

BRIEF19

A daily review of covid-19 research and policy.

POLICY BRIEFING

American laws influence racial and ethnic disparities in covid-19. [Gaps in the law](#) and other systemic sources of discrimination appear to be contributing to the disparities observed in covid-19 outcomes. In particular, many racial and ethnic communities are experiencing worse outcomes. There are several possible explanations for why this is occurring. First, exposure to conditions that may increase rates of viral transmission are more common in communities where persons of color live. Second, racial and ethnic minorities are more likely to be unable to stay at home (i.e. unable to practice recommended social distancing) from work, thereby exposing other members of their community in the workplace. Some disparities in exposure to covid-19 also appear to stem from gaps in employment laws which fail to provide paid sick leave and a living wage to low-wage essential workers. This includes home health care workers, farm workers, and meat plant workers. Many such workers do not have adequate (or any) health insurance, meaning they are more likely to have higher rates of existing medical conditions, some of which have repeatedly been noted to be associated with more severe covid-19 infections and worse outcomes. Additionally, as covered in [Brief19](#), lack of access to routine health care may be leading patients from minority communities to avoid seeking medical care early enough to stave off important and modifiable complications of infection, such as kidney and liver damage. Third, racial and ethnic minorities may be more susceptible to more serious SARS-CoV-2 infection because of a system of federal laws that has proven inadequate in ensuring sufficiently safe housing. For example, Title X of the Housing and Community Development Act of 1992 law gives federal aid to reduce lead based paint hazards in housing, but neglects all other health hazards such as lack of hot water, or the presence of environmental hazards like mold that contribute to higher rates of asthma, a potential risk factor in developing worse covid-19-related illness. Other laws may have a more direct effect on worse outcomes among certain racial and ethnic groups. For example, provisions in the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) fail to protect home care workers; often referred to as “home health aides,” these workers take care of the elderly and other chronically ill persons. Among other benefits, the CARES Act provides many workers with health coverage for covid-19-related care, increased unemployment benefits, and mandated paid sick leave. However, the law does not apply to home care workers, of whom two-thirds are women of color. Additionally, undocumented immigrants who are essential workers have lower access to covid-19 testing and hospital-based treatment because they are not covered by either the ACA or the CARES Act. *J of Law and the Biosciences*. [29 May 2020](#).

–Seema Mohapatra, JD, MPH and Ruqaiijah Yearby, JD, MPH

C.D.C. combining active infection and recovery tests for the nation’s testing total. The C.D.C. has been [combining](#) tests that detect active infections with tests that detect whether a person has recovered from the coronavirus in nationwide testing totals. On May 18, the C.D.C.’s testing tracker reported 10.2 million viral tests had been performed. After tests that detect whether a person has recovered (as evidenced by the presence of antibodies), known as serology tests, were added, the number increased to 10.8 million. Epidemiologists say combining the tests is misleading. Including serology tests muddies the picture and could make it appear that a given

state is better able to identify active cases than it truly is. Some officials said the error was simply the result of overworked local and state public health departments scrambling to produce data that they have not had to produce before. Other states seem to have been trying to match similar practices in other states in an apparent effort to avoid unfairly unflattering comparisons. *The New York Times*. [27 May 2020](#).
–Aida Haddad, MDiv

Working safely in an unsafe era. The Occupational Safety and Health Administration (OSHA) has released a [document](#) entitled “Guidance on Preparing Workplaces for COVID-19.” The document outlines expectations for managers, including the anticipation of absenteeism related to inadequate sick leave. In addition to encouraging employers to foster a culture of safety and hygiene, including recommending increased access to hand sanitizers in situations in which increased access to soap and sinks is not possible, employers are encouraged to tell employees *not* to come to work if they are sick, encouraging “respiratory etiquette” (i.e. covering coughs and sneezes), and reminding co-workers not to share phones and desks. Providing face masks, when possible, is advised. OSHA is also advising that employers have sick leave policies that are “flexible and consistent with public health guidance,” including provisions for workers who need to stay home to take care of other members of their household. Also included is a recommendation *not* to require employees to obtain “work notes” from healthcare providers in order to gain permission either to miss work, nor to return to work, as stretched resources may limit access. However, the recommendations of this document are non-binding. OSHA could turn this document into a regulatory requirement, which would mean that employers would be bound by its policies. So far, that does not appear likely. [28 May 2020](#).

–Jeremy Samuel Faust, MD MS

Pandemic sharpens argument that the U.S. needs the “Dreamers.”

Last fall the United States Supreme Court [heard arguments](#) on whether to allow the Trump administration to end the Deferred Action for Childhood Arrivals (DACA) program, which protects about 700,000 immigrants, known as “Dreamers,” who were brought to the country as small children. The University of California had [challenged](#) the Department of Homeland Security’s decision to terminate the program. At the time, the American Medical Association and over thirty other organizations filed an [amicus brief](#) warning that the loss of the thousands of healthcare workers who are protected by the program would be devastating for the healthcare system, especially in the event that the nation face a pandemic. (This was before the first reports of a novel coronavirus emerged from Wuhan, China). Now that we are in the midst of just such a pandemic, the Supreme Court recently [allowed](#) a new filing from Yale Law School and the National Immigration Law Center on behalf of the approximately 27,000 DACA recipients who work in healthcare, arguing that “termination of DACA during this national emergency would be catastrophic.” *Various*. [27 May 2020](#).

–Joshua Lesko, MD

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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.