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--NOVEL CORONAVIRUS/COVID-19 in Alaska--

1. Fairbanks is now considered Alaska's coronavirus 'hotspot'

Alaska Public Media by Casey Grove, Alaska Public Media – Anchorage/March 30

Alaska health officials are now calling the Fairbanks area the “hotspot” for coronavirus in Alaska. That's despite more total cases in Anchorage, where there's also been two deaths, and a higher percentage of cases in Ketchikan relative to that city's population.

Alaska's Chief Medical Officer, Dr. Anne Zink, explained at a Monday evening press conference that calling Fairbanks a hotspot is about more than just the numbers. That's based on things like the rate of infection among people who have not recently traveled or been in close contact with someone known to be infected, also known as community transmission, as well as where the disease is spreading in the city, Zink said.

“We’re looking at how many community cases we have, we’re looking at cases in high vulnerable populations, such as long term care facilities, and we’re looking at what sort of spread how many case contacts those people have,” Zink said.

According to the state, there were 30 confirmed positive tests between Fairbanks and the nearby city of North Pole, as of Monday. That’s after health officials reported a cluster of 15 cases at a Fairbanks medical building that’s home to an orthopedist and a physical therapist, and seven cases at the Denali Center, a facility housing senior and long-term care patients.

By the numbers, the Fairbanks area has seen the highest rate of growth of any region in the state since the global pandemic’s effects first started to be felt in Alaska.

The growth in the Fairbanks area has state and local health officials focusing their efforts, Zink said. “We’re going to see this nationwide, and we’re going to see this throughout the state, where we have certain areas that kind of are having a certain flare, or a kind of a hotspot, and that we’re trying to put more attention and resources into, to kind of break that chain and to minimize the ongoing transmission,” Zink said.

The state’s epidemiology team is currently working most aggressively on fighting the virus in Fairbanks and spending most of its time on those cases, Zink said.

Foundation Health Partners operates the Denali Center and the only civilian hospital in town, Fairbanks Memorial. Company officials and physicians said in a Monday press conference that two patients tested positive, as well as five staff members, prompting stricter procedures around personal protective equipment and the testing of all 70-plus patients and 135 staff.

Foundation Health officials said they had received about half of the test results as of Monday.

The company said one of the patients who tested positive is in her 80s and doing well. The other is in her 50s, and though her condition worsened and she was transferred to a medical department for treatment, she is also now doing better, according to Foundation Health.

Testing in the Fairbanks area has increased as they’ve gotten more test kits and widened the scope of who they’re testing, the company said.

More at: <https://www.alaskapublic.org/2020/03/30/fairbanks-is-now-considered-alaskas-coronavirus-hotspot/>

2. UAA study: To prevent deaths, Alaska will need strict interventions for many months

Alaska Public Media by Zachariah Hughes, Alaska Public Media/March 30

A new academic study of the coronavirus's likely impacts on Alaska is clear: to prevent thousands of deaths, strict interventions will be necessary for months.

A recent paper by the University of Alaska Anchorage's College of Health's Division of Population Health Sciences predicts the effects different containment strategies could have on hospitalizations and mortality. It gives figures for the Anchorage/Matanuska-Susitna Borough, as well as the state overall.

In no uncertain terms, the study's authors recommend maintaining firm "shelter in place" measures similar to what's been recently enacted by the state and Municipality of Anchorage to curtail widespread contagion and death.

"The social and economic effects of the measures which are needed to achieve this policy goal will be profound," they write.

Social distancing measures like school and university closures will significantly help reduce transmission. "The more we do to slow down (COVID-19) transmission, the more lives we save," said Dr. Tom Hennessy during a press conference Monday morning held by the mayor's office.

The study is based on two different data-based models of coronavirus spread, and is meant to demonstrate to Alaska policymakers the potential outcomes from different approaches to dealing with the virus.

"What the university team has done is incredibly helpful," said Mayor Ethan Berkowitz during the press conference.

"If no action is taken," the study authors write, "the model predicts that new cases will rapidly overwhelm Anchorage/MatSu's medical capacity within weeks and will result in approximately 5,800 deaths in Anchorage. Anchorage/Mat-Su currently has just over 982 hospital beds, and in this scenario, we could need capacity to care for up to 7,400 hospitalizations at the peak of cases."

The only scenario examined in which hospital capacity is not at some point overwhelmed is a Wuhan-style lockdown.

Moderate social distancing measures have the potential to push out the peak of hospitalizations in the Anchorage area by three to four weeks and reduce the volume of hospitalizations substantially. That would buy medical providers a little bit more time, but still overwhelm facilities by late April.

The "shelter in place" measures outlined by the study's authors are similar to what most Alaskans are living with right now. Mayor Berkowitz has called it "hunkering in place." The good news under the academic model is that the strategy is effective while it's in place, limiting the pace of hospitalizations and deaths. "This scenario predicts very few cases while the response is in place," the report says.

“We have done a lot to stop the virus,” Hennessy said of the state and municipality’s approach so far, adding that as a result the number of deaths from the disease could ultimately be much lower.

However, should the policies be lifted all at once, the volume of hospitalizations will climb rapidly, as if no measures had been enacted at all. It would, in effect, merely put off a surge in COVID-19 cases, buying time for healthcare providers. That could be mitigated by a phased approach to lifting restrictions on social movement, the authors offer.

The predictions for the state on the whole are not significantly different. With no containment measures, the authors caution, the number of virus cases will overwhelm the state’s hospital capacity in a matter of weeks, leading to “approximately 11,000 deaths.”

Idiosyncrasies in Alaska’s geography, the small population size of many communities, and its unique healthcare system make it harder to model than larger metro areas. The relative isolation and early adoption of containment measures, however, may help limit the spread.

In effect, the study outlines different ways Alaskans can delay the worst impacts of the coronavirus and keep medical facilities from being dramatically overwhelmed, plus some of the tradeoffs the authors believe are necessary to facilitate that. But, they concede, the measures are no silver bullet.

Asked how long he expects the city to maintain restrictions, Bekowitz said, “We are closer to the beginning than the end.”

Hennessy echoed that perspective.

“To avoid a rebound in transmission,” the UAA study concludes, “these policies will need to be maintained until large stocks of vaccine are available to immunize the population – which could be 18 months or more.”

More at: <https://www.alaskapublic.org/2020/03/30/uaa-study-to-prevent-deaths-alaska-will-need-strict-interventions-for-many-months/>

3. The coronavirus may hit rural America later – and harder

Vox by Lois Parshley/March 28

FAIRBANKS, Alaska — Early this week, Kodiak Island, part of an archipelago in southwest Alaska, issued a “hunker down” proclamation, asking residents to stay at home as much as possible. In the Covid-19 pandemic, the remote island, known for its brown bear population, might seem well-positioned — travel on or off the island is limited to the water or air. But Elise Pletnikoff, a family physician and the medical director of the Kodiak Area Native Association, says the same physical remoteness which may help protect rural communities from infection will become a liability if — and, more likely, when — the novel coronavirus arrives.

“Our capacity will be the limiting factor,” she says, “meaning not just equipment, but also staff.” Her organization provides care for 5,000 patients on Kodiak; while there is a hospital on the island, it has limited resources for critical care and usually flies patients needing that kind of medical attention to Anchorage. But Pletnikoff says when Covid-19 cases surge, “we’re worried about how busy everyone will be.”

Many small communities around the United States don’t have a full-time doctor — and in Alaska, many aren’t connected by road. Instead, they rely on community health aides, a physician who visits a few days out of the month, and either commercial or medevac flights to larger urban centers during emergencies. Already because of the outbreak, health workers are forced to disrupt this limited care even further, transitioning to telemedicine when possible. “We’ve stopped traveling to remote villages to reduce exposure,” Pletnikoff says, and staff currently in each village are staying, “until ... we don’t know when.”

Even though small towns like these may be thousands of miles from Covid-19 hotspots like New York City and New Orleans, there’s good reason for the 60 million Americans in rural areas to worry.

A new map of confirmed cases and deaths nationwide from the University of Chicago’s Center for Spatial Data Science shows a disturbing trend:

While New York state still has the highest per capita rate — 1,995 cases per million people as of March 26 — there are also significant clusters of Covid-19 in rural areas in the Midwest and South, including Arkansas, Mississippi, Georgia, and South Carolina. Every US Health and Human Services region also has shown a sharp uptick in non-flu-related influenza-type illness.

On Friday, Alaska reported 85 cases and its first Covid-19-related death. Shana Theobald, another doctor on Kodiak Island, explains the grim calculus for her state: Given that experts from the CDC estimate 40 to 70 percent of the state’s 737,500 people may eventually contract Covid-19, at least 295,000 Alaskans could get sick. Based on initial reports, 20 percent, or 59,000 people, will need hospital care.

Alaska only has 1,500 general hospital beds. And even if as few as five percent of Covid-19 patients become critically ill (a conservative estimate), that’s a minimum of 14,750 people needing ICU beds. And Theobald estimates that Alaska only has around 200. If that many people get sick over the next one to three months, only one in 25 people who need intensive care will be able to get it. Even if you halved the number of Alaskans infected with Covid-19 to 20 percent, the system will still be over capacity — by thousands of people.

It’s these kinds of equations that make epidemiologists particularly concerned about rural America. “If we believe that the way seasonal flu spreads through the country is likely similar to Covid-19, the rural eruptions tend to be later and briefer, but more impactful than in big urban areas,” said Roger Ray, a retired neurologist, physician executive, and physician consulting director with The Chartis Group.

Far apart, but far from safe

Remote Alaska is an extreme example of rural health care, but even in the state's comparatively large urban centers — like Fairbanks, the second largest city— physicians are worried.

“Today I've been at the office for 12 hours on the phone or video conferencing, doing everything I can to keep my patients from the ER or urgent care clinics,” says Jenny Lessner, a family doctor in Fairbanks. She's had many patients she suspects of having Covid-19, but says due to limited testing availability, “we have no idea how many people in this town have Covid right now. We're walking in the dark.” In what has become a familiar refrain, Lessner's clinic currently has four doctors, 16 masks, and thousands of patients.

She and other doctors in the state recently put together a petition asking the state to institute a travel ban and shelter in place order. On Friday, state officials ordered shelter at home, closure of all nonessential businesses, and a ban on nonessential travel between communities in Alaska, effective Saturday.

In rural areas, social distancing can be the normal way of life, delaying the arrival and spread of disease. But once people get sick, “I am absolutely concerned about capacity,” says Ray. Overall, rural communities “tend to be older, with more chronic illness,” he adds, making people more at risk of severe disease. This includes millions of Americans with heart disease, diabetes, and asthma — all risk factors for the novel coronavirus.

Various models predict slightly different rates of Covid-19 transmission, but Robert Siegel, a professor of immunology and microbiology at Stanford University, says they all “dramatically illustrate the importance of intervening early and hard, in terms of saving lives.” Density of population has been closely linked to transmission, he says, “but I wouldn't leave people in rural communities thinking they're safe.” He adds, “If they don't do anything, the virus will arrive there — it might arrive slower, but it will arrive.”

You can see detailed projects for transmission rates around the country at CovidActNow, a prediction tool created by a team of data scientists, epidemiologists, and public health officials to help people understand how Covid-19 will affect their area. It predicts that, with the current amount of limited action some states are taking to curtail transmission, Kansas will have more sick people than hospital beds by April 16 and Oklahoma by April 19 — in short, even states with low population densities will soon be overwhelmed. Leo Nissola, an immunologist at the Parker Institute for Cancer Immunotherapy, who was not involved in the design, says, “When I look at that model, I trust the data and the source.”

Nissola agrees rural communities might not ever see rates of Covid-19 as high as New York City, but is concerned about their underlying vulnerabilities. More than half of counties in America have no hospital ICU beds, posing a particular risk for the more than 7 million people over the age of 60 living in those places, who are at higher risk of severe cases of Covid-19.

In February, The Chartis Group released a study showing that more than 450 rural hospitals are vulnerable to closure. “If you’re vulnerable enough to risk losing the ability of making payroll, how valuable can you be to the community in crisis?” Ray asks.

The delay in transmission may be longer in some places than others. Data from Johns Hopkins University suggests that rural areas with popular tourist destinations — like Blaine County, Idaho, home to Sun Valley — actually already have the highest rates of cases outside of New York City and its surrounding areas.

“A different country”: fighting the virus on Native American reservations

Ethel Branch, a former attorney general for the Navajo Nation, says that underlying inequalities in rural areas exacerbate these risks as well. “When I was growing up on the Nation as a little kid, I always felt like I lived in a different country,” she says. “A third of the Nation doesn’t have running water, a third don’t have access to electricity.” Many families live in multigenerational homes, increasing elders’ risk of infection, and risk factors like diabetes and asthma are common. The unemployment rate, before Covid-19, was 42 percent.

In a pandemic, says Joseph Ravenell, a professor of population health at NYU Langone Health, “More vulnerable populations are more susceptible to having worse outcomes.”

Last weekend, Branch set up a GoFundMe to buy supplies for elders who might not be able to stock up to prepare. When buying food for her mother, who lives on the reservation, she says, “I encountered shelves that were empty, really long lines. I thought about how disappointing it would be to spend so much gas money and not even be able to purchase what you need, and have to come back again” — also increasing the risk of infection. Over three-quarters of the reservation’s population have some level of food insecurity; the average resident drives three hours to buy food.

Branch has, so far, raised over \$162,000, which she is allocating based on risk. “We have help request forms for people to fill out so we can identify the highest risk folks,” for food distribution, she says. As of March 27, the Navajo Department of Health reports 92 positive Covid-19 cases in the Navajo Nation. But there, as elsewhere, testing has been limited.

Health clinics and hospitals are being forced to turn patients without Covid-19 away, or delay their treatment

The ability to manage crises is also unequal in cities versus rural areas, says Aaron Clark-Ginsberg, a qualitative social scientist who researches disasters at RAND Corporation, the nonpartisan policy research group. Big urban health departments usually have teams whose full-time job is to manage large incidents, but “in rural cases, it’s often a part-time person already pressed and doing other things,” he says.

Many health departments do have disaster plans on file, Clark-Ginsberg says, but “they can be fantasy documents, paper plans that don’t necessarily match the capacity, and that first responders wouldn’t be able to put into practice.”

And the surge of Covid-19 patients is not the only health impact the pandemic will have. “Inevitably, the health care system will have to shift toward Covid-19 patients, and there will be knock-on effects,” Clark-Ginsberg says.

In Fairbanks, Lessner says Covid-19 has already hurt patients with other health concerns. She describes helping the spouse of a patient with very advanced Alzheimer’s find an assisted living facility. Over the past several months, she says, “we’ve been calling, trying to figure out Medicaid, and we finally had a plan with all the boxes checked.” But this week, the facility announced it was no longer admitting new patients because of Covid-19. “Now this poor guy is at home with his spouse, who we knew was too much for him to care for,” she says. “Instead of a full-time care facility, he’s just got me on the phone.” She pauses. “What do I tell him?”

She adds that her clinic has rescheduled or delayed important preventive care for other health conditions, like mammograms, colonoscopies, screening bloodwork, and more. “None of these screenings are considered urgent but they are critical, particularly from a public health perspective, to prevent or detect cancers, high cholesterol, diabetes, etc.,” she says.

On Kodiak, Pletnikoff says she’s very worried about hospital physicians “needing to care for newborns in addition to any surge of Covid-19 patients,” as the same hospital staff there manages standard inpatients, ICU patients, and OB and pediatric patients.

There’s no denying that currently, the projections all look pretty grim. But one thing the CovidActNow model illustrates is the power of social distancing measures. Already, rural communities have been taking steps to minimize their risk.

Checkpoints for the annual Iditarod dog sled race in Alaska, normally held in rural villages along the route, moved to remote locations outside of town to discourage visitors — and potential infection sources. Many people traveling with the race usually sleep in local schools, says Sarah Manriquez, a photographer who traveled with the dog teams to document the race this March — schools some of the villages also decided to close.

Prior to Friday’s shelter-in-place order, Alaska’s hospitals were predicted to be overloaded by May 14 — spiking to almost six times the hospital capacity by early June. Three months of shelter-in-place would move that date beyond the model’s range of prediction. Any extra time that social distancing buys is critical to manufacture or procure much-needed supplies, or innovate new solutions.

As Craig Smith, the surgeon-in-chief of Columbia University, wrote in a memo sent last week to his colleagues, “The next month or two is a horror to imagine if we’re underestimating the threat. So what can we do? Load the sled, check the traces, feed Balto, and mush on. Our cargo must reach Nome.”

More at: <https://www.vox.com/2020/3/28/21197421/usa-coronavirus-covid-19-rural-america>

--NOVEL CORONAVIRUS/COVID-19 National Guard News--

4. Coronavirus: National Guard assisting food bank, helping ‘amp it up’

Springfield News-Sun by Natalie Jones/March 31

The Ohio National Guard is assisting Second Harvest Food Bank with distributing, packaging and transporting food to residents in Clark, Champaign and Logan counties.

“Having the guards here has allowed us to continue the work we were doing previously, but also allowed us to do more,” Trya Jackson, executive director for Second Harvest Food Bank said. “It allowed us to amp it up because we are seeing additional people needing assistance.”

Gov. Mike DeWine activated about 300 members of the Ohio National Guard to help with food distribution throughout the state.

“The action I’ve taken to activate the Ohio National Guard will provide support to our food pantries that are low on staff and need help getting food to some of our most vulnerable citizens,” DeWine said in a news release from the Ohio Adjutant General’s Department. “By looking out for our neighbors and following proper health safety guidelines, we will make it through this together.”

Second Harvest Food Bank distributed 327,276 pounds of food to over 3,000 households with the help of 15 guards last week, Jackson said.

This week, five additional guards will be assigned to work with Second Harvest Food Bank, Jackson added.

Due to the COVID-19, or coronavirus threat, Second Harvest Food Bank can no longer allow residents to walk in and get food. Jackson explained that the guards have been helping package dry boxes, produce boxes and refrigerated boxes.

The guards are also assisting in distribution through drive-thru pantries and delivering emergency boxes to residents’ homes.

With having only 13 employees at Second Harvest Food Bank, Jackson said, “We are using the guards as our support,”

“Everyone wants to volunteer and they want to help, but with the shelter in place we need people to stay home,” Jackson said.

She said she wants to make sure the food they are distributing is not being compromised in any way. “The fewer hands and the fewer touches that we have on the product we are distributing to people, the safer it is going to be,” Jackson said.

Second Harvest Food Bank is not accepting canned goods or other dry food items from residents at this time to ensure that inventory is not compromised. Residents wanting to help are encouraged to do so through monetary donations, Jackson said. This will allow them to buy items in bulk and have those items shipped directly to them.

“We’re very grateful for all of our community partners that have stepped up,” Jackson said. Second Harvest Food Bank does not have a monthly schedule of drive-thru locations, but they are publishing a weekly schedule.

“As our network of pantries and food resources are closing due to staffing, we may add an extra one or move it to a different location,” Jackson said.

Below is this week’s schedule for drive-thru pantries in Clark County:

Tuesday - 4 to 6 p.m. at Hayward Middle School, 1700 Clifton Ave.

Wednesday - Noon to 2 p.m at Second Harvest Food Bank, 31 N. Sycamore St.

Thursday - 10 a.m. to noon at Kroger Parking Lot, 1822 S. Limestone St.

Friday - Noon to 2 p.m. at Second Harvest Food Bank, 31 N. Sycamore St.

Households can only attend two drive-thru pantries per week, according to Second Harvest Food Bank.

For Champaign and Logan counties’ drive-thru pantries schedule, search for Second Harvest Food Bank of Clark, Champaign & Logan Counties on Facebook.

More at: <https://www.springfieldnewssun.com/news/local/coronavirus-national-guard-assisting-food-bank-helping-amp/gzgcVI1ySBmxImXPoTW0fP/>

5. CT National Guard starts new coronavirus ‘missions’

CT Post by Emilie Munson/March 31

WASHINGTON — The National Guard is expected to play a growing role in fighting the coronavirus in Connecticut, after the White House has announced that the federal government would pick up 100 percent of the cost.

“It makes it a lot easier for the governor to reach into the National Guard and ask us for things,” said David Pytlik, public affairs officer for the Connecticut National Guard. “We’re starting to see a lot more missions.”

As the coronavirus epidemic grew over the past few weeks, governors repeatedly pressed President Donald Trump for aid from the National Guard.

In Connecticut, the National Guard is already at work setting up new temporary medical spaces and distributing personal protective equipment to health care facilities around the state.

The National Guard has not been deployed at this significant level since Hurricane Katrina in 2005, Pytlik said.

“The Connecticut National Guard are some of the heroes we need right now,” said Rep. Joe Courtney, D-2. “They’re on the front lines of this pandemic, and DOD’s order to provide their response activities with full federal funding through FEMA [Federal Emergency Management Agency] will give them the kind of backup they need to really maximize their efforts, and will help to keep strengthening our financial backstop to state and local COVID-19 emergency efforts.”

In the past few days, the Connecticut National Guard has received new orders to help expand hospital capacity working with the Connecticut Department of Health, Pytlik said. The Guard on Tuesday began setting up about 250 beds and hospital supplies sent to Connecticut by the U.S. Department of Health and Human Services in the Moore Field House at Southern Connecticut State University in New Haven.

They’ll also set up a mobile field hospital in Middlesex, this week.

The Guard is also now working to build out 300-bed minimum care medical facility at a venue at Western Connecticut State University in Danbury and possibly other locations. Mohegan Sun resort and the Connecticut Convention Center in Hartford are also under consideration for such facilities.

The Guard and Connecticut Military Department previously worked to set up mobile field hospitals in Danbury and Hartford and climate-controlled tents outside Veterans Affairs hospitals in West Haven and Newington.

In addition, the National Guard has worked to deliver personal protective equipment purchased and obtain by the state to hospitals and health care facilities. The Guard oversees and maintains a warehouse of these supplies in Connecticut to receive and then distribute shipments.

“We are logistical support entity,” Pytlik said. “Our goal is to try to get supplies out to the health care system, to the medical workers, to the first responders to keep them healthy, to keep them supplied, keep them able to treat patients and do the most good that they can. That’s really our role in this thing.”

In other states, the National Guard has been used to respond to coronavirus by distributing food, cleaning public buildings and helping operate drive-through coronavirus testing sites, Pytlik said.

“We haven’t been asked to do that yet,” Pytlik said. “Those are things that are within our capability.”

In Rhode Island, National Guard members are helping the state ensure all drivers coming in from other states self-quarantine for 14 days.

There are approximately 5,000 National Guard members in Connecticut, but only a fraction of them have been activated recently, Pytlik said.

Across the country, more than 14,000 National Guard members have been activated to help address coronavirus, Trump said Monday evening.

In a videoconference with Trump on March 19, several governors pressed the president to allow them to direct the activities of the National Guard in their states and asked for the federal government to pay for the Guard’s response.

“It helps us pay those folks and get them benefits that we’ve elevated,” Maryland Gov. Larry Hogan said. The federal government normally pays for 75 percent of the National Guard’s work in Connecticut, while the state pays 25 percent. The White House announced Monday the feds will now pay for 100 percent of the costs of the National Guard’s work in Connecticut, Illinois and Michigan and the governors of those states can order the Guard forces to respond to the virus.

More at: <https://www.ctpost.com/local/article/CT-National-Guard-starts-new-coronavirus-15168754.php>

6. New York representative to deploy with National Guard as part of coronavirus response

The Hill by Juliegrace Brufke/March 31

Rep. Max Rose (D-N.Y.) announced Tuesday he plans to deploy with the National Guard to assist with coronavirus response in his Staten Island district in the coming weeks.

Rose, a captain in the Army National Guard and combat veteran, said in a statement the deployment will start on April 1 and he plans to serve as an operations officer.

“Over the past month I have seen acts of incredible bravery and sacrifice by our first responders, nurses, doctors, and essential workers who never thought they’d be on the frontlines of a crisis like the COVID-19 pandemic,” his statement said.

“My activation and deployment is nothing compared to what our city, state, and country has asked of all them. And it’s certainly nothing compared to the other men and women serving in uniform both here at home and overseas. I am just trying to do my duty and my small part.”

The New York Democrat went on to thank New York Gov. Andrew Cuomo (D) for his efforts in helping facilitate response operations.

“I want to thank Governor Cuomo for his leadership in identifying and securing these critical sites for Staten Island and I look forward to serving my state beside so many dedicated public servants. Like many Guardsmen and women across the country, I am leaving my day job to serve our nation,” he continued.

“Unlike them, I will be able to return to it in order to vote if needed. That’s a privilege and responsibility that I take very seriously. I’m also grateful to have an amazing staff who will continue their work on behalf of Staten Islanders and South Brooklynites. Together, I know we will overcome this pandemic.”

In addition to deploying the National Guard, Rose vowed to keep constituents informed on the latest developments in what’s happening with the virus, with his office holding a small business and nonprofit webinar on April 3 to talk about relief programs available to them.

More at: <https://thehill.com/homenews/house/490352-new-york-rep-to-deploy-national-guard-as-part-of-coronavirus-response>

7. New Jersey National guard member is first coronavirus death in the military

Stars and Stripes by Rose L. Thayer/March 30

A member of the New Jersey National Guard died Saturday after a weeklong battle with the coronavirus, service officials announced Monday. He is the first service member to die from the virus.

Army Capt. Douglas Linn Hickok was a drilling Guardsman and physician assistant originally from Jackson, New Jersey Gov. Phil Murphy said Monday in a news conference. Though Hickok was a member of the New Jersey National Guard, the father of four resided in Pennsylvania and died at a hospital in that state, Murphy said.

"Today is a sad day for the Department of Defense as we have lost our first American service member — active, Reserve or Guard — to coronavirus," Defense Secretary Mark Esper said in a statement. "This is a stinging loss for our military community, and our condolences go out to his family, friends, civilian co-

workers and the entire National Guard community. The news of this loss strengthens our resolve to work ever more closely with our interagency partners to stop the spread of [coronavirus]."

Air Force Gen. Joseph Lengyel, chief of the National Guard Bureau, expressed his condolences to Hickok's family in a statement.

"All of us in the National Guard are grateful for his service to our nation, as a citizen and as a soldier," he said. "All of us are likely to know people directly affected by this virus in the coming weeks. As our nation fights its greatest challenge in recent memory, we are all going to need draw on our inner strength and resilience to win this war and comfort those in pain. We will prevail — and we each must bring our best selves to the task every day to overcome this as fast as possible for our great country.

Information provided from the Defense Department and the governor did not state Hickok's age or whether he was activated with the National Guard at the time he contracted the virus.

In a call with Hickok's wife, Murphy said she asked him to "make the point when we say stay at home, we mean stay at home."

More at: <https://www.stripes.com/news/us/new-jersey-national-guard-member-is-first-coronavirus-death-in-the-military-1.624269>

8. A war like no other: Inside the Illinois National Guard's unprecedented coronavirus mission

Chicago Tribune by Stacy St. Clair/ March 30

After a solitary 5-mile run long before sunrise each morning, Pfc. Sabine Gonzalez grabs a cardboard container filled with scrambled eggs and hash browns in a suburban hotel lobby and heads back to her room.

She eats alone, adhering to a social distance that runs counter to the military culture she loves. She uses FaceTime to call her parents in nearby Lombard, telling them what she has seen and done since being activated by the Illinois National Guard to work at a coronavirus testing site on Chicago's Northwest Side.

Gonzalez assures them that she is fine, that she will remain fine.

They all know the 18-year-old is making a promise she can't necessarily keep.

A short time later, Gonzalez hikes a quarter-mile to a staging area in the Rivers Casino parking lot and begins preparing the trucks for departure. Morning formation has been canceled indefinitely during the outbreak to prevent the soldiers from lining up shoulder-to-shoulder.

The military convoy is soon on its way to an old vehicle emissions testing facility in the Dunning neighborhood, where the soldiers are fighting a war unlike any the Illinois National Guard has ever waged. Roughly 115 Guard members spent the past week testing first responders and health care workers for COVID-19, a service in such high demand that the site has reached its 250-patient daily limit within just a few hours each day.

“The whole thing is surreal,” said Gonzalez, a full-time student at the College of DuPage in Glen Ellyn. “I joined the National Guard so I could help wherever I was needed. I figured it would be in another state or somewhere I’ve never been. But this is my home, and I’m able to do something to directly help my friends and neighbors. It’s very special in that way.”

It’s the first time the Illinois National Guard has been mobilized to primarily combat a medical issue. By necessity, much of the typical military protocol has been turned on its head. To keep the coronavirus at bay, the troops do not sleep near each other on cots, eat in large groups or spend much time together outside their shifts unless it’s necessary.

Instead, they bunker down in individual hotel rooms. Meetings are largely held via video conference, though participants are sometimes quartered just floors apart. Even the evening formation has been reduced to the soldiers and airmen checking in with their supervisors via text message.

“All missions are very different, but in this case, you’re fighting something invisible and it’s never really been done to this scale,” said Maj. Matt Schneider, a physician assistant and the mission’s chief medical officer. “It’s a brand-new thing for everyone.”

Gov. J.B. Pritzker has activated more than 240 Illinois Guard members in recent weeks, with most assigned to handle coronavirus testing. Though the Guard has called up doctors, nurses and medical technicians to help, the health care professionals are being excused from duty if their employers deem them essential to fighting COVID-19 in their civilian jobs.

In most mobilizations, the 3625th Maintenance Co. from North Riverside and the Peoria-based 182nd Airlift Wing Medical Group play behind-the-scenes roles that draw little attention. In the time of the coronavirus, however, they represent the military’s proverbial tip of the spear and the need for their presence is evident.

When the convoy arrived at the testing last Thursday, cars already were lined up for blocks along West Forest Preserve Drive. The facility, a former vehicle emissions testing site the state closed in late 2016 to save money, did not open for another two hours. But the queue began, as it does most mornings, before dawn because this is the only spot within city limits dedicated to testing first responders and health care workers.

Before service members could enter the old emissions bays, they lined up outside a converted garage on an adjacent lot. With a vigilance that would make Mayor Lori Lightfoot proud, a sergeant barked out orders whenever the space between the troops appeared even the slightest bit less than 6 feet.

Once inside, medical personnel took each soldier's temperature and vital signs. It was the first of three such health checks conducted each day.

Anyone showing even the slightest sign of a fever is barred from interacting with the public. Some get sent back to the hotel and are placed in isolation until they are cleared, while those with less serious symptoms put on a mask indicating a health concern and keep their distance.

Under almost any other circumstance, Illinois Guard members would ignore the pain and get their jobs done. The war against the coronavirus, however, depends upon keeping as many people healthy as possible. The troops are under direct orders to be honest about their physical well-being and share even the mildest symptom.

"Normally, people in the military want to tough it out and push through it," said Airman 1st Class Akira Tanton, an aerospace medical technician who conducts the nasal swab required for the test. "It's hard, but at the same time you have to realize that if you're sick you could compromise the whole mission."

At exactly 9 a.m., the bay doors rolled open and testing began. At the front of the line, an Illinois Department of Health worker took the temporal temperature of each driver and eligible passenger, then scribbled the results on the car door window. At the week's start, the site accepted anyone who worked in an eligible field, but on Friday the state restricted its testing to first responders and health care workers with underlying symptoms and fevers of 100.4 or greater.

People older than 60 and those with underlying medical conditions also now qualify for testing at the site, though they must have a fever and other symptoms.

With just two days to become operational, the system runs as if it's part vehicle emissions test, part Portillo's drive-thru. As cars line up in orderly rows and await their turn to enter the bay, soldiers hasten the process by approaching drivers before they reach the front to handle the administrative paperwork.

Some drivers look clearly ill, coughing and sneezing as they pull up. Pfc. Gonzalez, who fills out the medical forms for patients, stands a safe distance away and orders drivers to crack their windows only a few inches when answering her questions.

Wearing gloves, an N95 mask and boot covers, she has them place their driver's license on the dashboard and roll up their windows as she copies down their full name and address. The paperwork is verified at least three times before the patient receives the test.

When drivers reach the swabbing area, an Illinois National Guard member approaches wearing a white coverall, surgical smock, hood, face shield, two pairs of gloves, boot covers and a mask. Airman Tanton tries to comfort the patients, telling them the procedure is a quick one and most people find it far easier than they feared.

Last Thursday, one woman cried and clutched a rosary as Tanton inserted the swab deep into the nasal cavity and counted the requisite 10 seconds. The airman pulled out the swab and handed it to her partner, who sealed it in a medical bag and then passed it to another soldier who brought it across the room for refrigerated storage.

With all the various safety procedures and verification points, the process took about five minutes once cars enter the bay. The swab portion lasted as little as 35 seconds between the time Tanton offered her reassuring introduction and the drivers restarted their cars to exit.

The snaking car lines and hourlong wait reflect the overwhelming demand far more than the service members' execution. Their assembly-line approach is in constant motion, as the troops use two of the facility's bays for testing. A third bay is used as a decontamination area, while the other lanes remain open so traffic can be diverted if cars break down or batteries die inside the building, as at least three already have done.

The results take up to seven days to come back, Illinois National Guard spokesman Maj. A.J. Ruggieri said.

The troops averaged more than 60 tests an hour last Thursday, with the lines moving faster each day. Guard members stop as soon as they use 250 kits, the maximum number of the swabs permitted by the federal government, according to state officials.

On Saturday, the Guard also helped open a testing site in Bloomington in central Illinois. Testing there also tops out at 250 kits each day.

Pritzker has called on the federal government to ease its restrictions so more tests could be done.

"We are turning people away when we just shouldn't have to," the governor said Sunday.

Once the Chicago site hits its daily quota, Guard members go through a decontamination process and have their temperatures taken a final time. In a sign that this mission is a quintessential Chicago one, the troops leave carrying their N95 masks — which many will reuse the following day — in red-and-white-striped Portillos bags donated by the restaurant.

Back at the hotel, there is more work to be done as the troops tackle both their military and personal responsibilities.

Maj. Schneider continues reading the latest virus-related studies and listening to podcasts by respected scientists until late into the evening.

He also takes time to FaceTime with his wife, Kayleigh, and two small children back in suburban Plainfield. As a full-time Illinois National Guard member, he is used to deployments that send him away from home. This is the first time, however, that he has served during a crisis that also affected his family.

He knows the burden to keep the family healthy has fallen almost entirely on his wife's shoulders, so to show his appreciation, he sends text messages throughout the day and little gifts via Amazon.

"I dissociate from it a little bit so that I can focus on what's going on here. I think we all try to do that," he said. "You rely on your spouse to be a rock at home ... and my wife is a rock."

Tanton also regularly calls her family in Sterling, about two hours west of Chicago, to talk about her day and encourage them to stay at home if possible. A sophomore at the University of Illinois at Chicago, she has become an unabashed advocate for social distancing and adhering to guidelines established by the Centers for Disease Control and Prevention.

When Tanton sees friends posting group photos as if the governor's stay-at-home order is simply extended spring break fun, she chastises them first and then lays on the guilt if necessary.

"How much people pay attention to those social distancing protocols is how long this is going to last," she said she tells them. "So, if they follow the protocols, then we can get control of this faster and I can come home faster."

Like many Guard members, Tanton goes for a solo run outside each day, enjoying one of the few permissible ways the troops are allowed to leave the hotel. Dinner is typically a boxed meal picked up in the lobby, though some fend for themselves and use Grubhub.

Both Tanton and Gonzalez devote time each day to college studies. Though they say their professors have been supportive during their deployment, the women want to keep pace with their classes as much as possible. It helps that Illinois college campuses have closed and professors have turned to remote learning.

Within 15 minutes of returning to the hotel last week, Gonzalez put on camouflage-patterned yoga pants and a hoodie before starting her sociology homework. Just a week before, she had been a college student watching "The Office" on Netflix when her sergeant called to say she had been activated and ordered Gonzalez to report to her unit the following morning.

She's still a college student — but one tasked with helping fight an unprecedented battle.

"I was worried they wouldn't activate me because I was in school," she said. "But I really wanted to be here. Someday, I will tell my children about this and how I answered the call."

More at: <https://www.chicagotribune.com/coronavirus/ct-corona-illinois-national-guard-activation-screenings-20200330-cipqddo3jnfjzl372j7pe4fk3u-story.html>

9. Trump OKs use of National Guard, veterans to fight coronavirus

New York Post by Jon Levine/March 28

It's all hands on deck.

President Donald Trump signed an executive order Friday night that allows the Pentagon to call National Guard members and former US troops back to active duty to fight the coronavirus.

The extra recruits might be needed to support military members already on the front lines fighting the pandemic, the Washington Post reported.

"As this is a dynamic situation, we do not currently have a projected number of expected activations, but the Department is now fully authorized to make activations as needed," Pentagon spokesman Jonathan Rath Hoffman said in a statement early Saturday morning.

Anyone called up to service can remain on active duty for up to two years, according to the order.

More at: <https://nypost.com/2020/03/28/trump-oks-use-of-national-guard-veterans-to-fight-coronavirus/>

--NOVEL CORONAVIRUS/COVID-19 Nation & World--

10. HHS To Help Companies Develop COVID-19 Vaccines

NPR by Sydney Lupkin/March 31

The Department of Health and Human Services outlined how it will support Moderna and Johnson & Johnson as they develop vaccines against the novel coronavirus that's sickened more than 800,000 people worldwide as of Tuesday afternoon.

HHS's Biomedical Advanced Research and Development Authority, BARDA, said Monday that it will help speed up clinical trials for both companies' experimental vaccines, and support Janssen Pharmaceuticals, a unit of Johnson & Johnson, in making up to 300 million doses annually in the U.S.

"Vaccines are essential to saving lives," BARDA director Rick Bright said in a statement. "Delivering a safe and effective vaccine for a rapidly spreading disease like COVID-19 requires accelerated action with

parallel development streams. The rapid progress we are making with industry partners clearly demonstrates a commitment to protecting people at home and abroad."

The Janssen vaccine clinical trials are expected to begin "no later than" this fall, according to the HHS announcement, which also said the goal is to get a COVID-19 vaccine ready for emergency use in the U.S. in early 2021.

Meanwhile, the company will begin preparation for large-scale vaccine production Wednesday, Janssen spokeswoman Katie Buckley wrote in an email. The company would be able to make 600 million vaccine doses by the end of 2020, with 300 million manufactured in the U.S., she wrote. "We are however investing in new production facilities to increase that number."

If Janssen's vaccine is proven safe and effective, the company will also make it available "in China and other parts of the world," said a statement by Paul Stoffels, chief scientific officer at Johnson & Johnson.

Moderna's early vaccine trials are already underway with help from the National Institutes of Health.

BARDA will support phase 2 and 3 clinical trials, which typically involve hundreds or thousands of patients.

"Given the pandemic, Moderna has already started to prepare for the rapid acceleration of its manufacturing capabilities that could allow for the future manufacture of millions of doses should mRNA-1273 prove to be safe and of expected benefit," the company said in a statement. "Moderna is engaged in discussions for outside funding, including with BARDA, of such activities and will continue to work with government, industry and other third parties to responsibly and rapidly move forward."

HHS declined to share specific dollar figures with NPR, but Johnson & Johnson said that the company and BARDA would together contribute \$1 billion toward its COVID-19 vaccine efforts.

A Moderna spokesperson didn't respond in time for publication to a question about how much money BARDA was committing toward the company's vaccine development.

More at: <https://www.npr.org/sections/coronavirus-live-updates/2020/03/31/824690087/hhs-to-help-companies-develop-covid-19-vaccines>

11. Coronavirus in the U.S.: Latest Map and Case Count

The New York Times by Mitch Smith, Karen Yourish, Sarah Almukhtar, Keith Collins, Danielle Ivory, Allison McCann, Jin Wu, Amy Harmon/March 31

More than 3,400 people with the coronavirus have now died in the United States, according to a New York Times database, a figure that has more than tripled since Thursday morning and that now exceeds

the number of people known to have died from the virus in mainland China, where the pandemic started in December.

The increase in deaths comes as governors across the country seek scarce ventilators and implore residents to stay at home. With infection rates expected to continue increasing, convention centers are being converted into makeshift medical centers, hospital ships on both coasts are preparing for patients and some places are screening travelers with out-of-state license plates.

As of Tuesday afternoon, at least 173,741 people across every state, plus Washington, D.C., and four U.S. territories, have tested positive for the virus, according to a New York Times database. At least 3,433 patients with the virus have died.

The outbreak in this country, which now has the highest number of known cases in the world, looks vastly different than it did a month ago. At the start of March, with extremely limited testing available, only 70 cases had been reported in the United States, most of them tied to overseas travel. With testing now more readily available, at least 24 states now have more than 1,000 known cases within their borders, including Illinois, where an infant is among at least 70 people with the virus who have died, and Indiana, where the death toll rose to 49 on Tuesday.

As the number of known cases reached into the hundreds, then the thousands, then the tens of thousands, life all over the country has changed in sudden, profound ways. School playgrounds and college quads now stand deserted. Nail salons, department stores and barber shops have been forced to close. Baseball's spring training, college basketball tournaments and concert tours have been called off.

Some states have told people arriving from elsewhere to quarantine themselves. Others have warned that the pause on public life will likely last weeks more.

The New York Times is engaged in a comprehensive effort to track the details of every confirmed case in the United States, collecting information from federal, state and local officials around the clock. The numbers in this article are being updated several times a day based on the latest information our journalists are gathering from around the country. The Times has made that data public in hopes of helping researchers and policymakers as they seek to slow the pandemic and prevent future ones.

New York: 75,795 cases have been identified.

When a cluster of coronavirus cases was first reported in the New York City suburb of New Rochelle, local and state officials raced to contain the outbreak. The National Guard deployed. Drive-through testing began. Epidemiologists attempted to find contacts of the first patients.

Within a few days, though, it became clear that the virus was still spreading. With ramped-up testing, hundreds of new patients were being identified in Westchester County, on Long Island and in all five

New York City boroughs. Dozens of other counties reported their first cases, and several announced deaths.

By Tuesday, New York's death toll from the coronavirus surpassed 1,500, by far the most of any state. The governor, Andrew M. Cuomo, ordered many businesses to close, urged retired doctors to return to work and asked for federal help in marshaling more hospital equipment. A field hospital had been set up in Central Park and a Manhattan convention center was preparing for patients.

"We are losing people every day," Mayor Bill de Blasio of New York City said last week. "The next few months will be painful and stress our health care system like never before."

Though New York has had by far the most cases, other Northeastern states have also seen their case totals increase rapidly. New Jersey now has the second-highest number of known cases in the country.

In Massachusetts, thousands are now infected. In Connecticut, more than 30 people have died.

In America's nursing homes, outbreaks grow.

Across the country, a pattern has played out with tragic consistency: Someone gets sick in a nursing home. Soon, several residents and employees have the coronavirus.

Older people and those with underlying health problems are most vulnerable to Covid-19, making the consequences of a nursing home outbreak especially devastating. At least 37 deaths have been linked to an outbreak at the Life Care nursing facility in Kirkland, Wash. Many of the victims were in their 80s or 90s.

In New Orleans and Fort Lauderdale, Fla., multiple deaths have been tied to senior centers. In Wisconsin, the National Guard was sent to a long-term care facility where three people have died.

Similar outbreaks have been reported in Ohio, in West Virginia and in Holyoke, Mass., where at least five residents of a veterans' home who tested positive for the virus have died.

Though many of the first coronavirus cases in the United States were tied to overseas travel, localized outbreaks have become increasingly common. New clusters in nursing homes and other places, including at a choir practice in Washington State and at a church in Arkansas, are emerging each day.

Public health officials often are unable to identify how people are becoming ill. The table below shows known cases for which Times journalists have been able to identify how the virus was contracted or a connection to other cases.

The growth in cases of unknown origin has signaled to public health officials that Americans are being exposed to the virus at work, at shopping centers and in travel hubs, prompting calls for people to stay

home. Among recent cases: the owner of the New York Knicks, two airport workers in Las Vegas, and Chris Cuomo, the CNN anchor.

Midwestern cities face new onslaught

When the coronavirus began spreading in the United States, the vast majority of cases were in coastal states. Illinois and Wisconsin had only a few cases. Michigan, Missouri and Ohio had none.

But this week, all of those states have reported alarming new statistics. Many of the new cases and deaths have been concentrated in the Midwest's largest cities.

In Detroit, more than 1,800 cases have been identified and at least 52 people have died. Ten deaths and more than 600 cases have been reported in Milwaukee County, Wis. In Chicago, there are more than 1,600 cases.

The areas around Cleveland, St. Louis and Kansas City, Mo., have also seen fast spikes, leading officials to warn that medical facilities could be overwhelmed.

"What we do now will determine if we overrun Ohio's hospitals and get to a situation where our medical teams are making life and death decisions," the state's governor, Mike DeWine, said last week. "We don't want to be in that position. I worry about this every day."

Police departments face an invisible threat

While workers in many industries have stopped going to the office, police officers have continued their daily patrols, even in the hardest-hit areas.

As the outbreak has grown, so, too, has the number of officers infected with the coronavirus in cities like Detroit, where at least two police employees have died from the virus, many more have been infected and others have been told to self-isolate.

"Some have been quarantined and want to come back to work," Chief James Craig of the Detroit police said about his officers last week, a few days before he also tested positive for the virus. "These are the same people, let's not forget, who when they are going to a dangerous situation like shots being fired, they're running toward the danger. This is no different."

The effect on law enforcement officers has been widespread. In Aurora, Ill., the police chief was infected with the virus. In New Jersey, at least 700 police officers and state troopers have tested positive. So have dozens of police officers in Nassau County, N.Y., and at least 50 in Chicago, where three have been hospitalized.

“For first responders, you just don’t often have the opportunity to isolate,” said Dermot F. Shea, the police commissioner in New York City, whose department has lost two civilian workers and a detective to the coronavirus.

Louisiana: Deaths and cases continue to grow

At the start of March, with large outbreaks already reported on both coasts, officials in Louisiana had not yet identified a single case of the coronavirus. But in the days since, the state has been pummeled.

At least 4,025 Louisianans had been infected and at least 186 had died. Gov. John Bel Edwards has warned that the New Orleans area could run out of ventilators by early April.

“We still remain on the growth curve, the trajectory that we don’t like,” Mr. Edwards said Friday, days after he warned that the state’s situation could soon mirror the public health crisis in Italy.

In New Orleans, where the most cases had been identified, drive-through coronavirus testing has become the norm and public gatherings have been banned.

“This should not be unfamiliar to us as New Orleanians,” the city’s mayor, LaToya Cantrell, said on Twitter. “We know how to handle storms, and this is not so different.”

Across the country, hundreds of counties are reporting cases of the illness. Here is a list of cases Times journalists have collected. Cases in New York City and Kansas City, Mo., both of which span several counties, are grouped together.

Outbreaks in jails and prison could be hard to contain

At the county jail in Chicago, at least 113 cases involving inmates and staff members have been tied to the virus. In South Dakota, several inmates escaped from a women’s prison after someone there tested positive for the virus. In the federal system, at least 52 inmates and prison workers across the U.S. have tested positive for the virus. One federal inmate in Louisiana has died. So has a state prisoner in Illinois.

The New York Times has spoken with more than a dozen workers in the federal Bureau of Prisons in recent days who have said that federal prisons are ill-prepared for a coronavirus outbreak. Many lack basic supplies, like masks, hand sanitizer and soap.

“We do not have enough gloves,” said a prison employee at the U.S. Penitentiary in Atlanta, where a cluster of coronavirus cases has appeared, involving at least two inmates and one staff member. The worker spoke on the condition of anonymity for fear of retaliation from the Bureau of Prisons. “We do not have enough masks; we do not have the supplies needed to deal with this. We don’t have enough space to properly quarantine inmates.”

More at: <https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html>

12. IRS releases more info on how to get coronavirus stimulus checks ASAP

NBC News by Sahil Kapur/March 31

WASHINGTON — New information from the IRS on Monday shines more light on what people can do to get the checks from the government as quickly as possible while many families worry about paying the bills and buying food during the coronavirus crisis that has cost millions of people their jobs.

For Americans eligible for stimulus cash under the new relief law, the fastest way to receive it is to make sure they've filed a tax return for 2019 or 2018 with bank information so the government can directly deposit the money.

The IRS says it will use a person's 2019 return to calculate eligibility and automatically send the money to those who qualify. If they haven't filed a 2019 return, it'll be based on the 2018 return.

The agency said it would publish additional information about the new forms soon on irs.gov/coronavirus.

Payments up to \$1,200 per person, with an additional \$500 per child under 17, will be made to U.S. residents with a Social Security number who earn under \$75,000. The amount decreases by \$5 per every \$100 earned after that, zeroing out at \$99,000. For married couples, the phaseout range is \$150,000 to \$198,000.

The IRS said Americans who weren't required to file taxes in the last two years will have to file a "simple tax return" with basic information like filing status, number of dependents and bank information so the government can send the money.

"Low-income taxpayers, senior citizens, Social Security recipients, some veterans and individuals with disabilities who are otherwise not required to file a tax return will not owe tax," the IRS said.

Treasury Secretary Steven Mnuchin said payments will go out "within three weeks" for people who have their direct deposit information on file with the IRS.

"We will create a web-based system for people where we don't have their direct deposit they can upload it, so that they can get the money immediately as opposed to checks in the mail," Mnuchin said Sunday on CBS' "Face the Nation."

More at: <https://www.nbcnews.com/politics/congress/irs-releases-more-info-how-get-coronavirus-stimulus-checks-asap-n1172676>

**If you find Alaska National Guard news that was not included, please forward the link so it may be added to the next update.*

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