

Office of the Governor
State of Louisiana

JOHN BEL EDWARDS
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July 16, 2020

Attorney General Jeff Landry
Louisiana Department of Justice
1885 North Third Street
Baton Rouge, LA 70802

Dear Attorney General Landry:

I am writing to you in response to your opinion letter regarding my Emergency Proclamation which mandated face coverings, limited crowd sizes to no more than 50, and closed bars. It reminded me of the famous line that “everyone is entitled to their own opinion, but not their own facts.” Since I have allowed the facts, the data, and the experts to guide my decisions as we respond to this global pandemic, I feel it is important to provide some of this information to you.

First, it is regrettable that you were unable to attend the meeting with Vice President Pence and Dr. Deborah Birx in Baton Rouge this week. Had you been present, I believe you would have received answers to many of the questions you raise in your letter and some clarity as to exactly how precarious the current situation is in Louisiana. As you know, the Vice President communicated that he supported my decisions, including my most recent order. I can assure you this is not because the Vice President was just being kind. The entire White House Coronavirus Task force sees the same data that I see and knows the serious challenges we face. Dr. Birx warned me and the attendees of the meetings how perilous the situation is in Louisiana, stating that, at the time of my most recent order, “Louisiana was one week away from something really horrific.” She repeated the Vice President’s support and further specified that the very measures contained in my order – mandating masks, limiting crowd sizes, and closing bars – are the exact same measures that are recommended by the CDC and the White House. For your edification, I have attached to this letter a series of recommendations put out by the White House for Louisiana that suggest these very measures to slow the significant spread we have seen since the beginning of May. This is not by accident. Every measure I have taken has been in line with guidance from the White House and after further direct consultation with the Vice President, Dr. Birx, and Dr. Anthony Fauci. Further, every single action I have taken since the beginning of this pandemic has been based on the data and recommendations of experts in full consideration of the grave, life or death consequences of inaction. Not a single one of those decisions has been easy.

I have conducted over 68 Unified Command Group meetings since the beginning of this emergency. Every one of these briefings has had a detailed briefing of the metrics of COVID-19 in Louisiana and discussion of the measures taken in response. Almost every other statewide official participates in these meetings personally, so they can become aware of the state’s response to the pandemic and can inform the rest of the participants of the actions of their departments. Despite the fact, as you discuss

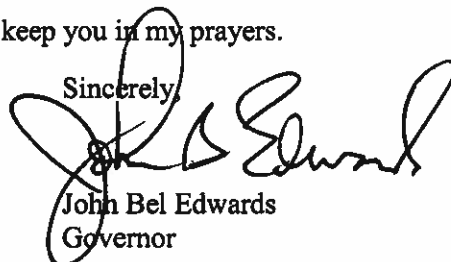
in your letter, that you are the “legal advisor to the Governor’s Office of Homeland Security and Emergency Preparedness,” you do not participate in these meetings. That includes the meeting held this very morning. While it is your choice whether or not you participate, you cannot avoid being briefed on the state’s response then claim you are unaware of the “benchmark with which to measure our success.”

It has been noted that your constitutional interpretation has changed dramatically in a mere four months. At your request, I agreed to have you participate in one of the press conferences at GOHSEP on March 18th. That very day, nine days from the date of the first confirmed case in the state, we had a total of 281 confirmed cases and 7 deaths. You stated that day that “some have asked me if the Governor has the authority to take actions like limiting the size of public gatherings, suspending legal deadlines, and ordering restaurants and bars to limit their service, the short answer is: yes.” It seems that you either have forgotten these comments or changed your mind since then, because it is impossible to reconcile the comments. Certainly, the Louisiana Constitution did not change. In fact, the only thing that changed is the dire spread of the virus in Louisiana. As of this morning, Louisiana has 86,411 COVID-19 cases and 3,375 deaths. Further, the number of hospitalized patients in Louisiana continues to increase significantly, with the number of patients now (1401) approaching where the state was at the beginning of May. This is even more so the case in your region of the state in southwest Louisiana, which is among the highest for increases in cases and hospitalizations in the country.

While you had little participation in the two recent legislative sessions, the conclusions in your opinion letter neglect to discuss a serious issue that bears discussion. Several bills passed in the regular session which limit the liability of businesses and organizations from lawsuits alleging exposure to COVID-19. All of these bills (Acts 305, 336, and 362) contain similar language that abrogates the immunity if a business fails to comply with federal or state guidelines or procedures for COVID-19. As I hope you know, it is now the unanimous recommendation of the experts at all levels that face coverings must be worn when there will be interactions of members of the public outside of their immediate households (See, for example, Centers for Disease Control guidance at <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html>). Thus, should businesses heed your opinion and not require face coverings at their establishments, they could very well be losing the legal protections provided to them in this past session. While you may have not considered this issue, I can assure you courts throughout this state will not have the luxury of avoiding this issue if businesses follow your advice.

Lastly, I won’t waste either of our time by confronting every single misunderstanding or incorrect conclusion you demonstrate in your letter. For example, you seem mystified by what a face covering is, when this is a term used by the CDC and is, ironically, contained in a sign on the front of your office stating “STOP – Face Coverings MUST be worn in this building Upon Entry and in all Common Areas.” In fact, elementary school children all across the world understand the meaning of the term “face covering” and the life-saving purpose of one. While I appreciated the bipartisan cooperation you evidenced back in March, it seems as though you have decided to abandon that effort. While that is regrettable, I will continue to do the best I can to use data and expert guidance to lead our efforts to confront this historic crisis.

In the meantime, I sincerely wish you well and will keep you in my prayers.

Sincerely,

John Bel Edwards
Governor



LOUISIANA

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SUMMARY

- Louisiana is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the red zone for test positivity, indicating a rate above 10%.
- Louisiana has seen an increase in new cases and an increase in testing positivity over the past week.
- The following three parishes had the highest number of new cases over the past 3 weeks: 1. East Baton Rouge Parish, 2. Jefferson Parish, and 3. Lafayette Parish. These parishes represent 26.7 percent of new cases in Louisiana.
- A federal COVID-19 Team is deploying to Lafayette Parish to assist your local teams.
- Louisiana had 243 new cases per 100,000 population in the past week, compared to a national average of 119 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 50 to support leadership, administrative, operations, and logistics activities from USCG and FEMA; 24 to support medical activities from VA; and 1 to support lab testing activities from CDC.
- The federal government has supported a surge testing site in Baton Rouge, LA.

RECOMMENDATIONS

- The number of red zone parishes and metro areas have significantly increased since last week. Urgent attention to these areas with specific interventions is critical.
- Continue weekly testing of all workers in assisted living and long-term care facilities and require masks and social distancing for all visitors.
- Mandate public use of masks in all current and evolving hot spots.
- Close bars and gyms in hot spot parishes.
- Move to outdoor dining and limit indoor dining to less than 25%; decrease gathering limits to 10.
- Encourage individuals that have participated in large social gatherings to get tested.
- Increase messaging of the risk of serious disease in all age groups with preexisting medical conditions, including obesity, hypertension and diabetes mellitus.
- Continue the scale-up of testing, moving to community led neighborhood testing and pooled household testing in the red zone metro areas.
- Test households in one tube with rapid turnaround testing. For households that test positive, isolate and conduct follow-up individual tests.
- Work with local communities to provide clear guidance for households that test positive, including individual isolation.
- Continue to enhance contact tracing and ensure the ability of cases and contacts to quarantine or isolate safely. Monitor testing data to identify additional sites of increased transmission and focus public health resources on them.
- Expand testing capacity in Public Health labs, adding shifts and weekend shifts to decrease turnaround times. Institute 2:1 pooling of test specimens.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across localities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.



COVID-19

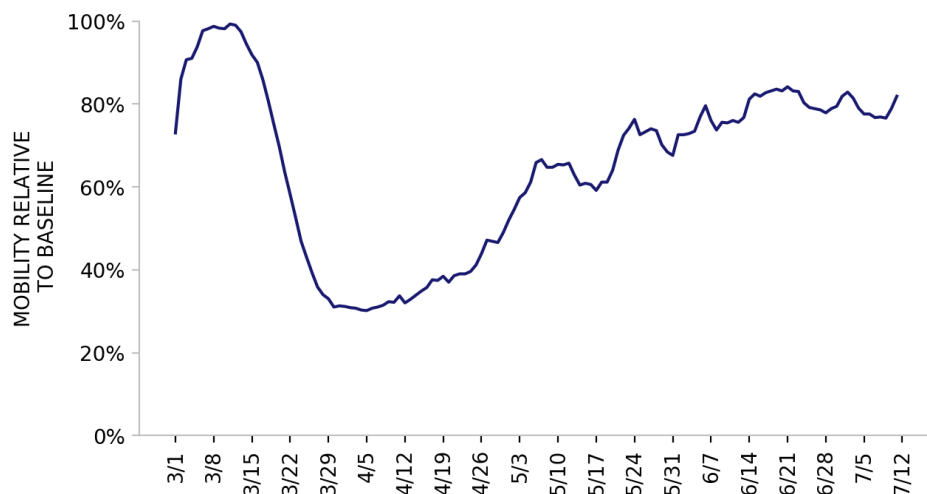


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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	11,346 (243)	+33.2%	80,470 (190)	389,358 (119)
DIAGNOSTIC TEST POSITIVITY RATE	13.1%	+2.3%*	16.5%	9.6%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	88,541 (1,900)	-18.9%	507,967 (1,198)	3,833,229 (1,172)
COVID DEATHS (RATE PER 100,000)	103 (2)	+10.8%	679 (2)	4,616 (1)

MOBILITY



* Indicates absolute change in percentage points

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating parish-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 7/10/2020; last week is 7/4 - 7/10, previous week is 6/27 - 7/3.

Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 7/8/2020. Last week is 7/2 - 7/8, previous week is 6/25 - 7/1.

Mobility: Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a parish; 100% represents the baseline mobility level. Data is anonymized and provided at the parish level. Data through 7/11/2020.



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LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

METRO AREA (CBSA) LAST WEEK

16

Top 12
shown

Baton Rouge
Lafayette
Lake Charles
Shreveport-Bossier City
Monroe
Houma-Thibodaux
Hammond
Alexandria
Opelousas
Jennings
Morgan City
Bogalusa

3

New Orleans-Metairie
Ruston
Natchez

PARISH LAST WEEK

44

Top 12
shown

East Baton Rouge
Jefferson
Lafayette
Calcasieu
Caddo
Ouachita
Livingston
Tangipahoa
Iberia
Terrebonne
Rapides
Acadia

14

Top 12
shown

St. Tammany
Orleans
St. Charles
St. John the Baptist
Lincoln
Franklin
Madison
Morehouse
St. Bernard
Plaquemines
Bienville
Grant

Red Zone: Those core-based statistical areas (CBSAs) and parishes that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

Yellow Zone: Those core-based statistical areas (CBSAs) and parishes that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the "Red Zone."

Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating parish-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 7/10/2020; last week is 7/4 - 7/10, three weeks is 6/20 - 7/10.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 7/8/2020. Last week is 7/2 - 7/8.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials

- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can't quarantine successfully

Testing

- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in setting where test positivity is under 10%
- **Surveillance pooling:** For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging

- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 50% of your normal activity

Public Officials

- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can't quarantine successfully

Testing

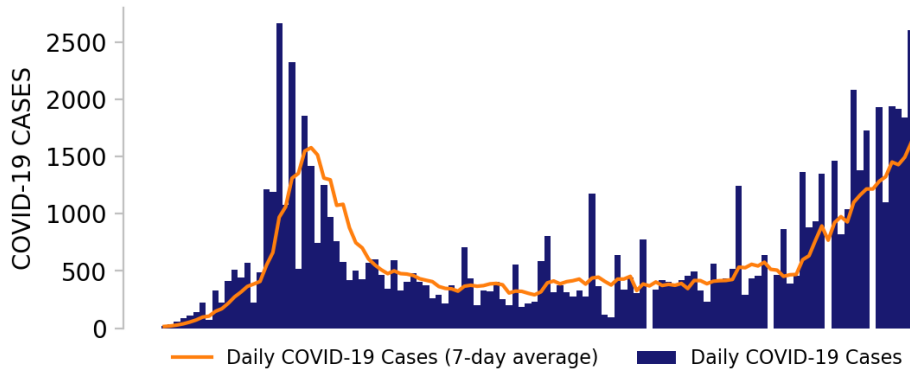
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- **Surveillance pooling:** For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device



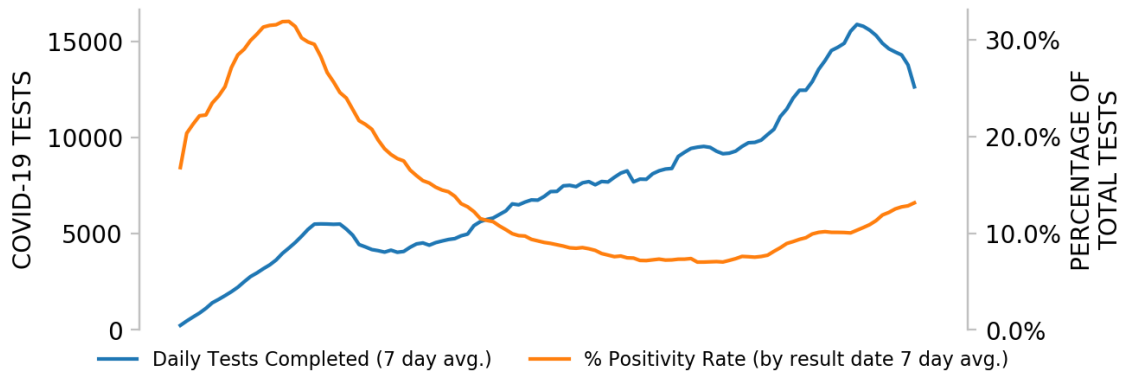
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NEW CASES

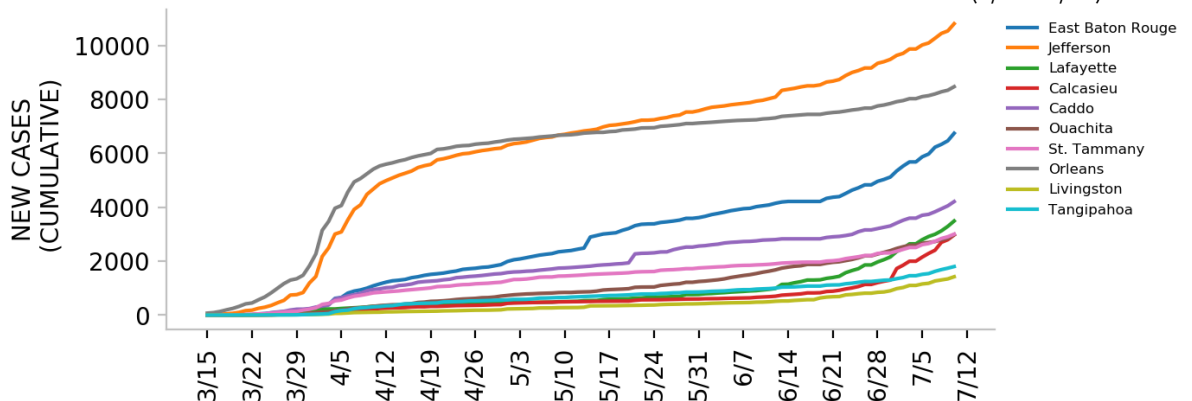


TESTING



Top parishes based on greatest number of new cases in last three weeks (6/20 - 7/10)

TOP PARISHES



DATA SOURCES

Cases: Parish-level data from USAFacts. State values are calculated by aggregating parish-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 7/10/2020.

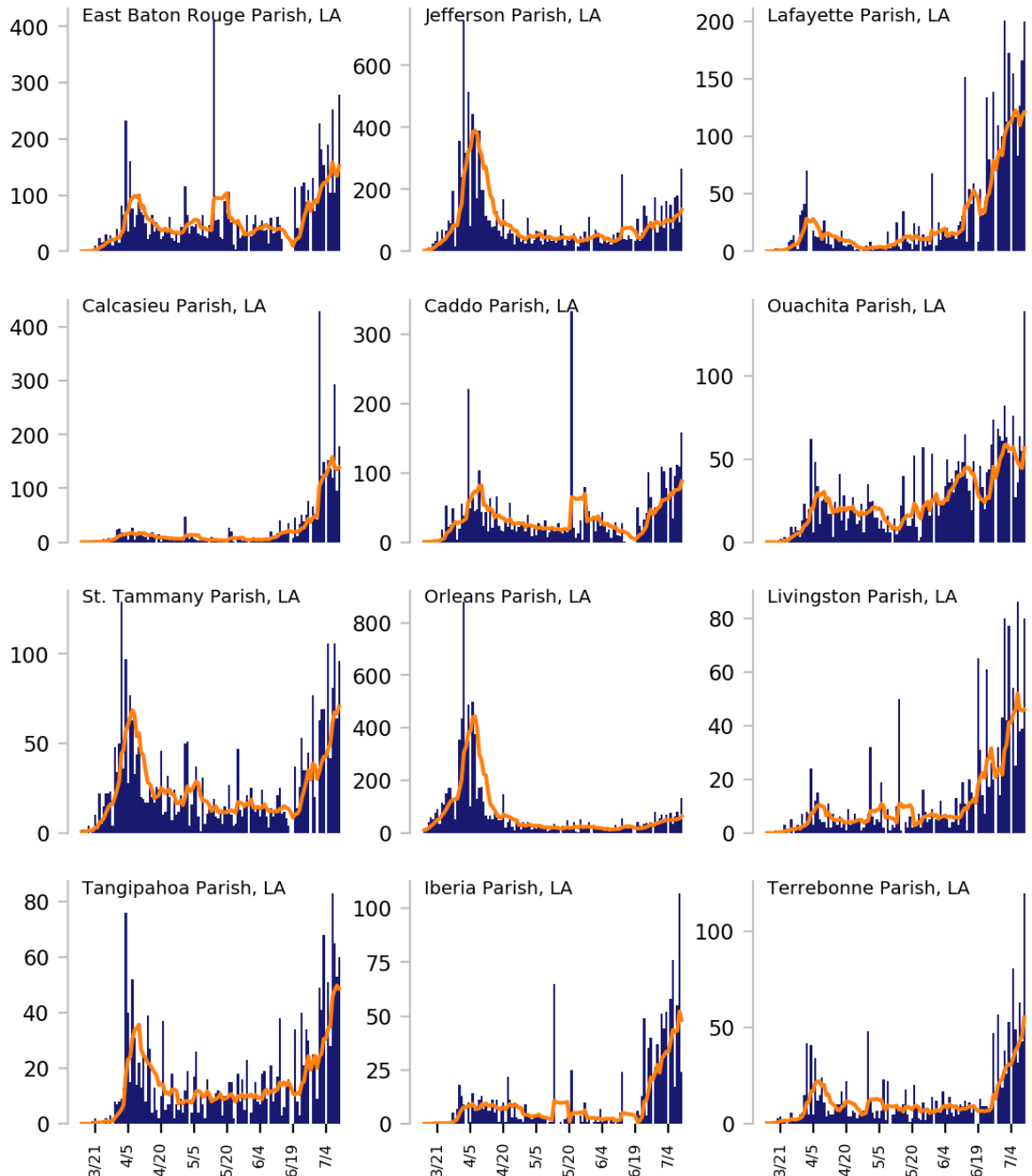
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 7/8/2020.



Top 12 parishes based on number of new cases in the last 3 weeks

— Daily COVID-19 Cases (7-day average) ■ Daily COVID-19 Cases

TOTAL DAILY CASES



DATA SOURCES

Cases: Parish-level data from USAFacts through 7/10/2020. Last 3 weeks is 6/20 - 7/10.

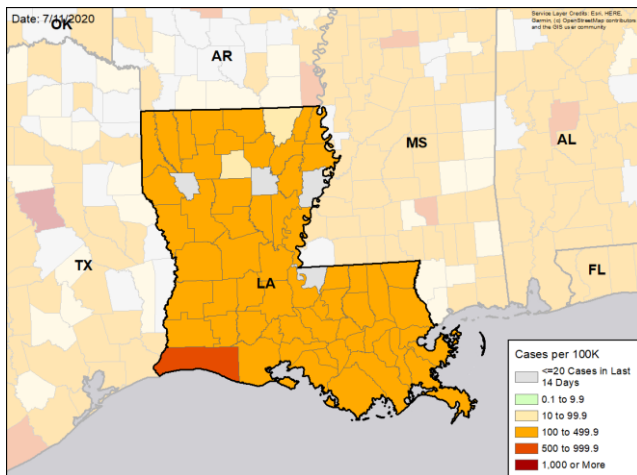


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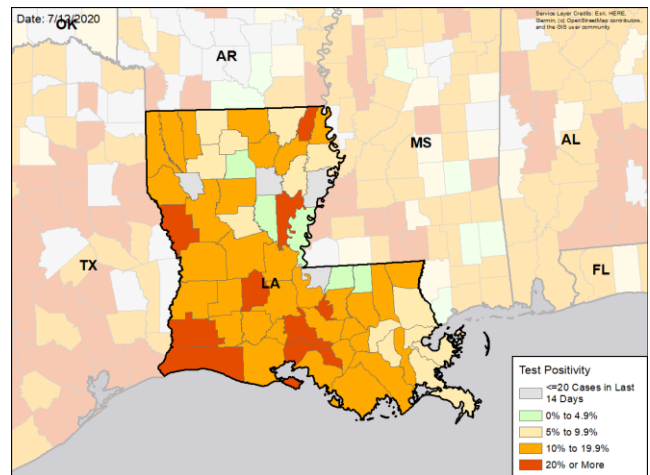
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CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

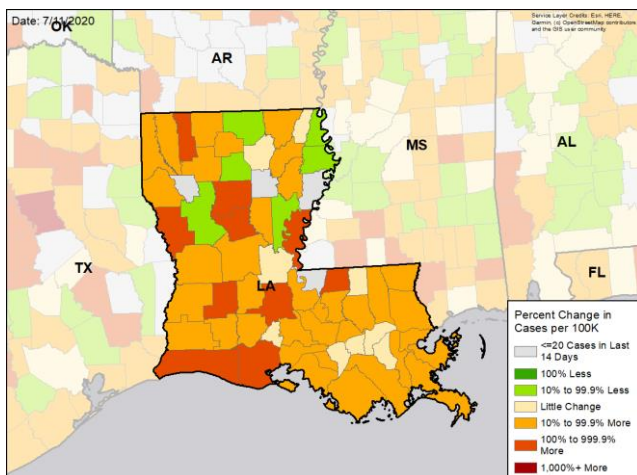
NEW CASES PER 100,000 DURING LAST WEEK



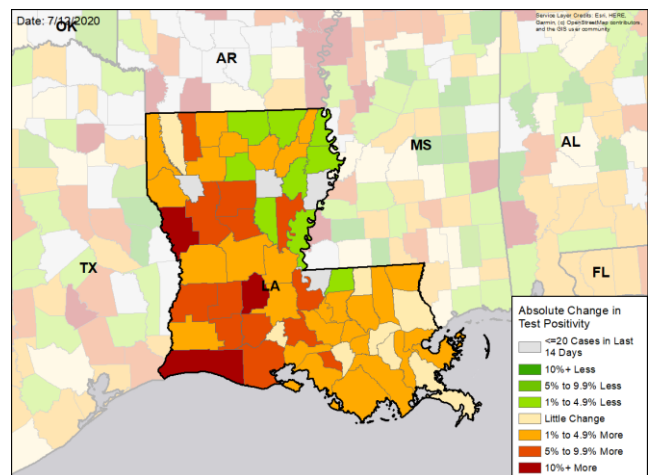
TEST POSITIVITY DURING LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



WEEKLY CHANGE IN TEST POSITIVITY



DATA SOURCES

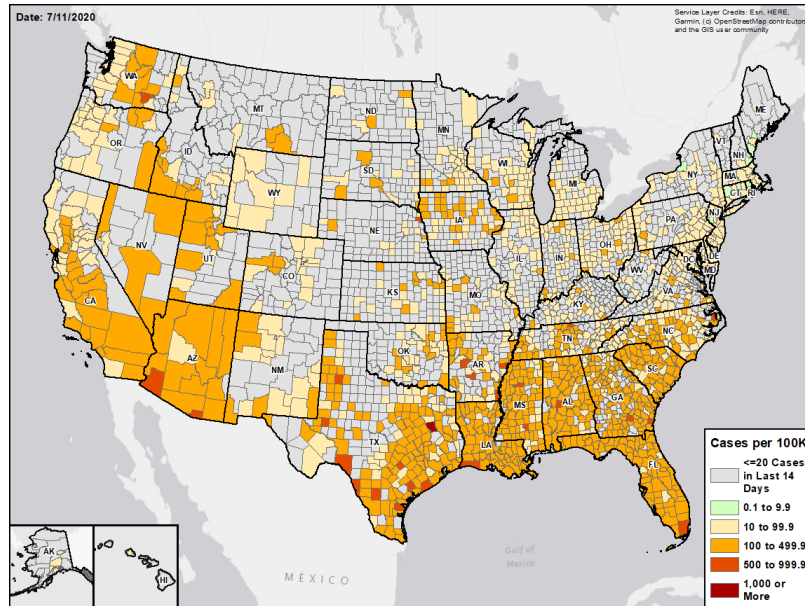
Cases: Parish-level data from USAFacts through 7/10/2020. Last week is 7/4 - 7/10, previous week is 6/27 - 7/3

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 7/8/2020. Last week is 7/2 - 7/8, previous week is 6/25 - 7/1.

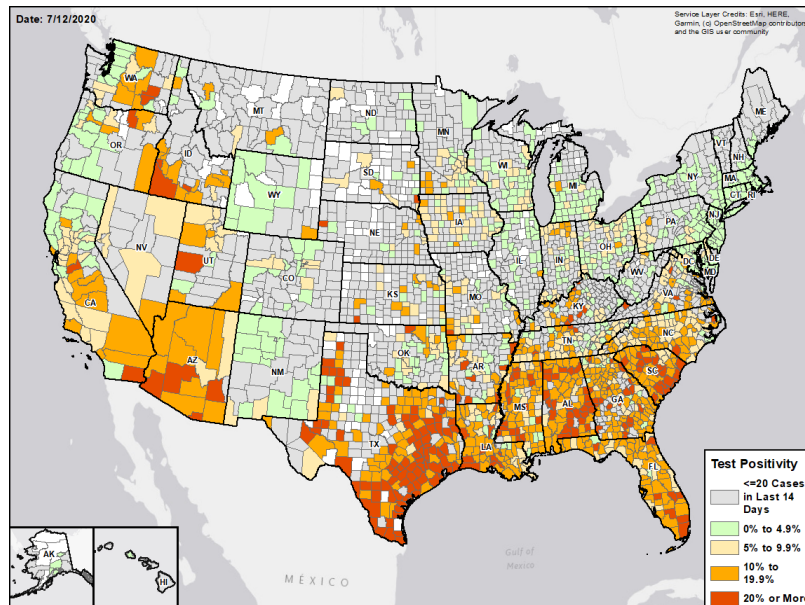


National Picture

NEW CASES PER 100,000 LAST WEEK



TEST POSITIVITY LAST WEEK



DATA SOURCES

Cases: County-level data from USAFacts through 7/10/2020. Last week is 7/4 - 7/10

Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 7/8/2020. Last week is 7/2 - 7/8.



Methods

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COLOR THRESHOLDS: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>0.5%
Total diagnostic tests resulted per 100,000 population per week	>1000	500-1000	<500
Percent change in tests per 100,000 population	>10%	-10% - 10%	<-10%
COVID-19 deaths per 100,000 population per week	<0.5	0.5-2	>2
Percent change in deaths per 100,000 population	<-10%	-10% - 10%	>10%

DATA NOTES

- **Cases and deaths:** County-level data from USAFacts as of 13:00 EST on 07/11/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 7/4 to 7/10; previous week data are from 6/27 to 7/3.
- **Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level totals when able to be disaggregated from serology test results and to describe county-level totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Total diagnostic tests are the number of tests performed, not the number of individuals tested. Diagnostic test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 7/2 to 7/8; previous week data are from 6/25 to 7/1. CELR data is recent as of 00:30 EST on 07/12/2020; HHS Protect data as of 00:30 EST on 07/12/2020.
- **Mobility:** Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality; 100% represents the baseline mobility level. Data is recent as of 13:00 EST on 07/11/2020 and through 7/11/2020.