The Roanoke Times

March 30, 2020

Carilion prepares for the unknown

By Luanne Rife

Day breaks on March 25.

Worldwide, 400,000 people are infected with COVID-19. In Virginia, seven people have already died; 45 others are in a hospital. One of them has been at Carilion’s Roanoke Memorial Hospital for more than a week.

Countless others are suspected of having the disease that, at its worst, shuts off air to patients’ lungs. The virus spreads outward in clusters to family, neighbors, co-workers. It is possible to contain the number of people infected before cases multiply exponentially. If that doesn’t happen, community spread occurs and it’s no longer possible to track.

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As has happened first in Wuhan, China, and now in New York, the critically ill can quickly far exceed the ability of health systems to meet the demand for beds, ventilators and healthy doctors and nurses to care for patients.

There is yet no vaccine to prevent nor tonic to cure COVID-19. There are only public health measures: Keep your distance from others; wash your hands frequently; stay home, especially if you are ill. This is the only known way to slow its progression.

There is no way to predict how well people living in the Roanoke and New River valleys will practice these measures, nor what might happen if they do not. Our cases are still few, and are contained.

But this is a place where people like to retire. And it’s a place with more than its share of chronic diseases — people with high blood pressure, lung diseases, diabetes. Both our ages and our health place our population at high risk of having severe symptoms of the virus.

There are not enough testing supplies to check all with symptoms. And even those who are tested can wait a week or more for results.

Without this information, realistic modeling cannot be done. Nor can anyone know if growing clusters in Virginia’s more populated regions and coastline will spread westward into its mountains.

Carilion Clinic can, though, prepare for the worst, as it began to do on Feb. 27, when it activated an Incident Command Team. And the health system can, as it did not quite two weeks ago, reassign its entire communications and marketing team to COVID-19 response, in order to share information and guidance from the command team to leaders, employees, the media and the community.

This is how the command and communication teams operated on one day: Wednesday, March 25.

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**6:30 a.m.:** An email is sent to 13,000 employees. Today, CEO Nancy Agee offers inspiration through a video message:

Life is coming at them fast. Car accidents, heart attacks and cancer don’t stop with the coronavirus. She knows they worry about their elderly parents and are caring for children who are home from school. They’ve prevailed through other calamities. She reminds them of the flood of ‘85, which knocked out power at Roanoke Memorial and forced nurses to make rounds by candlelight.

“I’m inspired by your spirit of resiliency. A spirit that says we are smarter, stronger and better than this virus.”

**7:15 a.m.:** Carilion’s corporate communication team, Chris Turnbull and Hannah Curtis, arrive at their offices at 213 McClanahan. Turnbull checks the overnight numbers: six confirmed cases; one patient remains in the hospital; 144 negative tests; 300-plus still pending. Curtis will push the numbers out to the media.

**7:30 a.m.:** Turnbull dials into a conference call with unified command: the decision-makers. On the line are Steve Arner, chief operating officer; Craig Bryant, emergency management director; Mike Abbott, senior vice president of operations; Dr. Anthony Baffoe-Bonnie, medical director of infectious diseases; and Dr. Paul Skolnik, chair of medicine and an infectious disease specialist.

Baffoe-Bonnie says three employees came to work sick, requiring that they be quarantined and tested for the virus. Any coworkers and patients with whom they came into contact while they were not wearing proper masks and gowns will be traced and quarantined, too.

“I think we have to move even a step further and look at preemptively assessing the health of all health care workers as they come in for their shifts,” he says.

“Are you alluding to taking temperatures?” Skolnik asks.

That’s exactly what he wants.

Testing remains a problem. Efforts are underway to get one-day turnaround on health care workers and inpatients. At least one inpatient has been waiting a week. Commercial labs are taking that long. Regulatory hurdles need to be cleared to set up more testing sites.

The team discusses the new patient safety officers who just began making sure that front-line caregivers properly use personal protective equipment, or PPE. The safety officers are mostly nurses who are no longer needed in ambulatory and outpatient care — services that moved to telehealth a few days before — or they worked in operating rooms where boards have been wiped clean of all but essential surgeries.

**8:15 a.m.:** Curtis drives over to Roanoke Memorial, where she’s greeted by a guard wearing a mask who opens the door leading into a nearly empty lobby coffee shop. Curtis climbs the glass stairs, hangs a right and enters a suite of empty offices before stepping into the boardroom.

As people trickle in, they pick chairs at least one away from a colleague. Others move to seats lining a window wall that looks out onto the Jefferson Street bridge.

**8:30 a.m.:** As a trolley rolls off the bridge, Bryant begins a meeting of the incident management team. More people have dialed in than came in person.

One of them is Baffoe-Bonnie, who’s on the phone in his car, explaining his delay as he’s arranging tests for the sick workers.

“One of the things we have to really harp on is if someone feels ill they really shouldn’t come to work. It puts patients at risk,” he says.

Bryant runs through the list of objectives: securing PPE, an effort that is getting a boost from community drop-offs that began the day before; restricting visitors and vendors; controlling access; providing employee counseling and support; identifying testing sites and supplies that are constantly changing; establishing command and decision makers; having a cadence for communications; devising strategies for stay-at-home workers to provide health care; increasing inpatient capacity.

Abbott reports they are creating plans as to where to place ICU-level beds. They’ve toured flagship Roanoke Memorial and all the community hospitals to see where to add ventilator beds, and to understand what can be done quickly. They’ve passed this along to IT.

Bryant ends the meeting. Smaller groups assemble to keep chipping away at the objectives.

He takes a few minutes to explain the team structure.

“We have the need to do long-term planning to manage this threat. This is not a weather event. This is not a 24-hour event. This is a months-long event. It’s challenged all the processes,” he said. “We are having to change the way we deliver health care to protect our patients and health care workers. And we’ve had to do that fast.”

Bryant says his job is to think ahead. He’s relying on his training as a paramedic, firefighter and fire chief.

“One of the things I always look at when something bad is going on, is to focus. What is going on now, where is it going and what do I need to manage it as it’s moving along,” he said. “That’s what we are doing now, figuring out where it’s going.”

Carilion screens people entering every building and has restricted visitors. It has stopped all surgeries, screenings and imagings that are not essential. It shifted patient visits mostly to phone and video calls.

Baffoe-Bonnie applauds the switch to telehealth. In two days, nearly 70% of family medicine visits were done this way. All psychiatric visits went virtual, as did two-thirds of its inpatient work. Emergency departments plan to roll out iPads in triage.

“All of this buys time,” he says, rolling his chair back a safe distance to talk about the virus’s spread.

The lack of quick, widespread testing capabilities here and across the country is getting in the way of staying ahead of the virus, he says.

“All of these things should have been done way back in January so we’d know our prevalence and titrate the distance in a meaningful manner,” he says. Without testing, every place, regardless of exposure, has to practice the same social distancing.

And the delay in results can waylay a shift of nurses if one comes in sick.

“While I may think they could have the flu, and since things are blossoming they could have sinus symptoms, but because I don’t know, I don’t know,” he says.

So he has to put everyone off work.

“We’re trying to keep it as clean as possible. You have to be that draconian,” he says.

Baffoe-Bonnie comes in about 8 in the morning and stays until 10 or 11 at night, so he doesn’t know how well people in the community are heeding social distancing.

As he talks, across the board room another team huddles; their chairs form a circle. When asked if they are sitting too close, he smiles.

“Humans are social beings. We try to keep our distance. When I sat down, I was back there, and I rolled in. That’s human nature,” he says.

**10 a.m.:** Back at 213 McClanahan, communication and marketing managers meet to discuss upcoming plans:

Agee and Skolnik will tape answers to media questions the following morning.

A podcast is being set up so employees can pose questions to leadership. The focus seems to be on paid time off, and on a new program to connect displaced employees with new roles. Carilion has suspended its absentee policy and is allowing employees to borrow up to two weeks’ worth of time off.

A town hall is being set up with the Salem VA Medical Center, LewisGale and the local health district. A neutral moderator is needed, so they decide to ask Dr. Molly O’Dell, who’s leading the COVID-19 response for the health department. They need to figure out where and how to tape, and to see if the local TV stations will air it at the same time.

The idea came when Arner talked with his counterparts. They thought of doing a joint public service announcement.

“I pitched back to him, what if we were to do a virtual town hall so the community could see that in full force, that we are all recommending the same things, we’re communicating daily about our various needs and how we can support each other,” Turnbull says. “The broader idea is the community needs to know we are all in this together and fighting for the community together.”

**11 a.m.:** The marketing and communication employees meet. Two-thirds of the 48 employees are working from home. Most dial in. These meetings used to occur four times a year. Now they come together daily to figure out which messages are urgent and which can be developed.

Assignments are made to pull together the podcast and the town hall, and to develop the next day’s leadership and employee emails. Running theme: Stay home if you’re sick. If there’s information on testing employees for fevers, they’ll add the language as the day moves on.

After the meeting, Mike Dame, the vice president of marketing and communications, says, “What we’ve done is convert into a newsroom.”

Everyone is assigned to COVID-19 messaging.

“This is our new normal. We put it together a week ago; it feels like four weeks,” he said.

The new normal came about to help Carilion respond internally to quickly changing guidance from the CDC and the Virginia Department of Health. The virus, thought at first to be aerosol, is now believed to spread through droplets. This means negative-pressure rooms, which had been quickly added to the emergency department, might not be necessary. And it’s changed the types of PPE now thought necessary to protect workers.

The new normal also came about to address community concerns. In the month leading up to new normal, Carilion did not have any patients who had tested positive. But it had suspected cases, and it had workers who might have treated those patients without wearing the right PPE.

This led to about 100 employees being quarantined, which fueled rumors that spread for days over social media. Carilion finally addressed them during a March 18 news conference.

“We saw the rumors out there. Some of them were so far from reality that we had to figure out how do we address these rumors. Let’s just address it head-on. When all of this is over we will have learned a lot,” Dame says. “There was and still is a lot of panic, some not well-founded. … Since we had our news conference, the rumors have abated. There was a rumor the other day we did 300 tests and our hospital was full. We didn’t even have 300 tests to give.”

**1:30 p.m.:** Curtis calls O’Dell to see if she will moderate the virtual town hall.

“Absolutely,” O’Dell replies. “People are hungry for information. When local people can see our local folks working on it, it’s reassuring.”

**2 p.m.:** Marketing and communication managers check in to see how the daily emails are shaping up. Turnbull has language on testing employees but needs more on the logistics. Are clinical and nonclinical to be tested? At every door? Are they shutting entrances?

The 3 p.m. deadline to have content for the leadership and employee emails is closing in. Too much is unsettled.

“From a content perspective, it’s not difficult to write a bullet point, line or paragraph,” Turnbull says. “The challenge is from outside our department, making sure all wheels are working in alignment so that when we say employees by tomorrow will have fever testing at 7 a.m., and it’s at all sites, that it will be evenly applied and no one has questions. And the community VPs aren’t saying, ‘I don’t have thermometers.’”

**4 p.m.:** Turnbull dials into the Technology Services Group and hears that even with 4,000 telehealth visits the day before, they were only at 18% capacity during peak. Employees throughout the system report dropped lines and busy signals during conference calls. An overloaded trunkline is suspected.

Meanwhile, Curtis assembles questions from the community to answer on the website. Weirdest one to date: Do Lysol wipes contain and spread the virus?

Her cell rings. A blogger had posted her number instead of the new community hotline.

**4:30:** Check-in call with leadership on the communication emails.

Cases are still holding at six positives, and 190 negative tests are now in. The talking points: Remind employees not to work if sick. Hammer that hard. Protection safety offices have been activated. Managers need to submit the names of staff who can be used in a different way. The new employee support line is emphasized.

“Are we testing everybody?” Arner asked. “I want to understand the magnitude.”

He worries how long the line would stretch if 1,800 employees are scanned during each shift change at Roanoke Memorial, and he knows doctors will skip it because they just don’t have that kind of time to wait.

Arner suggests checking with other large health systems that implemented employee testing.

“The fear is, because of this morning’s call, that we have people coming to work sick. We just need to get something out as bold as you can make it: Do not come to work if you’re sick,” he said. “I think most people are trying to do the right thing. They don’t know they’re sick. Other people are trying to be the hero and other people are out of PTO and come to work sick.”

He said coworkers should exert peer pressure. “I’m much more likely to say, ‘Patrice, I saw you sniffling. You shouldn’t be at work,’” he said.

Arner leaves to meet up with Dr. Patrice Weiss, Carilion’s chief medical officer. They’re participating on calls with physicians who don’t work directly for Carilion but have privileges at its hospitals. There are 1,200 of them, along with 750 Carilion physicians.

Curtis meets with Baffoe-Bonnie and Bryant to figure out how Baffoe-Bonnie’s desire to screen out all fevered employees could dovetail with Bryant’s logistical concerns.

**6:30 p.m.:** The command leaders dial in for a wrap-up.

Employee screening will need to be run first through legal and human resources. Plans are to screen as they enter their units rather than the front door, and it could start as early as Monday.

Skolnik reports on the day’s efforts to address regulatory, licensing and accreditation processes with Quest Diagnostics and with Virginia Tech so the university could set up its own COVID-19 testing.

“I’m pretty certain that we will not have our own testing at least for six weeks, eight weeks, and maybe never, depending on what Quest decides to agree to or not on the regulatory side,” he says. But they are making progress.

They’re also trying to make progress on a testing site in the New River Valley with the health department.

**7:30 p.m.:** The leadership email goes out, and the employee email is scheduled.

Turnbull hopes to get home in time to read to his daughters. Curtis hopes to work on her capstone project. She is on target to earn her master’s degree in health care administration in May.

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Thursday, March 26, dawns. The death toll in Virginia is now at 13. Dozens of residents at a Henrico County nursing home are infected.

Nancy Agee drops by 213 McClanahan to make a video answering media questions.

She says the last week has felt like a year as they prepare for the unknown.

“It’s frightening. It’s very concerning in New York City and Seattle.” Agee has talked with her colleagues in hot zones.

“We’ve never been put in a position like this before. But with hospitals, no matter what the crisis, we’re always there,” she says.

Agee says she has seen amazing feats already by Carilion’s staff.

“In days, we set up telehealth, a Herculean effort by our IT folks. Yesterday, we had already done 11,000 video chats or telephonic. That’s extraordinary,” she says. “I had in my strategic plan I expected us to get there in two years because of regulations, largely.”

Federal and state regulatory agencies have lifted many barriers, including the ability to add more beds.

As another day unfolds, the count increases: 500,000 people are infected worldwide. The new epicenter is New York.

In Southwest Virginia, we are probably two to three weeks away from seeing our curve rise. How quickly cases climb and for how long cannot be known.

Carilion’s leaders are counting on the community to heed public health messages, and they are heartened by the donations of supplies and goodwill measures.

“Have you heard the bells?” Agee asks, the chorus of churches that chime now with Roanoke Memorial’s shift changes. “I was weeping the first time.”

The Roanoke Times

April 1, 2020

In rural Appalachia, Ballad Health faces unique virus challenges

By Luanne Rife

Ballad Health on Tuesday reported that its first patient, a Tennessee man in his 70s, had died from the new coronavirus.

“It was a pretty fast demise and everything we have been told to expect,” CEO Alan Levine said during a news briefing.

Ballad is the predominant health care provider to people living in Tennessee’s northeastern Tri-Cities region and Virginia’s coalfields.

Until this week, about half of Ballad’s patients who tested positive for the virus were in their 20s and 30s, but that is changing. Ballad now has 57 positive cases, with 15 of the results coming between Monday and Tuesday, and with them a big shift: 11 of the patients are older than 50.

Many of the early cases were travel-related and followed the overall trend in Tennessee in which the virus initially infected younger people.

Virginia’s COVID-19 story has differed from its neighbor’s.

Tennessee has more cases overall, with 1,834 positive tests as of Tuesday, compared with Virginia’s 1,250. But it has had fewer hospitalizations, 148 to Virginia’s 165, and fewer deaths, 13 to Virginia’s 27. The disease is milder in younger people. In Tennessee, on Tuesday 41% of the cases were in adults under 40, a significantly higher rate than in Virginia where 28% of the cases were in that age range.

Levine sees the story changing quickly in Tennessee as more elderly residents are becoming ill. Age and underlying medical conditions like heart and lung diseases, diabetes and high blood pressure place people at a greater risk for the respiratory disease to cause severe symptoms and death.

Levine appeared impatient with people who have failed to heed warnings by both governors and public health officials to stay home.

“The bottom line is if you knowingly put yourself in a position to spread this disease, that is the definition of abject stupidity. I just don’t know how more clearly to say it. This is a disease that is killing people,” he said. “We’ve seen how horrible these symptoms are for the many people who get it. Whether you are ordered by a governor, or not, if you put yourself in a position to unnecessarily expose yourself or other people, you are not being smart.”

Levine said four Ballad health care workers have the disease. All of them are doing well, and one has recovered enough to return to work. He said that employee works part of his day from home in order to comply with social distancing.

“Imagine if you’re the person that’s responsible because you came into contact with 15 people, and five of those are elderly, and three of those people died. How would you feel about that? Whether the governor orders it or not, it’s up to each of us to be responsible,” Levine said.

In Ballad’s Virginia region, the state health department has reported two positive cases each in Lee, Washington and Tazewell counties, and one each in Bristol and Smyth County, the latter a worker at the state’s psychiatric hospital.

**Running models**

Ballad is attempting to run models to figure out how steeply its cases might rise and how soon the system would be overrun.

“If we don’t mitigate the spread now, there is not enough capacity,” Levine said.

Ballad plans to provide highly skilled care at its regional hospitals – Johnson City Medical Center, Holston Valley and Bristol Regional – where it has intensive care units and the ability to set up 230 beds for COVID-19 patients.

For those who need hospital care but not at a high level, Ballad plans to treat and quarantine COVID-19 patients at Lonesome Pine Hospital in Big Stone Gap. Patients without the disease will be treated at Norton Community, Ballad’s other Wise County hospital.

Lonesome Pine’s emergency room will remain open, but all other services are shifting to Norton Community.

Ballad plans to create a similar setup in Greene County, Tennessee, where it has two hospitals.

Population health officer Tony Keck said in a phone interview last week that Ballad is looking at a few different models to predict what might occur, as well as the health system’s capacity and needs.

“It’s tough in the beginning with something like this because you don’t have trends, and you don’t know how many cases are already in the community because the testing is just getting ramped up,” Keck said.

And it’s hard to know what will occur in a rural mountainous region where, outside of church, large groups of people come together less often than in urban areas, creating a sort of natural social distancing.

“Maybe our social distancing is working for us, and our generally older population might work against us. So that’s all part of the modeling exercise,” he said.

Levine said Tuesday that models assume the rate of cases in the area will double every six days, and will have patients exceeding Ballad’s planned-for capacity in 40 to 70 days.

He said they are working with East Tennessee State University and the Army Corps of Engineers to figure out what to do if the trajectory doesn’t change.

**Looking to the future**

Keck is looking even further ahead to after the threat passes, and to what health care might look like in its aftermath.

Ballad Health entered the pandemic with between 250 and 260 days cash on hand, which was reduced by 40 or 50 days when the stock market tanked. Also, Ballad stopped performing all nonessential procedures in order to both save on personal protective equipment and reduce the spread of the disease.

“Those non-emergent elective procedures, which are essentially surgery and imaging, are actually how most hospitals make their money,” Keck said. “The loss of those procedures could be a hit to our bottom line of over nine figures in the next few months, which is putting sustainability of the health systems around the country at risk.”

Ballad officials made sure their congressional delegations in both states understood the potential financial hardship as they worked on last week’s federal assistance package.

Keck said that Ballad, as a large system, is in a much better position than smaller, rural hospitals, both financially and in its ability to purchase supplies in bulk. The 2018 merger of two health systems that created Ballad allowed the health system to consolidate services. It is also able to turn excess building capacity into wings to care for COVID-19 patients.

That’s a luxury many systems don’t have.

“I’m the chief population health officer, and I’m very much focused on getting people upstream into primary care and preventative care because it keeps them healthier and it’s less costly to them and to the system,” he said.

“The entire U.S. health care system has been moving that direction for a lot of years, and we’ve been wringing out a lot of extra capacity. The problem is that health care systems need to be there for these types of surges, so when you reduce hospital beds all over the country in the name of cost control, what we are finding is a lot of communities no longer have that excess capacity whether it is beds or staff to work for something like this.”

The Roanoke Times

April 4, 2020

Pandemic, no problem: Dude's, Hank's, Tom's keep the food comin'

By Yann Ranaivo

CHRISTIANSBURG — Blake Griffith entered the longstanding, single-story building on the corner of Roanoke Street and Starlite Drive a few hours before the sun rose one recent morning.

Just like on many other days over the past few decades, he went to work.

Griffith, 58, is the owner of Dude’s Drive-In, a local institution that has stood the test of time — and so far a viral pandemic that has led numerous restaurants and other businesses to either close or temporarily alter their operations.

Dude’s is mostly buffered from measures in Virginia that have shut down dine-in services as the old timey eatery entirely relies on carhops to bring orders out to patrons waiting in their cars.

The drive-in’s visibility seems to have increased amid this pandemic, Griffith said. Business has gone up by about 40% over the past few weeks, he said.

“Yeah, we’re just doing the same thing we’ve been doing since 1978,” Griffith said as he stood in front of the sink coring tomatoes.

In 1978, Griffith’s father, Dude Griffith, bought the business, which has existed since the 1950s.

Dude’s is in a historical Christiansburg enclave — it’s located just a walk down from the similarly-aged Starlite Drive-In theater.

Blake Griffith bought the eatery from his father in the 1990s, but the elder Griffith still helps out with the business that is known for its comfort foods.

“This is truly a mom-and-pop operation,” Blake Griffith said.

Cars have packed Dude’s parking in recent days.

The drive-in has never provided eat-in services while under his family’s ownership, Griffith said. Its unique set-up looks to have played a key role in keeping the business around through the decades despite the continued sprouting of chain restaurants in town, he said.

“It’s kind of a niche,” he said.

While Griffith sliced produce, his wife, Karen Griffith, was at one point at the front of the business patting down beef patties.

Blake Griffith said he ran about 90 pounds of beef on Tuesday.

“Normally, I run about 400 pounds a week,” he said before adding that he is currently getting about 600 pounds.

Griffith walked toward the rear of the building where he pointed to some pans holding the chili that is used as a hot dog topping. He said he’s stepped up the number of chili batches made a week.

Griffith said he feels very fortunate that the drive-in has continued to do well amid current conditions. He said the feeling has been bittersweet because he knows of other local businesses and restaurants that aren’t experiencing the same fortune as he is.

Griffith pointed just across the road to Due South BBQ, another locally-owned restaurant that closed due to the pandemic.

In addition to dine-in service, Due South — and its sister restaurant Fatback Soul Shack on the other end of town — frequently provides live entertainment to patrons.

“It’s hard to run something like that,” Griffith said while looking out the window of his kitchen. “I feel compassion toward my fellow restaurant owners.”

Owners of other modest drive-in restaurants in the New River Valley have also reported strong traffic amid the pandemic.

“It’s been crazy busy. We’re very blessed. It’s actually brought in new people who haven’t been here before,” said Shenna Viers, who owns Hank’s Drive-In on Lee Highway in Fairlawn. “Yesterday, today [Thursday] slowed a little, but up until then it has been kind of crazy.”

Viers, 57, said she’s glad to see that traffic to her drive-in has remained strong despite other nearby chain restaurants remaining open.

Viers has only owned Hank’s for a few years, but the drive-in was opened by her uncle in the early 1970s.

Like Dude’s, Hank’s substantially relies on carhops to bring orders out to waiting cars. Hank’s, however, differs slightly from its Christiansburg counterpart in that the Fairlawn eatery does provide 12 dine-in seats inside.

Viers said another way the drive-in has worked to sustain business recently is by encouraging patrons to call in their orders.

Ronnie Caudill, the owner of Tom’s Drive-In in Pulaski, said his morning business has been slower lately due to its recent loss of eat-in breakfast patrons and a drop off in deliveries to businesses that have significantly limited access to their buildings.

Caudill, however, said his drive-in has made up for the slower morning hours in the afternoon when its carhop orders and deliveries — including those to homes — increase.

“At the end of the day, the monetary take is still right in line with what we were doing before the pandemic hit. We may even be up just a little bit,” Caudill, 52, said.

Caudill said his drive-in has also started providing free meals to area children whose schools have closed. He said offerings to school children include pancakes, sausage patties and juice boxes.

“As long as I can afford to keep doing it, I’m going to do it,” he said. “But business is still good enough, and I still have enough.”

Caudill offered two reasons as to why he believes some small town drive-ins continue to survive and even thrive in some cases.

“Our food is all cooked when you order it,” he said. “Your food is fresh and hot, not pre-made, sitting around and warmed up for you to take out … I think the good food, being good, fresh and hot is what brings the people in.”

Secondly, drive-ins like his are firmly rooted in the community, Caudill said.

“Everybody here knows it’s a really old place,” he said. “Folks say ‘my parents used to eat here in the 70s and they talked about it.’ ”

That is certainly the case for Trish Waltz, a Floyd resident.

“It’s always been a family favorite for us, and we want to support them while they’re going through this hard time,” Waltz, 38, said one morning while waiting for her order at Dude’s.

Waltz owns Southern Sass Boutique, a relatively new store in Riner that specializes in clothing for plus-size women. She said her business, which opened about two months ago, was required to close due to not being considered essential.

“It’s hitting us a little bit hard because we invested all the money to open up and now we’re having to close down,” she said. “It’s been a roller coaster ride the past few weeks .... but we’ve been coming to Dude’s since I was a kid. I try to support them whenever I’m in town.”

The Roanoke Times

April 5, 2020

From livestreamed services to drive-in worship, faith communities find their way amid pandemic

By Matt Chittum

The clock chimed 11 a.m. on Sunday morning, and the Rev. Andrew Whaley climbed into the pulpit.

He wore robes and a festive purple stole and welcomed everyone to Raleigh Court Presbyterian Church – Roanoke’s “church of the open door.”

“Oddly, our doors are not open physically today,” Whaley said.

Save the video crew, not a soul sat in the church three Sundays ago. With the coronavirus spreading, services at the Grandin Road church were canceled, but Whaley pressed on with a sermon in the best way he and church staff could muster — by livestreamed video.

“We’re gathering on the Lord’s day at the hour when we gather for worship in person to stay in the rhythm, to stay in the routine of life together with one another,” he told his congregation that day, and urged them to participate at home as if they were in church.

“Yes, I am asking you to sing and talk out loud in your living room,” Whaley said, and encouraged them to post selfies and videos of themselves to social media with the hashtag #rcpchomeworship.

“My thinking was, when everything feels unsettled and unreliable, how can we craft a worship service that continues to tell that story of Jesus … and still resonates with our congregation?” Whaley said last week. “The church is the body of Christ. So right now, we’re disembodied.”

Houses of worship across essentially every faith are coping with that same sort of question, in many cases just as their highest holy days approach.

For Christians, today is Palm Sunday, starting Holy Week leading up to Easter. For Jews, Passover begins Wednesday. For Muslims, the monthlong Ramadan starts April 23.

“Normally, our faith communities would celebrate those important times together,” Gov. Ralph Northam said Friday. “But these are not normal times.”

He called on Virginia’s faithful to continue to call on their faith, but to find alternative ways to worship. They already were.

From churches to synagogues to Quaker meeting houses to mosques, faith leaders are leaning on unorthodox modes to engage their followers at a time when they need their faith the most.

They’re using livestreams, recorded sermons on Facebook, personal outreach, drive-in services in parking lots and videoconference bible study.

Some have simply closed.

“Those are the tools we have right now,” said Rabbi Kathy Cohen of Temple Emanuel in Roanoke, “so we have to do the best we can.”

**‘It is an adjustment’**

In the Rev. Serenus Churn Jr.’s 28 years of pastoring, he hasn’t guided his congregation quite through a time like now. There haven’t been this many Sundays in a row where he couldn’t look out over his pulpit at High Street Baptist Church and see his congregants nodding along.

But while this is a different experience, he takes comfort in knowing that “it’s new to me, but nothing is new to our Lord and God.” Churn’s congregation has kept the faith through mail, email, Facebook and phone calls.

“We have made a point to make sure that our congregation understands that distance does not mean disconnection from one another or, most importantly, from the love of God,” he said.

Cohen has been video-streaming a Friday night Shabbat service from Temple Emanuel on Brambleton Avenue in Roanoke, though she and other synagogue leaders are considering shifting the production to Cohen’s home. Hit counts on the videos have been higher than regular in-person attendance. “We’ve had nothing but positive responses,” she said.

“It’s very odd to, like, give a sermon to a practically empty room. You don’t realize until you do this, how much you rely on the feedback of people while you’re speaking,” Cohen said. “It’s hard because you don’t feel like you can really reach people. It’s not the same on the phone or through a screen.”

“It is an adjustment,” said Pastor Anthony Holmes of Loudon Avenue Christian Church in Roanoke, adding he’s not ministered through a crisis anything like the pandemic. He mentioned 9/11, which actually drove people to their places of worship.

Holmes has been “taking it week by week” when it comes to plans for Sunday sermons. So far, he’s posted short videos to the church’s Facebook page each Sunday.

Unlike some churches that have gotten choirs involved or done more elaborate sermons, he’s been a one-man show.

“If it involves having people gather anywhere, I really just want to stray away from that,” he said. “I don’t want to put anybody at risk. I’m gonna play it as safe as possible.”

The Roanoke Quaker Meeting is using technology to continue meetings, but in a different way. Quaker gatherings don’t depend on a minister to give a sermon. Rather, they gather in a room and sit silently until someone feels moved to speak. Sometimes, no one speaks.

The Roanoke meeting typically draws about 25 or 30 people, said Gary Sandman. So members, or friends as they are called within the faith, have been using the Zoom videoconferencing platform to meet.

Sandman has joined two meetings so far. In one, no one spoke at all, with everyone logged in and sitting in silence.

Some have opted to conduct worship at home by themselves. Sandman, a Quaker for 50 years, wouldn’t find that fulfilling.

“Friends are a small group and we’re really tight,” he said. “You can’t do Quaker worship really, by yourself. It’s a community thing.”

For now, the Zoom gatherings will have to do.

“It’s a poor substitute,” Sandman said, “but it’s a substitute.”

**Drive-in church**

When Bishop Quigg Lawrence decided to halt in-person services at Church of the Holy Spirit in Roanoke County, some people told him he was being a coward and overreacting to fears about the coronavirus.

“Give me a couple of months and see if we’re overreacting,” he said.

Like other churches, he’s moved to online services, plus recording some daily devotionals. He’s been pleased that views on sermons have averaged about 4,000 — many multiples of regular Sunday attendance.

But he’s tired of the distance from parishioners, and he believes others are, too.

“I think people really miss being with their friends and their church family,” Lawrence said.

So for Easter Sunday, Holy Spirit is joining the trend of drive-in services. Attendees will pull into the Holy Spirit parking lot and remain safe in their cars. Lawrence and his “praise team” will conduct the service from a flatbed truck or maybe a scissor lift, and it will be broadcast by WFIR, which the church hired. So people can listen over their radios with their windows safely up.

After Gov. Ralph Northam issued a stay-at-home order last week, Lawrence checked with Northam’s office to make sure drive-in church is not a violation.

“Congregants sitting in the parking lot in cars with adequate social distancing is allowed,” a Northam staff member told him in an email. “Any gathering on stage needs must be limited to 10 people or less.”

Lawrence said the point is not for church members to see or hear him in person.

“They’re really coming to be with each other,” he said.

Blacksburg Christian Church was an early adopter of the drive-in concept, hosting a parking lot service on March 22.

The Rev. Gary McCoy preached from a lift 15 feet in the air. Church ushers became “parkers” to direct traffic in and out of parking spots on the church lawn. Instead of shaking hands, McCoy and Youth Pastor John “J.B.” Beane circulated through the parking lot, greeting people who remained safe within their vehicles.

The youth group donned plastic gloves to prepare Ziploc baggies of grapes and wafers for Communion. Geared up in masks and gloves, they go car to car distributing baggies and proffering the collection basket.

The first service went without a hitch, except for a brief interruption by a car alarm. More than 55 vehicles showed up, bearing 105 worshippers and a dog, McCoy said. On March 29, services drew 151 people, two dogs, three cyclists and 70 vehicles. McCoy can’t guarantee that some folks weren’t in pajamas.

“It isn’t like being in the sanctuary, but it’s the next best thing,” McCoy said.

At Beaverdam Baptist Church in the Vinton section of Bedford County, the Rev. Jake Roudebush gave the drive-in idea a shot a week ago.

“Our folks, they’ve wanted to kind of power on through this. They’ve wanted to meet,” Roudebush said. “We had a parking lot full.”

They even collected offerings in a bucket as people drove out of the lot.

In a rural setting like Beaverdam, he said, where people are more far flung most of the time, community gatherings like church take on more importance.

“We had a great day in spite of the situation,” Roudebush said. “I believe this is the time for the church.”

**Easter, Passover and Ramadan**

Pulling off a run-of-the-mill weekly service over the internet or in a parking lot is one thing.

The biggest religious holidays of the year are another.

Traditions like Palm Sunday processions and Passover Seder meals don’t work so well.

At Beaverdam Baptist, Roudebush said they’ll have to abandon the children’s triumphal entry procession on Palm Sunday, and the breakfast after Sunrise Service on Easter, too.

“When we’re given the all clear … I feel like we need to do a resurrection celebration and we can do all of those things that would ordinarily be part of our Easter season,” he said.

St. Andrew’s Catholic Church planned to have volunteers in masks and gloves giving out palms at the church on Palm Sunday, with Mass that day and on Holy Thursday, Good Friday and Easter livestreamed.

Whaley will continue with livestreamed sermons from the Raleigh Court Presbyterian sanctuary, but for Easter weekend, they’ll add some production values by cutting to video of choir performances from past years.

He’s also developing a Maundy Thursday worship service congregants can do themselves around their own dining room tables, he said.

Holmes, at Loudon Avenue Christian, will continue his online sermons on Palm Sunday and Easter, and do a virtual communion. At High Street, Churn is also planning a special set of messages for Holy Week.

The Masjid An-Nur mosque in Roanoke closed March 17 for all congregational prayers and the important Friday Jumuah prayer.

“We ask that everyone remain away from the masjid until notified of our reopening,” the mosque wrote on its Facebook page. “We thank you for your cooperation and May Allaah Bless you and keep you safe.”

In the past, the mosque has hosted prayer and a celebration of Eid Al-Fitr and bringing an end to Ramadan, the Muslim holy month of fasting.

Temple Emanuel typically hosts a traditional Seder meal on the first night of Passover, Cohen said.

Next week she’ll attempt to host a Seder by Zoom.

“I don’t know that everybody at home will be able to have the ritual foods and that sort of thing,” she said, but she thinks everyone will be happy to be a part of it just the same.

Jews are finding a lighter side to these tough times, she said.

Passover celebrates God’s freeing of the Israelites from slavery in Egypt, including the series of plagues visited on the Egyptians.

“We can’t commemorate the plagues on Egypt,” reads an internet meme Cohen quoted, “because of a plague on us.”

**Business as usual?**

Something else it’s hard to do when worship is virtual: pass the plate.

That tradition is still a major source of revenue for Christian churches, and without people in pews, the giving isn’t happening as much.

Lawrence said giving at Church of the Holy Spirit is down about half over the last three weeks. That’s not just money to pay church staff, he said, but the church pushes about $700,000 back out to other ministries and local charities.

Whaley is asking members who usually put cash or a check in the offering basket to give online or mail in a check instead. Others are doing the same.

When Loudon Avenue Christian Church has canceled services in the past, such as during a snow day, Holmes said his congregants made up for it the following Sunday.

“We’re just praying that that continues,” he said. “I’m sure every church is expecting to see some kind of a decrease somewhere.”

Whaley noted that with some programming shut down due to the virus, they also need less operating cash.

While cashflow may be ebbing, some faith leaders are seeing a silver lining to the way they’ve been compelled to operate.

“One thing I’ve learned is that, especially in a large church, it’s very easy to have so many programs and meetings, that you can get away from one-on-one pastor to parishioner relationship,” Lawrence said. Keeping going during the pandemic has forced him and his staff to focus on what’s essential.

“I think that in some ways we are reaching more people than we normally do,” Cohen said. At Temple Emanuel, they’ve made a point to call each family on their rolls each week.

“It really makes you feel like you have a connection to that person,” she said.

Whaley is already pondering what worship will look like when the pandemic passes and in-person gatherings resume.

“Are some things just gone, or do we adapt?” he wondered. For Christians, practices like taking bread and wine for Communion and sharing peace with a handshake during church may not feel comfortable for a long time.

“When, if ever, are we able to add those things back into our worship life?” he asked.

It may be months more before doors are reopened at houses of worship.

When they are, Whaley said, “I’m doubtful if it’s business as usual.”

*Staff writer Claire Mitzel and freelance writer Su Clauson-Wicker contributed to this report.*

The Roanoke Times

May 12, 2020

Virginia changes how it counts COVID-19 testing, adding antibody tests to the daily tally

By Luanne Rife

Virginia now lumps tests that diagnose COVID-19 together with tests that measure whether someone previously had the disease, and the state counts all tests toward the governor’s quest to reach 10,000 a day.

But not all tests are equal, or reliable, and Virginia acknowledges this and does not count a positive antibody test as a confirmed case.

Virginia on Monday reported 25,070 cases, an increase of 989 from Sunday. There have been 850 deaths, up 11 from Sunday’s report, linked to the coronavirus.

The Virginia Department of Health also reported that 167,758 tests have been given.

It is unclear how many were antibody tests. By counting those, Virginia boosts the overall number of tests and lowers the percentage of positive results. Both are key measures Gov. Ralph Northam has cited as ways to determine whether it is safe to move into Phase 1 of reopening Virginia.

Northam during his briefing Monday announced that 9,801 new tests were recorded during the past 24 hours, nearly hitting his mark.

Until the change, Virginia was counting only the diagnostic tests that are given when someone has symptoms of COVID-19. These tests are called RT-PCR, short for reverse transcription polymerise chain reaction, and they detect live viruses in samples collected on swabs inserted deep into the nose.

The other type of tests, serological, look for antibodies that are created when a body fights an infection. These blood tests are given at least a week or two after symptoms subside to determine if the coronavirus caused the illness.

“These tests are not as accurate as RT-PCR, the gold standard, so VDH is not counting someone as a case with that information alone,” the health department writes in its guidelines.

Somewhere along the line, a decision was made to count them in the gross total of tests.

Last week, Dr. Denise Toney, who directs the state’s testing lab, talked about the different tests during a news conference.

When asked if the daily test counts include antibody testing, Toney said, “At the current time, the information is being reported to the Virginia Department of Health, but I do not think they are being included in the total.”

The department has yet to clarify when it started to include serological tests.

“If they added that to their overall test results, that would be a very dubious approach, which would make me think they are just inflating their test numbers. It’s really mixing apples and oranges,” Jennifer Nuzzo, a senior scholar at the Johns Hopkins Center for Health Security, said during a phone interview last week.

Johns Hopkins has been tracking the coronavirus spread worldwide and in the states.

Virginia has been at the bottom of the site’s ranking for tests per capita among the states.

Northam’s chief of staff, Clark Mercer, said during the governor’s Monday briefing that Virginia is criticized for doing too few tests.

“I asked our team, and I had suspicions and continue to, about whether all states are reporting uniformly.” He said they checked with Johns Hopkins and Harvard and found they were not.

“It became clear other states were including serological testing,” Clark said. “So if you are going to compare us and be critical of the testing we are doing, and we aren’t comparing apples to apples, I think that’s grossly unfair.”

Dr. Norman Oliver, the state’s health commissioner, said Virginia looked to the Centers for Disease Control for guidance.

“There is no set guidance in that, so you’ll find variability among the states,” he said. “We choose to report it.”

Dr. Daniel Carey, the secretary of Health and Human Services, said, “The idea was to survey all the tests we could about this disease. In retrospect, we may have chosen a different path.”

Carey said the health department will look to untangle the tests to make it clearer how many of each type are in the mix.

This is not the first time the state’s methodology has changed without explanation, only to be clarified after reporters questioned it.

Virginia initially counted the number of people tested, then it changed to counting multiple tests given to one person. It now clarifies the gross number of tests from the unique number of people tested.

When tests results took many days or weeks to come in, and testing was still limited to only vulnerable populations, doctors began to report clinical diagnoses that were not confirmed by a lab.

The health department added these to the sum of cases without differentiating the types. Now it also separates the cases.

Health department spokeswoman Julie Grimes said antibody tests are received by the local health departments to follow up as resources permit.

Those with clinically compatible symptoms will be counted as probable cases, she said.

“As more is learned about the immune response to SARS-CoV02 infection and testing mechanisms are refined, the national approach to classification of positive results, and the VDH response to positive reports, may change,” she said.

The Roanoke Times

May 17, 2020

Amid thirst for COVID-19 news, Virginia Tech professor gets her viral moment

By Henri Gendreau

BLACKSBURG — Linsey Marr’s sudden scientific fame could be traced to day care.

A dozen years ago, the Virginia Tech professor began wondering why her son kept getting ill. Despite day care workers’ frequent cleaning, she would get a call every other week: He’s sick.

“I go to pick him up, and find out that more than half the kids were out sick, too,” a masked Marr said this month on the patio of her Blacksburg home. “So it seemed like these colds and flus were just spreading so easily, that I started, I was kind of curious, ‘Well, is it spreading through the air, or is it spreading by kids touching each other?’ ”

That initial question would spark the scientist’s eventual expertise in the airborne transmission of viruses. That scholarship, at the intersection of biology, physics and engineering, has recently pushed Marr into a national spotlight as one of a few expert voices on how COVID-19 spreads.

Within the past few weeks, Marr estimates, she has been interviewed seven or eight times by The New York Times, three times each by The Washington Post and The Wall Street Journal, and has made another three appearances on National Public Radio. The Atlantic, WIRED magazine and CNN have all beaten down her door. Also supposedly in the works, shesaid, is a New York Times profile, about which she feels a little embarrassed.

“I think it’s weird for there to be so much attention on the scientist,” Marr said. “I think it’s good to humanize scientists, and show that not all scientists are, like, these gray-haired white men.

“So I have not been seeking this at all,” she added. “But my main goal has been that accurate science gets out there, because there’s so much misinformation these days.”

Marr, who’s 45, grew up in Sacramento, California, and attended Harvard University for her undergraduate degree. It was there, while running along heavily trafficked Boston streets, that Marr gravitated toward an interest in studying air pollution and health.

“Sometimes I’d be sucking in huge amounts of vehicle exhaust. I’d just smell it for a mile on my run and I’d be wondering, like, ‘Well, is this actually a net benefit? Or am I actually harming myself by doing this?’ ” she recalled.

Particulate air pollution is one of the leading causes of death worldwide, she said, responsible for about 7 million premature deaths annually. Marr began studying pollutants in the atmosphere, human-engineered nanoparticles and how those intersected with public health.

After earning her doctorate at the University of California Berkeley and doing post-doctoral work at the Massachusetts Institute of Technology, Marr started at Tech as an assistant professor in 2003. The transition to rural Blacksburg was a culture shock, at first.

“I’ve learned to love living in a small town, especially at a time like this,” Marr said. “When we want to avoid crowds, it’s much easier to do here.”

It was during her son’s day care experience that she discovered a void in humans’ knowledge about how diseases such as influenza spread.

“I started reading some of the scientific papers on the topic and was surprised to learn that we don’t even know for the flu how much is transmitted by people touching each other or objects or through the air,” Marr said. “And people have been trying to figure this out for decades and we still don’t know.”

Experiments conducted in the 1930s and 1950s showed that bacteria grew on plastic plates close to where a person had coughed, but not so much farther away. Certain social distancing guidelines — such as staying 3 feet or 6 feet apart — emerged from those studies.

“At the same time, in some of those papers from the 1930s, the author also said, ‘Well, there are going to be smaller droplets that will stay floating around in the air and go farther than that.’ ”

It was in asking the question of whether COVID-19, the disease caused by the new coronavirus, should be considered airborne that Marr’s expertise came into mainstream demand. The World Health Organization, using a strict definition of airborne, announced in February that it was not.

“And yet, at the same time, it seemed like there was evidence growing that it was being transmitted through the air in these microscopic droplets, or even larger ones, but really these microscopic droplets traveling through the air that people breathe in,” she said.

Marr has used her bully pulpit to tamp down fears, clarifying how exactly these droplets spread.

“People think about like these clouds of virus going through the street and attacking them or something,” Marr said. “And it’s not that at all. The biggest risk is when you’re close to somebody who’s infected, there’s the risk that you could inhale, breathe in, whatever virus might be in the air.”

AJ Prussin, a research scientist and a lab manager of Marr’s at Tech, credits Marr for her ability to translate complex knowledge that spans scientific fields into understandable terms.

“I think one of the reasons why she’s being so successful, not just during COVID, is her communication skills, with how she understands both the biology and the engineering, and she’s able to bridge those two fields together,” Prussin said. “I think her being so interdisciplinary makes her high-demand. There are very few people out there with her skill set and her expertise.”

Since all non-COVID research at Tech is on hold, even Marr has had to halt some of her research. She and a team of researchers are experimenting on homemade masks by using a mannequin to simulate what kinds of materials are most effective in blocking saliva spray.

As states including Virginia begin to reopen economies, widespread use of homemade masks will remain critical. So, too, will the knowledge about how viruses are transmitted in the air.

“It was a topic that I felt was important, which is why I started studying it,” Marr said. “I had never imagined it would become like the hot topic among the general public, though.”

The Roanoke Times

May 17, 2020

60% of Virginia's COVID-19 deaths came from long-term care, but state code bars knowing which homes

By Luanne Rife

On April 10, Gov. Ralph Northam announced he had assembled a task force to protect frail, elderly Virginians after 32 of them had died while in long-term care and a Richmond-area home was in the grips of one of the nation’s deadliest outbreaks.

The virus has since swept through 170 nursing homes and assisted living centers, killing 589 Virginians — at least 13 of whom lived in the Roanoke Valley — and infecting nearly 4,000 workers and residents.

As of Saturday, their deaths accounted for nearly 60% of the 1,002 Virginians claimed by the virus.

During all this time, Northam has held thrice-weekly COVID-19 briefings that begin with points he wishes to address. Not once since announcing the task force has he used his opening statements to specifically address the plight of long-term care residents and their families who hunger for information.

Northam’s administration has refused to name the homes where cases have been identified, or even to say where they are located.

Dr. Norman Oliver, the state’s health commissioner, said he has relied on the attorney general’s staff for advice on this. He said government lawyers told him that state code extends the same health privacy rights to nursing homes, assisted living facilities and other group homes as it does to human beings — meaning state agencies cannot disclose health-related information about them.

Virginia posts to its website totals for outbreaks.

“You can see there is an outbreak almost everywhere in Virginia. But you don’t know if they have two cases, or if they have dozens of bodies. There is absolutely no idea of the extent,” said Patricia Williams of Virginia Beach.

The nursing home where her sister lives lets Williams know how she is doing, but Williams said she is frustrated with the lack of transparency in Virginia. Families feed on rumor rather than facts, she said.

Because of the code interpretation, Virginia is an outlier among its neighbors. North Carolina, Tennessee, Maryland and West Virginia all routinely publish the names and locations of facilities with the virus, along with the number of residents and staff infected, and the number who have died.

Virginia lists the number of outbreaks — defined as at least one person becoming infected by another without any other means of contracting the illness — that have occurred in local health districts. But most districts include multiple cities and counties.

For example, the health department reports two outbreaks in long-term care facilities for the Alleghany Health District. They could be anywhere in Salem or Covington or Roanoke, Botetourt, Craig or Alleghany counties.

When asked if the department could publish the numbers by locality, spokeswoman Julie Grimes said, “If VDH determines that we can share additional information about these individuals, without compromising their protected health information, we will include the data on our website.”

“Individuals” means the homes.

Salem attorney Ross Hart, who practices elder law and serves as a guardian for a number of people living in long-term care, said Virginia code treats businesses as individuals throughout the code.

“If it is capable of a tax identification number, it is a person,” he said.

Some lawmakers said they want to change the state code, but the earliest that could happen is August.

Joani Latimer, director of the Office of the State Long-Term Care Ombudsman, said the governor should immediately ask the attorney general to reconsider his interpretation of the code. After all, the code was relaxed to allow absentee ballots without witness signatures, and for hospitals and nursing homes to add beds without going through a lengthy regulatory process.

“I think it’s in the public interest to look really carefully again at that,” she said. “Part of what is concerning here, and a legitimate question is, there have been lots of flexibilities created in this COVID-19 situation in terms of how our regulations and standards are being implemented. This seems so clearly one that needs some flexing to serve the overarching interest of the commonwealth.”

**Why are so many dying?**

The Kaiser Family Foundation has been gathering information reported by the states about cases and deaths in long-term care. Five states do not report this data, and not all provide the numbers of deaths.

In 36 states that report deaths, an average of 41% of their deaths were linked to long-term care. Virginia’s percentage was 59.

“We did what we were supposed to do. We locked the facilities down in terms of visitors. We already had infection-control measures in place, but we put in additional measures,” said Keith Hare, CEO of the Virginia Health Care Association and Virginia Center for Assisted Living. “We knew that once the virus entered a facility, we really had lost half the battle.”

Hare said the majority of the people living in Virginia’s nursing homes are very poor and incredibly sick and frail, and they have multiple illnesses.

“From the beginning we have paid a fair amount of attention, as I think we should have, to hospitals and their ability to have supplies and testing and the support they need to meet the crisis. Meanwhile, the clear epicenter has been nursing homes,” Latimer said.

These homes aren’t hospitals and did not have stockpiles of masks, gowns and other protection needed to keep staff and residents from contaminating each other. They are often understaffed, relying heavily on certified nursing assistants, who are among the lowest-paid health care workers. Many CNAs work multiple jobs to make ends meet, increasing the likelihood for cross-contamination across homes.

At the beginning of the outbreaks, Virginia’s health department, again citing privacy, did not allow homes to be notified when any of their staff were exposed to the virus at another facility. That restriction has since been lifted.

“We started in this virus without the level of personal protective equipment we needed. We tried to obtain additional supply lines. We were cut off,” Hare said. “Then on top of that there had been significant lack of testing.”

Virginia has lagged nearly all states in testing per capita. Until mid-April, its testing strategy did not place long-term care residents on the priority list. A month before, the first residents of the Canterbury Rehabilitation & Healthcare in Henrico County were infected with the coronavirus. More than four dozen residents have died in that outbreak.

When the virus first appeared in the state, Virginia shipped its tests to the Centers for Disease Control. Slowly the state initiated its own testing in the state’s consolidated laboratory, but found that swabs, reagents and other supplies were difficult to get.

On April 20, Northam brought in Dr. Karen Remley, a former health commissioner, to coordinate the testing being done by the state, its universities, hospitals and commercial labs. Since then capacity has grown from about 2,000 tests a day to about 7,000 a day.

The additional capacity permitted homes with outbreaks to ask local health departments to do so-called point prevalence surveys, when all residents and staff are swabbed on the same day in order to determine how many are affected.

South Roanoke Nursing Home was one of the first in the state to ask for this survey after three staff members and a resident developed symptoms. The tests were administered April 23, but results were not known for nearly a week, and even then some were inconclusive.

By then, seven residents who tested positive had died. Three more were in a hospital and 33 others had tested positive. At least 10 residents have died.

Earlier this month, Northam said Virginia now has the capacity to do more of these surveys and is using the National Guard to help administer them. The health department said that it had identified 100 facilities that should be tested, but that they could do only a handful of surveys each week.

In response to a Freedom of Information Act request, the department reported that it conducted 42 point prevalence surveys from April 21 through May 10. Of these, 29 were in long-term care facilities. The others were in prisons, schools and workplaces.

The agency said that it had results for 13 of the surveys, and that an average of 230 tests were given for each survey. It did not provide information as to the total number of tests or the number of positive results, as it said that information is still being analyzed.

When asked last week if Virginia would test all nursing home residents in two weeks as recommended by the White House, Northam said, “That perhaps is a bit of an ambitious goal.”

West Virginia began on April 20 testing every resident and every staff member at every long-term care facility and posting the results. As of Friday, the state had reported 335 cases of COVID-19 in the homes that resulted in 32 deaths.

While South Roanoke waited for its results, it faced an additional problem: Dozens of its staff members were also infected, and the facility said it was advised not to bring in workers from other homes until it understood fully who was contagious.

Some family members praised the staff who continued to show up but expressed fear that there weren’t enough people to care for their relatives.

Hare said Virginia’s hospital association and the state’s volunteer Medical Reserve Corps are helping with staffing across Virginia.

The state has also helped to provide personal protective equipment and training staff on how to use it.

“I think the state has been frustrated that they couldn’t provide enough PPE because it could have prevented the spread,” he said.

About 50,000 Virginians work in long-term care.

“I am amazed at the courage of these individuals on the front lines. They went in to fight the battle. Take a step back and think about that. It’s one thing to know I have all the protection I need and we’ve got testing,” he said. “We don’t have the PPE. They knew it. We don’t have the tests. They knew it. We were learning how to isolate individuals after they contract the virus. They still went in, did their jobs and protected these residents and patients. That’s heroic.”

Latimer said that many of the homes have been overwhelmed and that communicating with families who cannot physically check on their relatives might have taken a back seat. That’s why it’s important for the state to provide the information from the homes.

“They are truly under siege. No one wants to be attacking them. They are at the battle lines and in many cases just heroically supporting the needs of the residents as best they can. They are in a tough situation, too,” she said. “We are all caught in this legal bind here that doesn’t seem to be serving the health interests of individuals.”

**The code**

The federal Centers for Medicare and Medicaid Services has mandated that starting this month, all nursing homes must report cases of COVID-19 to the Centers for Disease Control. They are also to report on staffing and supplies of personal protective equipment, and to notify families about new cases and clusters of cases.

The CDC will then forward the information to Medicare, where it will be posted online. The first batch that is now being submitted is expected to be public by the end of May.

Nursing homes are already required to report infections to the health department’s licensing division.

Assisted living facilities and group homes are not considered health care providers. They are overseen by the Department of Social Services and will not be required to report COVID-19 information publicly.

“That’s why it’s important to address this at the state level, because the federal opening of data for nursing homes is good, but it doesn’t help out assisted living at all,” Latimer said.

Hare’s association has called for its members to be transparent, but there are no laws prompting them to do so.

The Alzheimer’s Association, Virginia Chapters, last week called on policymakers to implement necessary reporting.

“It starts with, we are trying to ensure people in assisted living and nursing facilities are in a safe environment,” said Carter Harrison, the association’s senior director of government affairs. “We need to know where the baseline is and where there are infections so we can then respond appropriately. Reporting is part of that for the public transparency and so we can find these hot spots and we can get the resources to them.”

Oliver, the health commissioner, has cited several sections of state code that define “person” as businesses and say the health department cannot disclose health information about a person.

Attorney General Mark Herring’s spokeswoman cited attorney-client privilege in declining to provide the opinion or offer more of an explanation.

Oliver said in an phone interview Friday that he had not talked directly with Herring but has had ongoing discussions with members of Herring’s staff who are assigned to the assist the health department.

“If the attorney general were to issue some decision around this that instructed us to act otherwise, I would certainly abide by that,” Oliver said.

Lawmakers interviewed last week either disagree with the interpretation or acknowledge that it’s a correct reading of the code — but a code in need of amending.

“There’s no reason this information shouldn’t be made available to the public,” said Sen. John Edwards, D-Roanoke.

“There has been a bipartisan consensus that this critical information can and should be released to the public. The governor’s opinion has been an outlier,” said Sen. David Suetterlein, R-Roanoke County.

Sen. Scott Surovell, D-Fairfax, said he suspects the Northam administration is taking a conservative approach to its reading of the law, but he doesn’t agree with it.

“The more information the public has, the better government we get and the better operation of these institutions we get. If these institutions knew this data was releasable and would be released, I would think they would take better measures to ensure their customers don’t get infections and die,” Surovell said.

Northam plans to call the General Assembly back to Richmond in August for a special session to address the upheaval that the pandemic has had on the state budget.

It is possible they could allow other bills to be discussed. If not, the issue would need to wait until the regular session in January.

“We need to take a good long look at that to ensure that we protect people,” said Del. Sam Rasoul, D-Roanoke. “The system should be serving people, not these institutions.”

Del. Mark Sickles, D-Fairfax, chairman of the Health, Welfare and Institutions Committee, said he is drafting legislation.

“I take Northam’s people at their word that they believe their interpretation is the law, so if that’s the case, we need to change the law,” Sickles said. “I think at this point, anybody considering using a nursing home would want to know the history of it and what they’re doing about it now.”

Northam has said he could support amending the code to allow for naming the homes, but it would depend on the bill’s language.

The nursing home and assisted living industry has donated a substantial amount of money in recent years — more than $1 million each year, according to the nonpartisan Virginia Public Access Project — to lawmakers and political action committees.

Northam’s PAC, The Way Ahead, has accepted $48,000 from the nursing home industry since 2018. Other legislators have accepted tens of thousands of dollars each from the industry in the past few years.

Legislators who have been vocal about wanting to change the law said they aren’t anticipating immense pushback from the nursing home industry. A few of them said they haven’t heard from anyone in the nursing home industry asking them to reconsider their position.

“I don’t expect — and I could be naive here — but I don’t expect a lot of debate on the big picture of whether we should be more open with information with this situation we have,” Sickles said.

*Staff writer Amy Friedenberger contributed information to this story.*

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The Roanoke Times

June 5, 2020

Virginia lags 47 states in checking nursing homes for infection control

By Luanne Rife

Only two states have done a worse job than Virginia in surveying skilled nursing homes to ensure that they have necessary infection-control measures in place during the COVID-19 pandemic, according to the federal government.

The Centers for Medicare and Medicaid Services directed the states in March to survey all nursing homes for focused infection-control practices. Virginia had completed just 43 of 287 homes as of Monday.

In a letter to the governors, CMS said it would reduce funds to states that do not survey all of their homes by July 31, and it will increase penalties to homes that fail to comply with longstanding infection-control procedures. Nationwide, 54% of homes have been surveyed.

“Admittedly our state agencies have had a lot on their hands in responding to this pandemic — especially the devastating effects in our nursing homes. But in light of what we’ve seen in nursing homes that underscores the critical importance of identifying lapses in infection control, the lack of progress in Virginia on these focused surveys is surprising and alarming,” said Joani Latimer, director of the Office of the State Long-Term Care Ombudsman.

Clawing back federal dollars won’t fix the problem, she said. “We need to know where the system breaks down and what is being done to turn that around.”

The announcements came as CMS began to share information gleaned from reports filed by the nursing homes with the federal Centers for Disease Control. Details on each home are expected to be made public Thursday at medicare.gov/nursinghomecompare.

The homes were required to submit reports on COVID-19 cases in residents and staff beginning May 1. As of May 24, about 12,500 of the nation’s 15,400 homes had complied and reported 60,000 cases and nearly 26,000 deaths.

Virginia’s nursing homes reported that 847 residents and 419 caregivers were infected with the coronavirus. Of them, 307 residents and nine staff members died.

Only nursing homes are required to report to the federal government. As of Wednesday, 811 of Virginia’s 1,428 deaths were linked to long-term care outbreaks, according to health department data. It is not known how many occurred in assisted living facilities or group homes, as Virginia does not provide details and the facilities are under no public reporting mandates. They are licensed and inspected by the Department of Social Services, as they are not considered health care providers.

The Northam administration, citing state code that grants health privacy rights to businesses, refuses to identify any of the long-term care facilities even by locality. It does not give any information regarding the people’s ages, gender, race or ethnicity.

Gov. Ralph Northam used his Tuesday coronavirus briefing mostly to show support for social justice reform in light of protests that have erupted to rally against police killings of African Americans. A number of inequity issues were raised, including health disparities.

When asked if he would reconsider and report more data on the homes that would include race and ethnicity to see if a disproportionate share of minorities are being affected, Northam passed the question off to Dr. Norman Oliver, the state health commissioner.

“At this time we are not reconsidering our policy,” he said.

In the event Northam and Oliver had not heard the question correctly, it was forwarded Tuesday afternoon to both their press offices, along with an additional question seeking an explanation as to why Virginia has completed only 15% of the required infection-control surveys.

Northam’s office did not acknowledge the email. Oliver’s spokeswoman, Maria Reppas, was also asked to provide someone for an interview.

She responded noon Wednesday by writing, “I’m working on getting a response to this. Will be in touch.”

“I believe the administration has indicated it is looking at COVID-19 data from the perspective of disparate impacts. I have not specifically seen that data posted,” Latimer said. “I think it is terribly important that we carefully examine disparate effects of the pandemic. Health equity issues need to be on the front burner, and an important part of the painful lessons from COVID-19 no doubt relates to disparate impacts on our communities.”

Northam in April appointed a task force to curtail outbreaks in long-term care. The task force has not made a public presentation, and Northam rarely mentions these cases and deaths, although they account for 57% of the Virginians who have died from the virus.

Dr. Laurie Forlano, who heads the task force, has said during the briefings that the department is doing what are called point prevalence surveys of long-term care facilities, schools, workplaces, communities, jails and prisons. The surveys help during an outbreak as everyone is tested at the same time to determine the extent of an infection. They can also show that there are no cases at a given time. She said May 20 that 43 long-term care facilities had been surveyed.

The department has yet to respond to a request for information as to where these surveys occurred, how many residents and staff were tested, and the results of those tests.

Also last month, the Virginia Hospital and Healthcare Association posted a dashboard to its website to report on the number of COVID-19 cases in licensed nursing facilities. As of Wednesday, 1,676 residents either had confirmed cases or pending test results. Another 1,073 have recovered. The dashboard does not report deaths.

It does, though, report the number of nursing homes having difficulties obtaining the personal protective equipment that is used to lessen the risk of spreading the virus. On Wednesday, 12 homes reported difficulty obtaining N95 masks; seven, surgical masks; five, gloves; eight, face shields; and 12, isolation gowns.

Northam has said that the state is well stocked with personal protective equipment, and that homes are expected to go through their own supply chains first before requisitioning from the state supplies.

The Roanoke Times

July 19, 2020

Farmers cultivate new business models as the pandemic forces them to adapt

By Casey Fabris

Agriculture is one of countless industries that has been affected by the pandemic. Many farmers who can sell directly to consumers are weathering the situation. But others, like beef cattle and dairy farmers, have struggled.

When the schools shuttered because of the coronavirus pandemic, Jerry Conner began to worry about the fate of his farm.

Four Oaks Farms, a hydroponic operation in Wirtz, counted Franklin County Public Schools and Roanoke College among its customers. And the farmers markets where Conner also sells his lettuce and greens were scrambling to adapt. He estimated those two avenues make up about 80% of the farm’s sales.

“We really thought that was the end, we weren’t going to make it,” Conner said. “There’s not a large margin in farming. We didn’t know what we were going to do.”

Initially, he said, there was a considerable amount of waste at Four Oaks Farms. But then, something shifted.

People became more interested in buying local food, perhaps because of empty shelves at the big box stores or a desire to keep their dollars in the region.

Four Oaks already had an online ordering system, and Conner said it took off. Then LEAP, which runs the West End and Grandin farmers markets in Roanoke, developed one of its own, offering another place for Conner to sell his lettuce and greens.

“I think most local farmers are going to tell you that they’re thankful in a way because of the new connections that have been made between the community and the local agriculture,” Conner said.

That’s not to say it’s been easy or inexpensive — Conner said he had to spend a “pile of money,” not to mention time, individually bagging every item in keeping with “low-touch” or “no-touch” best practices.

Agriculture is one of countless industries that has been affected by the COVID-19 pandemic. Many farmers who can sell directly to consumers are weathering the pandemic well, though it often required a significant reworking of their business model.

But others, like beef cattle and dairy farmers, have struggled because of issues on the processing side.

Scott Sink, vice president of Virginia Farm Bureau who farms in Franklin and Montgomery counties, has experienced both.

His produce stand has seen increased demand, but as a beef cattle producer, Sink has observed market uncertainty and disruptions to the supply chain. He also sells hay and said some dairy customers are buying far less than they usually would, or just doing without.

Sink said the pandemic has created uncertainty for everyone agriculture touches.

“You’ve got the producer, you’ve got the processor and you’ve got the consumer,” he said. “Usually you’ll have different blips always that happen. But this is something right now that’s impacting all three groups.”

**Logistics breakdown**

Early on in the pandemic, shoppers couldn’t always find what they needed in grocery stores, something Sink said was particularly frustrating for farmers to see.

“We’re producing and not getting the price we should be, but then at the upper end, they’re not getting the product as well,” he said.

Even farmers who have diversified to protect themselves are likely hurting given how many sectors are depressed, Sink said. Those who have managed to maintain their business by selling directly to consumers are still enduring a difficult growing season.

Sink said he’s had to replant some things three or four times because it was so wet and cool in the spring, and now his crops are enduring a hot, dry spell.

Kevin Marshall, a beef cattle farmer in Botetourt County, said prices plummeted, which might come as a surprise given the lack of beef available at grocery stores at times during the pandemic.

The problem, he said, was that meatpackers across the country were shut down, meaning cattle couldn’t be sold, or were sold but couldn’t be slaughtered.

“You hold on to them until the prices do come up,” Marshall said. “But then it gets to a point you’ve got to pay bills, you’ve got to get rid of them. You need money.”

Delaying the sale of cattle will drive up input costs for the farmer — he has to keep feeding and caring for the animals. Even so, that’s what Marshall did earlier this spring.

“When the shelves cleaned out in the stores, I thought for sure they [prices] were going up,” he said. “But they just dropped and they stayed.”

Some farmers, like those selling produce at local markets, can set their own prices, Marshall said. But beef cattle farmers are not so lucky; they have to take what they can get.

“The demand is there, and the supply chain was really screwed up by this COVID,” he said. “This is even confusing to me. It’s kind of like a funnel. It just backed up.”

Even as the supply chain stabilizes, consumers may not choose beef. When people experience financial hardship, Marshall said, they’ll cross beef off their shopping lists in favor of cheaper proteins, like chicken. He expects that trend to continue with high unemployment.

“It’s just like a drought or anything else,” he said. “You’ve just always got to have plan A, B, C and D. When those things arise, you just plan for the worst and hope for the best.”

**Milk woes**

Dairy farmers have been battling low milk prices for several years, and COVID-19 offered no reprieve.

“Milk prices kind of hit an all-time low,” said Courtney Henderson, whose family owns Cave Hill Dairy in Botetourt County.

Although there was a milk shortage in grocery stores as people stocked their refrigerators and shelves with the essentials, Henderson said, milk was not actually in short supply. She said processors couldn’t meet demand.

While major milk consumers like schools were shuttered, the dairy processors that serve them are designed specifically to package milk into small cartons, rather than the gallon jugs found at the grocery store. Converting the equipment to meet needs elsewhere would be too costly, she said.

Henderson said some farms, though not her family’s, had to dump their milk. She knows their pain, having been forced to dump milk in the past because of a refrigerator malfunction.

“It’s very heartbreaking watching everything that you spent all day doing go down the drain just like it never happened at all,” Henderson said.

Henderson said government assistance programs have helped Cave Hill Dairy through the pandemic, along with insurance programs the farm participates in.

Before the coronavirus, Henderson said, the sixth-generation dairy farm was in a decent financial situation. There was hope that 2020 would be a good year for the industry.

**Small farmers adapt**

Michael Wallace, director of communications for the Virginia Department of Agriculture and Consumer Services, said struggling producers are starting to see some relief as restaurants reopen and the agriculture supply chain normalizes.

Farmers markets were forced to adapt quickly. Rather than browsing the stalls on a lazy weekend morning, customers instead placed pre-orders online. Although that transition required great effort, Wallace said, many producers liked knowing in advance how many orders they’d need to fulfill on a given day or what there’s particular demand for.

Farmers who already had the infrastructure in place to sell directly to consumers were at an advantage, but Wallace said others pivoted quickly, setting up websites and using social media to get the word out about their products and how to purchase them.

“I think the farmers’ ability to really embrace that direct-to-customer relationship really kind of helped them weather the storm,” Wallace said.

While Susanna Thornton of Thornfield Farm in Botetourt County saw her wholesale business serving restaurants and catering companies evaporate this season, the farm share program has grown significantly.

The program is essentially a membership, where customers pay a fee upfront and receive produce all season long. Thornfield’s farm share has a waitlist, Thornton said, even after allowing in 50% more people this year.

Increased demand from individual shoppers, whether through farmers markets, the Thornfield website or the farm share program, has helped to make up for losses elsewhere.

“The individual sales demand has been really high,” Thornton said. “Even though we had to kind of redraw the business model in terms of our retail sales, the demand was there, so it was just a question of how we could get the food out there safely.”

When the pandemic hit, Thornton set up a new website to allow for online ordering by customers who were not part of the farm share program. Keeping track of the various ordering systems while making sure customer orders are fulfilled when and where they want has been challenging.

“It’s just been kind of a juggling act to figure out how to redo what we used to always do,” Thornton said.

**Changes at home**

Thornton said she believes more people are seeking local food for several reasons.

“I think that the pandemic really just kind of has helped awaken people to the importance of their food and the food source,” she said. “There’s also been breakdowns in the supply chain at the national level, and we don’t have that same problem as a local producer.

“Also, people have more time and they’re cooking more and they’re at home more, or at least they’re allocating their time differently.”

Despite the successes, Thornton looks forward to a return to normalcy. She’s missed the community at the farmers markets, along with the farm dinners and tours that usually accompany the farm share program.

In addition, Thornton had hoped to expand the flower side of the business this year, which became difficult when weddings and events were canceled.

Mark Woods said he can’t say that his Woods Farms in Franklin County, which offers a variety of produce such as peaches and tomatoes, was negatively affected by COVID-19.

“Business has been pretty good because people are going back to their local farm stand, farm market and buying their product instead of going to Kroger or Food Lion or Walmart because they don’t know where it’s coming from and 100 people ain’t touching that same tomato,” he said.

Woods said he’s seen some new faces this year. People are getting back to basics, he said, with some even asking about canning.

But he was well-positioned for this time, given that he primarily serves individuals. Though some of the farmers markets he sells at opened late this year, Woods still had his farm stand in Boones Mill. He used social media to get the word out to people who might ordinarily visit him at a farmers market.

Woods said he appreciates the support from customers who are keeping their dollars local.

“I hope that people will still come after it’s all said and done,” he said. “I feel that they will. You’re going to lose some. But I feel that we will hopefully keep them coming.”

The Roanoke Times

Nov. 9, 2020

When religious rites meet pandemic rules, a dying patient is caught in the middle

By Luanne Rife

On Sept. 20, as the Rev. Steve McNally was preparing for Sunday morning Mass at the Church of the Transfiguration in Fincastle, Barbara Conti sent him a text: Can you include Gene in your prayers?

Dr. Eugene Conti had been admitted the day before to an intensive care unit at Carilion Roanoke Memorial Hospital. He was gravely ill with COVID-19.

After Mass, McNally drove to the hospital. He planned to hear Conti’s confession, give him Communion and most importantly perform the sacrament of anointing the sick, or last rites as it is often called.

But the priest was barred from entering the eighth-floor ICU then, and during the next two weeks before Conti, whose mother had once played the organ for Pope John Paul II at New York's Shea Stadium, died without receiving the sacraments.

McNally is angered and frustrated that his parishioner was denied his religious rights. Barbara Conti said it is the source of despair. She wrote a letter to top Carilion officials saying that while she has not one complaint about what she called the valiant care that her husband received, she is dismayed that McNally was turned away and that Carilion does not have a Catholic among its chaplains who would have understood just how essential this sacrament is.

“For Gene, it’s a way for his soul to feel like he’s prepared to come into the arms of our Lord. That’s what it would mean for him. To be stainless. Everybody would say Christ died on the cross and covered our sins,” his widow said. “But from the standpoint that you are laying there, and you know you are very, very sick, and you know they are going to put you on a ventilator — and he’s an ER doctor and he knows that should he recover it’s going to be a long recovery — this was a chance for his soul to be able to be at peace, to know that he has that anointing. That’s it’s going to be OK. It’s a reassurance for your soul.”

Their pleas have been heard. Carilion said it will now allow priests into the room with COVID-19 patients as long as they wear the proper personal protective equipment.

Richard Brown, director of Carilion’s chaplaincy services, said they have tried since the beginning of the pandemic, knowing that visitations would be significantly altered, to work with administration and infection control.

“Most of the time we handle it on a case-by-case basis, talking with infection control and unit directors where a patient may be. We really like to talk and come up with, I can’t say the right decision, but the best decision that we can for that moment or that situation,” Brown said.

McNally didn’t talk with Brown or any of the other chaplains when he was turned away. Brown reached out to him after Conti’s death, which McNally said he appreciated. But it was too late for Conti.

**A sense of inevitability**

Conti was an emergency room physician for 32 years and worked at a hospital in Roanoke Rapids, North Carolina. For most of their marriage, the couple lived in Virginia Beach, but vacationed in the mountains. About eight years ago they moved to Botetourt County.

At 72, Conti was semi-retired, working about six shifts a month, two days at a time in North Carolina. Barbara Conti said when COVID-19 first started she’d make her husband strip on their front porch when he came home. Because he worked in the emergency department, she said there was a sense of inevitability that he would become infected. But they were both fit and had no underlying illnesses, she said.

Conti worked the Friday and Saturday before Labor Day, arriving home that Sunday. By Monday night he had a dry cough and was feeling achy. By Thursday, Barbara Conti said that she, too, felt as though she had the flu. They called their physician, who told them to stay home but then directed them on Sept. 14 to a testing site.

“It exhausted us to get in the truck, drive to the test and then drive home,” she said. By the 19th they were both still ill.

“I called EMS. Gene was struggling with his breathing. I went in and out of the ER and was home by 5. Gene went straight to the ICU,” she said.

Looking back, Barbara Conti doesn’t know if the outcome would have changed had they gone sooner. She just knows they were so sick, so fatigued and had listened to advice that there is nothing to be done except stay home.

“At what point do you decide you aren’t getting any better? That’s the frustration with this particular virus,” she said. “My takeaway is if you are feeling sick and you wait a couple days, go ahead and go to the ER.”

**A need for forgiveness**

Barbara Conti knew when her husband was admitted that he would want to see his priest.

McNally said he checked in at the visitor’s station and passed all the screening but was then barred from going to the ICU.

McNally said a unit director told him by phone that no one but doctors was permitted in the ICU.

“We went round and round and in absolute frustration I said to her, 'Are you telling me doctors change light bulbs, doctors mop up spills, doctors feed the patients, doctors draw blood from the lab?'” McNally said he was contacted later by someone else from the hospital who said the woman had misspoken.

“Yeah, you’re darn right, but that person who misspoke had the authority to deny me access to my parishioner. And to deny a person his religious rights to have his pastor come to him. That’s an unforgivable, egregious, horrible thing,” he said.

That evening, Eugene Conti was placed on a ventilator.

For the next 13 days, Barbara Conti talked with the nurses and doctors several times a day. She said they’d hold a phone up to her husband for her to Facetime. On Oct. 3, the couple’s 27th wedding anniversary, she said he showed no response to her voice. A doctor called later to ask if she wanted them to perform CPR as Conti’s condition was worsening, or if she wanted to come in to say goodbye.

She’s not sure if it’s because she had had COVID that they let her in. She took holy water and her rosary, and a hospital chaplain prayed with her outside her husband’s room.

“I did the best I could. I know God hears us, and I did what I could in the absence of a priest,” she said.

After midnight, on Oct. 4, Conti died.

Until then, he could still have received the sacrament.

McNally said that as long as there was any life in Conti’s body he could have anointed him with oils blessed by the bishop during Holy Week.

“The sacrament of the sick has the power to forgive sins even when a person is unconscious or unresponsive,” McNally said.

The sacrament comes from a passage in the Letter of James, an epistle in the Catholic Bible. It cannot be performed by a layperson.

“We feel a person should die in a state of grace. And if they are not, well, obviously we trust God. We know serious sins a person committed though human weakness need to be forgiven,” McNally said. “For a person to die unforgiven of sins, well, that could be a problem.”

**'One of the biggest struggles'**

McNally said he had never before encountered a problem when visiting parishioners at Carilion.

Brown said they have allowed priests in to see non-COVID patients and that they hadn’t known of any problems until Conti's case arose. He said they have also worked with faith leaders to allow them to see COVID patients through windows and to use iPads to Facetime. This was the first time they encountered a problem with a ritual that has a touch component.

“We would love for everyone to have their own clergy. I know that for most people when they are sick or when they are injured, especially people of faith, their clergy is a significant part of that life,” Brown said. “When they are in the hospital, oftentimes they become more significant to them because they provide them with a grounding, a foundation as to who they are as people. For us to arbitrarily say, no, you can’t come in, it creates a tension for us.”

Brown said they have to balance all that with also protecting the health of staff and others.

“This is probably one of the biggest struggles we’ve had to work through in health care in a long time,” he said.

The Catholic Diocese of Richmond said in a statement that early in the pandemic that it had created a pastoral care team, a group of priests in good health and not immune-compromised, and that they’ve been trained in the use of PPE and in the Centers for Disease Control and Prevention guidelines.

“Currently, any priest in our diocese who is responsible for visiting the sick or those who are facing surgery at the hospital is aware of the proper protocols he must follow when visiting the infirm,” the statement said. “Our priests respectfully work with the various hospitals so they are able to administer the sacraments to those who have requested them in order to deliver God’s grace at a time when individuals are in most need.”

The diocese spokeswoman declined to comment on what happened at Carilion or to say whether priests elsewhere faced barriers at other hospitals.

LewisGale spokeswoman Nancy May said the first priority is ensuring that patients, staff and the community are safe, but "we make every effort to honor end-of-life requests, including allowing clergy to visit face-to-face."

Salem VA Medical Center spokesman Rosaire Bushey said in an email, “While we are not allowing visitors of any type at this time, if a Veteran is critically ill or has other extenuating circumstances, we will evaluate the situation and make a decision on a case-by-case basis.’

Brown said that he has eight full-time chaplains at Roanoke Memorial and is able to run around-the clock shifts, but that it is challenging to cover 700 beds and 100 emergency room beds.

“The potential for us to carry things from place to place is probably great,” he said. At least six of them have been required to quarantine after possible exposure to the virus, and one has tested positive.

McNally said he understands the risk of exposure.

“I have never in 35 years as a priest, never ever encountered an inability to access a parishioner. Not in a federal prison. Not in the old days of AIDS,” McNally said. “It’s not radioactivity. My God, yes, it’s serious, but that’s what PPE is all about. That’s how doctors and nurses and lab technicians and everyone else works. You put a mask on. You put gloves on and you allow them to do their work.”