



FRANKLIN SCOTT CONWAY LLP
A District of Columbia Limited Liability Partnership
www.fscllp.com

Contact 202-688-3200
Shannon Conway sconway@fsc.legal
Bryan Hughes bryan@fsc.legal

www.fsc.legal or www.fscllp.com

FSC - Novel Coronavirus (COVID-19) Insider

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Texas State Sen. Bryan Hughes is the Chair of the Committees on State Affairs and on Administration and leads this effort to provide accurate information to the public. Additional information is compiled from FSC medical professionals working on the front line to treat and prevent COVID-19. Find additional resources at <http://fscllp.com/fsc-covid-19-resources/>, including links to all 50 states' primary references on COVID-19 including links to all 50 states' primary references on COVID-19 and state-by-state news updated daily.

Surgical Masks

CDC is now advising the use of simple cloth face coverings fashioned from household items or made at home from common materials at low cost.

The cloth face coverings recommended are NOT surgical masks or N-95 respirators. Those must continue to be reserved for healthcare workers and other medical first responders.

The Surgeon General shows how to make your own face mask here:

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html>

You should wear your cloth face covering whenever you are in a community setting, especially in situations where you may be near people, including grocery stores and pharmacies. The face coverings are not a substitute for social distancing.

Political Update

Worldwide COVID-19 cases now top 1.6M, while the US has exceeded 466,000. 1,939 Americans died from COVID-19 on Tuesday and 1,972 on Wednesday, causing those two days' totals to account for a quarter of all US Coronavirus deaths to date.

While cases continue to rise, at least a plurality of experts indicate that America could be experiencing the peak of the COVID-19 pandemic this week.

Meanwhile, even as public health officials caution against optimism, they continue to reduce their projections of American deaths from COVID-19. Dr. Fauci said this week that he anticipated US Coronavirus deaths to be closer to 60,000 than the 100-200,000 range he had come down to a week before.

The debate rages as to whether this is evidence of massive overreaction or of the success of America's countermeasures.

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Also positive this week, the number of Americans requiring hospitalization as a result of COVID-19 is coming in lower than anticipated.

Almost 26,000 Americans are now believed to have recovered from COVID-19, and 355,000 worldwide.

New York continues to lead the county in COVID-19 cases and deaths. With over 160,000 sufferers, the State of New York has passed Italy in total cases. Yet even as New York saw its deadliest days from the virus this week, admissions of COVID-19 patients to the ICU is dropping, possible evidence that New York may have reached the peak of the pandemic.

As discussion turns even more to the cost to the economy and jobs from the pandemic (and the response to it), realization is growing that the healthcare sector is being harmed in a different way than the rest of the economy.

In order to prepare for the anticipated surge in COVID-19 patients, states around the country ordered that nonessential medical procedures be postponed. This was intended to free up hospital beds that would be needed to treat COVID-19 patients, since one of the earliest threats Americans were warned about was the overwhelming of our health care system by a large number of COVID-19 cases. Based largely on accounts from Italy, there was great concern that if too many Americans were stricken with the virus at one time, our supply of hospital beds and emergency rooms and ICU's – and especially ventilators – would not be sufficient, and doctors would be forced to ration care and decide who lives and who dies under battlefield-like conditions.

Along with the fear of running out of hospital space was the shortage of PPE (personal protective equipment) such as surgical masks, gowns, gloves, etc. So it was necessary to cease nonessential medical procedures in order to preserve PPE for COVID-19 needs.

So, across the country, states ordered their hospitals and doctors – in some states at peril of medical licenses – to postpone nonessential medical procedures. This worked.

Except for New York, Detroit, and New Orleans, most American hospitals today are largely empty. In Texas, for example, around 95% of the hospital beds reserved for COVID-19 patients are empty and available.

Of course, it remains to be seen whether we have hit the surge, and conditions could change in different areas of the country very quickly.

But an unintended and devastating consequence of the postponing of nonessential procedures has been the cutting off of income from hospitals, physicians, and other providers. Without procedures like knee replacements and eye surgeries and even cosmetic surgeries and treatments – coupled with the fact that patients are largely avoiding visits to their doctors due to fear of COVID-19 – hospitals and physicians across the country are laying off nurses and other staff as their income has been severely reduced or even cut off. Of course, almost every sector of the economy is being hammered by the pandemic, but this blow to the healthcare system has been largely unreported until recently. Rural hospitals, many of which have for some time teetered on the edge of bankruptcy, are especially hard hit.

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Economy-wide, unemployment numbers each week continue to break records. This week another 6.6 million people filed for unemployment. Added to the revised 6.9 million in the week before, and 3.3 million the week prior (each one of these a record), means that around 17M Americans have applied for unemployment insurance benefits since the pandemic response began. And, states report record backlogs and their websites and phone lines overwhelmed as people try to make their claims. So, there is every reason to believe that many many more Americans are attempting to make claims but are not yet in the system.

The oil and gas sector has been a significant driver of the US economy for some time. New technology plus the lifting of the ban on exporting US oil and gas quickly made the US the world's biggest producer, passing Russia and Saudi Arabia in 2018. Decades old dreams of US energy independence more than came true, as America began to exercise energy dominance. But the double blow of the Coronavirus drastically reducing demand and a price war between Saudi Arabia and Russia has waylaid the industry. President Trump has threatened Russia and Saudi Arabia with tariffs to protect US production, and this week there has been hope of an agreement between the Saudis and the Russians to limit production and stabilize the price of oil. But as of Thursday, no agreement has been reached.

In the economy overall, the news continues to worsen. Reports that 1/3 of Americans will not be paying their rent this month, the difficulty in getting the CARES Act relief to American businesses and individuals, countless other economic indicators and the increasingly dire predictions from economists have all fueled discussions about how and how quickly America can get back to work. Surgeon General Jerome Adams this week offered encouragement that from a public health standpoint, we are beginning to see a way back toward normalcy. He noted that America is approaching the point at which enough Americans will have been tested to allow public health officials to begin mapping the country's return from stay-at-home orders. Now that 100,000 Americans per day are being tested and new tests and new testing capacity are added daily, America will soon have tested 1 in 200 of its population. He explained that this surveillance testing – comparable to the rate achieved by South Korea – should mean that enough people have been tested that health officials will have a handle on the rate of infection in communities across the country.

He is optimistic that by the end of April, the country will be able to identify those areas where residents can begin returning to work. And in the higher risk areas, testing and other resources can be concentrated to identify and treat those that are sick with the virus.

While public health officials warn that America is not ready to reopen for business, we do have the benefit of other countries' experience from which to learn. Locked down since March 16, Austria will begin to reopen next week. Infection rates have declined, and the government has determined that step-by-step reopening is now appropriate. Starting next week, small business will be allowed to open their doors. Parks will reopen April 14, and on May 2, all other stores will be permitted to open back up. Restaurants and hotels will follow in mid-May, along with schools. Large gatherings will still be prohibited through June, and customers in stores and on public transit must wear masks. International travel restrictions will be in place indefinitely, but Austrians will hopefully be able to travel within the country by this summer.

Austria will be the first Western country to reopen after implementing COVID-19 measures. At least one Austrian economist believes that by the May 2 reopening, a third of Austria's small shops will have gone

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out of businesses. He also posits that each additional day of lockdown causes the damage to the economy to increase exponentially.

In Texas, Governor Abbott announced that the Texas Health and Human Services Commission (HHSC) will provide \$168 million in emergency Supplemental Nutrition Assistance Program (SNAP) food benefits to help Texans during the COVID-19 response. SNAP is the federal program originally known as Food Stamps, and this increase means that Texas recipients will be given the maximum allowable benefits under the program.

In the continuing battle to provide sufficient PPE (Personal Protective Equipment, such as masks, gloves, and gowns), the Governor announced a new partnership between the Texas Military Department (TMD) and private enterprise Prestige Ameritech to increase the production of face masks for health care workers. Prestige Ameritech's 24-hour operation at their headquarters near Fort Worth will be staffed in part by members of the Texas National Guard 36th Infantry Division and will produce 2 million masks per week. The Governor thanked private companies across the state that are manufacturing PPE for the COVID-19 response.

For residents of a city in Texas, the Mayor and City Council have the responsibility and authority to respond to health concerns in the City. For residents outside the city limits, the County Judge and Commissioners' Court fulfill this role.

Each region of Texas also has a local Public Health Entity that coordinates with the Department of State Health Services and is specifically tasked with helping address the virus. Contact info for local Public Health Entities is here:

<https://www.dshs.texas.gov/regions/2019-nCoV-Local-Health-Entities/>.

Latest Counts:

- As of April 9, 2020, there are 10,230 COVID-19 cases reported in 170 Texas counties.
- 1,439 of these patients are in the hospital.
- There have been 199 deaths and it is estimated that 1,101 Texans have recovered.
- 106,134 Texans have now been tested for the virus.

The Texas Department of State Health Services updates official counts before noon each day.

The Department has established a helpful COVID-19 dashboard:

<https://txdshs.maps.arcgis.com/apps/opsdashboard/index.html#/ed483ecd702b4298ab01e8b9cafc8b83>

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