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## **BRIEF19**

*A daily review of covid-19 research and policy.*

### **RESEARCH BRIEFING**

**COVID-19 and African Americans.** Previous research has shown that minority populations in the United States tend to have worse clinical outcomes for common diseases like high blood pressure, diabetes, heart disease, and other conditions. It appears that covid-19 is no exception. A perspective [piece](#) published in *JAMA* takes a deep dive into some of the growing news on this important topic. In 131 predominantly black communities in the United States, infection and fatality rates from SARS-Cov-2 appear to be 3-fold and 6-fold greater, respectively, compared to predominantly white counties. Why is this happening? It is too soon to say for sure. But the author notes that black persons have disproportionately high risks for severe covid-19, including high blood pressure, diabetes, obesity, and cardiovascular disease, as previously described in the literature on social determinants of health. Furthermore, for those living with poverty, social distancing—one of the most effective ways to prevent spread, especially to older and at-risk people--can be extremely difficult if not a practical impossibility. The author states that “the aggregate of a higher burden of at-risk comorbidities, the pernicious effects of adverse social determinants of health, and the absence of privilege that does not allow a reprieve from work without dire consequences for a person’s sustenance, does not allow safe practices, and does not even allow for 6-foot distancing.” There are decades of literature to support the fact that black Americans often receive less care than is clinically appropriate. In the case of covid-19, there are no treatments known to prevent the disease from progressing. This suggests that the increased numbers of black Americans with severe illness are less driven by suboptimal medical care being delivered at the front line now, than by the consequences of long-standing societal and discriminatory factors that have not been addressed by the health care system at large. This pandemic highlights the urgent need for renewed focus on addressing health disparities.

*--Joshua Niforatos, MD, Research Section Editor.*

**Post-mortem Covid-19 exposures?** A brief [letter](#) to the *Journal of Forensic and Legal Medicine* reports from Thailand that a forensic medical professional contracted SARS-CoV-2, likely from a deceased patient, and later died from covid-19. At the time of the letter, cases in Thailand were relatively low (272) with most cases imported from other countries, and community spread appearing to be limited. The authors suggest that there is a low likelihood of forensic workers coming in contact with persons infected with SARS-CoV-2 in Thailand and that this medical professional was exposed to unusually infectious specimens and corpses. If exposure indeed came from a deceased covid-19 patient, this letter highlights the rigorous adherence to wearing proper PPE even when handling the deceased.

*--Christopher Sampson, MD, FACEP*

### **POLICY BRIEFING**

**Catch me if you can.** Last Friday, technology giants Apple and Google announced a [partnership](#) to develop contact [tracing](#) technology for covid-19. This comes at a time when many non-governmental organizations and public health experts have struggling with contact tracing (the practice of identifying and observing individuals who were likely to have been in contact with an

infected patient). In the spirit of the joint effort, Apple and Google have laid out a two-step plan to roll out the contact tracing technology that will be fronted by applications from third-party public health authorities. The companies will release application programming interfaces that allow for cross-operability between iOS and Android devices. Bluetooth-based contact tracing functionality will be built into the applications. However, privacy advocates have expressed [concern](#). An article published by Forbes draws attention to fears that the system might not be easy to opt out of for users. Further, plans have quickly moved, in the span of a few days, from State-controlled solutions and instead towards two of the biggest technology companies in the world. *Apple Newsroom & Forbes*.

--Rebekah Roll, BS

**Putting medical students to work.** The covid-19 pandemic has left many hospital systems around the country desperate for staff. *Brief 19* previously reported on the decision of many medical schools to permit early graduations of students in their final year. The question remained as to what capacity the newly minted doctors would be used. Now we have some [clarity](#). The New York University (NYU) Grossman School of Medicine has created a program in which early graduates may work in emergency departments and in internal medicine wards associated with its health system. Students who sign on will be paid an intern's salary. Meanwhile, Boston University is allowing its early graduates who have matched within Massachusetts to apply for temporary ninety-day licenses, leaving it to the respective programs to determine how the graduates would be employed and compensated. *The American Medical Association*.

--Joshua Lesko, MD

**Inadequate PPE leaves health care workers sick.** Yesterday, the Centers for Disease Control and Prevention [announced](#) that over 9,000 health care workers in the United States have tested positive for SARS-CoV-2. Some of these infections are due to a lack of sufficient personal protective equipment on the front lines. When these workers fall ill, it can throw many lives into disarray. One healthcare worker illness requires isolation from family, and can mean that needs at home such as child care, food shopping, and other essential tasks are not fulfilled. One group, known as "MSCAN" is trying to alleviate this problem. The [organization](#), comprised of medical students, attempts to collate all of the available student-driven resources across the country and has had substantial success. *Washington Post*.

--Kimi Chernoby, MD JD, Policy Section Editor.

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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.