Hospitals, nonprofits and cities take measures to protect Tulare County’s most vulnerable population from an outbreak
Todos estamos expuestos al humo de segunda mano

La exposición al humo de segunda mano puede causar efectos graves en la salud como daño pulmonar, cerebral, al corazón, y cáncer. Hay que tener conciencia.

Humo de segunda mano perjudica a todos

1 en 3 no fumadores está expuesto

Para más información ellosfumantufumas.org

Pandemic shopping means wallet and diet should be well balanced

Registered dietician offers tips to reduce your trips to the grocery store without increasing your grocery bill.

Many optometrists have closed while others see a need to stay open

Dr. Johnathan Serrins is one of the few optometrists still open to keep patients out of the emergency department.

Pandemic precautions keep dental practices biting their nails

Four in five dentists in California have closed for emergency care; 18% say their closures may be permanent.

With cases expected to peak soon, local hospitals are bracing to the top

Tulare County hospitals add beds, rapid testing, alternate care sites and share resources with other regions to prepare for a pandemic patient surge.

For Tulare County’s elderly, the coronavirus hits close to home

Redwood Springs and Linwood Meadows in Visalia, Lindsay Gardens make up 40% of all coronavirus cases in the county.

Valley air pollution, pandemic linked in high pressure system

Harvard School of Public Health study shows that people with COVID-19 living in areas with bad air quality are more likely to die from the virus.

Organizations look for ways to support those unsheltered in place

Hospitals, organizations and cities to try to protect homeless populations who have yet to contract the coronavirus.
Shopping means wallet and diet should be 
Well Balanced

Registered dietician offers tips to reduce your trips to the grocery store, and exposure to coronavirus, without increasing your grocery bill and risk of financial strain

The coronavirus pandemic is causing more Americans to buy groceries and eat from home, but what happens when you are running short on essential items or your budget begins to dwindle?

Fortunately, Tara Harman, RDN, an instructor with the University of Alabama at Birmingham’s Department of Nutrition Sciences, has tips on how to stretch your groceries while saving money.

“It’s hard for anyone to change their usual grocery shopping and food habits in a flash, but COVID-19 is forcing all of us to reconsider how and what we’re eating,” Harman said. “If you’re on a tight budget, buying in bulk so you’re taking fewer trips to the grocery store might seem like an impossible or simply unreasonable ask.”

But, Harman says preparing a shopping list in advance that balances non-perishable (canned or frozen) and perishable food items (dairy products and fresh produce) and aims to repurpose ingredients for multiple meals can help.

“For example, rather than relying on deli cuts of meat to make sandwiches during the day, consider buying less perishable — and also less expensive — foods like canned white meat chicken to make chicken salad for sandwiches,” she said. “Dry chicken salad is the worst, so rather than forgoing mayonnaise to save money, purchase whole milk yogurt instead.”

Harman says yogurt is versatile, and she recommends serving it for breakfast or a snack.

“Still in the spirit of less perishable, less expensive items, you can top it with sliced peaches from a can to add a little more flavor and nutrition,” Harman said.

Harman adds that buying primarily non-perishable food items is an affordable way to build meals for an entire week, especially during this pandemic. But, by adding in some perishable, fresh food items with these shelf-stable staples, you create a healthy balance that satisfies both food cravings and budget concerns. – Newswise

**INGREDIENTS**
- 8 slices 100% whole wheat bread
- 1 - 12.5 oz can white chunk chicken
- 3 tbsp plain whole milk yogurt
  - Tasty Tip: by using yogurt instead of Mayo, you have yogurt available for other meals/snack!
- ¼ cup celery, diced from celery stalks
  - Tasty Tip: to keep celery fresh longer, store extra stalks in water and keep refrigerated.
- 2 ½ cups seedless grapes, divided
  - black pepper to taste

**DIRECTIONS**

1. Drain can of chicken and wash and dry produce.
2. Chop celery into small, diced pieces and slice ½ cup of red grapes in half.
3. Combine chicken, celery, ½ cup sliced grapes, and yogurt in a bowl until ingredients are well-mixed. Option to add black pepper to taste.
4. Equally distribute chicken salad (made in step 3) to slices of bread to form four sandwiches (two slices of bread for each sandwich).
5. Slice sandwiches in half and serve with remaining 2 cups grapes (½ cup for each serving).

**ENJOY!**
Many optometrists have closed while others

See a Need

Dr. Johnathan Serrins is one of the few optometrists still open in Tulare County to help patients with eye emergencies avoid the emergency room

In one of the worst pandemics the modern world has ever seen, Americans have surprisingly limited access to many sectors of health care. One of the sectors that has seemingly disappeared from the medical landscape is optometry.

Four in five optometrists across the state remain open for urgent or emergency eyecare, according to a recent poll California Optometric Association (COA) of its membership. Yet in Tulare County, only about one in five optometry offices seems to be answering the phone.

One of the few optometrists still open is Dr. Johnathan Serrins in Visalia. As a third generation optometrist, Serrins understands the importance of being there for those with corrective lenses. His grandfather, Phillip Serrins, opened his practice in the original Hanford Mall more than 30 years ago. In 1994, Johnathan’s father, Steven Serrins, opened his practice in the Visalia Mall. Steven moved his practice on Caldwell Avenue 10 years ago. Last year, Steven turned over the practice to Johnathan.

Serrins said he plans on postponing routine eye exams until June or possibly July but doesn’t want his patients, or anyone with impaired vision, to feel like they have no where to go if they break their glasses, run out of contact lenses or have a foreign object or abrasion in their eye.

“I’ll stay open for my patients even if it is just me in the office,” Serrins said.

As a member of the California Optometric Association, Serrins wants to provide patients with relief from eye pain or illnesses that could result in blindness and a place to seek care away from the contagious confines of their local emergency room. A month ago, the California Optometric Association (CAO) urged patients to call an optometrist before heading to the emergency room. The association said most eye-related conditions reported in emergency departments may be treatable in outpatient optometry offices or clinics.

“With America’s hospitals starting to experience shortages in supplies such as masks, gowns and gloves, there is no question that the health care system is overwhelmed due to the COVID-19 pandemic. The California Optometric Association is reminding citizens that most eye issues, such as infections, foreign bodies and eye injuries, can be triaged or treated by your local optometrist, eliminating the need to go to an emergency room at a local hospital, and risking contact with others who may be infected,” said Dr. Jason Tu, President of the California Optometric Association.

Serrins is also following the organization’s recommendations to put off routine eye care visits, such as annual exams until at least June and possibly through July. He is only providing urgent or emergency care, which he describes as eye infections, metal in the eye, light flashes and floaters, and eye pain.

“There are a lot of people coming in with eye problems from welding,” Serrins said. “If untreated, those kinds of things can cause blindness.”

He is also renewing prescriptions for glasses without an eye exam for existing patients but said if someone says they have tried calling their optometrist and can’t get a hold of them, he will renew their prescription as long as it is for glasses they bring in so he can read the numbers on the lenses. Anyone can come into his office if they need spare parts for glasses, such as nose pads, hinge screws or other minor fixes, something he doesn’t charge for.

According to the California Optometric Association (CAO), eye exams, new eye
patients and eye glass frames and lenses sold are all down more than 90% in the last two months, according to an online tracking tool at CovalentCareers.com. Contact lens sales are down by two-thirds. Serrins said those numbers are concerning because people may be intentionally putting off emergency eye care that could cause more serious problems if they can’t read medication directions, are a fall risk or need to drive themselves to the store.

“Some may look down on what I am doing, saying I’m putting people at risk, but if someone is driving and can’t see, I consider that a bigger risk,” he said.

Serrins said he began making preparations to suspend non-emergency visits a week before the Governor’s March 19 order when NBA Commissioner Adam Silver announced the professional basketball league was suspending its season on March 11 after a player tested positive for coronavirus.

“I trust Adam Silver a lot more than a politician,” Serrins said. “He’s running a multi-billion-dollar company, and there’s no way he’s going to jeopardize that kind of investment.”

Serrins gave his employees the option to take their state mandated three sick days and two weeks paid vacation before returning to work, if there is work, or file for unemployment immediately. Six of his 10 employees and one doctor decided to take the sure thing and file for unemployment, leaving Serrins and four employees to run the practice.

“I’m looking at what’s possible to keep employees as long as I can, even if that means I don’t always get a paycheck,” Serrins said.

Dr. Garrick Peterson in Lindsay is also open for emergencies. He isn’t offering telemedicine appointments but is offering to refill contact lens prescriptions over the phone and refilling orders for glasses for his own patients. In person visits are being limited to one person per hour, which gives his staff time to sanitize the entire office before another patient arrives. He’s only screening patients with a pulse oximeter before allowing them into the office. The small device, which clamps onto your fingertip, measures oxygen levels in the blood. According to the Mayo Clinic, most adults have an oxygen range from 75-100 millimeters of mercury. Anything under 60 mm usually indicates the need for supplemental oxygen. Levels 50 or below are typically a precursor for pneumonia, the illness with symptoms most commonly associated with coronavirus.

“That level is almost half of normal, so that’s the cutoff to see a patient,” Peterson said. “Anyone below that we are recommending they go to urgent care.”

Peterson’s practice is only seeing a few patients each day, down from 18 patients per day before the shutdown. Of his five staff members, only two remain, an office manager and an assistant to sanitize the office. He expects three or four of his former staff to return once he can fully reopen his office. Peterson said he had planned on reopening in the first part of May, but is now pushing back that date as the number of cases and deaths continues to rise.

“If you reopen on the upside of the curve that defeats the whole purpose of what we’ve already sacrificed,” he said. “There is no reason to go back to business as usual until the numbers decrease.”

“Some may look down on what I am doing, saying I’m putting people at risk, but if someone is driving and can’t see, I consider that a bigger risk.”

STEVEN SERRINS, OD
OPTOMETRIST
Pandemic precautions keep dental practices Biting Their Nails

Four in five dentists in California have closed except for emergency care; 18% say the closures will be permanent if the pandemic lasts through June

Text by Reggie Ellis | Photo Courtesy of Packwood Creek Dental

No sector of the medical community has felt the financial hit of the pandemic harder than dentists. Despite being deemed essential, the Governor’s shelter-in-place order still set restrictions on providers to limit their interactions with patients and offer only emergency services.

Juanita Jimenez, office manager at Packwood Creek Dental in Visalia, said they have defined dental emergencies as any pain, swelling or bleeding in the mouth. Jimenez said patients may think that putting off emergency dental work until the Governor lifts the order is a good idea, but if the pain becomes overwhelming in the middle of the night, those people will be forced to seek relief in the emergency room, a far more unnecessary risk in a pandemic.

“A lot of patients are experiencing some type of infection,” Jimenez said. “If you go to the ER, you’ll wait six hours to get an antibiotic, but those don’t always react the same way depending on the problem. It also doesn’t solve the issue of what caused the infection in the first place. Hospitals just aren’t equipped to handle dental emergencies.”

Both Packwood Creek and its sister facility Visalia Modern Dentistry encourage those with dental issues to make an appointment with a dentist rather than expose themselves to long waits with large groups of people in the ER. Patients can book a live video appointment by clicking on the teledentistry option on their web sites at www.visaliadentaloffice.com and www.visaliamoderndentistry.com.

If you have an emergency care issue, Dr. Bavan Fareid will schedule an in-person appointment. Jimenez said both dental offices have taken a lot of precautions to protect patients coming in. In addition to heavily sanitizing equipment and wearing gloves, masks and gowns, they are staggering appointments to ensure that every patient can go straight into their own exam room upon arrival.

“We have reduced visits to one patient per hour to allow time to sanitize the front office and waiting area after every patient,” Jimenez said.

But eliminating check ups, teeth whitening, veneers, fillings, implants, dentures and elective surgeries has reduced their patient flow, and their budgets, significantly. Jimenez said each of the practice’s four dentists would see about five patients per day but now Dr. Fareid is seeing just eight to 10 per week. The decline forced their office to reduce its staff of 15 hygienists and office staff, four dentists and two specialists to just three people.

“Since we are only focusing on essential treatments there are no dental hygienists,” Jimenez said. “The other doctors and specialists aren’t working either.”

Jimenez said the practice is making it work with limited staff, but the longer the shutdown lasts, the more difficult it will be for private practices to survive.

According to the Health Policy Institute, 71% of dental practices in California are closed but are seeing patients for emergencies and 26% are not seeing patients at all. None of the study’s more than 19,000 across the nation said they were conducting business as usual. Half of California’s dental practices reported they were not paying any staff and just 7% said they were still paying employees at their full salary.

The survey asked dentists what options they would consider to ensure the sustainability of their practice if the current restrictions were to continue.

Nearly three quarters (72%) of dentists said they would probably borrow money to address financial shortfalls, half said they would continue to adjust staffing levels or the salary of their staff, over half said they would find innovative ways to lower operating costs and about 20% said they would find new ways to expand their patient base if the shelter in place lasts another month. If the CDC extends its recommendation through June, 18% of dentists say they will be unable to sustain their practice. That number jumps to 46% if they must delay patients through the end of August.
Hospitals support caregivers always looking
Out for Others

How Kaweah Delta Medical Center is helping their own healthcare workers cope with
the mental health impacts of the global COVID-19 pandemic

Text by Kaitlin Washburn | Stock Photography

In hospitals around the world, doctors, nurses and other health-care workers are on the frontlines fighting the COVID-19 pandemic, which has infected millions and claimed thousands of lives. As with all disasters, the toll on people extends beyond those who contract the virus. The mental health impacts the pandemic is having will continue to be a reality long after the outbreak eases, especially for those in the healthcare industry who are both concerned with caring for their patients and watching out for their well-being and that of their friends and families.

While fully understanding the mental health toll of the virus is a long way off, a study from JAMA, a medical journal from the American Medical Association, explored the psychological impacts on Chinese healthcare workers. The study found that among 1,257 healthcare workers working with COVID-19 patients in China, 50.4% reported symptoms of depression, 44.6% symptoms of anxiety, 34% insomnia, and 71.5% reported distress.

“Healthcare workers are a strong and independent people who often put their patient’s welfare first,” said Laura Goddard, the director of organizational development at Kaweah Delta.

In Tulare County, as of April 29, over 600 people have contracted and over 30 have died from the novel coronavirus, a rapidly spreading respiratory disease that can cause a range of symptoms, from a cough and fever to respiratory failure to death.

The number of cases in the county has been steadily increasing since the first case was confirmed on March 12, with a significant spike in April.

Kaweah Delta Medical Center currently has 28 COVID-19 patients, three of whom are on ventilators. Of Kaweah Delta’s own staff, 35 have been infected, two are currently hospitalized and eight have recovered and returned to work, according to data provided by the hospital.

Goddard said the hospital is doing what it can to support its staff and be proactive in addressing their needs.

“We’ve been able to respond so rapidly to the virus. Compassion is a promise we make for not only our patients but for our staff,” Goddard said. “We are providing outlets to talk about how they’re feeling, offering resources when they are away from work and continuously providing them with support.”

Every day, Kaweah Delta’s leaders round up hospital staff to check in on how they’re feeling and hear any concerns they have, Goddard said. The hospital is also offering emotional and mental health services for workers.

“Meeting our people’s needs has been a combination of organic efforts and proactive responses,” she said. Goddard also said Kaweah Delta is providing resilience resources that extend beyond the work day and help them cope with the
stress of their work away from the hospital.

“We need emotional and mental resources not just for work, but for other parts of our lives, and especially now during this crisis,” Goddard said. “We are also offering resources for their families and for helping their children understand what is happening.”

The hospital also sends daily updates to staff and conducts a weekly live stream with Kaweah Delta leadership and employees to answer questions, provide updates and address concerns.

“It’s a challenging time and a stress inducing environment. Healthcare workers are a very giving people and a benefit to them is the more comfort they can provide their patients the more comforted they are,” Goddard said. “But there is a toll that is greater than physical, but it’s psychological.”

Goddard also said Kaweah Delta is providing as much personal protective equipment as possible so that workers can change their gear as frequently as possible. Empty waiting rooms and conference rooms are being used for break rooms where staff can carefully take breaks and stay physically distant.

The hospital’s chaplain has been regularly checking in with patients and staff. Staff has a prayer huddle at 9 a.m. and 9 p.m. daily.

The hospital is also offering services to help alleviate certain stresses their staff might deal with, such as temporary housing, child care and groceries.

Staff can use the temporary housing resources Kaweah Delta is offering if they are concerned about exposing family members they live with who are at risk.

The state of California is also providing low-cost or no-cost hotel rooms for front-line healthcare workers. The program will prioritize health care workers who come in direct contact with or are suspected of having direct contact with COVID-19 patients, or who test positive for COVID-19 but do not require hospitalization.

“California is fighting to protect those who are protecting us,” said Gov. Gavin Newsom in a news release announcing the initiative. “Healthcare workers are the heroes of this moment. As we ramp up the workforce to meet the demand we are also stepping up to help keep our workers’ families safe by providing hotels as temporary housing options.”

Another issue impacting Kaweah Delta’s staff is child care. With schools closed and many day care centers shutdown, that’s left many without child care. The hospital has expanded its child care services and reduced tuition costs for staff who have lost child care.

After finishing a shift, workers might be wary of stopping by the grocery store. As an alternative, Kaweah Delta is selling essential supplies, from food to toilet paper, which staff can order and pick up at the hospital.

Kaweah Delta has also received an outpour of support from the community, Goddard said.

I can’t tell you how much positive energy the staff is getting from the community,” she said. “It’s clear the benefits of a supportive community. People send meals, cards and notes of support. And it is such a help for our people.”

Goddard’s advice for managing stress and anxiety during this time is to limit news consumption watch a movie, listen to good music and remind yourself you are not under constant threat.

“It’s been difficult for everyone, for our staff, our leaders and our communities,” Goddard said. “We are committed to caring for our people, and we are continuing to check in and anticipating their needs as much as we can.”

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“Healthcare workers are a strong and independent people who often put their patient’s welfare first.”

LAURA GODDARD
DIRECTOR OF ORGANIZATIONAL DEVELOPMENT AT KAWEAH DELTA MEDICAL CENTER

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PAPER BAG PODCAST

with Paul Myers
Reggie Ellis
and Niccolo Go
Stay Home. Stay Healthy.

Please help protect those you love:
Practice social and physical distancing of at least 6 ft.
Wash hands frequently and clean surfaces often.

COVID-19 INFO
sierra-view.com/coronavirus
cdc.gov/coronavirus
This is the month healthcare workers have been dreading. This is the month Tulare County and the Central Valley are expected to see cases of the coronavirus epidemic peak locally and create a surge of patients flooding local hospitals. This is also the month for which local hospitals have been planning for over a month.

As California’s health care system copes with an April surge of COVID-19 cases, the county’s largest hospital is taking measures to prepare for a spike in acute Tulare County patients.

As of press time, Tulare County has more than 600 positive COVID-19 cases and 40 people have died from the virus. (These numbers continue to rapidly change every day, check in with our tracking page for daily updates on cases and deaths: thesun-gazette.com/article/news/2020/03/18/tracking-covid-19)

Kaweah Delta CEO Gary Herbst opened last month with a news conference that the county was forecasting an increase in cases at the end of April.

Like many hospitals throughout the state and country, Kaweah Delta Medical Center is facing a shortage of personal protective equipment, like masks, gloves and surgical gowns, that medical professionals wear to keep themselves safe.

On a normal day, the hospital goes through about 1,500 masks, but now Kaweah is down to 750 masks a day. Hospital staff is now required to wear the same gown and face mask for a full shift, Herbst said. Kaweah Delta has placed orders for protective equipment with the county and state health agencies, the federal stockpile and its usual vendors and suppliers.

Aside from protective equipment, Kaweah Delta is concerned with the number of ventilators. Of the 96 ventilators owned by the hospital, only 26 were in use as of press time as patient volume has dramatically dropped since the stay-at-home order began. Of those 26, only three were being used by COVID-19 patients.

“From everything that we are witnessing in New York and the more populated areas of California, as the disease really exacerbates an individual, the greatest difficulty that they have is breathing, that’s why they end up intubated,” Herbst said. “I am very concerned that we don’t have enough ventilators. We are trying to get more, but they are not available.”

The hospital has been running a drive-thru testing site for people who are showing symptoms of coronavirus. At the hospital’s request, the city recently closed Floral Street, which opened up nine parking spots for people to pull up and get tested from their cars, Herbst said.

As of April 30, Kaweah Delta has tested more than 3,200 people, more than 300 of which tested positive for the coronavirus. These numbers are updated daily on Kaweah Delta’s web site at www.kaweahdelta.org/COVID19.aspx.

Kaweah Delta has also set up a free COVID-19 screening hotline for individuals who think they might have the virus to call and determine whether they need to get tested. Anyone can call the hotline at 559-624-4110, but the hospital encourages people with primary care physicians to call their physician for an assessment first.

‘CALM BEFORE THE STORM’

While the county has yet to see the overwhelming numbers that other parts of the state are experiencing, Herbst said he senses this is the calm before the storm for Tulare County. The hospital has partially emptied as people postpone visits, procedures and nonessential surgeries.

“Our hospital has more bed capacity than I’ve seen in the last 10 years. And that’s been purposeful,” Herbst said. “We are in pretty good shape right now to absorb the volume of patients coming to us… But we...
are not fooling ourselves, we fully expect that this situation will continue to escalate.”

The hospital's downtown medical center has reduced its capacity to about half in anticipation of a sharp increase in patients. Currently, 228 patients remain at the hospital and the rest of the 450 total beds are empty. The hospital has also delayed elective and non-urgent surgeries and put a no-visitor policy in place.

Kaweah Delta has been converting many parts of the hospital into units dedicated to COVID-19 treatment, Herbst said. The hospital converted a 29-bed section into a dedicated inpatient unit for people who have either tested positive for COVID-19 or who are exhibiting symptoms. An 11-bed unit normally used for elective surgeries or procedures like knee replacements has also been converted.

Last week, Kaweah Delta finished the expansion of its emergency unit in preparation for the surge of coronavirus patients. Kaweah Delta had completed build-out of its fifth and sixth floors and was set to open in spring, so it had the staffing and systems in place and met all requirements last week to get approval from the Office of State Health and Planning and Development. The fifth floor is now available to serve as an intermediate intensive care unit, but will sit empty until it is needed. With the additional 47 beds, Kaweah Delta now has 452 beds available for acute care at its downtown Visalia campus.

The sixth floor now houses the hospital's Neonatal Intensive Care Unit (NICU), giving the unit eight more beds and five times the square footage. If the hospital becomes overwhelmed and at capacity, Herbst said Valley Children's Hospital is prepared to take all of Kaweah Delta's neonatal, mother and babies, and children patients so that the hospital can free up those beds.

The Visalia Convention Center is also willing to convert to a temporary field hospital for Kaweah Delta to use, Herbst said.

RAPID TESTING

All three of Tulare County's hospitals are taking similar precautions for a potential surge in COVID-19 patients. Sierra View Medical Center (SVMC) in Porterville was the first hospital to treat a coronavirus patient when it confirmed the county's first case of the virus on March 26.

Since that time, the number of cases in Tulare County have grown exponentially, but not necessarily in the Porterville area.

As of April 30, SVMC had only tested about 200 people for COVID-19, with just 21 testing positive. There have been six in-patient deaths at the hospital. There were only about 30 cases in the Porterville area, according to the Tulare County Health and Human Services Agency (HHSA). The hospital's testing capacity was significantly increased last month when Sierra View was selected to receive an Abbott point-of-care instrument, also called an ID NOW machine, in order to strengthen testing capabilities located in our region.

"Lab testing capability continues to be a key focus in this pandemic," states Karen Elliott, Director, Tulare County Public Health Branch. “The addition of this instrument to Sierra View increases the ability to test locally in all three Tulare County hospitals, along with the public health lab."

Having this rapid testing ability complements the current testing abilities available to our local area. As with many newly developed methods to detect the virus, the ability to obtain all supplies and reagents to consistently support testing continues to be a challenge, and limited tests are available at this time.

ID NOW machines have been provided to hospitals and a public health laboratory in 12 California counties that are experiencing a gap in testing. The machines provide positive results of COVID-19 in as little as five minutes, enabling health care providers to make appropriate and efficient treatment and infection-control decisions in their communities.

"Our hospital has more bed capacity than I've seen in the last 10 years. And that's been purposeful. We are in pretty good shape right now to absorb the volume of patients coming to us ... But we are not fooling ourselves, we fully expect that this situation will continue to escalate.”

GARY HERBST
CEO
KAWEAH DELTA MEDICAL CENTER

The machines are available for use under U.S. Food and Drug Administration Emergency Use Authorization (EUA).

If it needs extra bed space during a potential surge, the hospital will have access to the Porterville Developmental Center east of the city. The U.S. Army Corps of Engineers completed construction to convert 246 beds as an emergency hospital for COVID-19 patients. The project was announced by Gov. Gavin Newsom on April 6 as part of a plan to secure more than 4,600 beds at alternate care sites.

Alternate care sites will be staffed using a number of resources, including the newly established California Health Corps. The Health Corps is made up of health care providers, behavioral health professionals, and health care administrators who sign up to work at alternate care sites. They will add to the existing state health care workforce with underutilized and underemployed professionals, and with qualified student, retiree, and out-of-state health care providers.

The Porterville Developmental Center, 26501 Avenue 140 on the east end of Porterville, is a 670-acre facility that provided health, dental, behavioral, specialty equipment, psychiatric and other services for developmentally disabled clients. Most of the 1,226-bed facility is already empty and was slated to close next year as part of a plan to scale back institution living for clients and help them transition back into their community. The Intermediate Care Facilities, serving about 122 clients at one time, at the center is scheduled to close in July 2021 and the General Treatment Area, serving about 49 clients at one time, in December 2021. The Security Treatment Program, which serves about 190 clients in Porterville, will remain open.

A NETWORK OF SUPPORT

Adventist Health Tulare is cautiously optimistic that they won't need any additional beds beyond their current capacity. That's because the hospital is part of a national healthcare organization with a network of hospitals in their immediate area.

Tulare's hospital is part of Adventist's Central Valley Network that includes hospitals in Hanford, Selma and Reedley. Terri Boggess, director of infection prevention for Adventist, said the Tulare hospital has 108 beds and could take on more at floors not normally licensed for acute care, but can be accessed for patient overflow during an emergency. Hospitals in Selma and Reedley offer another 106 beds. All three of those feed into Hanford, Adventist's largest hospital in the network, with a total of 173 beds.

"I feel like we are well prepared, at least as prepared as any other facility in the state," Boggess said.

PPE and ventilators shouldn't be a problem for Tulare either. As part of a national healthcare organization, Adventist owns or is affiliated with 116 hospitals across the country with 21 hospitals in California alone. Boggess said Adventist has had to implement policies for extended use of masks, gloves and aprons just like other hospitals but has not seen a huge issue with shortages as they can shift resources throughout the state and nation. Similarly, ventilators are being shared by hospitals within the state, being shipped to areas with the biggest need at the time. Adventist's West Coast hospitals have also received donations of ventilators from local respiratory therapy schools, such as San Joaquin Valley College.

"We’ve had our share of challenges but we have not run out of anything," Boggess said.

If Adventist's hospitals do get overwhelmed all at once, Boggess said the Central Valley Network has been working to identify places, such as high school gymnasiums or the fairgrounds, to set up emergency field hospitals to handle the epidemic.

"We’ve been very proactive," Boggess said.
Organizations look for ways to support those

**UNSHELTERING IN PLACE**

Hospitals, organizations and cities try to protect homeless populations in Tulare County who have yet to contract the novel coronavirus

TEXT BY KAITLIN WASHBURN AND SUN-GAZETTE STAFF | STOCK PHOTOGRAPHY

W while Tulare County has yet to have its first homeless person test positive for COVID-19, the thought is a constant worry for advocates, health care workers, government officials and the homeless community.

People who are experiencing homelessness are among the most vulnerable to COVID-19. Not only do they live in close quarters that are hard to keep clean and socially distant, but people who are homeless are more likely to have preexisting conditions that put them at greater risk of contracting coronavirus and its worse forms. Homelessness remains the top issue facing urban centers across California and it affects Tulare County residents more per capita than almost anywhere else in the state.

There are 4% more of those considered chronically homeless, meaning they have been without shelter for a year or at least four separate times in the past three years, than the rest of the state and 3% more people are being unsheltered than the rest of the state. Seven in 10 homeless are living outdoors, in an encampment, in a vehicle or an abandoned building.

In an effort to find a pathway forward, the Tulare County Task Force on Homelessness approved a $77,000 contract with Home Base, a nationally known Bay Area firm with nearly three decades of experience developing plans to address homelessness. Home Base CEO Nikka Rapkin personally presented her report, “Pathway Home: Responding to Homelessness in Tulare County,” last December to the Visalia, Tulare and Porterville city councils as well as the Tulare County Board of Supervisors.

The primary causes of homelessness locally are unemployment and eviction. More than a third of all homeless in the county reported these as the main reasons they are homeless. And the problem is getting worse. In 2015, 1 in 6 people experiencing homelessness indicated housing-related issues as their reason for homelessness (evictions, no affordable housing, foreclosure and/or substandard housing) compared with nearly 1 in 4 less than 5 years later. Only 13% of people experiencing homelessness became homeless because of mental health issues or substance use disorder. It is true that a quarter of those experiencing homelessness are diagnosed with mental illness but most of that is a result of homelessness and not the reason they became homeless.

Those struggling from homelessness are not castoffs from nearby population centers in Fresno or Bakersfield nor are they housing casualties of the Bay Area and Southern California. Ninety percent of the homeless here had their last stable residence in Tulare County.

While it is true that Tulare County is among the counties with the most affordable home prices, home prices are still increasing faster than wages. According to the report, home prices and rents have increased 9% since 2015 but ages have only increased by 2% over the same period of time. A quarter of Tulare County households live below the poverty line and spend 40% of their income on housing.

COVID-19, or the novel coronavirus, continues to rapidly spread at an alarming rate throughout California, the U.S. and the world. While the symptoms for many can be mild — a fever and a cough — the disease can be life threatening if not deadly for people who are older, have compromised immune or respiratory systems or a preexisting condition, such as diabetes or underlying heart issues.

Local organizations are continuing to try and provide services, such as health care, shelter and food, along with getting out information on COVID-19 to the county’s homeless communities. But there’s yet to be a concerted effort to go out and test homeless people for coronavirus in Tulare County, making the situation unclear.

A SUN-GAZETTE PUBLICATION | CENTRAL VALLEY MEDICAL | 11
Dr. Omar Guzman is the director of Kaweah Delta Street Medicine, which provides health care directly to vulnerable populations who can't access proper services. Street Medicine goes out to places like homeless encampments to provide preventative screenings, wound care, health education and referrals to social services and community health centers.

And since the start of the coronavirus pandemic, Street Medicine has started visiting encampments in the area to provide information on the disease and hygiene kits with alcohol-based hand wash, soap, Tylenol and a bucket for collecting water and washing their encampments.

The kits also include an informational card with an explainer of the virus and Tulare County’s 2-1-1 informational line and Kaweah Delta’s COVID-19 screening hotline.

Guzman said that Street Medicine has made four trips to the homeless encampment on St. Johns River, and still have not seen anyone with symptoms. Fortunately, they also received testing kits to administer to those who want them.

As the state continues the plateau of cases, the flat part of “flattening the curve,” Guzman said the reason the homeless have not been afflicted with the virus is because they were socially distanced already.

“It’s social distance at its finest,” Guzman added.

Guzman said that while he was out at the encampment near the Ben Maddox trailhead in Visalia, most people were asking a lot of questions about the virus and how it’s transmitted. While no one at the camp was showing symptoms that day, Guzman worries about how rapidly COVID-19 would spread if someone contracts it.

He added that the danger now is people bringing the virus back to their encampment after venturing back into town for food and water. Since the shelter-in-place order local churches and organizations that would regularly meet them where they are no longer making trips out.

“As long as the virus stays out of the environment it’s okay, but once it’s in it will spread rapidly. And there’s no way for people to stay socially distant and it’s very challenging to keep their encampments clean,” Guzman said.

One of the issues Guzman and his team are grappling with is how hard it is for the homeless community to practice social distancing where they live. And while their encampments extend outside of town, they could easily pick it up and bring it back to camp when they need to leave.

“There’s a lot of fear out there, they know they’re at an increased risk,” Guzman said. “Many asked, ‘If I haven’t bathed recently or haven’t been able to clean out my encampment, is that going to put me at a greater risk?’”

And the answer is yes. Quarantining is much more difficult in a home with a heater compared to a tent out in the rain, Guzman said.

“There definitely needs to be an increase of the amount of education out there on the virus,” Guzman said. “When we went out people had a lot of questions and many people had a genuine interest in what the virus is and many had educated questions on the virus.”

The homeless population already has more medical issues than the general population, Guzman said. While out at a homeless camp, for example, he spoke with a 30-year-old man who appeared healthy, but has a serious heart condition that would make him vulnerable to the worst of coronavirus.

**HEALTH CARE**

**SHELTER SERVICES**

Al Oliver, the executive director of Visalia Rescue Mission, said the shelter is doing what it can to remain open and operate as normally as possible.

After Newsom’s initial shelter-in-place order was issued on March 19, the Rescue Mission told everyone who was at the shelter that they could stay through the duration of the lockdown as long as they didn’t leave the property to avoid bringing COVID-19 into the shelter.

Most people remained at the shelter, which has a total of 150 beds. They also have 48 recovery beds as a part of a program that people can stay in for a year to get over drug addiction, and all of those people so far have stayed. The Mission decided not to admit new people, however, they were initially willing to make exceptions depending on someone’s circumstances, such as a woman and her children who stayed.

To help with social distancing, the Rescue Mission converted its auditorium to a day room for people to spend time in and maintain a safe distance. Many of the people in the recovery program are also helping to manage the Mission’s day-to-day operations.

“We are trying to be as creative as we possibly can,” Oliver said. “Everyone I’ve talked to seems to be well-informed on what’s going on and what they need to do to remain healthy. I think it’s been remarkably orderly.”

Aside from shelter, the Rescue Mission is continuing to provide other services, such as meals, laundry and showers.

The Rescue Mission provides laundry services to onsite guests, but Oliver said the shelter is working on expanding that option to the greater homeless population. The Mission has also expanded the hours people can use its community showers.

“We are trying to get people the services they need while also ensuring everyone maintains a safe distance, something the Rescue Mission has never dealt with before,” Oliver said. “This whole situation has led to a different thinking on my part. We are making as many changes as we can, but this is unlike anything we’ve seen since 1918.”

Tulare County intends to use a portion of allocated state funds to lease hotels and motels to quarantine a portion of the county’s homeless population, said Chaz Felix, the homeless initiatives program coordinator for Tulare County’s Homeless Task Force.

Once those rooms are available, they will be reserved for those who are at a greater risk of contracting the worst symptoms of COVID-19 or dying from the virus, Felix said.

Michael Smith, the director of Kings Tulare Homeless Alliance, said her organization has identified 181 people with disabilities and 28 seniors without disabilities who are experiencing homelessness and who could be housed in a hotel room.

Of the 181, Smith said the Homeless Alliance is working on sorting who has a disability that makes them a part of that vulnerable population, such as someone with a compromised immune system or respiratory problems. There are 53 total seniors, including those who have been identified to have a disability.

The Alliance has the names and contact information for those people. Smith said only people who are at a heightened risk of mortality from COVID-19 are being considered for a room.

“We will need to prioritize who we bring to a hotel room, because we won’t have enough space for those who need it,” Smith said.

The county and the alliance are still determining what the other portion of the state money will be spent on, whether it’s protection equipment, supplies or hand-washing stations. Smith said her organization is in touch with service providers in Tulare and Kings counties to see what they need most.

“The goal is not to house everyone, but to house those who need it the most,” Felix said. “We are doing our best to meet people’s needs and get information out.”

**FOOD ACCESS**

One organization focused on helping homeless and underserved people access food is the Bethlehem Center in Visalia. The Center plans to continue providing meals and food pantry boxes to those who need it throughout the pandemic, said Patrick Lozano, a board member for the Center.

The Bethlehem Center is open for food box pick-ups, either through a drive-thru or walk-up, from 12:45 p.m. to 2 p.m. Mon-
day to Friday. Normally, a family is limited to one box of food per month. But Lozano said folks can now pick up a box twice a month.

“Anyone who appears here and asks, we give it to them,” Lozano said. “If they are coming here, we assume they have a need.”

Lozano — whose company, Echelon Protection, does security for the Bethlehem Center — is out at the center every week and he’s gotten to know many of the people who visit. But since the coronavirus pandemic escalated, he’s seen a lot of new faces.

Lozano said about half of the people picking up food are first timers. Recipients are coming to the Center, which is in Visalia, from all over the county — as far as Porterville, Lindsay, Ivanhoe, Woodlake, Exeter and Dinuba.

“I have the unique pleasure of serving the client. I get to know people and they get to know me,” Lozano said. “They then feel more comfortable visiting, they don’t have to worry about stigma and we are not going to turn them away.”

Normally, the Center’s dining hall serves people breakfast and lunch daily, and those who come for a meal are usually experiencing homelessness. Now, Lozano said they still serve the meals, but people line up 6 feet apart at the Center and are given food through the fence from 8 a.m. to noon.

The Center is also handing out other supplies, such as hygiene packages, blankets and clothing. Lozano said they had to shut down their thrift store, a significant portion of their funds, and they are cautious about collecting any donations aside from money to ensure they don’t spread COVID-19.

Only staff at the Bethlehem Center are coming in to help with food handouts, they’ve had to turn away their volunteers out of caution, Lozano said.

“No one has asked for time off. Everyone is committed to coming in every day to help, they know how important this is for the community,” Lozano said.

As the coronavirus continues to rapidly spread and a return to normalcy remains unclear, Lozano said the Bethlehem Center is going to do all that it can to remain open and continue supplying people with food.

“Prior to COVID, we might give out 50 to 60 boxes a day, now that number is doubling and tripling,” Lozano said. “We are in it for the long haul, and anticipating the peak to be in late April, we are reaching out for more resources and financial donations.”

**PUBLIC FUNDS FOR HOMELESS**

Gov. Gavin Newsom sent $100 million to cities, counties and continuums of care centers to aid California’s homeless population amid the novel coronavirus pandemic.

On March 23, Newsom signed Senate Bill 89, a $1 billion relief package to assist the state’s attempts to fight COVID-19.

California’s 13 largest cities received $42.9 million, while the state’s 58 counties received $27.3 million and California’s 44 continuums of care received $29.6 million. Tulare County received $145,000 and the Tulare Kings Homeless Alliance, the area’s continuum of care, received $200,000.

The funding is intended for measures to help prevent and contain COVID-19 and can be used for medically indicated services and supplies, such as testing and hand-washing stations, according to a news release from the governor.

The funds can also be used to acquire new shelters, supplies and equipment for emergency shelter operations; increase shelter capacity and street outreach; and lease locations to place individuals who need to be isolated because of COVID-19 illness or exposure, according to the release.

Since early April, the city of Tulare has taken extraordinary steps to give their homeless community the means to thwart the coronavirus.

Tulare became the first city to place porta potties and handwashing stations at three homeless encampments at Kern and 1 streets across from Lighthouse Mission Rescue, Pleasant Avenue and 1 Street near Centennial Park and on Blackstone Street near Prosperity Avenue. The facilities will be stocked with soap, clean water, and their placement will ensure proper spacing between individuals.

“This is an extraordinary time that calls for extraordinary measures,” Mayor Jose Sigala said. “This is not a recommendation from the Tulare County Public Health Officer and I’m not aware of any other cities doing this but we felt like it was something we needed to do.”

Sigala said part of the reason for the change in strategy was the city’s simultaneous decision to close all of the public restrooms and playgrounds at city parks. These facilities are cleaned daily, however, with the speed of which the COVID-19 virus can be transmitted, it is in the public’s best interest to not share these restroom facilities.

In the city’s COVID-19 update, Deputy City Manager Josh McDonnell stated the changes were “to ensure that homeless residents have access to adequate washing and restroom facilities.”

“I appreciate the community taking all of the recommendations and directives in a serious manner,” Sigala said. “I realize the difficult times and challenges all of us are facing but we must work together to assure the safety of our community. I am proud of all of our city leadership including our first responders for stepping up and protecting our residents.”

The actions were based on the recommendations of the city’s emergency operations center director Luis Nevarez, in conformance with guidance provided by the Centers for Disease Control, and in cooperation with the city manager Rob Hunt.
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killed nursing facilities in Visalia and Lindsay continue driving up the numbers of coronavirus deaths and cases in Tulare County far beyond more populated counties to the north and south.

Forty Tulare County residents have died from COVID-19, compared with just six in Kern County and seven in Fresno County, as of press time. Only nine counties have more deaths from the virus than Tulare County.

Twenty-six of those deaths have come at Redwood Springs Healthcare Center, a skilled nursing facility located at 1925 E. Houston Ave. in Visalia. The facility also has more cases of COVID-19 than any other nursing home in the state. According to the California Department of Public Health’s (CDPH) list of outbreaks at nursing homes, Redwood Springs had 115 patients and 61 staff members test positive for coronavirus. The facility’s 176 cases was 73 more than the next highest skilled nursing facility, providing personal protective equipment (PPE) and lab collection kits as well as sharing information and instruction on infections control.

The state has also mobilized a 19-member California Medical Assistance Team (CAL-MATs), a group of highly trained medical professionals and other specialists, to Redwood Springs. The teams are organized and coordinated by the State Emergency Medical Services Authority (EMSA) for rapid field medical response in disasters.

“We are actively involved daily in working toward the control of the infection within this facility,” Weyker-Adkins said. "HHSA, CDPH and EMSA are also extending their assistance to Lindsay Gardens Nursing and Rehabilitation Facility in Lindsay, where 55 residents and 18 employees have tested positive for COVID-19. The rate of spread seems to be equally aggressive at the Lindsay nursing home as cases have increased six-fold two weeks since the initial outbreak of 11 cases was announced two weeks ago on April 14. County liaisons and a 17-member CAL-MAT are assisting at the facility.

A third nursing home in Tulare County reported an outbreak last week. This time, a sister facility to Redwood Springs. On April 20, Tulare County Public Health Branch announced that the Linwood Meadows Care Center has had 10 residents test positive for COVID-19. The outbreak was discovered when one patient began experiencing a high fever while in transit to an area hospital the evening of April 25 for an unrelated matter. The patient subsequently tested positive for COVID-19 early morning of April 26. None of the patients exhibited any symptoms, but are now in isolation. As of press time, an additional resident and one staff member had tested positive for the virus. Located at 4444 W Meadow Ave. in Visalia, Linwood Meadows has approximately 77 residents and 110 staff at the facility.

A fourth facility, Dinuba Healthcare, has also had both patients and staff test positive for the virus. Both of those numbers are less than 11 people, the state’s threshold to protecting the privacy of those patients. The 97-bed facility is located at...
1730 South College Ave. in Dinuba.

“As public health professionals, we are concerned about these outbreaks, and we are working with the California Department of Public Health Licensing and Certification Program to implement all necessary safeguards at the facility,” Tulare County Public Health Director Karen Elliott said.

“As of press time, Tulare County reported 640 cases of the virus, with 60% of those from person to person contact. That’s not surprising since Redwood Springs and Lindsay Gardens combine to represent 40% of all cases in the county.

Individuals 65 and over may have a weaker immune system to fight the virus. They may also have underlying conditions that make them more vulnerable to fighting the virus, such as diabetes, obesity, lung or heart disease, asthma, a history of smoking or other co-occurring illnesses. It is important for residents over the age of 65 to shelter at home, limit activities in the community other than going out for essential services such as groceries, healthcare, and medication. They should wash their hands often, social distance in public settings and wear a face mask when in public.

Weyker-Adkins said county public health staff are working actively with the CDPH’s Healthcare-Associated Infection program to make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public, according to Tulare County Public Health.

Additionally, hospital-associated infection control has been informed and began an initial investigation as soon as the facility reported the first positive case,” she said.

Tulare County Public Health is helping coordinate all skilled nursing facilities and health centers with weekly or bi-weekly calls to strategize how to overcome and mitigate outbreaks. The CDC has issued guidelines on key strategies to preventing infection within skilled nursing facilities including prohibiting visitors, screen anyone entering the facility before each shift, send ill personnel home, restrict all residents to their rooms and ensure all residents wear a cloth face covering whenever they must leave their room.

CHECKING UP

The facilities with the largest outbreaks – Redwood Springs and Lindsay Gardens – lie in Tulare County Supervisorial District 1 represented by Kuyler Crocker who is calling for an investigation of Redwood Springs. Crocker reached out through staff to (CDPH) and says an investigation could lead to a shutdown of the facility. Any investigation at the facility will be slowed by the number of patients who have the coronavirus. CDPH is working through their channels to potentially launch an investigation. Crocker said he wants to know why there was an outbreak there when other nursing homes, Twin Oaks Assisted Living Center in Tulare and Magnolia Rehabilitation and Nursing Center in Visalia, have had patients contract the virus but only spread to less than a handful of people.

“After this is all said and done, everyone may have it [at Redwood Springs],” Crocker said.

This is not the first time that Redwood Springs has struggled to control the spread of infection at its facility.

Since 2016, Redwood Springs has had 91 health-related deficiencies, more than four times the state and national average. The nursing facility has been cited for having deficiencies in its program to investigate, control and keep infection from spreading in all three of its most recent inspections.

In 2017, Redwood Springs had several infection control deficiencies including not properly labeling a biohazard storage area and cleaning and disinfecting products and not using those products according to directions, according to the Centers for Medicare and Medicaid Services (CMS). Also in 2017, the facility had a scabies outbreak in 14 patients because staff failed to implement a control plan for the rash caused by a microscopic mite that burrow into the upper layer of the skin and lays eggs. This was the facility’s only infection citation since 2017.

In 2018, the facility failed to prevent the spread of bacteria in eight separate incidents including not washing hands, not changing gloves, leaving soiled linens on the ground, not cleaning bathrooms after use and handling trash without gloves. That same year, Redwood Springs was fined $100,000, the most severe penalty issued by the state, in the death of 81-year-old woman. Two certified nursing assistants left the woman unattended while she was using the commode, a plastic chair on wheels which goes over the toilet. The woman fell and hit her head and died six days later.

The skilled nursing facility is owned by Plum Healthcare Group LLC, which has struggled with sanitary conditions at many of its facilities. Plum owns 42 nursing homes throughout California, seven of which have been fined for health-related violations totaling $115,775, according to data from Medicare.gov compiled by Review.care, a website that evaluates and compares nursing homes. Plum’s facilities overall were rated four of five stars, but 14 of its facilities received two stars or less for health inspections. Since 2017, half of Plum’s facilities have had at least one infection citation that could have led to harming patients or staff, but no one was hurt, according to a recent report by Kaiser Health News. A dozen were cited multiple times and one facility, the Pine Creek Care Center in Roseville, was cited four times in the last three years.

Plum also owns and operates Linwood Meadows. The 98-bed facility has consistently earned four stars in its health inspection rating and typically has less deficiencies than the state average for skilled nursing facilities. During a 2017 survey, state inspectors found one in five licensed vocational nurses at Linwood did not clean their stethoscopes after use on a patient, another didn’t wash their hands after patient contact and a dietary aide did not properly disinfect and clean food trays. In 2018, Linwood Meadows was cited for improperly using chemicals to clean restrooms, not changing mop water between rooms and a certified nursing assistant failed to wash her hands.

Infection control has been a problem at Lindsay Gardens in the past as well. The facility has had sanitary deficiencies (employees not washing their hands) during inspections in 2017, 2018 and 2019 but has not had any infection citations. Since 2016, the facility has 44 deficiencies, more than twice the state and national average.

The facility is owned by Providence Group Inc. Providence owns 17 nursing homes in California and Kentucky. Three of their facilities have been fined for health-related violations totaling $48,191, according to Review.care. Only two of Providence’s 17 facilities were cited for poor infection control in the last three years.

During an inspection on April 27, 2017, Lindsay Gardens failed to make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public, according to the CMS, the federal agency that inspects nursing homes. During an inspection on June 23, 2016, inspectors said the facility failed to have a detailed, written plan for disasters and emergencies and on June 18, 2015 that the facility failed to train all employees on what to do in an emergency.
This is what we do when the week’s newspaper is set, edited and running on the press. Pour yourself some coffee, put up your weary feet, and listen in.

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The Paper Trail Podcast is an audio talk show which runs about two episodes per week with varied topics related to local and regional news. Episodes are available for free to the public through iTunes, TuneIn, Google Play and Stitcher, among other outlets. The show is hosted by The Sun-Gazette’s editor Paul Myers and publisher Reggie Ellis.
COVID-19 crisis should cause animal owners to Paws and Think

Tulare County Animal Services asks people with pets and livestock to make plans for someone to care for their animals if owners contract the coronavirus

TEXT BY PAUL MYERS | STOCK PHOTOGRAPHY

The novel coronavirus has swept through the entire landscape of life in Tulare County. But little notice has been paid to what happens when pet owners, farmers and ranchers come down with COVID-19. Their animals need to go somewhere. Which is why Tulare County Animal Services is encouraging people to make a care plan for pets and livestock.

“While Tulare County Animal Services remains dedicated to the welfare of both the animals and people of the community and continues to respond to urgent calls for service, the animal shelter does not have the ability to house a large influx of animals,” said Animal Services Manager Cassie Heffington. “We are urging the public to create a care plan in the unlikely event that they were temporarily unable to care for their pets.”

To develop a pet care plan, pet owners are encouraged to identify a temporary caregiver for your pets – check with friends, family, and neighbors, or with pet-sitters and boarding kennels; create a written emergency plan for each of your pets. Make sure to include:

- The name and contact information for your pet’s temporary caregiver. Be sure to include their cell phone number
- Your pet’s name, breed, and age
- Your veterinarian, their clinic name and phone number
- A copy of your pet’s vaccination records
- A description of any medical concerns for your pet and directions for any medications they take
- Your pet’s feeding schedule and directions
- Put together a bag or storage box with supplies that your pet might need for two weeks (food, bowls, travel kennel, leash, cat litter, etc.).
- If your pet is on any medications, make sure to include a two-week supply. Set them aside with a copy of your plan where they can easily be found.

In the unlikely event that you are temporarily unable to care for your pets, having a good plan ahead of time helps provide you with peace of mind knowing that they will continue to be well cared for in a comfortable environment.

Less talked about, but still a possibility is the likelihood that pets can contract the coronavirus. The Centers for Disease Control is aware of a small number of pets, including dogs and cats to be infected with the virus.

The first case in the United States of an animal testing positive for the virus that causes COVID-19 was a tiger with a respiratory illness at a zoo in New York City. Samples from the tiger were collected and tested after several lions and tigers at the zoo showed signs of respiratory illness. Public health officials believe these large cats became sick after being exposed to a zoo employee who was infected with the virus that causes COVID-19.
People with COVID-19 who live in U.S. regions with high levels of air pollution are more likely to die from the disease than people who live in less polluted areas, according to a new nationwide study from Harvard T.H. Chan School of Public Health.

The study is the first to look at the link between long-term exposure to fine particulate air pollution (PM2.5)—generated largely from fuel combustion from cars, refineries, and power plants—and the risk of death from COVID-19 in the U.S.

The study looked at 3,080 counties across the country, comparing levels of fine particulate air pollution with coronavirus death counts for each area. Adjusting for population size, hospital beds, number of people tested for COVID-19, weather, and socioeconomic and behavioral variables such as obesity and smoking, the researchers found that a small increase in long-term exposure to PM2.5 leads to a large increase in the COVID-19 death rate.

The study found, for example, that someone who lives for decades in a county with high levels of fine particulate pollution is 15% more likely to die from COVID-19 than someone who lives in a region that has just one unit (one microgram per cubic meter) less of such pollution.

The study suggests that counties with higher pollution levels “will be the ones that have higher numbers of hospitalizations, higher numbers of deaths and where many of the resources should be concentrated,” said senior study author Francesca Dominici, Clarence James Gamble Professor of Biostatistics, Population, and Data Science at Harvard Chan School, in an April 7, 2020 New York Times article.

“In the short term, Dr. Dominici and other public health experts said the study’s finding meant that places like the Central Valley of California, or Cuyahoga County, Ohio, may need to prepare for more severe cases of Covid-19,” a New York Times article stated.

The new findings align with known connections between PM2.5 exposure and higher risk of death from many other cardiovascular and respiratory ailments. The researchers wrote, “The study results underscore the importance of continuing to enforce existing air pollution regulations to protect human health both during and after the COVID-19 crisis.”

Lead authors of the study were Xiao Wu, doctoral student, and Rachel Nethery, assistant professor of biostatistics. Other Harvard Chan School authors included research assistant Benjamin Sabath and research assistant Danielle Braun.

Tulare and Kings Counties had a 17-year average of more than 12 micrograms per cubic meter (ug/m3) per year, the highest in the nation, which correlated with 10 deaths per million people, one of the highest virus mortality rates in California. Every ug/m3 of PM2.5 is associated with a 15% increase in the COVID-19 death rate. For example, if Tulare County’s air quality was just 1 ug/m3 lower, there may have been X fewer deaths thus far.

The results of the study also underscore the importance of continuing to enforce existing air pollution regulations during the COVID-19 crisis. Based on their results, researchers anticipate a failure to do so can potentially increase the COVID-19 death toll and hospitalizations, further burdening our healthcare system and drawing resources away from COVID-19 patients.

There is hope for future generations in the Valley dealing with potential pandemics down the road as the Valley’s air is getting cleaner. In fact, it’s the cleanest it’s been in more than two decades. In the San Joaquin Valley Air Pollution Control District (Air District) said the valley had a record year for clean air days in 2019.

Valley air pollution, pandemic linked in high Pressure System

Harvard School of Public Health study shows that people with COVID-19 living in areas with high levels of air pollution are more likely to die from coronavirus
Over the last winter, November 2019 through February 2020, the Air District reported the greatest number of “good” and “moderate” air quality days, the lowest number of “unhealthy for sensitive groups” air quality days, and zero “unhealthy” or worse air quality days for particulate matter (PM 2.5), primarily comprised of tiny particles released into the air from burning wood and vehicle and stationary emissions. Those are the best air quality numbers since the Air District began tracking PM 2.5 in 1999.

The Valley also recorded a record low number of days when the federal standard of 35 µg/m³, or micrograms of pollutant per cubic meter, was exceeded for a 24-hour period. In fact, the month of February recorded zero days exceeding the standard, a first for the Valley.

Tulare County Supervisor Kuyler Crocker, who represents Tulare County on the Air District board, said the numbers were promising as this was one of driest winters since 1999, usually an indication of worse air quality. “This proves the incentives are working,” Crocker said. “People are voluntarily improving tractors and limiting their burning.”

The Valley’s bowl-shaped geography traps PM 2.5 in the air, which builds up quickly at the ground level and hangs there until rain can wash it out. Particulate matter can have adverse effects on public health, aggravating heart and lung diseases such as asthma, emphysema and chronic bronchitis.

John Klassen, director of air quality and science planning for the Air District, said the numbers are a strong indicator that air quality is improving in the valley. Part of the credit goes to the Air District’s Check Before You Burn campaign. Feb. 29 marked the end of the Valley’s 17th Check Before You Burn season which ended as the cleanest on record despite record-breaking high winds at the beginning of the season. The number of days that exceeded PM2.5 levels were 15 for the winter months, compared with a peak of 81 days during the 2001-2002 winter. Even more impressive is that the Valley’s air quality improved during a dry winter with far less than average rainfall. The Valley averaged less than half an inch of rain this winter, compared with an average of almost 4 inches since 2000.

Throughout the season, increased cooperation by Valley residents and the use of much cleaner wood, pellet & natural gas devices, made possible by the District’s Burn Cleaner Program, all played pivotal roles in the vast improvement to wintertime air quality this season. “Once again, the District thanks residents, businesses, the ag industry and all other Valley stakeholders for helping to achieve our cleanest winter on record,” said Valley Air District Executive Director and Air Pollution Control Officer Samir Sheikh.

In June 2019, the Air District adopted the most restrictive residential wood burning strategy in the nation by lowering the thresholds in three counties with the biggest air pollution challenges: Madera, Fresno and Kern. Under its amendments to Rule 4901, the District issued a daily wood-burning declaration, based on the air quality forecast for each county with one of three specific designations: “No Burning for All,” “No Burning Unless Registered,” or “Burning Discouraged.”

Overall, the District’s residential wood burning strategy has significantly reduced emissions through a combination of regulatory curtailments, strong public education, and voluntary incentives for Valley residents. While state regulations prohibit the installation of wood burning fire places in new homes in nonattainment areas and push for more efficient vehicles, the Air District’s Burn Cleaner Program has funded the replacement of thousands of high polluting wood burning devices with cleaner burning devices, the majority of devices being replaced with natural gas devices.