COVID-19 Impact and Response

The University has taken unprecedented steps to respond to and help contain the greatest public health crisis in a generation in order to protect our patients, their families, our nursing home residents, students, staff, and the health and safety of the Rochester/Finger Lakes and Southern Tier communities.

The University of Rochester was among the first institutions to tackle this virus directly in our labs and hospitals, and we were also among the first to curtail operations due to the pandemic. We sent our students home to continue their studies online, halted all non-COVID research activities putting years of work and potential scientific breakthroughs at risk, suspended all non-essential activities, ceased millions of dollars in ongoing construction projects, and, at the Governor’s request, we canceled or postponed all elective surgeries and procedures across our entire health care system to preserve and redeploy our workforce and facilities for this crisis. At the same time, we also closed important community assets like the Memorial Art Gallery and NextCorps, our region’s business incubator and home to almost 70 companies.

UR Medicine -- the region’s largest health care and safety-net provider -- was on the front lines of our community’s response to COVID-19. Our leaders developed and quickly implemented new protocols for patient care, employee protection, and visitation, while activating surge emergency plans across our system of six hospitals in coordination with local public health leaders.

The resulting impact of this pandemic has been profound and left the University facing the greatest financial challenge in its history. Despite the important and welcomed federal relief we have received and the $150 million in internal cost reductions we executed, including 6,000 furloughs, layoffs, and salary and benefit reductions, it does not come close to offsetting the over $320 million in financial losses to date and the $32 million in additional costs (PPE, medical and lab equipment, emergency facilities, technology upgrades for remote learning and telemedicine, capital and planning expenses to redesign, retrofit, and renovate facilities (ex. ventilation), disinfection across the University, contract labor, quarantining in local hotels for students, etc.) the University has had to absorb. Our financial losses don’t include the $200 million in emergency federal Medicare Accelerated and Advanced Payment loans that the Medical Center took to allow us to continue to provide our nation and region with the best scientific advice and medical care. Unless these loans are forgiven and additional state cuts are avoided, hospitals will be facing another financial crisis when these loans must be repaid. Additionally, the Memorial Art Gallery, which is part of the University of Rochester, receives 90 percent of its operating budget from outside sources and is facing significant losses from having to shut its doors.

Clinical

Over the last year, our physicians, nurses, and infectious disease and epidemiology experts have been fully engaged in working to bend and communicate the trajectory of this pandemic across the entire region, and are immersed in providing the highest quality care for those who contract it. At the outset of this crisis when we were not facing a surge, we answered the Governor’s call and deployed two 14-member teams from Strong Memorial Hospital’s Department of Emergency Medicine to support North Shore University Hospital, Long Island Jewish Medical Center, and Long Island Jewish Valley Stream to care for patients downstate and to provide relief and support for their fellow front line health care workers. Lessons learned about the emerging virus downstate helped inform
standards of care in our system.

UR Medicine Labs quickly ramped up and became the region’s lead testing facility conducting, on average, 3,000 COVID-19 tests a day for our patients and for other providers, community health centers, colleges and universities, and churches across the Finger Lakes, Southern Tier, and in Western New York. At the University’s expense and under great pressure to meet increasing public demand, we purchased $2.5 million in new equipment that doubled our testing capacity in the middle of this crisis. These tests help us and our patients learn of active or past COVID infections. The results are also vital to reopening our economy and a valuable indicator of the level of COVID transmission in our community.

With the Rochester City School District closed for in-person learning, our nurses and social workers that staff our School Based Health Centers at both East High and Douglass continued to serve the high-risk population of students with limited access to health services. During COVID, we continued telehealth for mental health appointments. Recently, we received a grant from United Way to support a mobile clinic, in partnership with the Center for Children and Youth, to provide reproductive health care, including STD care and contraceptive care.

Commitment to Racial Equity and Access

With COVID-19 disproportionately affecting people of color in low-income communities, the Medical Center is using aggressive outreach and partnership with community organizations, advocacy groups, faith leaders, and even high school students. We are improving education and awareness on COVID-19, inviting Black and Latinx individual to participate in vaccine trials and are working to vaccinate as many patients as the supply of vaccine allows in an equitable and efficient process. URMC has also been involved in community efforts to distribute COVID-19 “survival kits” to homes in low-income Rochester neighborhoods.

For our patient centers, we use a randomized selection process to contact eligible patients and offer appointments as vaccine supplies allow. UR Medicine launched its first COVID-19 vaccine center for patients at its downtown Manhattan Square Family Medicine where we randomly select from City zip codes that are traditionally underserved by health providers. Through the Finger Lakes Vaccine Hub we worked with local officials and faith leaders to launch a vaccination site at Mt. Olivet Baptist Church as part of the state’s Vaccine Equity Task Force. We also recently launched mobile units that are vaccinating thousands of people in group homes and other congregate living facilities. While supplies of vaccine remain limited, URMC is identifying vaccination sites that offer patients close, convenient access – including public transportation – as well as provide adequate facilities and space to support social distancing.

Community Providers

Despite the challenges and the perils of the pandemic, community providers like Mt. Hope Family Center and UR Medicine HomeCare’s Meals on Wheels program
continue to serve some of the most vulnerable in our community every day. Mt. Hope Family Center provides evidence-based intervention and prevention services for over 1,000 at-risk children and families in our community per year, and for many of those they serve, trauma, including multi-generational child abuse and neglect, domestic violence, and maternal depression have been exacerbated during the COVID-19 pandemic. Seniors are at the greatest risk amid COVID-19, and the circumstances of the pandemic, combined with disability, illness, frailty, and other conditions have bound many to their homes—distanced from families and other caretakers. As a result, more seniors than ever before are struggling to get nutritious meals. Thanks to the efforts of UR Medicine HomeCare’s Meals on Wheels, its volunteers delivered 308,432 meals last year, 97,244 more meals than the previous year, helping keep seniors safe and living independently.

Research

As one of the nation’s leading academic medical centers, the University of Rochester Medical Center’s scientists and clinicians have been at the forefront of the national response to the COVID-19 pandemic, in large part, because of the University’s longstanding expertise and research leadership in vaccine technology, immunology, and infectious disease (the University is home to the vaccine that all but eradicated Haemophilus influenzae type b (Hib) and played key roles in the vaccine against cervical cancer caused by human papillomavirus (HPV)). URMC is home to the New York Influenza Center of Excellence (NYICE), one of the five National Institutes of Health (NIH) Centers of Excellence in Influenza Research and Surveillance network, and the UR Vaccine Trials and Evaluation Unit (VTEU), one of only nine of the NIH VTEU sites in the U.S. where many of our scientists and clinicians are conducting clinical trials of vaccines, treatments, and diagnostics for COVID-19 and other emerging infectious threats. URMC tested two of the three leading coronavirus vaccine candidates, participated in clinical trials of new treatments and COVID-19 tests, and is leading a study to examine the immune response to COVID-19. With patients’ needs top of mind, URMC clinicians and researchers are working together to conduct clinical trials that offer our patients and community the most promising experimental treatments.

URMC researchers are currently conducting nearly 60 coronavirus-related research studies. These studies range from understanding the impact of the COVID-19 pandemic on specialized communities, like the hard of hearing, to evaluating a smell test for COVID-19 screening. With support from the U.S. Department of Defense, researchers at the University of Rochester are developing an optical chip on a disposable card that can detect exposure to multiple viruses within a minute—including the coronavirus that causes COVID-19—from a single drop of blood. URMC scientists are also examining whether mothers can transmit COVID-19 through breast milk and whether the breast milk itself has immunological properties against the disease as well as studying human lung tissue to determine why children seemingly contract COVID-19 at a lower rate and remain more
asymptomatic than older populations. And our epidemiologists haven been working closely with public officials and providers to identify and model disease patterns to inform decisions around hospital capacity, outbreaks, supplies, vaccine distribution, and the local economy. Further, Medical Center researchers quickly designed an online app to conduct daily surveillance of employees to monitor employee/workplace safety and help predict potential outbreaks of COVID-19. The Medical Center made the technology behind the app available for free to other universities and organizations, like the YMCA, to use.

However, the shutdown put enormous strain on our non-COVID research enterprise and put at risk the critical human infrastructure that forms the basis of the long-standing government-university partnership that for decades has been essential to ensuring our public health, national security, economic growth and competitiveness. Our nation’s ability to fight this pandemic, and those of the future, is directly tied to the ability of all our scientists, staff, and students to stay in the fight. Relief for the nation’s research enterprise is needed to maintain and advance U.S. competitiveness through innovations supported by not only the NIH, but also other federal research agencies.

Education and Workforce

COVID has impacted our students particularly hard. Last spring, students had to quickly pivot to remote learning and depart from regular campus life and learning. We had to coordinate the emergency evacuation of study abroad students and navigate the complex pandemic-related immigration restrictions on visas and travel that created great uncertainty for our international students. In the fall and for the upcoming spring semester, they had to deal with pre-arrival quarantining in local hotels, social distancing, and subject to regular testing, quarantining when necessary, and other restrictions. Food insecurity is also a concern for some of our students and this was only amplified during the pandemic. The University’s food pantry delivered nearly 500 bags of grocery to students that remained here in the summer.

Our researchers, clinicians, and medical professionals have worked around the clock to provide complete care to all patients in and around our region. However, to build capacity and respond to the increased number of COVID patients, we reassigned clinical faculty and staff to clinical support and recruited recent retirees to re-enter the workforce to assist in the fight. Moreover, we worked with New York State to graduate roughly 100 medical students early with many of them now serving our community, and moved our nursing students into the workforce more quickly to meet the anticipated need.

In response to the closing of all public schools in Monroe County and to keep our employees on the front lines caring for our community during this crisis, we converted four large classrooms in our School of Nursing into an emergency child care facility that was staffed by University employees and students.

With school districts across Rochester and surrounding counties having modified schedules, the University also recognized that long-term, our employees may be particularly challenged to arrange childcare for their school-aged children and provide the support needed to facilitate remote learning. As such, the University partnered with the YMCA to ease childcare challenges for employees most in need of assistance securing and providing subsidized childcare and support for remote learning. The University, in coordination with United Way and Childcare Council, also worked to distribute donated PPE at URMC to 20 childcare providers in the community.

Arts and Culture

The COVID-19 pandemic brought the Memorial Art Gallery’s earned income revenue streams (admissions, classes, events rentals, and store and restaurant income) to a virtual standstill during the nearly four months it was closed to the public (March 14–June 26). These important sources of income for the MAG represent nearly one-third of its operating budget. In addition, contributed income and memberships were down 23 percent and it was not eligible to apply for the Payroll Protection Program (PPP) and Economic Injury Disaster Loans (EIDL) under the federal government’s CARES Act. Despite reduced expenses as a result of the closure, MAG still faced a daunting $500,000 deficit. Through emergency fundraising, the use of cash reserves, and further cuts to expenses, including staff layoffs, furloughs, and salary cuts, the MAG was able to balance its budget for the 2019-20 academic year.

As Congress considers its next COVID relief and recovery package, we thank our Congressional delegation for their incredible leadership and support. We strongly urge continued support and relief for states, providers, higher education, research, and the arts.

For our state leaders, we ask that you reject cutting the University of Rochester further in the midst of this crisis and restore previously enacted cuts, especially cuts to safety-net programs like the 340B Drug Discount Program. The University is facing more than $32 million in cuts in this year’s state budget.