May 2020 Updates to Report:

Correction (bolded): Section IV, Vaccination, p. 60, 2nd paragraph:
In New York State, the courts have found religious, personal or “unsupported…medical literature”\(^1\) arguments unpersuasive.\(^2\)

Disproportionate COVID-19 Impact: Black/African American and Hispanic/Latinx Groups including Older Adults, Nursing Home Residents and Health Care Workers

There is a growing body of evidence that the COVID-19 pandemic has had a disproportionate impact upon Black/African Americans and Hispanic/Latinx in New York, New York City, and nationally. While there is variability in data reporting, numerous data sources (i.e., CDC, NYS DOH, and NYC DOH) show that racial and ethnic minority group members have been hit the hardest by the pandemic. The public health law perspective, as addressed in the NYSBA Health Law Section Report, focuses on the health of the public and population health, and sheds light upon the multiple factors contributing to vulnerability to COVID-19 and historical inequities in the society that have heightened the precarity and suffering of racial and ethnic minority groups. Such factors include social and economic determinants of health such as neighborhood, housing, food insecurity, access to health and mental health services, (public) health insurance, employment, income, and health, immigrant and disability status, as well as implicit bias in the health systems that creates significant barriers to care. The cumulative disadvantage of race, ethnicity, age, gender, underlying conditions, and poverty have compounded the detrimental impact of the pandemic across Black/African American and Hispanic/Latinx groups including older adults, nursing home residents, persons who are homeless living in shelters or who are incarcerated, immigrants, and essential workers. New York has reported deaths by race/ethnicity, as follows: Black or African American: 14% of population, 25% of deaths; Hispanic or Latino: 16% of population, 26% of deaths. (COVID-19 Racial Data Tracker, June 2, 2020, https://covidtracking.com/race/dashboard#state-ny). In New York City, disparities are glaring: Black/African Americans and Latinx are dying at twice the rate of non-Hispanic Whites (NYC Department of Health, Case, Hospitalization and Death Rates, May 23, 2020 https://www1.nyc.gov/site/doh/covid/covid-19-data.page). Nursing homes in particular, largely segregated before the pandemic, have been crucibles of racialized suffering and racial disparities during the pandemic. At least one-third of all U.S. COVID-19 deaths are nursing home residents or workers and in New York, nursing home deaths are at twenty percent of total deaths in the state (Yourish, New York Times, May 11, 2020).

The NYSBA Health Law Section recommends the following steps to ensure racial and ethnic disparities and inequities are being addressed as a moral obligation and to reduce morbidity and mortality among these populations:

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\(^1\) C.F. v. New York City Dept. of Health and Mental Hygiene, 2019 NY Slip Op. 31047, at 4-6 (Apr. 18, 2019) (administrative ruling) (NYC Dept. of Health and Mental Hygiene regulation requiring any person who lives or works in “designated zip codes” to be vaccinate for MMR (measles)).

• adequate and non-discriminatory allocation of resources to communities of color and vulnerable populations, including nursing home residents;
• equitable access to health and mental health services, including palliative care as an ethical minimum to mitigate suffering, especially when desired equipment or other resources are not available;
• provision of PPE to essential health care workers, and prioritizing health care workers in access to testing; and
• monitoring conformity with federal laws barring discrimination.

**Facing Scarcity During COVID-19 - From PPE to Trained Health Care Workers**

The COVID-19 Pandemic has brought us face-to-face with a situation of scarcity across the continuum of care – from not enough PPE to not enough trained Health Care Workers. Weill Cornell Bioethicist Joseph J. Fins describes this situation well in the upcoming issue of the NYSBA Health Law Journal (in press):

*Despite public declarations to the contrary, there was scarcity and resort to crisis of standards of care in New York City during the Covid-19 surge... To respond to this dire need hospitals across the city increased their ICU capacity by over 200-300%... Although the attention was on the shortage of equipment and the built environment, the greater stressor was the lack of adequately trained personnel able to manage critically ill patients.*

What happens when there are not enough supplies, trained intensivists, or ICU beds in the midst of a pandemic? Some will be lucky enough to access the care they need, such as an ICU bed or artificial ventilation equipment, and others won’t. Some workers will get masks, and others will be exposed to virus infection. But who gets to make what may be life and death decisions during pandemic conditions? In the absence of uniform written guidelines that all providers can follow, there’s a risk of arbitrary decision making in these circumstances, or possible discrimination based upon factors such as age, race and ethnicity, or disability. The NYSBA Health Law Section calls for issuance of uniform statewide ethics guidelines that all providers can follow in making decisions about how scarce resources are allocated. The NYS Task Force on Life and the Law issued Ventilator Guidelines in 2015 that use a physiologic metric to guide decisions on how resources are distributed when not enough for all. The NYSBA Health Law Section recommends that these guidelines be reviewed, and amended as needed, and adopted by the New York State Department of Health (DOH). Further, DOH should issue emergency regulations mandating all providers and practitioners follow the guidelines.

*See Ventilator Allocation Guidelines, NYSBA, Nov. 2015,*

*See Executive Summary Excerpt:*

**IV. The Guidelines’ Primary Goal: Saving the Most Lives** The primary goal of the Guidelines is to save the most lives in an influenza pandemic where there are a limited number of available ventilators. To accomplish this goal, patients for whom ventilator therapy would most likely be lifesaving are prioritized. The Guidelines define survival by examining a patient’s short-term likelihood of surviving the acute medical episode and not by focusing on whether the patient may
survive a given illness or disease in the long term (e.g., years after the pandemic). Patients with the highest probability of mortality without medical intervention, along with patients with the smallest probability of mortality with medical intervention, have the lowest level of access to ventilator therapy. Thus, patients who are most likely to survive without the ventilator, together with patients who will most likely survive with ventilator therapy, increase the overall number of survivors.”

Mandated Vaccination Program
Once a safe and effective COVID-19 vaccine becomes available, the NYSBA Health Law Section recommends mandated vaccination, and steps to ensure a planned vaccination program:

- Phase 3 safety and efficacy (and effectiveness) prospective, randomized and placebo-controlled study trial: participants would be randomized to receive either the vaccine or control (such as a placebo) and go back to their usual living conditions, where they may or may not be exposed to the virus that causes COVID-19 disease. Researchers would follow them over time to assess whether the vaccine was effective at preventing infection *(JAMA*, June 1, 2020, https://www.youtube.com/watch?v=2DUiBlj5rsQ&feature=youtu.be?utm_source=silverhair&utm_medium=email&utm_campaign=article_alert-jama&utm_content=olf&utm_term=051920; https://www.youtube.com/watch?v=2DUiBlj5rsQ&feature=youtu.be?utm_source=silverhair&utm_medium=email&utm_campaign=article_alert-jama&utm_content=olf&utm_term=051920;
- Rapid mass vaccination achieved through equitable distribution;
- Prioritizing health care workers and individuals at highest risk for complications and virus transmission to others if inadequate vaccine supply; and

Resources
New York State Bar Association Health Law Section
https://nysba.org/healthlawsectioncovid19/

United States:
Crisis Standards of Care

New England Journal of Medicine:
Eric C. Schneider, M.D., Failing the Test — The Tragic Data Gap Undermining the U.S. Pandemic Response, May 15, 2020
Lancet:


Abstract: The availability of good medical care tends to vary inversely with the need for it in the population served. This inverse care law operates more completely where medical care is most exposed to market forces, and less so where such exposure is reduced. The market distribution of medical care is a primitive and historically outdated social form, and any return to it would further exaggerate the maldistribution of medical resources.

COVID-19 Resource Centre
https://www.thelancet.com/coronavirus

New York State Data:
NYS COVID-19 Tracker
https://covid19tracker.health.ny.gov/views/NYS-COVID19-Tracker/NYSDOHCOVID-19Tracker-Map?%253Aembed=yes&%253Atoolbar=no&isGuestRedirectFromVizportal=y&:embed=y

Fatalities, Fatalities by Race/Ethnicity
https://covid19tracker.health.ny.gov/views/NYS-COVID19-Tracker/NYSDOHCOVID-19Tracker-Fatalities?%253Aembed=yes&%253Atoolbar=no&%3AisGuestRedirectFromVizportal=y&%3Aembed=y
The effects of COVID-19 on the health of racial and ethnic minority groups is still emerging; however, current data suggest a disproportionate burden of illness and death among racial and ethnic minority groups. A recent CDC MMWR report included race and ethnicity data from 580 patients hospitalized with lab-confirmed COVID-19 found that 45% of individuals for whom race or ethnicity data was available were white, compared to 55% of individuals in the surrounding community. However, 33% of hospitalized patients were black compared to 18% in the community and 8% were Hispanic, compared to 14% in the community. These data suggest an overrepresentation of blacks among hospitalized patients. (Shikha Garg, et al. Hospitalization Rates and Characteristics of Patients Hospitalized with Laboratory-Confirmed Coronavirus Disease 2019 — COVID-NET, 14 States, March 1-30, 2020, CDC, Apr. 8, 2020 https://www.cdc.gov/mmwr/volumes/69/wr/mm6915e3.htm?s_cid=mm6915e3_w)

Among COVID-19 deaths for which race and ethnicity data were available, New York City identified death rates among Black/African American persons (92.3 deaths per 100,000 population) and Hispanic/Latino persons (74.3) that were substantially higher than that of white (45.2) or Asian (34.5) persons. Studies are underway to confirm these data and understand and potentially reduce the impact of COVID-19 on the health of racial and ethnic minorities. (https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-19-deaths-race-ethnicity-04162020-1.pdf)
COVID-19 Data Repository by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University

This is the data repository for the 2019 Novel Coronavirus Visual Dashboard operated by the Johns Hopkins University Center for Systems Science and Engineering (JHU CSSE). Also, Supported by ESRI Living Atlas Team and the Johns Hopkins University Applied Physics Lab (JHU APL).

Visual Dashboard (desktop):  
https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6

Visual Dashboard (mobile):  
http://www.arcgis.com/apps/opsdashboard/index.html#/85320e2ea5424dfaaa75ae62e5c06e61

Lancet Article:  
An interactive web-based dashboard to track COVID-19 in real time

Provided by Johns Hopkins University Center for Systems Science and Engineering (JHU CSSE):  
https://systems.jhu.edu/

Data Sources: Aggregated data sources:

- World Health Organization (WHO): https://www.who.int/
- 1Point3Arces: https://coronavirus.1point3acres.com/en
- COVID Tracking Project: https://covidtracking.com/data. (US Testing and Hospitalization Data. We use the maximum reported value from "Currently" and "Cumulative" Hospitalized for our hospitalization number reported for each state.)
• US data sources at the state (Admin1) or county/city (Admin2) level:
  
  o Washington State Department of Health: https://www.doh.wa.gov/emergencies/coronavirus
  o Maryland Department of Health: https://coronavirus.maryland.gov/
  o Florida Department of Health Dashboard: https://services1.arcgis.com/CY1LXxl9zlJeBuRZ/arcgis/rest/services/Florida_COVID19_Cases/FeatureServer/0 and https://fdoh.maps.arcgis.com/apps/opsdashboard/index.html#/8d0de33f260d444c852a615dc7837c86

• Non-US data sources at the country/region (Admin0) or state/province (Admin1) level:
  
  o China CDC (CCDC): http://weekly.chinacdc.cn/news/TrackingtheEpidemic.htm
  o Hong Kong Department of Health: https://www.chp.gov.hk/en/features/102465.html
  o Macau Government: https://www.ssm.gov.mo/portal/
  o Taiwan CDC: https://sites.google.com/cdc.gov.tw/2019ncov/taiwan?authuser=0
  o Italy Ministry of Health: http://www.salute.gov.it/nuovocoronavirus


o Palestine (West Bank and Gaza): https://corona.ps/details

o Israel: https://govextra.gov.il/ministry-of-health/corona/corona-virus/


o Berliner Morgenpost (Germany): https://interaktiv.morgenpost.de/coronavirus-karte-infektionen-deutschland-weltweit/

o rtve (Spain): https://www.rtve.es/noticias/20200514/mapa-del-coronavirus-espana/2004681.shtml

o Ministry of Health, Republic of Serbia: https://covid19.rs/homepage-english/


o Brazil Ministry of Health: https://covid.saude.gov.br/

o Gobierono De Mexico: https://covid19.sinave.gob.mx/

o Japan COVID-19 Coronavirus Tracker: https://covid19japan.com/#all-prefectures

o Monitoreo del COVID-19 en Perú - Policía Nacional del Perú (PNP) - Dirección de Inteligencia (DIRIN): https://www.arcgis.com/apps/opsdashboard/index.html#/f90a7a87af2548699d6e7bb72f5547c2

o Colombia: https://antioquia2020-23.maps.arcgis.com/apps/opsdashboard/index.html#/a9194733a8334e27b0e0d7c8f67bd84 and Instituto Nacional de Salud

o Russia: https://xn--80aesfpebagmfbcm0a.xn--p1ai/information/

o Ukraine: https://covid19.rnbo.gov.ua/

Additional Information about the Visual Dashboard:
https://systems.jhu.edu/research/public-health/ncov/
American Public Health Association:
APHA supports HEROES COVID-19 Funding:
APHA welcomes essential public health funding, supports key provisions in COVID-19 bill, May 16, 2020
APHA Disproportionate Impact Upon Hispanics
APHA leader calls for greater access to COVID-19 resources for Hispanics, May 18, 2020

APHA’s Latinx COVID-19 Task Force
Louise Dettman, Task force addresses gaps, works toward intervention, PHN, May 18, 2020
http://publichealthnewswire.org/?p=latinx-covid19-task-force

Today’s guest blogger is Paulina Sosa, vice president of APHA’s Latino Caucus, chair of its Latinx COVID-19 Task Force and founder of the Latinx Voces en Salud Campaign. She is assistant editor of APHA’s American Journal of Public Health and public affairs coordinator for APHA’s COVID-19 response.

COVID-19 has highlighted a number of health disparities and inequities faced by Latinx communities. They are one of the most vulnerable populations throughout the U.S. because of:
- higher uninsured rates;
- a higher percentage working in “essential services,” including the meatpacking, farming and service industries;
- poor access to personal protective equipment;
- inability to social distance at home;
- lack of accurate and bilingual information and resources; and
- fear of accessing testing or health care services.

The large gaps in access to health information and health care felt by these communities stem from immigration status, stigmatization, income inequalities, language barriers and even cultural stigmas.

United Hospital Fund COVID-19 Resources:
https://uhfnyc.org/our-work/initiatives/covid/

Chad Shearer and Dr. Anthony Shih, Written Testimony of the United Hospital Fund Submitted to the Senate and Assembly Joint Legislative Hearing on Exploring Solutions to the Disproportionate Impact of COVID-19 on Minority Communities, May 18, 2020
https://uhfnyc.org/media/filer_public/fb/b1/fbb1d00a-4b1b-4ca3-aa77-2ee5cab003fb/uhf_testimony_on_impact_of_covid-19_on_minority_communities.pdf

Robert Wood Johnson County Health Rankings, comparison of Bronx and Queens to New York State,

**New York Times COVID-19 Coverage:**

*Who is likely to die from the coronavirus?*
https://www.nytimes.com/interactive/2020/06/04/opinion/coronavirus-health-race-inequality.html?campaign_id=29&emc=edit_up_20200604&instance_id=19080&nl=the-upshot&regi_id=69741277&segment_id=30074&te=1&user_id=6e8449ef70c4ce15f55ec38ace345348

*JAMA*

https://www.nytimes.com/article/coronavirus-nursing-homes-racial-disparity.html?campaign_id=9&emc=edit_nn_20200521&instance_id=18657&nl=the-morning&regi_id=69741277&segment_id=28666&te=1&user_id=6e8449ef70c4ce15f55ec38ace345348

Black Americans Face Alarming Rates of Coronavirus Infection in Some States

John Eligon et al., *Lockdown Delays Cost at Least 36,000 Lives, Data Show*, Apr. 7, 2020
https://www.nytimes.com/2020/05/20/us/coronavirus-distancing-deaths.html?campaign_id=9&emc=edit_nn_20200521&instance_id=18657&nl=the-morning&regi_id=69741277&segment_id=28666&te=1&user_id=6e8449ef70c4ce15f55ec38ace345348

John Eligon et al., *Questions of Bias in Covid-19 Treatment Add to the Mourning for Black Families*, May 10, 2020

**Immigrant communities (May 21):**

"Children of Immigrants in the Age of Deportation," Edited by Alejandro Portes & Patricia Fernandez-Kelly, with articles from Doug Massey, Min Zhou, Ruben Rumbaut & Cynthia Feliciano, Patricia Gandara, Ruben Hernandez-Leon, Helen Marrow, Roberto Gonzales and many others

https://think.taylorandfrancis.com/ethnic-and-racial-studies-children-immigrants/?utm_source=print&utm_medium=printed_piece&utm_campaign=JPC12866&fbclid=IwAR1en5JPzypBTd0sx2lDUqKaZYfLisBHev8Qk_17D-6uz93XxDgIyHblA

**Long-Term Care / Nursing Homes:**


Health Affairs:
Michael Cantor, et al., Reducing COVID-19 Deaths In Nursing Homes: Call To Action, May 27, 2020

ACHA, NCAL, and NHPCO: Guidance on the Role of Hospice Services in LTC Facilities During COVID-19 Pandemic.

AMDA (Society for Post-Acute and Long-Term Care Medicine): COVID-19 Resources including FAQ and self-care resources

CDC: Preparing for COVID-19: Long-term Care Facilities, Nursing Homes - Information to help LTCs prevent, identify, and contain COVID-19 infection, assess PPE, and care for residents with serious illness.

CMS: Upcoming Requirements for Notification of Confirmed COVID-19 (or COVID-19 Persons under Investigation) Among Residents and Staff in Nursing Homes
  o See the CDC's clarification of CMS reporting requirements here.

Indiana University Center for Aging Research: Advance Care Planning During a Crisis: Key Information for Nursing Facility Staff: 12-minute webinar created by Susan Hickman, PhD, and Kathleen Unroe, MD, MHA

John A. Hartford Foundation: COVID-19 Resources for Nursing Homes & Long-Term Care
  o Coronavirus Disease (COVID-19) Resources for Older Adults, Family Caregivers and Health Care Providers (Updated 5/27), Posted In: Age-Friendly Health Systems, Family Caregiving, Serious Illness & End of Life, CDC
As we all work together to ensure the safety of the public, and in particular, older adults and other individuals who are at increased risk from COVID-19, it is important to turn to trusted sources of information.

Below are resources from our partners and grantees that they will regularly update with information for older adults, family caregivers and health care providers. Please regularly consult the Centers for Disease Control (CDC) and your state health departments for specific and up-to-date information about your community.

For a fuller list of nursing home and long-term care specific resources, go to our COVID-19 Resources for Nursing Homes & Long-Term Care post.

To get support from our COVID-19 Rapid Response Network for Nursing Homes, join our daily 20-minute National Nursing Home Huddles at 12pm ET/9am PT.

- **What Older Adults and Their Family Caregivers Should Know:**
  - Administration for Community Living (ACL)
    - What do Older Adults and People with Disabilities Need to Know?
    - Eldercare Locator
  - Centers for Disease Control and Prevention (CDC)
    - People at Risk for Serious Illness from COVID-19 - Older Adults
    - Resources for Home: Plan, Prepare, and Respond to Coronavirus Disease 2019
  - AARP
    - What you need to know about the Coronavirus Outbreak
    - Health, Coronavirus and Caregiving
    - COVID-19 Spanish Language Resources
    - Preparing Caregivers during COVID-19
  - Alzheimer's Association
    - Coronavirus (COVID-19): Tips for Dementia Caregivers
    - Emergency Preparedness: Caring for persons living with dementia in a long-term or community-based care setting
    - Coronavirus (COVID-19) and Dementia: Tips for Public Health Community *(New)*
  - Archangels
    - COVID-19 Resources: To Read & Share
  - Caregiver Action Network
    - COVID-19 and Family Caregiving
  - Diverse Elders Coalition
    - COVID-19 Community Resources
  - Family Caregiver Alliance
    - Coronavirus (COVID-19) Resources and Articles for Family Caregivers
  - National Foundation for Infectious Diseases
    - Frequently Asked Questions About Novel Coronavirus (COVID-19)
    - Common Questions and Answers About COVID-19 for Older Adults and People with Chronic Health Conditions
  - Prepare for Your Care
    - COVID-19 Resources and Hospital Go Bag in English and Spanish

**News and Articles to Keep You Informed:**
Kaiser Health News
- COVID-19 Latest News on the Coronavirus Outbreak
Next Avenue (PBS' Online News Platform for Older Adults)
- The Coronavirus Outbreak: What You Need to Know
Health Affairs
- COVID-19 (Coronavirus Disease)

**What Long-Term Care Providers Should Know:**
Centers for Disease Control and Prevention (CDC)
- Interim Guidance for Nursing Homes
LeadingAge
- Coronavirus and COVID-19 Information
American Health Care Association (AHCA)
- Coronavirus
The Society for Post-Acute and Long-Term Care Medicine (AMDA)
- Update on COVID-19

**What Health Care Professionals Should Know - Federal Guidance:**
Centers for Disease Control and Prevention (CDC)
- Information for Healthcare Professionals
  - Resources for Hospitals and Healthcare Professionals Preparing for Patients with Suspected or Confirmed COVID-19
  - Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings
  - Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for Coronavirus Disease 2019 (COVID-19)
  - Guidance for Retirement Communities and Independent Living
Centers for Medicare and Medicaid Services (CMS)
- Current Emergencies Website (COVID-19)

Health Resources and Services Administration (HRSA)
- Emergency Preparedness and Recovery Resources for Health Centers

**What Health Care Professionals Should Know - Geriatric Care:**
American Geriatrics Society (AGS)
- AGS Coronavirus Disease 2019 (COVID-19) Information Hub
- Allocating Scarce Resources In the COVID-19 Era
- The Journal of the American Geriatrics Society Publications on COVID-19

Home Centered Care Institute - for Home-Based Primary Care Providers
- COVID-19 Information Hub
Geriatric Emergency Department Collaborative
  - COVID-19 Links and Resources

Gerontological Society of America (GSA)
  - National Adult Vaccination Program COVID-19 Updates

**What Health Care Professionals should know - Serious Illness Care:**
Ariadne Labs
  - Serious Illness Care Program COVID-19 Response Toolkit
Center to Advance Palliative Care (CAPC)
  - CAPC COVID-19 Response Resources
Coalition to Transform Advanced Care
  - Resources to Support Serious Illness Population
National POLST
  - POLST and COVID-19 (Facility Guidance)
Respecting Choices
  - Resources to have Planning Conversations in COVID-19
The Conversation Project
  - COVID-19 Resources
VitalTalk
  - COVID-Ready Communication Skills: A Playbook of VitalTalk Tips
National Hospice and Palliative Care Organization
  - Emergency Preparedness: COVID-19 Information

**What Health Care Professionals Should Know - General:**
American College of Physicians (ACP)
  - Coronavirus Disease 2019 (COVID-19): Information for Internists
American Hospital Association (AHA)
  - Updates and Resources on Novel Coronavirus (COVID-19)
American Pharmacists Association (APhA)
  - Pharmacists’ Guide to Coronavirus
Better Care Playbook
  - Addressing Complex Care Needs Amid COVID-19
Center for Medicare Advocacy
  - COVID-19: An Advocates Guide to Beneficiary Related Medicare Changes
Institute for Healthcare Improvement
  - COVID-19 Guidance and Resources
University of Washington Medical Center (UW Medicine)
  - COVID-19 Resource Site for Healthcare Workers
The Center for Connected Health Policy (CCHP)
  - National Telehealth Resource Center *(New)*
The Hastings Center
  - Ethical Framework for Health Care Institutions & Guidelines for Institutional Ethics Services Responding to the Coronavirus Pandemic
The Joint Commission
  - Coronavirus (COVID-19)
RELATED RESOURCES

• COVID-19 Resources for Nursing Homes & Long-Term Care (Updated 5/27)  
  May 27, 2020
• Virtual Briefing: NAC and AARP's Caregiving in the U.S. Report  
  May 26, 2020
• COVID-19 Rapid Response Network for Nursing Homes: Join Daily National Nursing Home  
  Huddles  
  May 26, 2020

Journal of the American Geriatrics Society (JAGS):  
COVID-19 in the Long-Term Care Setting: The CMS Perspective

LeadingAge:  
Coronavirus Resources including timely 'hot topic' updates and training

NASEM:  
Keeping Nursing Home Residents and Staff Safe in the Era of COVID-19 - April 22 webinar  
moderated by Terry Fulmer, PhD, RN, FAAN, President of The John A. Hartford Foundation.

The New York Times:  
Charles C. Camosy, What’s behind the nursing home horror, May 17, 2020  

JAMA:  
Grabowski DC, Mor V, Nursing Home Care in Crisis in the Wake of COVID-19. JAMA. Published online May 22, 2020. doi:10.1001/jama.2020.8524  
https://jamanetwork.com/journals/jama/fullarticle/2766599?guestAccessKey=6286cca3-9a3c-4f36-8789-76dd159043d7&utm_source=silverchair&utm_medium=email&utm_campaign=article_alert-jama&utm_content=olf&utm_term=052220

Kaiser Family Foundation:  
Chidambaram P. Kaiser Family Foundation Issue Brief: state reporting of cases and deaths due to  

Senate Committee on Finance:  
Testimony of David C. Grabowski, PhD, Senate finance committee hearing: not forgotten:  
https://www.finance.senate.gov/imo/media/doc/Grabowski%20Senate%20Finance%20testimony%20FINAL.pdf
Additional Resources on Disparities:
NYC DOH
Death rates by race/ethnicity
https://www1.nyc.gov/site/doh/covid/covid-19-data.page

New York Magazine:
Matt Stieb, NYC Department of Health: Black and Latino New Yorkers Dying at ‘Around Twice the Rate’ of Whites, May 18, 2020

ABC2/WMAR Baltimore:
WMAR Staff, COVID-19 Impacts Upon African American Communities, May 19, 2020
https://www.wmar2news.com/news/coronavirus/new-poll-reveals-covid-19s-impacts-on-african-american-communities?emci=b027d2ee-b69a-ea11-86e9-00155d03b5dd&emdi=0e3c038c-e59a-ea11-86e9-00155d03b5dd&ceid=1878892

JAMA:

NEJM

Health Affairs:
Kristen M Azar, et al., Disparities In Outcomes Among COVID-19 Patients In A Large Health Care System In California, May 21, 2020

Shilpa Patel & Tricia McGinnis, Inequities Amplified By COVID-19: Opportunities For Medicaid To Address Health Disparities, May 29, 2020

Ruqaijah Yearby & Seema Mohapatra, Structural Discrimination In COVID-19 Workplace Protections, May 29, 2020
VERA INSTITUTE OF JUSTICE:
Vera Resources on Immigrant Population

- **Our new website** [Immigrant Justice and the COVID-19 Pandemic](https://www.vera.org/immigrant-justice-and-the-covid-19-pandemic) includes a compilation of our resources and information for the public, advocates, attorneys, government officials, and other stakeholders. Here is Vera’s recent tweet promoting the resources.

- **How Local Leaders Can Ensure Immigrant Justice During COVID-19 Guidance Brief**: Our immigration system is on the threshold of a new crisis precipitated by the COVID-19 pandemic. People in detention face high risks of infection from the close quarters of facilities, shelters, and courtrooms, and they lack adequate sanitation, health care, and protective measures. The Vera Institute of Justice created this guidance brief to equip local leaders with practical actions and policy solutions to ensure equal access to justice amid the COVID-19 pandemic, including direct financial relief, publicly-funded deportation defense, and calling for the release of immigrants in detention. Here is Vera’s recent tweet promoting the guidance.

- **Support Universal Representation** [Fact Sheet](https://www.vera.org/support-universal-representation): At a time when the stakes for people in immigration detention could not be higher, universal representation advances due process, helps secure release from detention, defends family unity, stabilizes communities and economies, and secures justice for all. This fact sheet provides an overview of Vera’s SAFE Network and the growing movement for universal representation for immigrants.

- **Public Support in the United States for Government-Funded Attorneys in Immigration Court**: Vera partnered with a survey firm, Lucid, to design and field a survey exploring attitudes toward government-funded attorneys for people in immigration court in the United States. The survey was fielded online in September 2019 and included 6,000 adults residing in the US. The report revealed overwhelming public support for government-funded attorneys for people in immigration court.

- **Vera Blog: Communities Need State and Local Deportation Defense Programs Now More Than Ever**. Also, see here for sample messaging and talking points to assist in advocating for publicly-funded deportation defense programs amid COVID-19.

**American Immigration Council:**
[https://www.americanimmigrationcouncil.org/research/impact-covid-19-us-immigration-system#.XtBQtjovCZs.email](https://www.americanimmigrationcouncil.org/research/impact-covid-19-us-immigration-system#.XtBQtjovCZs.email)

**Navajo Nation**

[https://www.asaging.org/blog/navajo-nation-pre-existing-conditions-will-remain-long-past-pandemic](https://www.asaging.org/blog/navajo-nation-pre-existing-conditions-will-remain-long-past-pandemic)

Mothers and Children
When Separation Is Not the Answer: Breastfeeding Mothers and Infants affected by COVID-19

American Psychological Association Disabilities Resources
https://www.apa.org/topics/covid-19/disability-tip-sheet

United Nations


Vaccines:
JAMA
Sarah Schaffer De Roo, et al., Planning for a COVID-19 Vaccination Program, May 18, 2020
https://jamanetwork.com/journals/jama/fullarticle/2766370?guestAccessKey=b1789fba-d24e-49f2-8067-7628536a64a5&utm_source=silverchair&utm_campaign=jama_network&utm_content=covid_weekly_highlights&utm_medium=email

Palliative Care:
Trauma and Loss

Center to Advance Palliative Care Resources and Toolkit:
https://www.capc.org/toolkits/covid-19-response-resources/

Global:
The New York Times
Jin Wu et al., 87,000 Missing Deaths: Tracking the True Toll of the Coronavirus Outbreak, continuing coverage, last updated May 28, 2020
https://www.nytimes.com/interactive/2020/04/21/world/coronavirus-missing-deaths.html?campaign_id=29&emc=edit_up_20200528&instance_id=18880&nl=the-upshot&regi_id=69741277&segment_id=29429&te=1&user_id=6e8449ef70c4ce15f55ec38ace345348

World Health Organization:
WHO COVID-19 Dashboard
https://covid19.who.int/

COVID-19 Situation Update for the WHO African Region (May 27, 2020)

COVID-19 could deepen food insecurity, malnutrition in Africa

Africa COVID-19 cases top 100,000
https://www.afro.who.int/news/africa-covid-19-cases-top-100-000
MEMORANDUM

To: Kathy Baxter  
CC: Health Law Section  
From: Terri A. Mazur, Chair, Women in Law Section  
Date: June 9, 2020  
Re: NYSBA Health Law Section CIVUS-19 Report Addendum on  

The Women in Law Section has reviewed the Health Law Section’s May 2020 Addendum to the Health Law Section’s May 2020 Addendum to its Report on legal issues facing the health care system as a result of COVID-19 (“Addendum”), which recommends steps to ensure that the disproportionate impact of COVID-19 on Black/African American and Hispanic/Latino groups, including on older adults, nursing home residents and health care workers is being addressed. The Women in Law Section supports approval of the Addendum because we believe many women, particularly those of color or of limited economic means, are nursing home residents and health care workers. Persons of color, including women, have suffered disproportionately from COVID-19, because of underlying health conditions, as well as the long-standing inequities in the health care system and other sectors of our society. This includes those who did not have the benefit of working remotely from home and were deemed essential workers required to report to work. As members of the legal profession, we are charged with being a voice for the voiceless and to protect the vulnerable and underrepresented.
To the Members of the Executive Committee:

I’m writing to ask that consideration of the Health Care Report be postponed by the Executive Committee or by the sponsors until the November meeting of the House. I along with a number of other past presidents are concerned that a report of this complexity and length which also has a number of controverted issues not be considered at the meeting at which it is introduced nor subjected to an up or down vote at that time. Best practice in the past has been to present such reports and take questions at the first meeting and then have a debate at the second meeting so that the debate can be more informed and deliberate and compromises can be worked out in the interim. That practice is particularly applicable here under the circumstances. Most of us have just seen the report and I doubt that I am alone in not understanding much of it because it is not a report simply on the law but it makes a number of factual conclusions and recommendations not within the knowledge and expertise of lawyers. We also do not have any reports from sections or committees on such issues as immunity. Furthermore, we are not meeting in person and cannot exchange informal opinions and find common ground. There is no way we can have the report adequately explained and then a deliberate and careful debate which is currently allocated for 35 minutes. We ask in the interest of careful deliberation and fairness to the members of the House that the sponsors agree to explain the report and answer questions at the meeting on Saturday and that consideration of the report be postponed until the November meeting.

Sincerely,

A. Vincent Buzard, Past President
Mark Alcott, Past President
A. Thomas Levin, Past President
Vincent Doyle, Past President
Sharon Stern Gerstman, Past President
James Moore, Past President
Bernice Leber, Past President