 104.5, but she’s been broadcasting from home since her son got sick. Her husband suggested she get tested.

“I have underlying asthma, and he said why don’t both of you get it,” Wack said.

Nurse Yosiko Dais traveled all the way from Manassas when she heard about the curbside exam.

“We see people on a daily basis with symptoms so I’m curious. I want to know if I’ve been exposed or not,” Dais said.

In addition to the testing site in Spotsylvania, there are also four locations in the Richmond area.

Virginia’s health commissioner braces for the coming surge of COVID-19 patients

As state health commissioner, Dr. Norman Oliver is one of the officials leading Virginia's fight against the coronavirus.

Part of his job is overseeing community health services and the department's public health and preparedness division. He's involved in everything from trying to predict when the virus will surge and how much strain it will put on public health services to trying to get the equipment that will be needed when it happens.

"We're in a situation where we've got a global pandemic. If this was a hurricane that slammed the East Coast and we were short on supplies, I could call a West Coast vendor and get some materials," Oliver said. "But now we're in a situation where it doesn't matter where you call. You can call anywhere in the U.S., you can call anywhere in the world, and they're all tapped out."

The state is trying to get more ventilators and personal protective equipment, but it's an open market and all 50 states and the federal government are competing, Oliver said. They've not been able to purchase more ventilators but have gotten millions of surgical masks, gowns and gloves. The coveted N95 respirator masks have been harder to come by.

"We've gotten several hundred thousand of those, but the need is far greater than that," Oliver said.

So far the state has had no luck finding more ventilators, he said. Currently Virginia is not in a crisis like some other states, so it's not high on the priority list.

"We've ordered some through FEMA," Oliver said. "As you know, New York City, New York state is in extreme crisis and has a great need for these things, so most of those supplies have been going to them."

Oliver and other state officials are working to create a model of how and when the virus will peak in Virginia, but the newness of the virus makes that difficult.

"If it was the flu, we'd have decades and decades and decades of experience of how it acts, and we could pretty much say, you know, what's the infectious period? What's the incubation period," Oliver said. "On this we're looking at a history of what, five, six months?"

Given the lack of data, Oliver said he's approaching this virus as he was trained to approach unknown health issues as a family physician: by trial and error. You look at the evidence and try out courses of treatment.

"I think we're in a situation that's analogous to that. And we know there's going to be a big surge of patients. Depending on the model you look at, they can happen in mid-April to June," he said. "So I feel that what we need to be doing now is preparing for the surge, which means trying to lock down as much personal protective equipment as we can. Working with the hospitals and figuring out ways to expand their capacity."

He said hospitals are working hard to do that. On Wednesday, Gov. Ralph Northam said the state is working with the Army Corps of Engineers on surge sites to treat patients if hospitals run out of beds. One will be the Hampton Roads Convention Center in Hampton and the others will be in Northern Virginia and the Richmond area.

Oliver said his department and emergency services and health professionals throughout the state ran through a scenario in May 2019, looking at what would happen if a pandemic caused tens of thousands of deaths.

They looked at everything from how to treat people to where to put the bodies.

They are as prepared as they can be, but waiting for the surge is still like knowing a hurricane is off shore and will land soon.

“There’s a difference between the model and the real thing,” Oliver said. “You can do the exercises, but the real thing is always totally different.”

Virginia hospitals ask military facilities to open up for COVID-19 care as state selects field hospital sites

[Culpepper Star-Exponent](#)

As the state has begun narrowing sites for building additional hospital capacity in anticipation of an expected surge in COVID-19 patients within the next two months, Virginia's hospitals have asked the federal government to look to military medical facilities to expand capacity.

Gov. Ralph Northam said at a briefing Wednesday that the Army Corps of Engineers had evaluated 41 sites for building out bed capacity and the state had narrowed it down to three locations: the ExxonMobil facility in Fairfax County for Northern Virginia; the Hampton Roads Convention Center in Hampton; and a yet-to-be-announced facility in Richmond. The state chose these sites because they are close to hospital centers, which will have to provide medical personnel and equipment to cover the additional beds.

They also are in areas that current projections show are most likely to need additional capacity, state Health and Human Resources Secretary Daniel Carey said at the Wednesday briefing.

State Health Commissioner Norman Oliver announced that, as of Wednesday, Virginia had 145 people diagnosed with COVID-19 in intensive care unit beds, 108 of those on ventilator support. He said that the state is examining various projections that researchers have published, but is working with the University of Virginia and plans to share a more localized Virginia projection model in the coming days.

As of Wednesday, the University of Washington's projection, which has changed daily, anticipated an ICU bed shortage of 589 beds in Virginia on its peak day on May 20, a need for 734 ventilators and an anticipated total 3,073 COVID-19 deaths by August 4.

The state has said that it has about 2,000 ICU beds and ventilators on hand, but has not given more specific estimates of how many additional beds will be needed.

As the plan to expand bed capacity has come together over the past few weeks, with individual hospital systems canceling elective surgeries and working to add beds, the state's hospital association has argued that planning should be more focused on opening existing resources at military medical facilities in the state.

The Virginia Hospital and Healthcare Association, which represents many of the state's hospital systems, wrote in a letter to Virginia's U.S. senators and representatives that, due to the shortage of personal protective equipment, testing capacity and skilled medical personnel, the association believes that the success of using the convention centers and other expanded capacity would be "uncertain."

Instead, the VHHA has asked the representatives to urge the Department of Defense and the Department of Veterans Affairs to prioritize opening up capacity at existing military and veterans facilities throughout the state. The letter, sent on Monday and obtained by the Richmond Times-Dispatch, lists seven military

medical facilities in the state, including Richmond's Hunter Holmes McGuire VA Medical Center, Hampton VA Medical Center and Fort Belvoir Community Hospital.

The hospital association wrote that it estimates that these facilities could create more than 2,000 additional hospital beds for Virginians and that the facilities already have staff and equipment.

"We believe opening these facilities to all individuals would make a major impact on Virginia's medical surge capabilities amid this evolving pandemic," Sean T. Connaughton, VHHA president, wrote in the letter. "At a minimum, we request the ability to direct or transfer everyone on active military duty, in the National Guard or Reserves, retired military, Department of Defense contractors, and their dependents to these facilities."

State Secretary of Veterans and Defense Affairs Carlos Hopkins said at the Wednesday briefing that he has been in communication with the commanders and directors of the Portsmouth Naval Medical Center and Fort Belvoir Community Hospital and that they, too, are preparing for a surge in patients.

"They are engaged in similar exercises, and suspending elective procedures as well as preparing for a potential surge in their own provision of health care," he said.

"Obviously with the number of veterans and active-duty military we have in Virginia, we understand their primary mission. But, they're also positioning themselves, that in the event we need to ask for those additional resources, they're prepared to provide whatever services they can as well, while serving that military and veteran population."

According to Sen. Mark Warner's office, which received VHHA's letter, the governor can request assistance from the federal government, as the VA has started work in New York by announcing that it is opening 50 beds to non-veteran patients.

"Our staff has been in close communication with the Virginia Hospital Association on how we can effectively handle a potential surge of COVID-19 patients in the commonwealth," Warner spokeswoman Nelly Decker said in a statement.

"Sen. Warner has been in close touch with the VA (including the VA medical hospitals in Virginia) and the Pentagon to understand how they are ramping up to address COVID-19 and their surge capacity to support the civilian medical system.

"The VA and DoD medical facilities can be used to provide surge capacity to civilian hospitals and to provide emergency medical care to all Americans. The VA has consistently stated that it is standing by to provide additional support to the civilian community, as the 4th mission of their agency, if called upon to do so."

Sen. Tim Kaine's office also acknowledged receiving the letter.

“Kaine has been in close contact with the VA and military leaders to discuss collaboration to combat the coronavirus,” spokeswoman Katie Stuntz said in a statement.

“He is very focused on ensuring Virginians have the support they need to respond to this crisis. That’s why he fought so hard to strengthen our health care system in the stimulus package Congress passed last week and why he’ll continue to do all he can to push for additional resources for the commonwealth.”

Washington DC

**Washington, D.C. Needs
3,600 Hospital Beds for
Coronavirus Peak:
Mayor**

[US News & World Report](#)

Washington, D.C. needs an estimated 3,600 hospital beds within the next two weeks as it braces for a coronavirus outbreak, the mayor wrote in a letter to hospitals in the U.S. capital. The federal district is asking hospitals to consider repurposing unused clinical spaces, cafeterias and meeting rooms and reopening medical office buildings and medical towers to create room for more hospital beds, Mayor Muriel Bowser wrote. The estimated peak for cases in the city is April 15, according to the Institute for Health Metrics and Evaluation. New York is at the center of the pandemic in the United States, struggling to treat or bury casualties and the state's governor has grimly predicted that the rest of the country would soon face the same misery. Washington, D.C. has about 700,000 permanent residents, but just one delegate in Congress, instead of two senators, lawmakers and a governor as the states do. Bowser is the district's top official. It is planning to reopen closed healthcare facilities, repurpose "commercial, residential and educational facilities" and build temporary centers, according to the April 1 letter. "We are working aggressively with local and federal partners to meet the deadline of making the first 1,000 of the additional 3,600 estimated medical surge beds in the District available to meet your medical surge needs by April 15," the letter said.

Covid-19 And The Underserved: We Are Not All In This Together

The coronavirus pandemic has ushered in a new phrase—“We are all in this together.” The first time I saw the phrase I thought about the 48 million Americans living below the poverty line and tens of millions more who are one paycheck away from it. I thought about underserved black and brown communities that perpetually face health inequities and higher rates of chronic health conditions. And what about the grocery store clerks, truck drivers and others who keep the essentials of society humming while the rest of the world is hunkered down staying home? Is “We’re all in this together” really a moment of togetherness or is it just a nice, supportive sentiment?

Interviews with three leaders of health and social service-related organizations for the underserved highlight how we are not quite all in this together. Pandemic policies do not give full consideration to the unique needs of underserved communities, particularly the homeless. Consequently, they are unintentionally omitted from our moment of national COVID-19 solidarity.

When asked why we so often forget about the needs of underserved communities, Dionne Reeder, the CEO of Far Southeast Family Strengthening Collaborative, a family support agency in Washington, DC said, “It’s not that we forget about the poor. The problem is we don’t plan for the poor.”

Today In: Healthcare

The impact of this failure to plan is tangible in the stories Reeder shared about the challenges they are seeing on the ground. She says her staff spends most of their time helping people navigate the financial impact of the pandemic which leads to other health consequences like anxiety, depression and frustration with the drastic change in daily routines. Last week a working mother, forced to be home with children, reached a breaking point and asked for their support to help cope with her new way of living. As with many other working parents experiencing a sudden cultural shift in their way of living, she’d never been in this situation before with children home all day and was not equipped for home schooling. Reeder’s organization helped her navigate the situation emotionally and psychologically.

Reeder recalled a news story that for her, highlighted the disconnect between how the mainstream media portrays and discusses the pandemic and the realities her clients face. The news story advised people to quarantine in a room with a private bathroom. Reeder noted this is an impossibility for millions of people not just the poor. She also believes culturally the idea of social distancing is different among her clients because so many live in social environments in which social distancing is not feasible.

PROMOTED

Christy Respress, the Executive Director of Pathways to Housing DC agrees with Reeder and highlighted a range of social issues impacting the homeless that are probably not top of mind for most Americans. She says, “It is difficult to tell clients to stay home, socially isolate and wash their hands throughout the day when many of them live in shelters and have no home. When they hear those things, they may

feel it's impossible for them to stay safe from the virus." Some of Pathways' clients housed in shelters feel it's safer to sleep outside because it is impossible to practice social distancing in a shelter. There is also a concern social distancing and stay home orders exacerbate the baseline social isolation experienced by many homeless people.

Respress says closing non-essential businesses led to an unintended domino effect that collapsed the informal support infrastructure for their clients. When social distancing and stay home orders were implemented, the social safety net gradually disappeared. Many homeless people rely on the unspoken social cooperation sustained by neighborhood activity like people shopping and going to and from work. Altruistic gestures from strangers passing by each day whether buying a meal or offering pocket change, weave a thread of support that doesn't exist right now. When people don't shop and don't go to work, no one is around to help. Respress also worries this decrease in support may destabilize some emotionally and result in spikes in substance use. In addition, bathroom access, something most take for granted, becomes a challenge when the usual sources at retail establishments and restaurants are no longer available.

Another challenge related to pandemic mitigation efforts is adhering to advice to stock up on food. People on fixed incomes cannot stock up on food and for many the food supply will be depleted by month's end.

Luckily, organizations like Martha's Table have been able to help address food scarcity during the pandemic. Since the pandemic onset, the organization has seen a 300% increase in the need for food support. Kim Ford, Martha's Table CEO says, "COVID-19 has hit the underserved very hard because this community has no cushion to absorb an economic downturn." Ford says most of their clients are not as concerned about infection from coronavirus as they are about job loss resulting in unexpected loss of financial security.

Having agencies like these on the frontlines is a gift for those with little means to protect themselves from coronavirus. As this pandemic rages on with unknown speed and devastation, we can't forget the most vulnerable who need even more support. Being in this pandemic together means leaving no one behind and acknowledging the slightest twist of fate could shift the financial and social circumstances for any one of us. So if we are all in this together, this can't be just a slogan. We must include, plan for and protect our most vulnerable too.

Federal government gave D.C. a fraction of what it sought to fight coronavirus

Washington-area leaders slammed the Trump administration Thursday over significant shortfalls in the number of hospital ventilators, respirator masks, gloves and other supplies delivered from a national stockpile to help combat the fast-spreading novel coronavirus.

Virginia, Maryland and the District received just a fraction of the equipment they requested from the Federal Emergency Management Agency, with the District getting zero hospital ventilators and Maryland getting none of the nasal swabs used for testing, according to documents released Thursday by the House oversight committee.

“The Administration’s failure to take this pandemic seriously from the onset will cost American lives,” House Majority Leader Steny H. Hoyer (D-Md.) said in a statement. “Forcing our medical personnel on the front lines of this crisis to perform their duties without the necessary safety equipment is a travesty. We must get them the critical supplies they need without delay.”

Virginia Gov. Ralph Northam (D) said the equipment delivered “isn’t close to enough.”

“We need more, period,” the governor said in a statement. “Virginia will continue to exhaust every option — including federal support — to get what we need on the front lines.”

The White House referred questions to FEMA, which said the stockpile was never intended to fulfill all state and local needs in the coronavirus pandemic and that the federal government is trying to find other ways to obtain supplies to combat the virus.

FEMA has obtained additional supplies from the global market for distribution “in varying quantities, first to medical distributors in areas of greatest need; then, the remainder will be infused into the broader U.S. supply chain,” the agency said in a statement. “Prioritization will be given to hospitals, health care facilities, and nursing homes around the country.”

Robert Kadlec, the assistant secretary of Preparedness and Response at the Department of Health and Human Services, told the oversight committee on March 30 that the federal government is giving states “what they need, not necessarily what they want.”

Medical personnel perform drive-up tests for D.C. first responders in the parking lot of United Medical Center. (Bill O’Leary/The Washington Post)

The distribution information became public as the District, Maryland and Virginia reported hundreds of new coronavirus cases, and as tens of thousands of area residents filed a record number of jobless claims for the second consecutive week. The number of regional fatalities attributed to covid-19 reached 90, underscoring officials’ concerns that the national capital region will become a new epicenter of infection in coming weeks despite the “stay-at-home” orders implemented this week.

States desperate for materials from the national stockpile have encountered a beleaguered system beset by years of underfunding and confusion over the allocation of supplies. FEMA only recently inherited control of the stockpile.

Mike Ricci, a spokesman for Maryland Gov. Larry Hogan (R), said the details of what the region has received “starkly illustrate” what Hogan, chair of the National Governors Association, has said repeatedly: “No state has enough of what it needs to fight this pandemic.”

“As we prepare for a medical surge in the nation’s capital, we urge the federal government to honor our full request of supplies that we need to save lives,” said LaToya Foster, a spokeswoman for D.C. Mayor Muriel E. Bowser (D). “We can’t wait until the surge is here—we need it now.”

Besides receiving no ventilators, the District also got none of the safety goggles and hand sanitizer it asked for and received less than 1 percent of a requested 663,760 gloves and 1,132,478 respirator masks.

Maryland received about a third of the 181,595 face shields, 421,532 respirator masks and 778,129 surgical masks it requested and about 43 percent of a requested 330,540 gloves. The state did not receive any of the 15,000 body bags it asked for.

Virginia received no surgical masks or face shields, and less than 8 percent of the 2,214,388 respirators and 3,386,976 gloves it sought.

Eric R. Houpt, head of the Division of Infectious Diseases and International Health at the University of Virginia Health System, said that while ventilators are important, personal protective equipment such as the high-grade respirator masks are in the “have to have” category as more patients come through hospitals.

“If a hospital system or community gets to a point of, literally, no more gowns, gloves, face shields, or masks — let’s assume that disinfection and re-use of current PPE only can last for so many shifts — then it is hard to imagine how most sentient health care workers will allow themselves to go to work, unarmed, into a firing squad,” Houpt said.

Patient tracker: The latest on coronavirus patients and fatalities

But Rep. David Trone (D-Md.), who has dealt with global supply chains for decades as co-founder of a national wine retailer, said the numbers may not be as dire as they appear. He said it’s important to take into consideration the current situation in Maryland, which has hundreds of ventilators that are not yet in use, and consider that the supplies will move around the country as different areas experience surges of cases.

“We’re one country, and we’re here to help each other,” he said in an interview.

A pedestrian wears a mask while crossing Pennsylvania Avenue NW during a quiet and nearly desolate morning rush hour on Thursday. (Matt McClain/The Washington Post)

Trone said he is confident Maryland will be prepared by early May, when, he said, experts have told him the caseload will resemble surges experienced in the hardest-hit parts of New York and New Jersey.

At the same time, he said the federal government should take charge of doling out equipment, instead of expecting state and local governments to compete among both public and private providers.

“We’ve allowed 50 governors to chase their own supply chain, and hundreds of hospitals to chase their own supply chain, and you need to prioritize exactly what is available,” Trone said.

In addition to a growing health crisis, the pandemic is wreaking economic catastrophe in the region and across the country.

More than 212,000 residents of the District, Maryland and Virginia reported losing their jobs last week, twice the amount from the week before, federal data showed Thursday.

In Virginia, there were 114,404 jobless claims filed for the week ending March 28,

nearly 2 1/2 times as much as the week before. Marylanders filed 83,536 claims during that span, double the total from the prior week. In the District, which reported more recent numbers through Wednesday, nearly 44,000 residents have lost their jobs since mid-March. By comparison, 27,000 unemployment claims were filed in the city for all of 2019.

So, there's been a 'stay-at-home' order. Here's what that means for you President Trump declared Virginia a "major disaster," a designation that makes it easier to secure federal funding to fight the pandemic. The District won the same declaration on March 29, and Maryland several days before that.

Maryland reported 346 new coronavirus cases Thursday, for a total of 2,332, according to a Washington Post analysis of government data. The state reported two fatalities, bringing Maryland's death total to 36.

The District reported 67 new cases, for a total of 657, with 12 deaths.

Virginia reported 222 new cases, bringing its total to 1,708. There were five new deaths, for a total of 42 fatalities.

Bowser (D) told local hospitals this week that the city would need an additional 3,600 beds to handle an expected surge in coronavirus cases. She offered to create a \$25 million fund to defray the costs.

Bowser uses her sleeve to maneuver a microphone as she holds a news conference on Thursday. (Bill O'Leary/The Washington Post)

In a letter obtained by The Post on Thursday, Bowser asked hospital leaders to each identify how many new beds they need and to identify alternative facilities to care for patients, giving them a Thursday deadline. The city has also been looking for nonmedical facilities to care for patients and to build temporary facilities.

Latest coronavirus testing sites in the District, Maryland and Virginia

Starting Friday, District residents who meet certain criteria will be able to get tested for covid-19 at a new drive-through and walk-up site at United Medical Center in Southeast Washington, the city's only public hospital. The site, which is operated in conjunction with George Washington University Hospital, was opened to first responders on Thursday.

The facility will accept the patients who are exhibiting symptoms and fall into one of these categories: those who are 65 or older, or have underlying health conditions; health-care employees who work at a facility in the city; and D.C. first responders.

The site will be open from 10 a.m. to 2 p.m., Mondays, Wednesdays and Fridays.

For now, they will need a doctor's referral. But officials said a hotline will soon open where they can call for an appointment, and no referral will be needed.

Paula Soto waits for a bus along 14th Street NW on Thursday, wearing a protective mask. (Matt McClain/The Washington Post)

D.C. firefighters and paramedics have responded to more than 730 emergency calls about suspected cases of the novel coronavirus, the department said Thursday. Doug Buchanan, a fire department spokesman, said the vast majority of callers did not have the virus.

Overall, the number of emergency calls has dropped slightly due to the fact that there are tens of thousands fewer workers and visitors in the District amid the shutdown, Buchanan said. But the fire department is preparing for spikes in calls, and for the possibility that many firefighters and paramedics could fall ill.

So far, 21 members of the Fire and Emergency Medical Services Department have

tested positive for the coronavirus. A total 183 members are out on quarantine, and another 152 who were sidelined have returned to work.

-Hey, I care about you.

I don't want you exposed.

Sanitation workers in Washington, D.C., keep the city running by emptying trash bins, but are now exposed to the coronavirus every day they go to work. (Video: Erin Patrick O'Connor/Photo: Ricky Carioti/ The Washington Post/The Washington Post)

The economic devastation caused by the virus, and the need for extra resources, has prompted small gestures of help from many corners of the region — including the federal government.

The National Archives said Thursday that it has donated a supply of N95 respirator masks, nitrile gloves, gowns and Tyvek suits that its workers normally use when dealing with damaged records. The supplies went to the District's Emergency Management Response Team, which is working with HHS to distribute the supplies, National Archives officials said.

Meanwhile, local officials continued to do what they could to keep the virus from further spreading.

In Maryland, Montgomery County closed all tennis and pickleball courts, banned the use of basketball courts and playgrounds, and said it plans to heighten enforcement of social distancing rules at its parks and trails.

For several weeks, the county's Parks Department has placed signs at outdoor facilities, urging residents not to touch equipment or gather in large groups. Following "repeated violations," the department has taken more serious steps, including removing basketball hoops at certain courts and placing orange barriers around playgrounds, officials said.

**D.C. nurse practitioner
resigns after DYRS
employee's COVID-19
related death**

[WJLA](#)

WASHINGTON (ABC7) — Kenneth Moore’s colleagues say they will miss his work ethic, which was just as exceptional as his personality.

“Never complained, always happy, was a team player,” said Andre Phillips.

Moore, who was a juvenile corrections officer with the Department of Youth Rehabilitation Services (DYRS), died after testing positive for COVID-19.

RELATED: D.C. Correctional Officer in Dept. of Youth Rehabilitative Services dies from COVID-19

He was tasked with guarding at-risk youth arrested in D.C., most recently at the H. Carl Moultrie Courthouse.

“I urge you to join me today in keeping Kenneth Moore’s family in our thoughts and prayers and keeping his memory alive. His compassion and commitment to our youth as a public servant will have a lasting impact on countless youth, families and DYRS staff,” said DYRS Director Clinton Lacey in a memo to staff.

Following Moore’s death, a supervisory nurse practitioner with DYRS is now resigning.

“It is with deep regret that I am resigning effective immediately,” said nurse practitioner Joelle Gelmann.

In her resignation letter, Gelmann says she’s leaving the Department due to a lack of Personal Protective Equipment (PPE) and inadequate support.

“The staff were on their own and they were coming to me crying,” Gelmann said. “Just really disappointed by the lack of leadership and the lack of direction.”

Gelmann worked with New Beginnings Youth Development Center, where at least two residents tested positive for COVID-19, according to Ward 8 Councilman Trayon White.

“I’m really scared right now, I’m afraid that there are going to be more deaths. I’m afraid the kids are going to die,” Gelmann said. “I just could not be there to see this happen.”

“One employee death is only the beginning and if they don’t act now, there are going to be more deaths,” Gelmann said.

On Thursday, Mayor Muriel Bowser admitted that the city has a PPE shortage.

**Grocery Workers’
Union Seeks Same
Coronavirus Protections
as First Responders**

[NBC Washington](#)

The union representing thousands of grocery store workers in D.C. wants its members treated like first responders regarding protections from the coronavirus. Some grocery store employees say they are concerned about being exposed to COVID-19 while delivering essential food to the community.

“They don’t know if they can have it. They don’t know if the guy next to them has it,” grocery store employee Dave Bracken said. “You just don’t know.”

UFCW Local 400, the union representing more than 8,000 grocery store employees in D.C., wants Mayor Muriel Bowser to designate grocery, pharmacy and food processing workers as first responders.

“We’re on the front lines. We’re dealing with many people, many coworkers, many customers,” Bracken said.

“We’re also concerned about our customers because if any of our members are sick, and perhaps asymptomatic, they may not be aware that they’re sick. They could be infecting others at the grocery store,” union spokesman Jonathan Williams said.

The declaration would allow grocery store workers to get COVID-19 testing and more protections at work.

The union says one member tested positive this week and several members are being quarantined.

“Unfortunately, because they are not designated as first responders, they don’t have access to the testing, treatment or protective equipment they need,” Williams said.

The union is seeking the same protections for grocery stores in Maryland, Virginia and West Virginia.

Contract work continues at Smithsonian properties | 'Employees are putting their lives at risk'

[WUSA9](#)

Despite the coronavirus global pandemic, projects are still underway at the Museum of American History, the Air & Space Museum and the Kennedy Center. WASHINGTON — A Smithsonian spokeswoman confirmed to WUSA9 Thursday there are still contractors working inside the Museum of American History on "small maintenance projects."

"They're happy to have the work and they want to stay," Linda St. Thomas of the Smithsonian Institute said.

D.C.'s National Mall is filled with iconic American museums, treasures and artifacts. People have to be there to take care of them. But there are concerns being raised by employees that they don't feel the Smithsonian Institute is doing all it can to protect them. "We need more security to monitor them as well as persons to maintain the facilities while they're there," David Hendrick, president of AFGE Local 2463, said of the additional contractors working in the Museum of American History.

"And while the managers, the curators, all the top-level people, are at home eating Cheetos, watching Oprah on TV when they should be teleworking, the bargaining unit employees are risking their lives," Hendrick said.

Reggie Booth works inside the museum as a utility systems repair operator. His main job focus is on the building's HVAC system. He is an essential employee during the coronavirus pandemic, but he says, every additional person in the building increases his risk of exposure.

"We probably have about 20 people in the building on a daily basis who do not need to be there," Booth said. A Smithsonian Institute spokeswoman provided WUSA9 a statement Thursday which says:

"We have much fewer security officers in each museum because, for one thing, there are no visitors being screened at the entrances," Thomas wrote in an email to WUSA9. "Rough estimate might be we have about 1/5 of a typical security contingent on duty now with the buildings closed."

In these extraordinary times, though, Booth said he would prefer limiting access to the building even further, unless they're someone critical to protecting America's historical treasures.

"We've spoken with management about our concerns and we've asked them to stop the construction until this is over, yet it still continues today," Booth said.

DC-area fire and police departments make coronavirus contingency plans as first responders get sick

[WTOP](#)

As coronavirus spreads, first responders are also getting sick. As a result, D.C.-area departments are planning ahead to ensure they can avoid any changes to emergency response.

At last release, D.C. Deputy Mayor Kevin Donahue said 12 police officers tested positive for the coronavirus and 154 were quarantined.

“They can absorb several hundred outages before we get to the point where we have a planned diminishment of service,” Donahue said at a news conference Thursday.

Both D.C. Fire & EMS and D.C. Police assess call volumes and crime to estimate the staffing needed. Police can absorb 10% of employees calling out sick, which is about 400 people. But once the numbers rise past 30% of the department’s 4,000 employees, Donahue said the unit will reach a breaking point.

“Police, we’re talking 800 to 1,000 people before they’d have to start coming to the mayor and advising her of taking more extraordinary steps,” Donahue said. Officers will work overtime and supervisors will fill other roles before shifts get combined, Donahue said.

In Montgomery County, Maryland, four officers have tested positive for coronavirus and 29 are in quarantine, said Capt. Tom Jordan. However, he said the force is operating as it normally would.

“We’re working on contingency plans in case that changes, but we’re looking ahead to make sure we are ready for that in case that does come,” said Jordan.

Whistleblower: DCRA putting employees, public at risk during coronavirus pandemic

WASHINGTON — Miranda Gillis, union president for the D.C. Department of Consumer and Regulatory Affairs (DCRA), says she's been busy fielding calls from concerned employees who believe DCRA is putting them at risk.

"They've been bombarding my phone," Gillis said.

She said employees told her the agency was putting them at risk after a fellow worker tested positive for COVID-19 and, they say, management didn't notify them until more than a week later.

DCRA employees also said inspectors who worked with the infected person were still going into people's homes without masks or gloves.

WUSA9 obtained a letter from the Department of Human Resources confirming the positive case. The letter advises the DCRA employee that he was likely exposed to a positive individual "at your work location between March 16 and March 19."

The notice was sent just yesterday – two weeks after the potential exposure.

Gillis said employees were sounding the alarm well before the letter.

"I started receiving complaints from the members that they had no kind of protection," Gillis said. "They had no gloves. They had no sanitizer. They had no face mask. The agency had not given them anything."

RELATED: DC construction sites are still open during the pandemic. We spotted many workers not following COVID-19 precautions

Gillis says she sent an email to DCRA's labor liaison on March 16 stating the inspectors were "concerned about their exposure while going into the homes of residents." She demanded they get face masks, hand sanitizer, wipes and other protection.

"The next day, I get a text from my chief shop steward from the agency, and she was like, 'Miranda, you're not gonna believe what they gave us to work with,'" Gillis said.

Gillis said the employees snapped pictures that showed a plastic bag of wipes and a couple of pairs of gloves.

Workers said that simply was not enough for them to do their jobs safely for the whole day.

RELATED: DC Council wants to split DCRA into 2 separate departments
Director of DC Department of Consumer and Regulatory Affairs Ernest Chrappah
Ernest Chrappah, Director of DC Department of Consumer and Regulatory Affairs
WUSA9

We asked DCRA about the supplies. After our broadcast deadline, WUSA9 received the following statement from DCRA Director Ernest Chrappah:

“Since the beginning of the coronavirus outbreak, DCRA, under the leadership of Mayor Bowser, has put the safety of our employees and the residents we serve first. We’ve done this while balancing the need to continue providing critical city services.

On March 24, I notified the entire agency that two of our colleagues had tested positive for COVID-19. The agency also immediately notified individuals who came in contact with these employees and provided guidance based on DC Health and CDC guidelines. The employees stayed home as soon as they became ill and subsequently tested positive. Out of an abundance of caution, our building was deep cleaned and disinfected shortly after their results were confirmed. DCRA also ordered safety and disinfectant products for our employees, which are being distributed as soon as they arrive.

On April 1, in accordance with guidelines from DC Health and the CDC, a formal letter was sent to all of our employees to further remind them of the steps we should all be taking to keep ourselves safe.

DCRA’s office closed to the public on March 25, although we remain operational through virtual means, and we encourage residents and businesses to use our online services. (dcra.dc.gov). With respect to inspections, DCRA is piloting virtual inspections that can be conducted without inspectors having to physically enter a property. Housing inspectors who are ill or have been asked to self-quarantine are not conducting inspections.”

RELATED: Mamie Preston won't leave her house -- even though an engineer says it isn't safe

DCRA inspectors say agency is not providing protections for them during pandemic
DCRA inspectors say agency is not providing protections for them during pandemic
WUSA9

Gillis said she never received a response from DCRA.

"Nobody was 100% prepared for this, I get that," Gillis said. "So, for as much as you could have, you know, there still were some measures you could have put in place. For me, the thing was to stop the public from coming into the building," Gillis said.

According to a DCRA newsletter, the agency moved its operations online and stopped doing in-home inspections on March 25. That was two weeks after the Mayor's recommendation that employees telework. And, according to the letter from the Department of Human Resources, that's at least three weeks after an employee tested positive.

WUSA9 also learned from D.C. Council Chairman Phil Mendelson that a second employee at DCRA tested positive for coronavirus. That person, an administrative staffer, has fully recovered, according to Mendelson.

WUSA9 was told the first inspector mentioned in this story is also on the mend.

West Virginia

**Projections Show
COVID-19's Peak In
West Virginia Is A
Month Away. Here's
What That Could Look
Like**

West Virginia has about a month until coronavirus peaks here.

And when it does, about 500 West Virginians — give or take a few hundred — are expected to die, according to current projections from the University of Washington’s Institute for Health Metrics and Evaluation.

Dr. Ali Mokdad, one of the researchers working on the projections, said deaths in the state may be high per capita because West Virginia’s population is high risk. Coronavirus has hit older adults and people with underlying health conditions the hardest.

In an interview with West Virginia Public Broadcasting, Mokdad said residents of the state should be mindful of those demographics by adhering to mitigation practices.

“So you have to be extra careful in enforcing these [measures] and making sure that people stay at home,” Mokdad said.

However, Mokdad said it is possible to improve outcomes depending on what governments do to stop the spread of the disease and whether residents adhere to public guidance. The researchers are taking these mitigation practices into consideration as part of their projections.

“We assume, unlike anybody else, that there are measures in place to fight the pandemic,” Mokdad said.

For example, he said, a stay at home measure, the closure of the schools and shutting down non-essential businesses will help reduce the number of cases a state experiences. West Virginia has implemented all of those measures.

“So, like, you cannot assume a fire will run wild,” Mokdad said. “You will have [firemen] and fire trucks working against it.”

And having those fire trucks, so to speak, available, may make all the difference — especially in a place like West Virginia that actually has time to prepare.

The most current projections show West Virginia will see the worst impact of the coronavirus in early May.

“That gives time for hospitals in West Virginia to prepare, to get more ventilators on time. And then, for example, some of the operating rooms or some of the recovery rooms after an operation could be switched to be an ICU bed,” Mokdad said. “So, that fact that the peak is delayed is very good news for West Virginia.”

Right now, Mokdad and his team are trying to forecast the impact of the coronavirus on each state in the U.S. But, looking into the future has its challenges.

“We don’t know how many people have coronavirus in the U.S. right now —

because as, you know, we are lagging in testing,” he explained. “We don't have enough tests and we don't know how many people are sick.”

The main goal of their work is to pinpoint when states will see the highest number of cases. As cases rise, hospitals will experience surges, which can cause shortages of resources like intensive care unit beds and ventilators. When hospitals don't have enough of those resources in place, more people die — as was seen in Italy.

So Mokdad and others on the team at the University of Washington are using reported deaths and mitigation practices to project trends on when deaths will spike in the U.S. and in individual states.

“In the United States now, with all the reporting, we know for sure that people are dying from coronavirus and how many of them are dying on a daily basis,” he said.

The researchers are updating their projections when new data on reported deaths becomes available — usually daily, but sometimes more frequently.

Based on the institute's current projections, West Virginia will likely have enough hospital beds available to handle the expected surge in COVID-19 cases. But, there's also likely to be some real challenges ahead. If the projected curve rings true, the state will be short dozens of ICU beds when the virus peaks.

The more a population stays at home, Mokdad said, the more likely it is to reduce the spread of the virus and prevent resource strains at hospitals — which, in turn, could reduce deaths.

Dr. Clay Marsh is vice president and executive dean of health sciences at West Virginia University. Last week, Gov. Jim Justice appointed Marsh to be the state's coronavirus czar.

Marsh said in a phone interview with West Virginia Public Broadcasting, that while modeling is a good guide for officials leading the response to the virus, these are unprecedented times.

“I think that the benefit of these kind of models, it starts to demonstrate what are the critical things that you can do as a state, as a person and as a community — that are within your control to do — to change models that look like bad things are going to happen and replace it with models or the reality that shows that it's not nearly that bad,” Marsh said.

Marsh said the state's supply of ventilators should be enough to cover the expected need when the peak hits West Virginia. He also said hospitals should be able to flex resources to make sure enough ICU beds are available when a surge happens.

And, as Marsh noted at Thursday's virtual news conference, projections for West Virginia continue to improve.

“The projection is [that] we'll need less ICU beds today than we did yesterday and that fewer people are predicted to die from this COVID-19 pandemic than was [predicted] yesterday,” Marsh said. “And as we talked about — although following these trends can be very useful as a guide for us — the future will be written by what we keep doing, not what we've done to date.”

Marsh cautions that there is a reality to the pandemic that is inescapable at this point.

“It doesn't mean that people aren't gonna get sick from the virus. They will. It doesn't mean that people won't die from the virus here in West Virginia. They will,” Marsh said. “That doesn't mean that we're not going to see celebrities and people that we have seen on TV and maybe even some of our friends die — because that's going to happen, too, I believe.”

But Marsh said he's hopeful that — if West Virginians continue following public guidance — the state can have outcomes better than what projections currently show.

**Ventilator Shortages
Loom As States Ponder
Rules For Rationing**

Medical rationing is not something Americans are accustomed to, but COVID-19 may soon change that.

The specter of rationing is most imminent in New York City, where the virus is spreading rapidly and overwhelming hospitals with patients.

According to New York Gov. Andrew Cuomo, the state has 2,200 ventilators in its state stockpile. Current COVID-19 case projections suggest the state may not have enough of the machines, which help critically ill people breathe, as soon as next week.

The survival rate for COVID-19 patients on ventilators may be as low as 20%, though the machines' effectiveness for those patients is still being studied.

"At the current burn rate, we have about six days of ventilators in our stockpile," Cuomo said on Thursday. If there are not enough ventilators to provide one for every patient who might benefit, hospitals in New York would need to begin making excruciating decisions about who will receive what care.

So far, Cuomo and other governors have not formally directed hospitals to prepare for so-called crisis triage. Asked by a reporter on Tuesday how the state would decide who got ventilators if there were too few to go around, Cuomo replied, "I don't even want to think about that consequence. I want to do everything I can to have as many ventilators as we'll need."

"There's no protocol," he continued, before describing state efforts to increase the number of ventilators available.

Guidelines for rationing

However, New York State does have a protocol for allocating ventilators during a pandemic. The 2015 guidelines were developed by a state bioethics task force over more than a decade, and lay out detailed protocols for saving the maximum number of lives by assessing how likely every patient is to benefit from ventilator therapy.

The authors of the guidelines noted that the protocols are most effective when the governor or state health commissioner formally directs hospitals to follow them.

On Thursday, the president of the Medical Society of the State of New York, Dr. Art Fougner, released a statement suggesting that, in the absence of clear orders from the state health department, New York hospitals should use the 2015 guidelines and immediately start using ethics committees to help make decisions about who gets care if there are limited supplies.

"At this point, the most difficult decisions facing physicians will have to be made," states Fougner. "Already, some emergency physicians are reporting being told the equivalent of 'Use your best judgement. You're on your own.'"

'Crisis standards of care'

When it comes to rationing, doctors and hospitals have good reason to want the support of public officials. And it's a tension that may soon be apparent beyond New York.

"If you violate a standard of care you can be sued for negligence or medical malpractice," says Diane Hoffman, a University of Maryland Law School professor and an expert on health ethics. "For example, if somebody is on a ventilator, and they're doing relatively well, you couldn't take them off without facing criminal or civil liability."

That changes when public officials declare "crisis standards of care."

"Most states have a statute in place," she says. "If the governor declares that type of emergency, it authorizes the governor to suspend other laws that might prevent hospitals from rationing."

But beyond liability worries, doctors say they also want clear ethical rules for rationing. In Washington State, which saw the country's first COVID-19 deaths, hospitals and doctors have been familiarizing themselves with a document called the Scarce Resource Management and Crisis Standards of Care Overview.

"We would be consulting a grid, if it got to that point," says Randall Curtis, a professor of medicine and a pulmonary and critical care specialist at the University of Washington in Seattle. He hopes rationing can be avoided, but he and his colleagues have been reviewing the state's triage process, just in case.

"We have to be thinking about that [now], because we don't want to be thinking about it for the first time as we're trying to implement it," Curtis says.

Difficult choices

Most states have versions of these guidelines, many written at the encouragement of the CDC in the years after 9/11. Hoffman says some were drafted by committees of physicians and bioethicists, while others were based on input from the community. As a result, the rules vary.

"There's pretty much agreement on short-term survival," Hoffman says, meaning the policies generally favor giving scarce resources to patients with the best chances of getting well enough to leave the hospital. But she says they differ on secondary considerations, especially questions of long-term survival. "Are we going to look at quality of life? Dementia, other disabilities?"

Patients' expected life span has become an especially contentious factor. Last week, the online version of the Journal of the American Medical Association published a viewpoint article calling for ventilator allocation to take into

consideration "the number of years of life saved."

The American College of Physicians countered with a public statement warning against age discrimination.

"We do not think we should be using the concept of maximizing the number of life-years that are achievable afterward," says Robert McLean, ACP president and a physician in New Haven, Conn. "It is inherently biased against the elderly or the disabled, who may not live as long after they would potentially recover."

If a younger person is given preference for scarce medical care, McLean says it should be because that person has a better short-term prognosis, not simply because the person is younger.

Over the weekend, the U.S. Department of Health and Human Services reminded healthcare providers not to push people with disabilities or elderly people to the bottom of the list when it comes to care.

The fact that Americans are having these ethics debates now, in the shadow of a looming wave of COVID-19 patients, is a worry for the physicians and ethicists who've spent years laboring over these policies.

Adding to that concern is the apparent reluctance of public officials, so far, to officially declare "crisis standards of care."

Valerie Gutmann Koch, an attorney and bioethicist at the University of Chicago, says states might want to take that step even before they run out of resources such as ventilators.

"Having time to prepare is incredibly important," Koch says. "Not just for the institutions and the providers, but also for the public. ... Because without the trust of the public in how these things are being done, and without transparency, there's going to be even more pushback and potentially more liability."

But Vicki Sakata, an emergency physician in Tacoma who's been deeply involved in the development of Washington State's crisis standard of care policy, says states should do everything they can to avoid crossing that line.

"It's absolutely the last thing we want to do," Sakata says. To her, a big reason to plan crisis standards of care is to figure out how to avoid letting things get to that point. But once things do, she says invoking a clear rationing policy will help.

"It's terrifying, obviously, for a lot of people, but we need to have information and we need to have a process, and that's what I've worked to do."

West Virginia tops states in hospital preparedness for COVID-19

More than 205,000 people across the U.S. have contracted COVID-19, raising concerns about hospital capacity for those with serious cases. A new report reflects this worry, comparing states to one another in preparedness based on their bed and physician numbers.

An average of 2.96 physicians and 2.4 beds are available per 1,000 patients nationwide, according to the assessment, which was conducted by QuoteWizard, an insurance marketplace owned by LendingTree. While states like West Virginia, New York and Pennsylvania were found to have higher numbers of physicians and beds, others like Utah, Idaho and Nevada ranked lower in hospital capacity.

“From the data we analyzed and the resulting state rankings, [there appears] to be a regional correlation,” Adam Johnson, research analyst at QuoteWizard, told HCB News. “The states lower on physician and hospital bed preparedness all tend to be in the western U.S. [There is] lower population density in western states, compared to more densely populated states in the Midwest and East Coast. Population density appears to be a common correlation in a state's ability to provide a per capita health capacity.”

The availability of resources such as beds, nurses, physicians and equipment like ventilators plays a large role in the ability of a healthcare system to manage the COVID-19 pandemic. The more there are, the greater the hospital's capacity for flattening the curve, which is the total number of cases in a period of time since the onset of the first case. Too many cases in a short period of time can overwhelm the ability of a health system to treat people.

Using Kaiser Family Foundation data, QuoteWizard ranked states in preparedness based on the number of hospital beds and physicians available per 1,000 patients. West Virginia came out on top with 3.17 physicians and 3.74 beds. While New York holds an average of 4.6 physicians, it only offers 2.7 beds, putting it behind West Virginia and ahead of Pennsylvania, which has 3.99 physicians and 2.92 beds.

Utah ranked lowest with 2.11 physicians and 1.82 beds, followed by Idaho with 1.69 physicians and 1.98 beds, and Nevada with two physicians and two beds.

Adding to the vulnerability that hospitals face from the coronavirus is the fact that 23 states experienced a decrease in hospital beds between 2014 and 2018. A possible motive according to Johnson could be cuts in healthcare funding for both public health funds and privately operated hospitals. “When funding cuts are made, healthcare resources like staff and equipment go with it.”

He also points out that just because a state ranks higher than others in preparedness, it does not mean that state is fully prepared for the impact of the virus.

“Even the most prepared states like New York can experience an overwhelmed healthcare system when there is a steep curve of new cases,” he said. “New York is receiving help from the federal government, but a big takeaway for other states is

that it's less about increasing healthcare resources and focusing on reducing the curve. Reducing the number of new cases will ensure healthcare capacity is able to serve all those that are sick.”

**West Virginia's
agriculture industry is
finding ways to
continue business amid
COVID-19 spread**

[WBOY](#)

MORGANTOWN, W.Va. – Although many businesses around the area have been forced to change their hours, or even shut down temporarily, the agricultural industry is still finding ways to stay afloat.

According to the West Virginia Department of Agriculture, the state’s farmers produced more than \$800 million in things like corn, cattle, pigs and even flowers. Since the coronavirus outbreak, many farmers have been committing to helping fill local grocery stores as well as a grocery outlet for residents.

“We’ve picked up a lot of business at our meat shop because people are not being able to get enough meat and stuff like that,” explained Taylor County Farm owner, Phillip Austin. “So, we’ve been pushing a little bit harder to get the local raised meat into the market and getting it out to the public.”

However, this doesn’t mean that the virus hasn’t had any negative impact. Some farmers, like Preston County Little Seven Farm owner Donald Witt, have been forced to shut down parts of his farm for safety reasons.

“Right now, we don’t take any other cattle on the farm and I’m not sending any out,” Witt explained.

Austin even stated his farm and those who work there have been putting an emphasis on health precautions, such as limiting the amount of people entering the market and adding hand sanitizer displays.

To adhere by safety guidelines, some farmers have had to get creative. Pike Mountain Farm owner, Tiffany Rice, explained that they are taking to online ordering and a new ‘curb-side pick up option.’

“We have folks come here, we keep a cooler on the porch with their name on it. They pick up, we sanitize the cooler and wait for the next customer.”

Those who would like to support these farmers, can check out and purchase produce from Pike Mountain Farm and A+ Meat Market on their Facebook pages

Coronavirus In West Virginia: WV allows beer, wine home deliveries during virus outbreak

<p>WTRF</p>	<p>CHARLESTON, W.Va. (AP) — West Virginia residents can now get beer and wine delivered to their homes during the coronavirus pandemic.</p> <p>Alcohol, Beverage Control Administration commissioner Frederic Wooton says licensed restaurants and bars can ship beer and wine as long as they accompany take-out food orders.</p> <p>The products must be in sealed, original containers.</p> <p>Deliveries of liquor and mixed alcoholic drinks are not allowed, including from distilleries.</p> <p>Unlicensed third-parties also cannot make deliveries.</p> <p>Businesses must verify that the purchaser is at least 21 years old and that the person is not intoxicated.</p> <p>An agency statement says deliveries should be completed with as little physical contact as possible.</p>
<p>West Virginia investigating Alecto Healthcare's closure of 2 hospitals</p>	
<p>Beckers Healthcare</p>	<p>West Virginia Attorney General Patrick Morrisey is investigating the business practices of Alecto Healthcare after the hospital operator closed two hospitals in the state, according to The Intelligencer.</p> <p>Gov. Jim Justice and state lawmakers asked the attorney general to determine whether the Irving, Calif.-based hospital operator has violated state laws in closing Wheeling, W.Va.-based Ohio Valley Medical Center and Fairmont General Hospital. State officials said that Alecto promised to keep the facilities open.</p>
<p>Appalachian region's unique geography can help slow spread of COVID-19</p>	

[WSAZ](#)

HUNTINGTON, W. Va. (WSAZ)-- West Virginia Gov. Jim Justice has said he's been watching things unfold in New York as the COVID-19 pandemic quickly spread and overwhelmed the health care system, taking note to try and prevent it from happening in his state.

Many health professionals say the Appalachian Mountains provide a unique geographical advantage to slowing the spread of the coronavirus.

Col. Todd Fredricks can usually be found in his Army National Guard uniform. On Thursday, though, he spoke with WSAZ outside a hospital in Athens, Ohio, using cherry blossoms as a backdrop, before heading in to see patients.

"The social structure of Appalachia is pretty close-knit," Fredricks said. "So people don't usually have to travel very far to see the family members they usually spend the most time with. They're probably located very close, so that takes a lot of pressure off people that are worried about family members because they know they're probably right down the holler or just down the road or across town. So they can keep in contact with them or avoid the pressure of feeling like they have to get somewhere to see them."

As the state surgeon of the West Virginia Army National Guard, he knows the advantage our region has compared to other heavily populated and metropolitan areas.

"People are really taking to heart what they need to do. They're figuring out alternative ways of interacting," Fredricks said. "They're making the best out of it, but there are still a group of people out there that are pretty skeptical."

He tells WSAZ the mountains offer a series of natural barriers, protecting pockets of people from other parts of the state.

However it's still critical that each group in their respective area, maintains social distancing and proper hygiene.

Otherwise once someone becomes infected, if they don't isolate, it can spread like wildfire.

"Even though you live in a fairly isolated place you should still be doing rigorous hand washing," Fredricks said. "Communicating as much as you can outside. Look where the wind is coming and try to sit perpendicular to it so the wind is blowing away from both of you."

After serving three tours in Iraq, he says he's seen battle and knows Appalachians will come out victorious on the other side.

"We can't see it; it's a terrible enemy," Fredricks said. "We're fighting a war against it, but we know what the tools are for us to use, and together we will persevere over this. We will crush it."

He says the sacrifices we make in the meantime will benefit the community as a whole in the long run.

"It's a short chapter in a long life," Fredricks said, adding that lives will be saved, if everyone does their part.

"I don't know if I survive this thing," Fredricks said. "I'm a physician, I could get sick. I'm 50 years old. I have high blood pressure. It's controlled, but I could be wiped out by this. I don't know if I make it through."

The mission now is to protect the vulnerable and the workers on the front line.

Congressman Alex X. Mooney announces HUD grants to address

<p>COVID-19 in West Virginia</p>	
<p>The Record Delta</p>	<p>WASHINGTON, D.C. — On April 1, Congressman Alex X. Mooney (WV-02) announced \$14,152,476 in grants for the State of West Virginia and an additional \$1,102,835 in grants for Martinsburg and Charleston to help combat the coronavirus.</p> <p>These grants are being dispersed by the Department of Housing and Urban Development (HUD) to address the spread of the coronavirus in the state. Allotted funds include Community Development Block Grants (CDBG), Emergency Shelter Grants (ESG) and Housing Opportunities for Persons with AIDS (HOPWA). Last week, HUD received a \$12.4 billion allocation of funds from the passing of the Coronavirus Aid, Relief and Economic Security (CARES) Act, and these grants are among the first to be awarded.</p> <p>“This first allocation of HUD grants will help equip our communities with additional resources needed to fight the spread of the coronavirus,” said Congressman Mooney.</p> <p>Grants Listed Below:</p> <p>The City of Charleston, West Virginia \$892,222.00</p> <p>The City of Martinsburg, West Virginia \$210,613.00</p> <p>The State of West Virginia \$14,152,476.00</p>
<p>Despite Closure, University Lends a Hand by Making Hand Sanitizer</p>	
<p>WV Public Broadcasting</p>	<p>Here at West Virginia Public Broadcasting, we are asking our audience and viewers to reach out to us and share stories of hope, inspiration and resilience in the face of the coronavirus pandemic.</p> <p>In Huntington, the Marshall University School of Pharmacy has been making FDA approved hand sanitizer to help nonprofits who are quickly running out. We spoke with Dr. Kim Broedel-Zaugg, who is the chair of pharmacy practice, administration, and research.</p> <p>You can find them online at marshall.edu/pharmacy.</p> <p>If you have a story of hope or resilience in the face of COVID-19, please share your story with us. You can email a voice memo to klofton@wvpublic.org OR you can leave a voicemail on our tip line at 1-800-633-4560.</p>
<p>W.Va. Universities Use 3D Printers To Make Face Shields, Masks</p>	

[WV Public Broadcasting](#)

At least two universities in the Mountain State are using 3D printing technology to make much-needed personal protective gear for first responders and healthcare professionals on the front lines of the coronavirus pandemic.

Labs at both Shepherd University in the Eastern Panhandle and Marshall University located in Huntington are printing N95 masks and shields that are then being distributed by the West Virginia National Guard, according to press releases from both institutions.

Shepherd University's Fine Arts, Science, Technology, Engineering, Educational Resource lab, or FASTEnER, is producing N95 masks with the help from more than 30 3D printers. The printers were loaned by Jefferson and Berkeley County Schools and various departments on Shepherd's campus.

An N95 mask is a type of respirator that removes particulates from the air through a filter.

The masks will be distributed statewide by the West Virginia National Guard to first responders and medical professionals. Shepherd's lab is working with the Guard to develop a prototype reusable N95 mask that can be made on 3D printers. Last month, the lab began 3D printing face shields that have been distributed locally to fire and police departments, emergency management agencies, and medical professionals in Jefferson, Berkeley and Morgan Counties.

As of April 1, more than 250 face shields have been distributed locally.

Kay Dartt, the lab's 3D fabrication manager, has been organizing the project. She said in a news release they'll continue to make face shields and N95 masks as long as there's a need and they have the materials to make them.

Additionally, Marshall University's Robert C. Byrd Institute has been 3D printing face shields and N95 masks and shipping the devices to the West Virginia National Guard in Charleston.

Technicians in Charleston and Huntington are manufacturing the devices using RCBI's 3D printers and laser cutting technology, including one of the largest 3D printers in the state, according to a press release from Marshall.

The release said N95 masks filter at least 95 percent of particles as small as 0.3 microns in size.

Study: WV, Ohio receive 'D' grade in social distancing

Wheeling, W.Va (WTRF) – According to a new study, our region has done a poor job of social distancing.

According to a study from Unacast, most of our region received a ‘D’ letter grade in social distancing.

Unacast compared current location data to data collected before the COVID-19 pandemic began.

The counties in our region with the worst grades are Marshall, Guernsey, Jefferson, and Belmont Counties which all received a ‘D-’. The best-graded counties are Monongalia County, with a ‘B’, and Allegheny County, with an ‘A-’. The data includes changes in time spent around the home and total distance traveled.

West Virginia: D

Kentucky: D

Ohio: C –

Virginia: D

Maryland: B-

Pennsylvania: B-

North Carolina: D

The United States as a whole received an average score of a “C.”

County by County Results (worst to best):

West Virginia

Marshall County: D-

Brooke County: D

Hancock County: D

Wetzel County: D

Tyler County: C

Ohio County: B-

Monongalia: B

Ohio

Jefferson County: D-

Guernsey County: D-

Belmont County: D-

Columbiana County: D

Tuscarawas County: D

Coshocton County: D

Muskingum County: D

Harrison County: D

Carroll County: : C-

Monroe County: C

Noble County: C

Pennsylvania

Lawrence County: D

Greene County: D

Beaver County: C-

Washington County: B-

Allegheny County: A-

You can view the full map of the U.S. broken down by county by clicking here.

<p>"Above normal" 2020 Atlantic hurricane season on tap, researchers forecast</p>	
<p>CBS News</p>	<p>CBS News reports forecasters expect an "Above normal" 2020 Atlantic hurricane season with 16 named tropical systems; 12 is the average. The Weather Channel reports eight of those named systems are forecast to reach hurricane status as compared to an average of six, and four are expected to be major hurricanes of a Cat 3 or higher.</p> <p>AccuWeather reports forecasters are watching a massive storm that has stalled over the western Atlantic Ocean, just offshore of the East Coast -- and it may acquire some tropical characteristics as it blasts New England with wind, cold air, rain and even wet snow late this week. Forecasters say, "The persistence and strength of this storm has the sea agitated and large waves will pound the northern- and eastern-facing shoreline of New England and to some extent Long Island, New York."</p>
<p>Congressional Affairs</p>	
<p>House of Representatives: Not In Session</p>	<p>www.house.gov</p>
<p>United States Senate: Not In Session</p>	<p>www.senate.gov</p>
<p>Congressional Hearings: 1</p>	<p>3/31 – HEARING: Committee on Homeland Security on the 2021 President’s Budget. FEMA Witness: Pete Gaynor, Administrator. Time: 10:00 AM. Location: TBD. CIAD POC: Andrew White.</p>
<p>Congressional Briefings / Meetings: 1</p>	<p>4/28 – MEMBER-LEVEL BRIEFING: Senators Charles Schumer (D-NY) and Kirsten Gillibrand (D-NY), and Rep. Nydia Velazquez (D, NY-07) on Puerto Rico Recovery. FEMA Briefers: Pete Gaynor, Administrator. Time: 11:00 AM. Location: S-221, the Capitol. CIAD POC: Chris Curran.</p>
<p>Political Commentary</p>	
<p>Maryland’s Governor, a Republican, Is Willing to Spar With Trump for Supplies</p>	

Larry Hogan is head of the National Governors Association and charged with representing state leaders who fear they're unprepared to fight the coronavirus. ANNAPOLIS, Md. — Larry Hogan was annoyed. On a conference call, Mr. Hogan, the Republican governor of Maryland, had just learned that several South Korean companies were ready to ship more coronavirus test kits to his state. But they were stymied because the Food and Drug Administration had not yet approved their use.

"I don't care if we have F.D.A. approval or not," Mr. Hogan said into a speakerphone in the governor's reception room, where he was flanked by a container of Purell and a 9 a.m. Diet Coke, with aides sitting six feet apart around a large table. "We've got people dying," he said, adding, "I don't want to wait for permission."

Frustrated by limited support and unclear guidance from the Trump administration, governors across the country, including some Republicans, have been squaring off with the White House and striking out on their own to secure supplies. Mr. Hogan, in his second term in a very blue state, has tried to stay miles ahead of the virus's incursion here, like several other governors — notably Jay Inslee of Washington and Mike DeWine of Ohio — whose responses have been given better marks from Americans than the president's.

Mr. Hogan put his health department on alert in early January when he saw the virus's deadly crawl through China. On Monday, he issued a stay-at-home order for residents, a few weeks after declaring a state of emergency when the first three cases emerged in Maryland last month.

He is also the head of the National Governors Association, charged with representing governors' needs at the White House, where officials wish he would find it in his heart to say a few flattering words about Mr. Trump now and then. Instead he has bluntly demanded more aid from Washington, including more test kits and supplies and help shoring up state budgets.

"We're still not satisfied" with the federal response to states' needs, Mr. Hogan said this week.

ImageAfter Gov. Larry Hogan of Maryland announced a statewide "stay-at-home" order on Monday, Virginia and Washington, D.C., followed his lead.

After Gov. Larry Hogan of Maryland announced a statewide "stay-at-home" order on Monday, Virginia and Washington, D.C., followed his lead.Credit...Brian Witte/Associated Press

Mr. Hogan has also found himself the de facto leader of the response in the Washington, D.C., metro area, where the disease has begun its exponential march. The governor of Virginia and the mayor of Washington — a city where the death rate is well above the national average — instantly followed his order this week, grounding around 15 million residents.

As of Thursday night, there have been at least 4,697 confirmed cases and 89 deaths in the three areas combined, about triple from a week ago. The two states and Washington have an unusually intrinsic relationship; they share a metro system and are home to thousands of federal workers who are central to the region's work force and the functioning of federal government.

Mr. Hogan's moves have major implications for the region. He has immediately hit those defiantly socializing with some of the largest fines or criminal charges in the nation. There have already been two arrests in Maryland, including of a man who

hosted a bonfire party for about 60 people after the state banned large groups.
Editors' Picks

Good Looks Ran in the Family. So Did Schizophrenia.

My Partner Works in an Amazon Warehouse. I'm Worried — and Proud.

They All Retired Before They Hit 40. Then This Happened.

His aggressive policing is one of several reasons Mr. Hogan has slid onto center stage among governors whose states have been hammered by the coronavirus. This week, he collaborated with a Democratic governor, Gretchen Whitmer of Michigan, on an opinion piece pleading for federal assistance — after President Trump attacked her as “that woman.” He has been a critic of the president’s overly optimistic prognostications, saying Mr. Trump’s assurances that testing problems were a thing of the past were simply not true.

For Mr. Hogan, the need to respond quickly is also personal. He is a recent cancer survivor and over 60, which puts him in a high-risk group for the virus. His preparation for this moment, he said, was seeded in the 2015 Baltimore riots, which happened 90 days into his first term.

“I knew that taking quick decisive action was better than hesitating,” he said in a (socially distant) interview in his office on Wednesday. “I think the public was not where I was on the knowledge. There were folks saying this is no big deal, it’s not as bad as the flu, it’s going to disappear. And I was saying, ‘No, it’s worse.’”

Sign up to receive our daily Coronavirus Briefing, an informed guide with the latest developments and expert advice.

Some Democrats in Maryland have praised him for his aggressive response.

“Look, I’m a Democrat,” said Mary Pat Clarke, a city councilwoman from Baltimore. “But the governor has done an excellent job leading the state of Maryland through the Covid-19 state of our lives. He has been regular, he has been firm, he has been clear.”

Image - Vacated streets around the Maryland State House on Wednesday. Credit...Andrew Mangum for The New York Times

Image - An Annapolis basketball court lay empty after the governor’s order. Credit...Andrew Mangum for The New York Times

With an eye on the virus’s rampage of China, Mr. Hogan convened a special session during the governors’ meeting in February. They met with top health officials, including Dr. Anthony S. Fauci, the director of the National Institute of Allergy and Infectious Diseases, right before the governors ran to put on formal wear for a White House dinner.

“Very little was being talked about,” Mr. Hogan said. “It was sort of an eye-opener for a lot of the governors, but I think some of them still didn’t take it seriously.”

He, however, began to feel something akin to panic.

“The next day I came back to my team and said, ‘This is what I just heard, we have to get ready,’” he said. “We knew that it wasn’t going to be long before we were going to have to deal with it.”

Mr. Hogan has also leaned on his wife, Yumi Hogan, a Korean immigrant, who was also at the governor’s convention, which included a dinner at the Korean ambassador’s home. As the first Korean first lady in American history, Ms. Hogan has become something of an icon in South Korea. “I just grabbed my wife and said, ‘Look, you speak Korean. You know the president. You know the first lady. You know the ambassador. Let’s talk to them in Korean, and tell them we need their

help.” Several companies in South Korea immediately said they would send tests. Image - Mr. Hogan and his wife, Yumi, have made appeals to the American and South Korean governments. Credit...Andrew Caballero-Reynolds/Agence France-Press — Getty Images

Mr. Hogan’s super-cop moves have not endeared him to some conservatives who largely populate the more southern and rural parts of the state.

“I think the bubble the Governor is in is missing something,” Gregory Kline, a longtime conservative activist in the state, said on Twitter. “There was no acknowledgment that his directions were doing harm to people greater than this disease would do or even that suffering is occurring not because of the disease but the executive fiat fighting it.”

Mr. Hogan is one of the few elected Republicans in the country who have publicly countered Mr. Trump’s early claims about the state of the virus, and more crucially about the amount of tests and ventilators available to states.

“I don’t think I’ve ever crossed the line and been rude or tried to attack or point fingers or place blame. But I have been willing to stand up when other people haven’t,” he said. He added, “Certainly some of my Republican colleagues probably might think I go too far. Some of the Democratic colleagues might not think I go far enough. But I’m not trying to place blame.”

Image - Mr. Hogan’s aggressive policing is one of several reasons he has slid onto center stage among governors whose states have been hammered by the coronavirus. Credit...Andrew Mangum for The New York Times

Some officials said that the state could be faster in giving basic directives and that, like Mr. Hogan, they wished they could get more protective gear. “There are not enough supplies for health care workers and essential employees,” said State Senator Jill Carter, a Democrat.

Maryland has received far fewer N95 masks, respirators and gloves than it has requested from the federal government, according to documents released on Thursday by the House Committee on Oversight and Reform. And it has received none of the 100,000 swabs it requested for coronavirus test kits.

Mr. Hogan said his decisions were informed principally by health care professionals, many of them culled from the University of Maryland and Johns Hopkins Bloomberg School of Public Health, among other local health care providers.

“I’m not an expert on this, but I’m going to listen to the smartest guys in the room,” he said, adding: “These guys say if we don’t act now, we’re going to have this surge, we’re not going to have ventilators, we’re going to overload the system. We’re not going to have enough health care workers, we’re going to look like New York, and there’s going to be bodies stacked up.”

Every day, there are dozens of decisions to be made over conference calls. Pay some state workers extra who have been called upon to report to work when most other Marylanders are being asked to remain home? Yes. How about for workers who check on child abuse reports? Also yes. Palm Sunday services permitted in church parking lots? Yes, but no passing of a collection plate. This debate went on for some time. “We don’t like government telling churches what to do,” Mr. Hogan said, “but we don’t want 2 million people to die.”

<p>Technical Mapping Advisory Council</p>	<p>The Federal Emergency Management Agency (FEMA) is requesting qualified individuals interested in serving on the Technical Mapping Advisory Council (TMAC) to apply for appointment. As provided for in the Biggert-Waters Flood Insurance Reform Act of 2012, the TMAC makes recommendations to the FEMA Administrator on how to improve, in a cost-effective manner, the accuracy, general quality, ease of use, and distribution and dissemination of flood insurance rate maps (FIRMs) and risk data; and performance metrics and milestones required to effectively and efficiently map flood risk areas in the United States. Applicants will be considered for appointment for the five vacancies on the TMAC.</p>
<p>Final Flood Hazard Determinations</p>	<p>Flood hazard determinations, which may include additions or modifications of Base Flood Elevations (BFEs), base flood depths, Special Flood Hazard Area (SFHA) boundaries or zone designations, or regulatory floodways on the Flood Insurance Rate Maps (FIRMs) and where applicable, in the supporting Flood Insurance Study (FIS) reports have been made final for the communities listed in the table below.</p> <p>The FIRM and FIS report are the basis of the floodplain management measures that a community is required either to adopt or to show evidence of having in effect in order to qualify or remain qualified for participation in the Federal Emergency Management Agency's (FEMA's) National Flood Insurance Program (NFIP). In addition, the FIRM and FIS report are used by insurance agents and others to calculate appropriate flood insurance premium rates for buildings and the contents of those buildings.</p>
<p>Changes in Flood Hazard Determinations</p>	<p>New or modified Base (1-percent annual chance) Flood Elevations (BFEs), base flood depths, Special Flood Hazard Area (SFHA) boundaries or zone designations, and/or regulatory floodways (hereinafter referred to as flood hazard determinations) as shown on the indicated Letter of Map Revision (LOMR) for each of the communities listed in the table below are finalized. Each LOMR revises the Flood Insurance Rate Maps (FIRMs), and in some cases the Flood Insurance Study (FIS) reports, currently in effect for the listed communities. The flood hazard determinations modified by each LOMR will be used to calculate flood insurance premium rates for new buildings and their contents.</p>

<p><u>Changes in Flood Hazard Determinations</u></p>	<p>This notice lists communities where the addition or modification of Base Flood Elevations (BFEs), base flood depths, Special Flood Hazard Area (SFHA) boundaries or zone designations, or the regulatory floodway (hereinafter referred to as flood hazard determinations), as shown on the Flood Insurance Rate Maps (FIRMs), and where applicable, in the supporting Flood Insurance Study (FIS) reports, prepared by the Federal Emergency Management Agency (FEMA) for each community, is appropriate because of new scientific or technical data. The FIRM, and where applicable, portions of the FIS report, have been revised to reflect these flood hazard determinations through issuance of a Letter of Map Revision (LOMR), in accordance with Federal Regulations. The LOMR will be used by insurance agents and others to calculate appropriate flood insurance premium rates for new buildings and the contents of those buildings. For rating purposes, the currently effective community number is shown in the table below and must be used for all new policies and renewals.</p>
<p><u>Proposed Flood Hazard Determinations</u></p>	<p>Comments are requested on proposed flood hazard determinations, which may include additions or modifications of any Base Flood Elevation (BFE), base flood depth, Special Flood Hazard Area (SFHA) boundary or zone designation, or regulatory floodway on the Flood Insurance Rate Maps (FIRMs), and where applicable, in the supporting Flood Insurance Study (FIS) reports for the communities listed in the table below. The purpose of this notice is to seek general information and comment regarding the preliminary FIRM, and where applicable, the FIS report that the Federal Emergency Management Agency (FEMA) has provided to the affected communities. The FIRM and FIS report are the basis of the floodplain management measures that the community is required either to adopt or to show evidence of having in effect in order to qualify or remain qualified for participation in the National Flood Insurance Program (NFIP). In addition, the FIRM and FIS report, once effective, will be used by insurance agents and others to calculate appropriate flood insurance premium rates for new buildings and the contents of those buildings.</p>