

April 23, 2020
Via lisa.corbett@dhhs.nc.gov

Lisa Granberry Corbett, Esq.
General Counsel
NC Department of Health and Human Services
2001 Mail Service Center
Raleigh, NC 27699-2000

Re: COVID-19 public records requests re NC congregate living facilities

Dear Lisa:

We represent the *News & Observer*, WBTV-TV, WECT-TV, WRAL-TV, Carolina Public Press, the *Wilmington Star-News*, the *Charlotte Observer*, *The Pilot* of Southern Pines, *The New York Times*, NC Region – Lee Enterprises, the *Salisbury Post*, The Associated Press, WUNC-FM, WTVD-TV, North Carolina Health News, *The Wilson Times*, *The Enquirer-Journal*, WNCN CBS-17 and NC Policy Watch.

Our clients have made multiple public records requests to NCDHHS and county health departments for access to any documents or other records that contain the names of nursing homes, adult care facilities, special care units, assisted living or similar facilities, however labeled, at which a COVID-19 outbreak has been identified, the number of cases at each facility apportioned between residents and staff, and the number of deaths at each facility. G.S. § 132-1.

As of course you know, the Public Records Law provides a right of access to all records made or received by a public agency in connection with the transaction of public business. Our courts again and again have ruled that “in the absence of clear **statutory exemption or exception**, documents falling within the definition of ‘public records’ in the Public Records Law must be made available for public inspection.” *News & Observer Pub. Co. v. Poole*, 330 N.C. 465, 486, 412 S.E.2d 7, 19 (1992) (emphasis supplied). Those cases are listed at the end of this letter.ⁱ

In addition to the focus on specific, statutory exemptions, our appellate courts have held no fewer than 22 times that in considering requests for public access, the right of access is to be liberally construed and exemptions narrowly construed.ⁱⁱ

To be clear, we have **not** requested any confidential information or records. We have **not** requested any information about specific individuals or patients. We have asked only for

aggregated, non-patient information. As the UNC School of Government agrees, “Both HIPAA and the state [communicable disease] confidentiality law allow disclosure of communicable disease information that doesn’t identify individuals.” <https://canons.sog.unc.edu/keeping-the-public-informed-about-communicable-diseases/> We understand that the public information we have requested may be embedded in documents or records that also contain confidential information, but certainly you can redact the confidential information and provide the non-confidential information as required by the statute. G.S. § 132-6(c).

APPLICATION OF HIPAA

As HHS guidance makes clear, HIPAA has no role vis-à-vis non-covered entities, and even covered entities must disclose information if state law so provides. 45 CFR 164.512(a).

If a state agency is not a “covered entity”, as that term is defined at 45 CFR 160.103, it is not required to comply with the HIPAA Privacy Rule and, thus, any disclosure of information by the state agency pursuant to its state public records law would not be subject to the Privacy Rule.

If a state agency is a covered entity, however, the Privacy Rule applies to its disclosures of protected health information. The Privacy Rule permits a covered entity to use and disclose protected health information as required by other law, including state law. See 45 CFR 164.512(a). Thus, where a state public records law mandates that a covered entity disclose protected health information, the covered entity is permitted by the Privacy Rule to make the disclosure, provided the disclosure complies with and is limited to the relevant requirements of the public records law.

<https://www.hhs.gov/hipaa/for-professionals/faq/506/how-does-the-hipaa-rule-relate-to-freedom-of-information-laws/index.html>

Moreover, the federal regulations’ definition of individually identifiable health information makes clear that the information we seek is not confidential:

Individually identifiable health information is information collected from an individual that (1) is created or received by a health care provider, health plan, employer, or health care clearinghouse; and (2) relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and (i) that identifies the individual; or (ii) with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

45 C.F.R. 160.103. The information we have requested does not implicate individually identifiable health information, and North Carolina’s law therefore compels its disclosure upon request.

APPLICATION OF NORTH CAROLINA STATUTES

Both North Carolina's statute on the general confidentiality of medical information and the specific statute regarding communicable diseases speak to the confidentiality of *individual* information.

All records containing privileged *patient medical information*, information protected under 45 Code of Federal Regulations Parts 160 and 164, and information collected under the authority of Part 4 of Article 5 of this Chapter that are in the possession of the Department of Health and Human Services or local health departments shall be confidential and shall not be public records pursuant to G.S. 132-1.

G.S. § 130A-12 (emphasis supplied). The incorporation of 45 C.F.R. 160 into the state law provides clarity that non-patient-specific information is not confidential. The same parameters exist in the communicable disease statute.

All information and records, whether publicly or privately maintained, *that identify a person* who has AIDS virus infection or who has or may have a disease or condition required to be reported pursuant to the provisions of this Article shall be strictly confidential.

G.S. § 130A-143 (emphasis supplied).

To repeat, our clients have asked for the identity of *facilities* with COVID-19 outbreaks, not of individuals. In answer to their requests, they have received a panoply of responses. Johnston County, for example, ongoingly provides information as attached to this letter. Likewise, Wake County provides substantive responses (also attached). Also in contrast to NC-DHHS and county health departments, the NC Department of Public Safety is releasing detailed information – by specific facility – of tests performed, positive and negative results, and deaths.
<https://tinyurl.com/NCDOC-data>

However, NCDHHS and many counties have responded that identifying facilities identifies individuals. The NCDHHS website states:

Providing specific health information, like small numbers of positive test results for a reportable disease in combination with the geographic location at the facility level, makes the protected health information of the individuals served by that facility identifiable.

A “Legal Communications Specialist” from NCDHHS stated:

At this time, providing specific health information, like small numbers of positive test results for a reportable disease in combination with the geographic location at the facility level, makes the protected health information of the individuals served by that facility identifiable.

We and our clients are at a complete loss to understand, either factually or legally, the statement that identifying facilities identifies individuals. In the context of libel, for example, courts routinely hold that identifying a group does *not* identify a person.

PUBLIC INTEREST

Although of course it is not our legal burden to demonstrate that release of public records is in the public interest, in this case we certainly think we can. North Carolinians have a right to transparency regarding this information. While the facility outbreak records do not identify any individual or patient information, they do provide information to families, caregivers and others so they can make important decisions. Much like the virus itself, the ramifications of the virus are widespread and hard to contain. Consider, for example, a homebound senior who is receiving care from a CNA who also works in an affected facility. That senior and his or her family have a legitimate interest in knowing facts, not just rumors. As demonstrated by the heart-breaking letter written by Dr. John Bream and published in the Salisbury Post, this is information families and caregivers desperately need but are not getting. <https://tinyurl.com/Salispos-Bream> Moreover, release of this information heightens accountability on the part of the facility to ensure they are doing all they can to minimize risks after an outbreak has been reported.

We understand that you and your colleagues have many demands on your time, and we appreciate the work you and everyone in the medical community are doing. We believe that accurate, factual information is more important than ever and that the news media have an important role to play in disseminating accurate local information. In the absence of credible information, misinformation will spread, which can be dangerous at a time like this. Indeed, if NCDHHS and local agencies were to establish routine methods of timely releasing full information such as by posting online, we believe that would reduce the burden on agencies in responding to requests. For these reasons, we believe that not only is the information public under the law, release is in the public interest.

After weeks of asking and debating these issues with state and local officials, we have drafted and our clients are prepared to file a public records lawsuit. We cannot express in words the exigency of this matter as our clients stand in the shoes of North Carolinians statewide who need this critical information – especially in light of the Governor’s forecast of a plan to begin a phased approach to return to normal life. We would rather get this resolved without litigation, however. If you are available, we would like to have a conversation with you with as soon as possible with the hope that we might have a better understanding of the position that NCDHHS

has taken and, if possible, to avert litigation. Our clients do not relish litigation; they simply want critical, public information to which they are entitled under the Public Records Law.

If you are available to talk either this afternoon or tomorrow morning, we will make ourselves available at your convenience. You can reach us via email at amartin@smvt.com and mike@smvt.com.

Very truly yours,

STEVENS MARTIN VAUGHN & TADYCH, PLLC

C. Amanda Martin

C. Amanda Martin

Michael J. Tadych

Michael J. Tadych

ⁱ *Accord, Virmani v. Presbyterian Health Servs. Corp.*, 350 N.C. 449, 462, 515 S.E.2d 675, 685 (1999); *News and Observer Publ'g Co. v. Poole*, 330 N.C. 465, 475, 412 S.E.2d 7, 13 (1992); *DTH Media Corp. v. Folt*, 259 N.C. App. 61, 65, 816 S.E.2d 518, 522 (2018); *Jackson v. Charlotte Mecklenburg Hosp. Auth.*, 238 N.C. App. 351, 353, 768 S.E.2d 23, 25 (2014); *McCormick v. Hanson Aggregates Se., Inc.*, 164 N.C. App. 459, 473, 596 S.E.2d 431, 439-40 (2004); *Gannett Pac. Corp. v. N.C. State Bureau of Investigation*, 164 N.C. App. 154, 161, 595 S.E.2d 162, 166 (2004); *Carter-Hubbard Publ'g Co. v. WRMC Hosp. Operating Corp.*, 178 N.C. App. 621, 623, 633 S.E.2d 682, 684 (2006); *In re Decision of the State Bd. of Elections*, 153 N.C. App. 804, 806, 570 S.E.2d 897, 898 (2002).

ⁱⁱ *LexisNexis Risk Data Mgmt. v. N.C. Admin. Office of the Courts*, 368 N.C. 180, 185, 775 S.E.2d 651, 654 (2015); *State Empl. Ass'n of N.C., Inc. v. N.C. Dep't of State Treasurer & Richard H. Moore*, 364 N.C. 205, 211, 695 S.E.2d 91, 95 (2010); *Virmani v. Presbyterian Health Servs. Corp.*, 350 N.C. 449, 462, 515 S.E.2d 675, 685 (1999); *Maready v. City of Winston-Salem*, 342 N.C. 708, 730, 467 S.E.2d 615, 629 (1996); *News and Observer Publ'g Co. v. Poole*, 330 N.C. 465, 475, 412 S.E.2d 7, 13 (1992); *News and Observer Pub. Co. v. State ex rel. Starling*, 312 N.C. 276, 281, 322 S.E.2d 133, 137 (1984); *Doe v. Doe*, ___ N.C. App. ___, 823 S.E.2d 583, 590 (2018); *Mastanduno v. Nat'l Freight Indus.*, ___ N.C. App. ___, 821 S.E.2d 592, 596 (2018); *DTH Media Corp. v. Folt*, 259 N.C. App. 61, 65, 816 S.E.2d 518, 522 (2018); *LexisNexis Risk Data Mgmt. v. N.C. Admin. Office of the Courts*, 368 N.C. 180, 185, 775 S.E.2d 651, 654 (2015); *Times News Publ'g Co. v. Alamance-Burlington Bd. of Educ.*, 242 N.C. App. 375, 376, 774 S.E.2d 922, 924 (2015); *Jackson v. Charlotte Mecklenburg Hosp. Auth.*, 238 N.C. App. 351, 768 S.E.2d 23, 25 (2014); *In re Search Warrants Issued in Connection with the Investigation into the Death of Nancy Cooper*, 200 N.C. App. 180, 186, 683 S.E.2d 418, 423 (2009); *News Reporter Co. v. Columbus Cty.*, 184 N.C. App. 512, 514, 646 S.E.2d 390, 393 (2007); *Womack Newspapers v. Town of Kitty Hawk*, 181 N.C. App. 1, 17, 639 S.E.2d 96, 107 (2007); *Carter-Hubbard Pub. Co. v. WRMC Hosp. Operating Corp.*, 178 N.C. App. 621, 624, 633 S.E.2d 682, 684 (2006) writ allowed, 361 N.C. 218, 642 S.E.2d 246 (2007) and aff'd sub nom. *Carter-Hubbard Publ'g Co., Inc. v. WRMC Hosp. Operating Corp.*, 361 N.C. 233, 641 S.E.2d 301 (2007); *City of Burlington v. Boney Publishers, Inc.*, 166 N.C. App. 186, 191-92, 600 S.E.2d 872, 876 (2004); *McCormick v. Hanson Aggregates Southeast, Inc.*, 164 N.C. App. 459, 469, 596 S.E.2d 431, 437 (2004); *Gannett Pacific Corp. v. North Carolina State Bureau of Investigation*, 164 N.C. App. 154, 156, 595 S.E.2d 162, 163 (2004); *Boney Publishers, Inc. v. Burlington City Council*, 151 N.C. App. 651, 658, 566 S.E.2d 701, 704 and 706 (2002); *Multimedia Pub. of North Carolina, Inc. v. Henderson County*, 136 N.C. App. 567, 575, 525 S.E.2d 786, 791 (2000); *H.B.S. Contractors, Inc. v. Cumberland County Bd. of Educ.*, 122 N.C. App. 49, 54, 468 S.E.2d 517, 521 (1996); *Advance Publications, Inc. v. City of Elizabeth City*, 53 N.C. App. 504, 506-07, 281 S.E.2d 69, 70-1 (1981).



Johnston County Public Information Office
P.O. Box 1049
Smithfield, NC 27577
Phone: (919) 938-4700
Fax: (919) 938-4724

PIO Officers: Lu Hickey Melanie Proctor Paulette Williams

For Immediate Release:

Johnston County COVID-19 Updated Data
April 16, 2020
5:45 p.m.

Smithfield, NC – The Johnston County Public Health Department has provided the following information as of 4:00 p.m. today:

Johnston County COVID – 19 Cases	
113	Confirmed cases
9	Hospitalized
95	Home
9	Related Deaths (all age 65 +)
Positive Cases by Percentage	
36%	Confirmed cases who are male (total of 41)
64%	Confirmed cases who are female (total of 72)
Positive Cases by Age	
6	Ages 18 – 24
28	Ages 25 – 49
31	Ages 50 – 64
48	Age 65 +
Positive Cases by Race	
36	Black
72	White
1	Other
4	Unknown (not disclosed on form)

Springbrook Rehabilitation & Nursing Center outbreak data is as follows:

- 43 current and/or former residents (includes 7 deaths)
- 12 staff reside in Johnston County
- 7 staff reside in other counties

Johnston Correctional Institute outbreak data is as follows:

- 3 inmates
- 3 staff reside in Johnston County

It is important to remember that the data contained in this release is subject to change as cases are investigated and additional testing is performed.

To stay up to date on COVID-19 in North Carolina, visit ncdhhs.gov/coronavirus or text COVIDNC to 898211. Call 2-1-1 (or 888-892-1162) for general questions or for help finding human services resources in your community.

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www.facebook.com/JoCoEmerServ/

<https://twitter.com/jocoemerserv>

Wake County Identifies Second COVID-19 Outbreak At Long- Term Care Facility

On April 13, 2020

Wake County has identified a second COVID-19 outbreak at a local long-term care facility. Sunnybrook Rehabilitation Center in Raleigh currently has five positive cases of the virus.

The breakdown:

- Three are residents of the facility. Of those, two remain in isolation at Sunnybrook Rehabilitation Center. One is undergoing treatment at WakeMed Health & Hospitals.
- Two are employees of the facility. They are isolating at home, recovering from the virus.

“We consider residents of long-term care facilities like this one to be at higher risk for serious illness if they contract COVID-19, because they’re generally older and may have other health conditions,” said Wake County EMS Director/Medical Director Dr. Jose Cabanas. “That’s why we’re working closely with the center to conduct additional testing to

prevent the spread of the virus and keep people safe.”

Wake County sent a public health team to the 95-bed center today to test 25 residents who are showing symptoms of COVID-19. Our team is also testing employees came in close contact with these patients.

Another Positive Case at Wellington Facility

Wake County has received another positive COVID-19 test result associated with the Wellington Rehabilitation and Healthcare in Knightdale.

The person is an employee of the facility. This individual is currently isolating at home.

Staying Updated

Wake County has made it easy for you to stay updated on the latest information about COVID-19.

You can visit our [COVID-19 webpage](#), which has a set of frequently asked questions to educate residents in [English](#) and in [Spanish](#), a list of COVID-19-related [closures and service changes](#), as well as an email address and phone number that people can use to ask personal health-related questions about COVID-19.

The county is also sharing important information on its [Facebook](#), [Twitter](#) and [Instagram](#) accounts.

Share: [f](#) [t](#) [g](#) [t](#)



John Carr
 Publisher
 704-797-4201
 john.carr@salisburypost.com

Winfred F. Mention
 Operations Director
 704-797-4286
 winfred.mention@salisburypost.com

Josh Bergeron
 Editor
 704-797-4248
 josh.bergeron@salisburypost.com

Elisha Wilson
 Circulation Director
 704-797-4221
 elisha.wilson@salisburypost.com

OPINION

Salisbury Post
 “The truth shall make you free”

ALERT SYSTEM

Find missing teen before talking changes

Across Rowan County early Saturday, anyone signed up for the county’s real-time notification system received at least one phone call notifying them about a missing 16-year-old boy named Gabriel Wyck.

Some folks reported receiving up to three phone calls about the missing boy, who has still not been found. Because it was late, those phone calls likely went to voicemail.

In a recorded message, the alert system told recipients to be on the lookout for Gabriel — described in the message as 16, black, male, 6 feet tall, 200 pounds and missing from a residence on Kings Terrace, just north of China Grove. He was last seen at 6:30 p.m. Friday in all gray clothing and wearing a backpack. People who see Gabriel were told to contact 911.

On Saturday, the Bostian Heights Fire Department further advised the public to check any open buildings on their property and watch roadways while traveling.

It may have been the first time many folks received a message from Ro Co Alerts, a countywide service indented to provide information about emergencies and an array of non-urgent items of general public interest. As a result, there’s a subset of people who have expressed concerns about the time and number of notifications about the single incident. A number of them have contacted the Post since the call.

A question for those people and public safety officials, too, is whether the value of notification about an incident outweighs any inconvenience. Could the county have sent the alert out earlier? Could it have waited until the morning? Perhaps the county could ensure that people can select a preferred method of notification so that the alert only comes via email or text message rather than a phone call. Should the alerts system stop at one notification for certain types of incidents rather than three if receipt is not confirmed? Those are all questions that should eventually be discussed in an after-action review. Worrying about those matters now isn’t unlike complaining that TV news interrupted an episode of your favorite TV show to communicate information about a severe storm as it’s bearing down.

There’s a more important task at the moment. That task is finding Gabriel and ensuring he’s not in any danger. Those who see him should call 911.

Those who wish to sign up or change their subscription to the county’s alert system can visit rowancountync.gov/ro-coalerts.



Wyck



Dr. John Bream

The outbreak of COVID-19 at the Citadel in Salisbury is tragic. At the time of writing this, we know there are at least 96 positive cases among this facility’s residents, at least 17 employees who have tested positive and multiple (but an unknown number of) fatalities.

While nursing home outbreaks have been well-documented throughout the country, with at least 39 such outbreaks in North Carolina alone, there are several reasons that the outbreak at the Citadel is especially concerning.

I happened to take care of the first patient who ended up being positive from The Citadel. This patient presented to the emergency department on April 4. In the next three days, the emergency department would see and admit several more patients from this facility, and it became clear an outbreak had occurred.

With no communication from the Rowan County Health Department or Citadel of which I am aware, a discussion occurred among the emergency department’s leadership team on the night of April 7 about our concerns and the need for immediate intervention.

On April 8, multiple meetings occurred in which concerns were expressed about the lack of response to the Citadel outbreak. The emergency department’s team engaged the Rowan County Health Department and hospital leadership imploring a more aggressive response. A cascade of meetings occurred, which unfortunately revealed the gravity of the situation and the delayed response by the Citadel and Rowan County.

COVID-19 tests were collected at the Citadel on April 10, refrigerated overnight and driven to the state lab on April 11. It was also on April 10 that the Citadel — six days after the first suspected case was seen in the emergency department and at least five COVID-19 positive patients had been identified at the hospital — notified some families of the possibility of exposure.

On April 12, I noted on the N.C. Department of Health and Human Service website that a significant increase in COVID-19 cases had occurred in Rowan County. On April 13, it was confirmed to me that this was from the first wave of positive Citadel results. Those initial results from the Citadel showed that 85 residents were positive and were 15 negative. On an internal call on April 13, it was also revealed that 15 Citadel residents were not tested. Among the facility’s team members tested, 32 were tested — 17 were positive, 4 were negative and the rest were pending.

It was also on April 13 that I worked a 3 p.m. to midnight shift in which there were several disturbing circumstances identified:

- My first patient of the day was from the Citadel, positive for COVID-19 and in serious condition. I called the family to let them know the patient was in the emergency department, and I was exasperated to know that the family had not been made aware — now at least a day and a half later — that their family member was positive for COVID-19. Unfortunately,



SALISBURY POST FILE PHOTO

The Citadel, a skilled nursing home on Julian Road, is the site of a COVID-19 outbreak.

this patient succumbed to the illness the next day.

- About an hour later, I had a patient who was an employee of the Citadel who was experiencing symptoms. She volunteered that she felt the facility had “dropped the ball.” Being extensively involved in the situation, I asked her if she would mind sharing what she meant. She told me that the staff had repeatedly asked to wear masks and were denied by the facility’s leadership. She also told me that the staff had asked to wear gowns. Only after patients started to get sick were those measures implemented. The employee lamented that, “By then, it was too late.”

- A few hours later, I got my second case of the day from the Citadel. I called the family to let them know the patient was in the emergency department, and this family was also unaware that their loved one was positive for COVID-19.

- I then contacted a member of our nursing staff who I knew had family at the Citadel. She also confirmed that her family had not been made aware of the outbreak.

- My last patient of the shift came in around 11 p.m. The patient was from the Citadel, COVID-19 positive and in critical condition. I called the family immediately because it was apparent that without major, invasive interventions the patient would not survive. After a discussion with the family, it was decided we would make the goal of care to keep the patient comfortable and transition to palliative care. Denied knowledge that the family member was critically ill and COVID-19 positive and unable to come to the hospital, I called the patient’s daughter on FaceTime so that she could have one more final moment with her father in which she could tell him she loved him one last time.

The patient died approximately 18 hours later.

Immediately after my shift, I notified hospital administration, emergency department leadership and the Rowan County public health director about these encounters and concerns. I have pressed, both in meetings and multiple emails and texts among emergency department leadership, Accordius and the Row-

an County Health Department for Accordius and Rowan County to be proactive in addressing multiple shortcomings of the situation.

Met with continued inaction and exasperation about the lack of transparency about the Citadel situation, I continued to implore, especially the Rowan County Health Department, to simply do the right thing and tackle these issues head-on.

This has not occurred. These events are obviously concerning to me as a human being, not only as a physician and the medical director of the emergency department. Informing family members of catastrophic diagnoses and death is part of my job as an emergency room physician. When handled appropriately, guiding families through the grieving process is one of the most rewarding things I do.

However, what we have seen relating to the Citadel situation from the Rowan County Health Department and Accordius is a blueprint for exactly what not to do in a crisis.

We now know families were denied knowledge that a COVID-19 outbreak existed at the Citadel for at least six days prior to being informed of quarantine. Two days elapsed between COVID-19 positive test results and communication with families. Patients died at the Citadel without family members being notified. Families were denied the ability to have one last meaningful interaction with their family. Employees were wrongly denied personal protective equipment. There has been no transparency.

Faced with the difficult decision to remain quiet or do the right thing, I choose to do the right thing. These families deserve to know the truth about what happened and deserve closure regarding the COVID-19 outbreak at the Citadel. This vulnerable population and the Citadel staff have suffered and were unable to speak for themselves.

Hopefully, this is just the start of a robust conversation about these unfortunate events and the start of full transparency by all entities involved.

Dr. John Bream is medical director of the local hospital’s emergency department.

Faced with the difficult decision to remain quiet or do the right thing, I choose to do the right thing.

Letters to the editor

High gas prices not needed now

Fifteen miles — that’s the approximate distance between Salisbury, which is along I-85, and Mocksville, which is along I-40. The average price per gallon for unleaded gas at stations in Salisbury off exit 76 of I-85 is \$1.81. The average price per gallon at stations off of the main Mocksville exit of I-40 is \$1.42. Charging 40 cents more per gallon in such a short distance is an affront to common decency in normal times. Charging such a difference during a time of national emergency is beyond words, not to mention likely against state law prohibiting price gouging. Many owners of the gas

providers live locally and they should be ashamed of themselves for taking advantage of people who are having to decide whether to spend their disappearing money on food or health-care. Adding purchasing expensive gas to that equation is a recipe for disaster. Do the right thing local gas station owners. Make us proud of Salisbury rather than ashamed.

— **BD Robinson**
 Salisbury

Buy gas out of town for now

Since moving back 10 years ago, I’ve noticed that gas prices in Salisbury always seemed higher than many surrounding towns. It has made me wonder if

the station owners here weren’t as savvy wholesale gas buyers as others or, perhaps, they were just greedier. Maybe they pay their employees more than others do. I would be OK with paying more for gas if employees were paid more than other towns, but I suspect this is not the case. Recently, I went to the Costco in Mooresville and noticed that regular gas at all stations was selling for \$1.61 or \$1.62 per gallon for regular unleaded — about 20 cents lower per gallon than gas here in Salisbury. I ended up buying premium gas at Costco for \$1.79 per gallon. I paid \$2.79 per gallon when I last filled up here. I’m all for capitalism and free enterprise, but

gouging and price fixing during this terrible crisis (with many or most people out of work) is just wrong! I would encourage other folks to temporarily buy their gas elsewhere until our local gas station owners stop colluding to gouge the public. I also plan to contact our state’s attorney general to look into this matter and encourage others to do likewise.

— **Fred Krusemark**
 Granite Quarry

Letters policy

Each letter should be limited to 300 words and include the writer’s name, address and phone number. Email: letters@salisburypost.com.

What’s an editorial?

An editorial, like the one published above, is intended to the opinion of The Salisbury Post. Editorials are typically written by one or more members of the newspaper’s editorial board, which consists of the Post’s editor, publisher and senior staff members. For questions about the Salisbury Post’s editorials or to suggest a topic, email editor@salisburypost.com.



STAHLER, 4/21