

Sunny scenes

Revel in the daily rising and setting of the sun and moon.

Photo gallery, Page C1



Houston finds a home

UMD embraces senior forward after demise of North Dakota program.

in Sports, Page B1



DULUTH News Tribune

duluthnewstribune.com

Friday, February 28, 2020

\$1.25

NORTHLAND PREPS FOR COVID-19

Aiding charge upheld in Duluth homicide

By Tom Olsen

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A judge has upheld a felony charge against a woman accused of concealing evidence in a West Duluth homicide investigation that resulted in the arrest of her boyfriend.

Amber Rose Louise Forrest, 30, allegedly removed two BB guns from the house she shared with James Michael Peterson, one of two men charged with the September shooting death of 33-year-old Timothy Jon Nelson. Forrest faces a charge of aiding an offender as an accomplice after the fact.



Forrest

Authorities said Nelson, a father of five, was pronounced dead shortly after he was shot in the abdomen while sitting in a car on the 300 block of North 62nd Avenue West at about 1:45 a.m. Sept. 22.

An investigation led to prosecutors charging Peterson, 38, and Christopher Floyd Boder, 31, with aiding and abetting intentional second-degree murder. Court documents state that Nelson was gunned down after he allegedly tried to rob Boder while armed with a BB gun earlier that evening. Authorities have not clearly identified who is believed to have pulled the trigger.

Forrest was at the residence shared by the defendants, 224 N. 62nd Ave. W., when police executed a search warrant Sept. 24, two days after Nelson's death. At that point, she was taken outside and interviewed by Duluth police investigator Brent Peterson.

Authorities said Forrest was "unable to provide a consistent or clear chronology of her events" around the time of Nelson's death, stating that she "knew nothing about the shooting and denied even being in the area at the time it took place."

HOMICIDE: Page A7

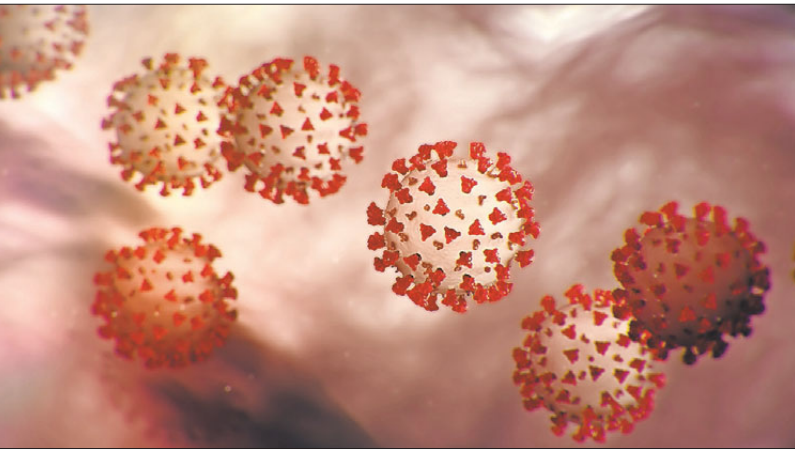


Illustration courtesy of Centers for Disease Control

A model of COVID-19, the novel coronavirus, which originated in Wuhan, China, in late 2019. U.S. health officials have stated that COVID-19 is expected to become a significant public health concern in the United States.

Agencies, businesses, schools manage initial response

By Brady Slater, John Lundy, Jamey Malcomb and Andee Erickson
news@duluthnews.com

INSIDE

What you need to know about COVID-19.
PAGE A9

Scott Lesnau has been expecting calls about COVID-19 since January, when he began tracking the virus and preparing for it to spread into Minnesota.

The St. Louis County emergency preparedness coordinator explained that the county takes its cues from the Minnesota Department of Health. If there are local cases, it's the Department of Health that will inform counties, including names and addresses of those infected.

The county will pick up essential services from there, making sure

people who are under voluntary isolation have the food and medications they need. Lesnau and a small team of county workers he assembled in January have been calling pharmacies and grocery stores to see which ones will be willing and available to deliver to people who are sick and at home. The local businesses have been receptive, Lesnau said, provided they have the staffing on given days to make deliveries.

"We've instructed agencies to

call ahead; let people know you're coming; bring stuff to the steps; knock on the door; and wait in the vehicle to make sure somebody comes to get it," Lesnau said. "We don't want any face-to-face contact while they're in voluntary isolation."

Lesnau encouraged residents to line up family members in the event grocers and pharmacists aren't able to reach folks with deliveries.

Things are changing rapidly. There has been a constant stream of new information coming out daily from the state health department, Centers for Disease Control and Prevention

COVID-19: Page A8

RESPIRATORS IN SHORT SUPPLY

If one is looking for respirators that protect wearers from airborne particles containing infection, the Twin Ports appears to be out. The News Tribune contacted several medical supply stores and every one said the respirator masks that protect the wearer are on back order.

"We ran out a few weeks ago," said Yvonne Myers, marketing director and registered nurse at Lake Superior Medical Equipment, echoing counterparts across the Twin Ports.

Myers said the N95 respirators are distinct from other masks because of how the respirators protect the wearer from disease-carrying airborne particles. The respirators fit closer to the face and feature enhanced filtration. She's not sure when the next shipments will arrive.

According to the U.S. Food and Drug Administration, lesser facemasks "may be effective in blocking splashes and large-particle droplets, (but) a facemask, by design, does not filter or block very small particles."



Getty Images

Experts address Duluth's neighborhood health disparities

By Peter Passi

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A panel of experts explored the striking correlation between how long Duluthians are likely to live and where they live, at a News Tribune reader appreciation event at the Nor-Shor Theatre Thursday night.

Data released by the Centers for Disease Control and Prevention in 2018 contrasted a 69-year average life expectancy in Lincoln Park with 90-plus years in Duluth's Woodland neighborhood.

That east-west longevity divide hasn't melted away in recent years, according to Tracy Bibelnieks, an assistant professor at the University

of Minnesota Duluth's Swenson College of Science and Engineering.

"The unfortunate reality is, based on work that was done from the 2000 Census up until today, those life expectancies actually haven't changed. We're still seeing significant disparities in life expectancy between our communities," she said.

"In fact, the highest life expectancy that you can have in the West Duluth/Lincoln Park/Denfeld area is below the lowest life expectancy that you can have in East Duluth, in the Congdon and Lester Park areas," Bibelnieks said.

HEALTH: Page A7



Tyler Schank / tschank@duluthnews.com

Duluth News Tribune subscriber Jim Ransom asks a question during a panel discussion on Duluth life expectancy Thursday at the NorShor Theatre.

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CONTENTS

ComicsC3 NationA6 SportsB
ClassifiedsD ObituariesA6 TV listingsD6
GamesC2 OpinionA5 VarietyC

WEATHER, PAGE A10

Today
Getting warmer
High: 24 Low: 2

Tomorrow
Even warmer
High: 33 Low: 12



COVID-19

From Page A1

and World Health Organization. A former emergency room nurse and current fire and ambulance volunteer, Lesnau said he and others in health care are used to rapidly evolving landscapes.

"It's how health care works," Lesnau said. "Things change a lot. You just roll with the punches. We're used to constant fluctuations in health care, which is why everybody (here) is staying calm."

Under a worst-case scenario, Lesnau said he'll have the ability to add to his team from other departments, including human services. He's getting calls from those workers now — social workers and others who enter people's homes.

"Employees have questions," he said, confirming that social workers who don't feel safe can address clients over the phone or reschedule.

One of the essential services the county is also tasked with providing in the event of isolation is shelter. For people who are homeless and infected, there are roughly 100 shelters throughout the county that could be brought into use, Lesnau said, describing an array of churches, hockey arenas and town halls.

"For a homeless person, there would have to be a system for them to be cared for," Lesnau said. "We're not going to want them to be wandering around."

Hospitals explain isolation policies

St. Luke's follows a policy developed after the SARS pandemic in 2002 and the H1N1 influenza pandemic in 2009, said Dr. Andrew Thompson of St. Luke's Infectious Disease Associates.

Signs have been placed in St. Luke's clinics and urgent care facilities asking people who have respiratory symptoms and have been in China in the previous 14 days to notify the front desk so that the triage person can wear a mask until the patient is evaluated, he said.

A patient in the hospital suspected of having COVID-19 would be placed in "airborne isolation," meaning special filtration would be in place to avoid any possible spread of the disease, Thompson said. A number of rooms are available for that purpose, and an entire wing of the hospital could be used for that purpose, he said.

Staff are trained in the use of personal protective equipment, he added. That includes gloves and gown and a "full-barrier" mask that filters the air going into the nose and mouth and protects the eyes as well.




In the early going, at least, health care workers in China were infected with COVID-19 at a high rate, Thompson noted.

"We're expecting that there will be a case given how fast and widespread this has become," he said.

State governments advise public

Businesses should make contingency plans for the possibility of employee absences, Kris Ehresmann, infectious disease director for the Minnesota Department of Health, said during

WHAT IS 2019 nCoV THE CORONAVIRUS




The coronavirus disease is a respiratory illness that can spread from person to person. The virus that causes the disease was first identified in Wuhan, China. The virus was first reported in the U.S. on Jan. 21, but is currently not spreading.

Continue reading for more information on the coronavirus.

SYMPTOMS

For confirmed coronavirus cases, reported illnesses have ranged from mild symptoms to severe illness and death. Many patients have pneumonia in both lungs.


Symptoms can include:


FEVER **COUGH** **SHORTNESS OF BREATH**

The CDC believes at this time that symptoms of coronavirus may appear in as few as 2 days or as long as 14 days after exposure.


HOW TO PROTECT YOURSELF




Wear a face mask




Cover mouth when coughing




Wash hands frequently



Care for symptoms

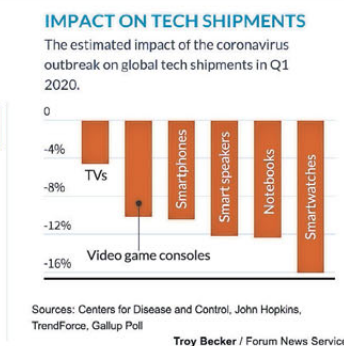
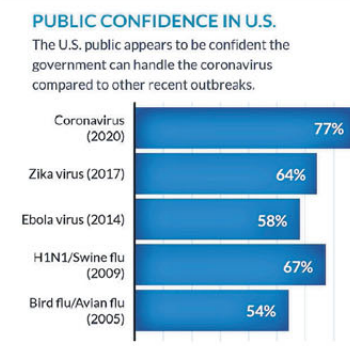
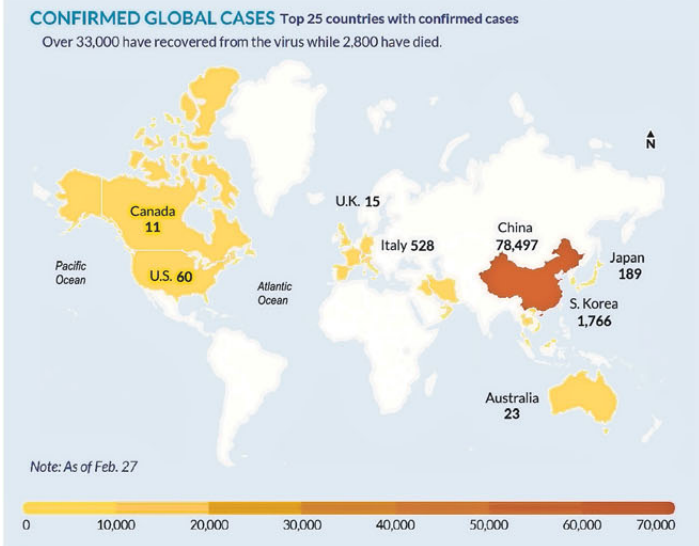


Avoid contact with animals



Avoid areas with large crowds

THERE IS CURRENTLY NO VACCINE OR ANTIVIRAL TREATMENT FOR THE CORONAVIRUS.



a news conference Thursday. "We're ... recommending that organizations identify critical functions and develop plans for how to staff those functions," Ehresmann said. Working from home may be an option for some employees, she added. Families should think about backup plans for child care, she added, in case your child becomes ill, or a child care provider becomes ill, or a school closes. Families should also think about their supply of necessary items at home, including prescription and non-prescription medicines. Gradually build up your supply of nonperishable food items, she suggested. "Some people may read into that advice that we're expecting to see shortages," she

said. "Certainly in a severe outbreak, that would be a possibility. But we really want to focus ... on the practical benefit of having supplies on hand." Although no cases have been confirmed in Minnesota so far, "we must anticipate that one or more cases of COVID-19 will be confirmed in Minnesota in the weeks to come," Health Commissioner Jan Malcolm said. "The good news is that we still have a window of opportunity before that happens to make some practical preparations." In a news conference Wednesday, Jeff Phillips, director of Wisconsin's Office of Preparedness and Emergency Healthcare, recommended that entities such as schools contact their local health departments about recommended actions.

If COVID-19 does spread within a community, Phillips said, it would entail "school closures, dismissals possibly, mass-gathering modifications or postponements, and then other social-distancing measures ... things like offering telecommuting in workplaces (and) remote classes at the universities." But Wisconsin isn't in that situation yet, said Chuck Warzecha, deputy administrator for the Division of Public Health. Of 17 suspect cases to date, 15 tested negative. Results aren't in from one, and only one has been confirmed to have the disease. That individual is doing well and remains in isolation, Warzecha said.

Duluth schools keep info flowing

Jason Crane, special services director for Duluth public schools, said the district has been pushing out information to families and staff using its districtwide message system, which reaches more than 9,000 residents. The district has been directing people to resources to track the emerging outbreak and offer advice on how to reduce the risk of exposure, including the U.S. Department of Health, the Department of Human Services and the Centers for Disease Control at cdc.gov. "That information is updated daily. That's the latest and greatest nationwide information on coronavirus, which our school health staff go to daily as well, to see what additional components we should

be looking into and responding with," Crane said. The district has scheduled a nurses' meeting Monday, which Crane said they will "review some content that could include classroom presentations and schoolwide presentations that could provide more information for students and for families." So far, the district hasn't ordered any additional special supplies in anticipation of the COVID-19 virus spreading, according to Crane. "Actually, we're kind of waiting for the Minnesota Department of Health to push out some recommendations, and that hasn't happened yet," he said. "We have a lot of information already, but we're waiting for additional guidance." The district has been fielding calls from concerned parents asking questions about COVID-19, but Crane said he has been able to rely on "a competent school nursing staff that's well-informed." Crane acknowledged that schools must take precautions. "We bring families and students into our school buildings, where they have a lot of access to community, and it's a place that is vulnerable and susceptible to any type of allergen or virus that could be communicated," he said. Crane noted that schools have had to deal with emerging health concerns for years, such as the H5N1 or "bird" flu a few years back. So, while the COVID-19 fears now percolating are new, the situation feels far from unfamiliar.

UMD and UWS review plans

The University of Minnesota Duluth's faculty leadership team is in the process of reviewing its emergency operations plan, which includes sections on infectious diseases and pandemic flu, said Lisa Erwin, vice chancellor for student life and dean of students. "We'll come together periodically as the situation evolves and talk about what we've learned," Erwin said. The plan outlines what roles various parts of the university would be responsible for in the event of a local outbreak. The entire University of Minnesota system, including UMD, has canceled all study-abroad activity in China. UMD is canceling trips in South Korea as well, said Karl Markgraf, international officer and director of international programs. On Wednesday, two UMD students studying abroad in South Korea left for home. "At this point, we're not looking at canceling any other study-abroad programs," Markgraf said. "This is a very volatile situation, so we will be paying a lot of good attention to that." Campus leaders across the water at the University of Wisconsin-Superior are also preparing to start reviewing the school's emergency response plan next week, said Jordan Milan, director of strategic communications and special assistant to the chancellor.

COVID-19: Page A9

COVID-19

From Page A8

"It's kind of laid out in different levels and depending on the severity of the spread, there are different actions that can take place by division," Milan said.

Lindsay Dahlberg, environmental health and safety director at UWS, said the university would typically respond to the state or local government to curtail or cancel public activities.

"The other option would be that if absenteeism is high enough that the learning is disrupted," Dahlberg said.

If the need arises, Dahlberg said, the campus could also explore moving classes online with the help of web-streaming lectures.

UW-Superior also suspended its study abroad program in South Korea, where two students were slated to study, Milan said. One student returned home Thursday, while the other hadn't left yet. The university does not directly oversee any other students studying abroad.

Keeping transportation safe

At the Duluth International Airport, the airport authority has an emergency plan in the event of a health concern on a flight. The flight would be quarantined away from the terminal. Then, the airport would start working with first responders and health organizations.

The airport has daily cleaning standards, like using disinfectant cleaning products on high-touch common areas, and common spaces are deeply cleaned weekly. Hand sanitizer and medical face masks are also available throughout the terminal, according to the airport.

Phil Pumphrey, general manager of the Duluth Transit Authority, said the DTA has been disinfecting buses above and beyond normal cleaning for going on two weeks. The disinfection happens overnight.

Drivers won't discriminate between riders unless someone tries to board in an obvious medical

What is it?

COVID-19, the name applied to the disease as of Feb. 11 by the World Health Organization, is an acronym: "CO" for "corona," "VI" for "virus," "D" for "disease" and "19" for "2019," the year in which it was identified (although not until very late in 2019).

Coronaviruses commonly circulate among humans, according to the U.S. Centers for Disease Control and Population, and cause mild illnesses, such as the common cold.

COVID-19 is a new and more severe form of coronavirus, first identified in Wuhan, China, and is believed to originally have been transmitted from animals to humans.

What are the symptoms, and how do they differ from cold and flu symptoms?

Symptoms are similar to influenza symptoms, said Dr. Andrew Thompson of St. Luke's Infectious Disease Associates. Fever, muscle aches and coughs all are early signs. But you can't have COVID-19 unless you're around someone who has it.

So far, no one has been confirmed with COVID-19 in Minnesota — although one case is being tested, according to Kris Ehresmann, infectious disease director for the Minnesota Department of Health.

One case has been confirmed in Wisconsin, but that individual is in isolation, said Chuck Warzecha, deputy administrator of the Division of Public

emergency, in which case drivers call 911.

"We're not doctors," Pumphrey said. "Only in extreme cases where it's visual can we make an evaluation at the door."

Given a pandemic outbreak, Pumphrey said the DTA would take its cues from the state and federal government. Under a citywide quarantine, bus service would be stopped, Pumphrey said.

Rural counties have different challenges, advantages

In Lake and Cook counties, COVID-19 planning has been a big topic of conversation at regular meetings with the Northeast Healthcare Preparedness Coalition, Red Cross and the Minnesota Homeland Security and Emergency Management Region 2 managers.

Lake County Emergency Management Director B.J. Kohlstedt, who also serves as the backup emergency management director in Cook County, said the county has had

a pandemic flu plan since the 2009 H1N1 outbreak.

Counties, however do not have the authority to implement quarantine — only the state can do so.

Lake and Cook counties have an "advantage," Kohlstedt said, in they are both rural and remote, unlike Duluth.

The counties' emergency managers would work with the local and state health departments and school districts to determine if and when schools should be closed.

There are also plans in place for the mass distribution of medication or vaccines with Lake View Hospital in Two Harbors and North Shore Hospital in Grand Marais, as well as local clinics, if there is a surge in cases.

"These are all just in the planning stages because there is no medication for COVID-19," Kohlstedt said.

Even before the outbreak of COVID-19, the state of Minnesota was planning a "full-scale, statewide exercise" for the mass dispensing of medication June 17,

Health. So if you haven't traveled to where there are cases, you don't have it.

What is the fatality rate?

During a news conference Thursday, Dr. Ruth Lynfield, Minnesota state epidemiologist, cited data from the Journal of the American Medical Association reporting an overall fatality rate of 2.3% in China. In comparison, she said, the H1N1 influenza pandemic of 2009 had a fatality rate of 0.1%. The 1918 flu pandemic had a fatality rate around 2.5%.

Most of the cases in China hit people between ages of 30 and 79, Lynfield said. She also noted that the fatality rate from COVID-19 has been much higher for people in their 70s and older than for the general population.

What should I do if I think I might have COVID-19?

"It would be good to call your clinic and tell them your symptoms and concerns," Thompson said. "We would like to know ahead of time when people are coming in with that complaint."

If you meet CDC criteria for being at risk for the disease, a swab can be taken to find out if you have it, but currently, it still has to be sent to the CDC to be evaluated, he said.

Depending on how ill you were, you then either would be admitted to the hospital and isolated, or sent home with instructions to isolate yourself until results were obtained.

What preventative measures can individuals take?

A vaccine for COVID-19 and antiviral

according to Kohlstedt.

"That's going to be an anthrax scenario, but whatever they do would certainly apply to a situation like flu vaccines," Kohlstedt said.

Carlton County Public Health and Human Services is working with MDH and local preparedness partners on planning for a unified response to COVID-19, and "is aware and updated regularly of the changes associated with the

drugs is months or even one or two years away, Minnesota Health Commissioner Jan Malcolm said during Thursday's media briefing. That means "non-pharmaceutical" measures are the only line of defense. If they sound familiar, it's because it's the same recipe to avoid spreading colds and flu.

From Kris Ehresmann:

- ▶ Cough into the crook of your arm.
- ▶ Wash your hands. "Keep in mind that good hand-washing means washing your hands with warm, soapy water for at least 20 seconds."
- ▶ Avoid touching your face.
- ▶ Stay home if you're sick.

Should we be more concerned about flu or coronavirus?

Flu, (properly washed) hands down. "We've had one case of COVID-19 in this state," said Dr. Ryan Westergaard, chief medical officer for the Wisconsin Department of Health Services, during Wednesday's briefing. "The number of influenza cases is approaching 20,000 now."

As of Thursday afternoon, 15 cases of COVID-19 had been confirmed in the United States, according to the CDC, and there had been no deaths. As of Feb. 15, the CDC estimated 280,000 hospitalizations in the U.S. for influenza, and 16,000 deaths.

Even in Minnesota, which has taken a relatively light hit from the flu, there have been 2,817 hospitalizations so far this flu season, and 67 deaths, according to the latest data from the Minnesota Department of Health.

departments — is to isolate and slow the spread of COVID-19 until a vaccine can be developed, Kohlstedt said. The CDC has said a vaccine is in development, but it could be 18 months or more until it is ready for distribution.

"They say that absolutely this is going to be around for a while," Kohlstedt said. "This is not a sprint — this is a marathon."

Kelly Busche and Peter Passi also contributed to this report.

Source: US health workers not protected

By Emily Cochrane, Margot Sanger-Katz and Noah Weiland

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WASHINGTON — Federal health employees interacted with Americans quarantined for possible exposure to the coronavirus without proper medical training or protective gear, then scattered into the general population, according to a government whistleblower.

In a portion of a complaint filing obtained by The New York Times that has been submitted to the Office of the Special Counsel, the whistleblower, described as a senior leader at the health agency, said the team was "improperly deployed" to two military bases in California to assist the processing of Americans who had been evacuated from coronavirus hot zones in China and elsewhere.


The staff members were sent to Travis Air Force Base and March Air Reserve Base and were ordered to enter quarantined areas, including a hangar where coronavirus evacuees were being received. They were not provided training in safety protocols until five days later, the person said.

Without proper training or equip-

ment, some of the exposed staff members moved freely around and off the bases, with at least one person staying in a nearby hotel and leaving California on a commercial flight. Many were unaware of the need to test their temperature three times a day.

"I soon began to field panicked calls from my leadership team and deployed staff members expressing concerns with the lack of HHS communication and coordination, staff being sent into quarantined areas without personal protective equipment, training or experience in managing public health emergencies, safety protocols and the potential danger to both themselves and members of the public they come into contact with," the whistleblower wrote.

The whistleblower's account raised questions about whether the Trump administration has taken adequate precautions in its handling of the virus to date, and whether Trump's minimization of the risks has been mirrored by other top officials when confronted with potentially disturbing developments.







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