

BRIEF19

A daily review of covid-19 research and policy.

POLICY BRIEFING

Race as a social determinant of health takes center stage. Over the past weekend, we have seen our country react to the on-camera killing of George Floyd. Since the time of the killing, the police officer who ended Floyd's life has been charged with murder and manslaughter. It is more clear than ever that racism and discrimination are detrimental to the health and safety of minorities in the United States, particularly Black Americans. Since the outbreak began here in the United States, *Brief19* has [covered reports](#) in the medical literature describing worse outcomes experienced by Black and other people of color with SARS-CoV-2 infection. Among the first inequities described was lower rates of viral testing among non-White persons. Later, disproportionately higher rates of hospitalization and deaths among Black persons have been repeatedly shown in various settings around the country. It seems increasingly apparent that the disparate outcomes have more to do with chronic and systemic issues which are manifestations of our country's history of structural racism than differences in acute care. That is to say, it is the effects of racism, not a patient's race (i.e. not any genetic predispositions), that accounts for many of the health inequities before us. For example, it is not just Black persons but Black Americans [in particular](#) that are known as having amongst the highest rates of elevated blood pressure in the world, a risk for poorer covid-19-related outcomes. Covid-19 has merely pulled the curtain back on the fact that many serious acute illnesses (including infections like covid-19 but also many others) are far more likely to become critical and life-threatening when pre-existing chronic illnesses such as high blood pressure go undertreated or even undiagnosed owing to lack of primary and preventative care. Lack of medical treatment can be the result of a number of factors including inadequate access to healthcare or suspicion of the healthcare system resulting from previous breaches of trust. Over the past few days the [American Medical Association](#), and [several](#) emergency medicine [societies](#) have issued strong statements to reflect this, specifically calling out police brutality and structural racism, and urging for systemic changes that will provide care and outcome equity in the future. As the AMA writes, "racism is detrimental to health in all its forms." *Brief19* remains committed to highlighting the injustices of racism and inequality in medicine, and the consequences such racism has on the health of our communities. In the meantime, experts have expressed concern for covid-19 spread during protests, and offered [concrete suggestions](#) for how demonstrators and all of the public can limit their risk. *1 June 2020.*

—*Brief19 Editorial Board*

Making sure poor countries can get a SARS-coV-2 vaccine. Poor and middle-income countries are likely to be hardest hit in the current pandemic, given their less robust public health systems and conditions that promote the spread of the virus, like high-density housing. But when a SARS-coV-2 vaccine comes to market, those countries will have less buying capacity than wealthier ones. To address this problem, a public-private partnership called GAVI -- backed by the Gates Foundation, the World Health Organization, the World Bank, UNICEF and governments of countries around the world -- is [proposing](#) to make something called an advance market commitment. Under that mechanism, GAVI would [commit](#) to buying a minimum number of vaccines at an established cost for low and middle income countries. This guaranteed purchase would eliminate the risk of poor demand or inability to pay for the manufacturers of the vaccines.

The idea of incentivizing development of drugs and therapeutics that may not be financially lucrative is not new; the Food and Drug Administration's orphan drug program currently does this, for example. An [example](#) of a similar proposal is the Health Impact Fund (HIF) which was proposed as a World Trade Organization mechanism nearly a decade ago but has not been implemented. Under the HIF, if companies would commit to making a drug available to low-income countries for the lowest possible price, they would be eligible for an annual award from the WTO, proportionate to the drug's health impact. However, HIF would not address a country's ability to pay, even a very low cost. The advance market commitment mechanism, which GAVI has used previously for pneumococcal vaccine, would both incentivize the process of developing vaccines and ensure equitable access to them. [5 June 2020](#).
–Kimi Chernoby, MD, JD.

Provider liability protection. Introduced by US House Representatives, the House Judiciary Committee is [set to consider](#) HR 7059, the Coronavirus Provider Protection Act. Developed in conjunction with the American Medical Association and several state and specialty medical organizations, this bipartisan bill seeks to give healthcare providers and their institutions liability limitations related to coronavirus. Because of the pandemic, many non-emergent medical screenings, exams, and procedures have been delayed in an effort to limit potential spread. This bill establishes a safe harbor for acts or omissions occurring within the declared national emergency through sixty days after its termination that were determined to be due to lack of adequate resources, inadequate testing ability, workforce shortages, or as a result of following established infection control guidelines that would otherwise be considered deviations from the standard of care. The bill does not offer provider protection for patients harmed as a result of gross negligence or misconduct. *The House of Representatives*. [3 June 2020](#). –Joshua Lesko, MD

Covid-19 strikes Minnesota National Guard. Protests over the murder of George Floyd are now occurring in over 100 U.S. cities. These protests bring large crowds, and social distancing among protestors and associated law enforcement has become virtually impossible. So, it is no surprise that coronavirus infections are [emerging](#) at the site of protests. The protests began in Minnesota, the site of George Floyd's death. Since then, one deployed national guard member has tested positive for SARS-CoV-2, and nine other members have begun to show symptoms. In response, the Minnesota National Guard plans to test all deployed members. However, given pre-symptomatic spread, these measures may be too-little too-late. Further, it is not just the close contact that renders protests prime opportunities for the spread of coronavirus; the use of tear gas and other agents that can provoke coughing also may contribute to the spread. In addition, Black communities that are out protesting have already been hardest hit by the covid-19 outbreak in the United States, with demonstrably worse outcomes. The increased risks around protesting could compound these effects and inequities. Accordingly, local and state officials may be advised to increase testing capacity. Such efforts would be in line with the broad testing that public health experts have been calling for since the virus first emerged. *CNBC*. [3 June 2020](#).

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Brief19 is a daily executive summary of covid-19-related medical research, news, and public policy. It was founded and created by frontline emergency medicine physicians with expertise in medical research critique, health policy, and public policy.