




Public Health Professionals Gateway

Public Health Law News

April 2020



Public Health Law Program
Center for State, Tribal, Local, and Territorial Support
Centers for Disease Control and Prevention

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COVID-19 Tools and Information

Guidance on Alternative Care Sites and Isolation Sites

A surge in the need for medical care may require jurisdictions to establish alternate care sites and isolation sites where patients with **COVID-19** can stay during their isolation periods. This guidance provides critical **infection prevention and control** considerations for these sites, and is intended to supplement existing plans (created by jurisdictions as part of pandemic planning). [Read the guidance.](#)

Interim Guidance for Homeless Service Providers to Plan and Respond to COVID-19

This interim guidance is intended to support **response planning** by homeless service providers, including overnight emergency shelters, day shelters, and meal service providers. [Learn more about this interim guidance.](#)

CDC Webinar Series: Healthcare and Public Health Preparedness—2019 Novel Coronavirus


This webinar series from **CDC's Center for Preparedness and Response** can help people prepare for, respond to, and recover from future public health emergencies. The series is primarily for public health and emergency response leaders, legislators, and public health lawyers. [Access the webinars.](#)

New *MMWR* Article: Community Mitigation Strategies During COVID-19 Response

Implementing community mitigation strategies during a pandemic—including personal protective measures, social distancing, and environmental cleaning in community settings—can slow the spread of infections. Investigators found

that community mobility (a proxy measure for **social distancing**) in the metropolitan areas of Seattle, San Francisco, New York City, and New Orleans declined with each **community mitigation policy** issued and as case counts increased. This information could be used to inform other communities' mitigation strategies during **COVID-19**. [Read the *MMWR* article.](#)





COVID-19 Resources Related to State Courts

The efforts of the National Center for State Courts (NCSC) are directed by collaborative work with the Conference of Chief Justices, the Conference of State Court Administrators, and other associations of judicial leaders. NCSC has **pandemic-preparedness** tools, including an **interactive map** with links to state court COVID-19 websites. [Go to the NCSC site](#) .

COVID-19 Funding for Tribes

CDC is pleased to announce a new noncompetitive **notice of funding opportunity** to reach all Title I and Title V tribal nations with funding to respond to COVID-19. [Learn more about the COVID-19 funding for tribes.](#)

COVID-19 Tribal Legal Documents released by the American Indian Health Commission:


- [Model Tribal Communicable Disease Code](#) , including isolation and quarantine procedures and legal form templates
- [Model Tribal Isolation and Quarantine Plan](#) 
- [Example COVID-19 Tribal Court Provisions](#)  and other resources
- [Webinar recordings about COVID-19-related topics](#) 

Announcements


Job Openings at CDC

During the COVID-19 pandemic, CDC is working diligently to fulfill its mission and has listed **new open positions** in a wide range of professions. Be part of the nation's leading health protection agency, working 24/7 to protect America from foreign and domestic health and safety threats. [Apply today.](#)


Webinar: Community-Centered Health Justice and Racial Equity

On **May 7** at 2:00 pm (EDT), the Praxis Project will provide context for their recent report, *“Community-Centered Health Justice and Racial Equity: Organic Efforts Towards Health Equity-Driven Policy and Practice.”* The purpose of the report and webinar is to inform public health practice efforts in **engaging community organizers** to advance policy change. [Here's how to join the webinar.](#) .

Health Policy Internship: NWHN

The National Women's Health Network (NWHN) is accepting applications for its fall internship in Washington, DC. Applicants should be college students, current graduate students, or recent graduates interested in serving as a health policy intern working on **women's health policy and advocacy**. Learn about the day-to-day operations of a nonprofit organization with a national reach, while influencing state and national policymaking to make a real difference in women's health. [Read about the position and apply](#) .


Health Equity Research Internship: AAMC

The Association of American Medical Colleges (AAMC) is accepting applications for its summer internship in Washington, DC. Gain exposure to many kinds of research methodologies and learn about **health equity research and policy**. Strengthen quantitative and qualitative research skills, gain insight into how federal processes impact the research enterprise, and disseminate research findings to diverse groups of stakeholders. [Learn more and apply](#) .


Legal Tools

ASTHO's Legal Preparedness Series and Emergency Authority & Immunity Toolkit

The Association of State and Territorial Health Officials (ASTHO) addresses key concepts regarding federal and state emergency declarations and the various response authorities and liability protections these declarations can initiate. This

new toolkit's component documents are designed to assist in **education, training, and planning activities** to prepare for emergencies, and can serve as a quick reference during an emergency response. [View ASTHO's toolkit](#) .

NACCHO's Administrative Preparedness Legal Guidebook

The National Association of County and City Health Officials (NACCHO) developed this guidebook to help public health professionals improve their departments' administrative preparedness capabilities and to encourage **collaborative preparatory work** among preparedness, legal, human resources, procurement, and other staff. [Access NACCHO's legal guidebook](#) .

Healthy Food Policy Project


Funded by the National Agricultural Library, Agricultural Research Service, and the US Department of Agriculture, the Healthy Food Policy Project (HFPP) identifies and elevates local laws that seek to **promote access to healthy food** while also contributing to strong local economies, an improved environment, and health equity, with a focus on **socially disadvantaged and marginalized groups**. [Explore HFPP resources](#) , including a policy database, case studies, and a food system crosswalk.

Announcements and Tools for Tribes


Tribal Emergency Preparedness Law

This issue brief provides an introduction to tribal emergency preparedness law. It discusses tribal emergency preparedness authorities and provides examples of these authorities across various tribal laws; examines **federal Indian law** in the context of emergency preparedness; and addresses cross-jurisdictional coordination between tribes and other jurisdictions. [Read the brief](#).


Emergency Declarations and Tribes: Mechanisms Under Tribal and Federal Law

Tribes have inherent authority as sovereign nations to undertake measures to prepare for and manage public health emergencies in the manner most appropriate for their communities. Coupled with existing federal statutes, there are multiple mechanisms for tribes, either directly or through a state or the federal government, to declare an emergency or receive the benefits of a federal declaration. This article summarizes several **types of emergency declarations**, including tribal declarations, Stafford Act declarations, and federal public health emergency declarations, and their implications for tribes. [View the article](#) .


The Tribal Legal Preparedness Project

Public health emergencies are issues that every community faces, and it is critical for all jurisdictions to understand how law can be used to enhance public health preparedness, as well as improve **coordination and collaboration** across jurisdictions. As sovereign entities, tribal governments have the authority to create their own laws and take steps to prepare for and respond to public health emergencies. The Tribal Legal Preparedness Project has been established to help tribal nations interested in expanding their legal preparedness capacity. [Read more about the project](#). .

Tribal Public Health and the Law: Selected Resources

CDC's Public Health Law Program has collected and published a list of resources that describe and comment on **tribal public health law topics**, including infectious disease control, emergency preparedness, and public health data. [Explore these resources](#)  [PDF - 440KB].

Tribal Epidemiology Centers (TECs) Designated as Public Health Authorities

This issue brief gives an overview of TECs and the recent amendment to the Indian Health Care Improvement Act (permanently reauthorized by the Affordable Care Act), which designated these centers as **public health authorities**. The brief also outlines the impact of this designation under the Health Insurance Portability and Accountability Act. [Read more about TECs](#)  [PDF - 905KB].

Tribal Laws Related to Infectious Disease Control

This menu provides an inventory of select tribal laws related to infectious disease control. It was designed to inform tribal public health practitioners, policy makers, and attorneys about tribes' use of law as a tool to address **infectious disease**

control. [View the menu](#)  [PDF – 294KB].

Top Stories

National: [HHS warns states not to put people with disabilities at the back of the line for care](#) 


NPR (03/28/2020) Joseph Shapiro

[Editor's note: Read more about the [OCR Bulletin on Civil Rights Laws and HIPAA Flexibilities that Apply During the COVID-19 Emergency](#) .]


Story Highlights

Limited supplies of staff, personal protective equipment (PPE), and other resources are very real obstacles that hospitals are facing amidst the surge of people with COVID-19. Hospitals are having to deal with the challenges of how to allocate these resources when there are not enough supplies for all patients who need them, which could lead to rationing. Disability groups are concerned that this crisis will lead to disabled and elderly people being left behind or deemed a lower priority.

In response, the HHS Office for Civil Rights released a statement emphasizing that elderly and disabled people cannot be neglected for care. The Public Readiness and Emergency Preparedness Act, or PREP Act, can be enacted to provide protections for companies who scale up production in response to a disaster, although some disability advocates are concerned the PREP Act can be used to overrule civil rights laws. HHS has made it clear that preferential patient treatment should not be given and has published its civil rights guidelines.

National: [Coronavirus \(COVID-19\) update: FDA takes action to increase U.S. supplies through instructions for PPE and device manufacturers](#) 

FDA.gov (03/24/2020)

[Editor's note: Read [the policy](#) .]

Story Highlights


The COVID-19 pandemic has quickly spread throughout the United States, with hospitals experiencing shortages of vital PPE for their workers to properly care for patients. US manufacturers have been unable to keep up with the demand, putting healthcare workers in the precarious position of either not having access to adequate PPE or having to reuse PPE. To address this problem, the FDA has provided instructions about the import process to manufacturers importing PPE and other devices.

One of the FDA's priorities is to facilitate access to PPE by working with importers and allowing domestic manufacturers to increase production. The FDA is now allowing maximum flexibility to importers willing to send PPE to the United States and seeks to work with them to expedite the process.

Briefly Noted

Illinois: [Hospitals, health care workers given civil immunity](#) 

Chicago Daily Law Bulletin (04/03/2020) Sara Mansur

[Editor's note: Read [Executive Order 2020-19](#) .]

Maryland: [Maryland adds asynchronous telehealth to pandemic treatment toolbox](#) 

mHealth Intelligence (04/01/2020) Erick Wicklund

Minnesota: [New licensing for assisted living facilities](#) 

Lakeland PBS (03/20/2020) Chantelle Calhoun

[Editor's note: Read about [implementation of the new law](#) , which will go into effect August 1, 2020.]

New Jersey: [NJ Man charged with terroristic threats for allegedly coughing on Wegman's worker](#) 

NBC News (03/25/2020) Ben Kessler

New Mexico: [New Mexico agrees to revamp its 'broken' foster care system](#) 

The New York Times (03/26/2020) Dan Levin

[Editor's note: Read about [the lawsuit here](#)  [PDF – 850KB] .]

National: [Coast Guard tells cruise ships with COVID-19 cases to stay away from U.S. ports](#)

NPR (04/01/2020) Bill Chappell

[Editor's note: Read the [Coast Guard bulletin](#)  [PDF – 100KB] .]

National: [Feds OK interstate licensing, paving way for telehealth expansion](#) 

mHealth Intelligence (03/19/2020) Eric Wicklund

National: [HHS announces blanket stark law waivers due to COVID-19](#) 

JDSupra (04/03/2020) Molly Ferraioli, Lisa Keenan, Christopher Tully

[Editor's note: Read about the [Stark Law, 42 U.S.C. § 1395nn](#) .]


National: [Trump seeks to block 3M mask exports and grab masks from its overseas customers](#) 

The New York Times (04/03/2020) Ana Swanson, Zolan Kanno-Youngs, Maggie Haberman

[Editor's note: Read [the Executive Order](#) .]

National: [Trump administration uses wartime powers to be first in line on medical supplies](#) 

Kaiser Health News (04/03/2020) Christina Jewett, Lauren Weber

[Editor's note: Read about the [Defense Production Act](#) .]

National: [U.S. eases restrictions on gay men donating blood amid COVID-19](#) 

Bloomberg Law (04/02/2020)

[Editor's note: Read [the FDA guidelines](#) .]

New York: [Some patients in cardiac arrest may not be brought to hospitals for medical help, memo says](#) 

ABC News (04/02/2020) Aaron Katersky and Josh Margolin

[Editor's note: Read [the memo](#)  [PDF – 37KB] .]

National: [New law allows free telehealth without blowing tax benefits of health savings accounts](#) 

National Law Review (04/04/2020) Nick Welle, Thomas Ferrante, Hannah Demsien

[Editor's note: Read the [CARES Act](#) .]


Global News

China: [Chinese vaccine approved for human testing at virus epicenter](#) 

Bloomberg (03/18/2020) Dong Lyu, Lisa Du

China: [Shenzhen becomes first Chinese city to ban consumption of cats and dogs](#) 

CNN (04/02/2020) Jack Guy, Steven Jiang, Shanshan Wang

[Editor's note: Read about [canine and feline parasitic zoonoses in China](#) .]

India: [Modi orders total lockdown of 21 days](#) 

New York Times (02/21/2020) Jeffrey Gettleman and Kai Schultz

[Editor's note: Read the [transcript of the speech](#) .]

Portugal: [Portugal to treat migrants as residents during pandemic](#) 

The Independent (03/28/2020) Colin Drury

[Editor's note: Read about [Portugal's current measures](#) .]

Sweden: [No lockdown here: Sweden defends its more relaxed coronavirus strategy](#) 

CNBC (03/30/2020) Holly Ellyatt


[Editor's note: Read [Sweden's response to the coronavirus](#) .]

Profile in Public Health Law: Joelle Lester, JD

Title: Director of Commercial Tobacco Control Programs, Public Health Law Center

Education: JD, University of Minnesota Law School; BA, University of Wisconsin-Madison

Public Health Law News (PHLN): Please describe your career path to your current position.

Lester: After completing my undergraduate degree at UW-Madison, I moved to Oregon and worked for four years as a grassroots organizer, lobbyist, and eventually executive director of a student-run higher education advocacy group. It was an extension of my own student advocacy during college and an incredible opportunity to learn and grow on a team of young staff committed to public education, equity, and justice. Then I spent two years lobbying for public K-12 education for the Wisconsin Association of School Boards. One thing I learned in these roles was that having the law and policy expertise that a law degree provides would be very helpful to advance the issues I care about, so I went to law school. After law school, I worked as a litigation associate for a large law firm in Minneapolis, specializing in business litigation. Although I enjoyed the challenge and fast pace of litigation practice, after nearly five years, I determined that public interest work was a better fit for my skills and values. In 2012, I made the leap to the [Public Health Law Center](#)  and have never looked back.

PHLN: How did you become interested in law and public health?

Lester: I've been an activist around reproductive justice policy since I was in college. This deep-seated commitment sparked my interest in public health policy more broadly. Public health law rests at the intersection of so many foundational health and equity issues. Being able to help improve health by changing the law is extremely exciting and rewarding for me on many levels. On the flip side, stark disparities exist in access to clean air, healthy food, active living opportunities, and other fundamental elements of a healthy life. These disparities are egregious and unacceptable, and I just feel lucky that, as a lawyer, I can contribute something useful to reduce them.

PHLN: What do you do in your day-to-day role at the Public Health Law Center?

Lester: As director of commercial tobacco control programs at the Center, I lead a team of 18 lawyers and policy analysts working to support tobacco control policy change throughout the United States. Our team provides legal technical assistance to public health professionals and advocates, develops legal and policy resources, and provides strategic leadership to end the tobacco epidemic. We have four major programs within our tobacco work, including our national legal technical assistance program, two state-specific programs in Minnesota and California, and our FDA Tobacco Project. We also provide litigation support to help communities defend their laws against tobacco industry challenges.

My day-to-day role involves a lot of external communication with partners and funders, as well as internal coordination among programs to ensure that we maximize the impact of limited resources and identify strategic opportunities to do more. Our team is composed of experienced, talented attorneys, so another part of my job is to figure out how to support their professional development while also capitalizing on the expertise and passion they bring to their roles.

Right now, we're in the midst of the coronavirus pandemic, and that has dramatically changed my day-to-day tasks, but everything still revolves around communicating with partners and funders, supporting my staff, and staying focused on moving work forward to protect public health.

PHLN: How has tobacco control changed since you've been working in tobacco law and policy?

Lester: Over the last 50 years, the field has evolved significantly, often as the research clarified the catastrophic health consequences of tobacco use and the industry innovated with new products designed to attract and addict new users. In my eight years of working in tobacco control, a few major shifts stand out to me.

First, the commercial tobacco control field has grown more intentional and strategic in centering and elevating health equity in our work. While health disparities in tobacco use are the result of Big Tobacco's predatory targeting of specific communities, tobacco control professionals and advocates have also had to consider how some public health policies we supported have allowed health disparities to begin or grow. Exemptions in laws are one illustration of this. As anyone who has participated in policymaking knows, compromises are part of the process. Advocates are constantly pressed to identify concessions they can live with, and they must decide what to accept and what is a deal-breaker. In tobacco control, however, we have learned that exempting certain tobacco products or certain businesses from restrictions often drives health disparities. The most painful example of this was the exemption of menthol from the Tobacco Control Act's prohibition on flavored cigarettes. That exemption was a concession to get the important and historic public health measure passed after many years of effort, but the cost of that concession can be measured in African American lives.

Another example is exemptions in smoke-free laws for certain businesses. Initially, the exemptions carved bars and restaurants out of health protections; more recently, they tend to apply to casinos and hookah bars. In all cases, those exemptions leave certain workers unprotected and at risk—often workers who earn low wages and have limited power and influence. The political process is a messy, contentious thing, and it often requires compromise to make any progress. But I think in tobacco control we have learned that more of these exemptions need to be considered deal-breakers, because if a policy exacerbates health disparities, it fails its central purpose of protecting public health. Many advocates have been making this point for a long time. What's exciting is that their years of advocacy and education have transformed our thinking as a larger public health community.

Second, tobacco has recently returned to the public consciousness in a way unlike any time in my years working in tobacco control. After the last few decades of successful policy change and public education campaigns, smoking rates dropped and tobacco use became concentrated in less powerful and visible groups. As a result, many people—including policymakers—tended to view tobacco as a problem that had largely been solved. When the steady rise of e-cigarette use exploded with the appearance of Juul and similar products, that view changed. Over the last few years, we've seen skyrocketing youth vaping and addiction, which has alarmed parents, school administrators, policymakers, and health professionals. The vaping lung injuries in late 2019 heightened public concern and highlighted the danger of allowing these addictive and appealing products to be unregulated on the market for so long. While vaping proponents argued against regulation and simultaneously touted potential harm reduction or even cessation benefits, the fears of more cautious public health professionals were being realized. The public health crisis provoked by the surging rates of youth use and addiction has dramatized the need to implement more restrictive tobacco control policies to address the e-cigarette industry.

Finally, some leaders in tobacco control have talked for years about ending the tobacco epidemic rather than taking incremental measures to limit the fallout from these products. After a decade of those conversations, the idea of a tobacco endgame is now finding traction as a growing number of communities consider getting rid of tobacco product sales altogether.

PHLN: What do you mean by ending tobacco, rather than controlling tobacco?

Lester: Policy change focused on controlling tobacco accepts that tobacco products are legal consumer products and seeks to limit or restrict access to those products. The endgame is a shift that challenges the premise that we need to accept tobacco products as a legal consumer good. Instead, we can focus on ending the tobacco epidemic by removing these products from our communities entirely. As the science has continued to build and evidence of the tobacco industry's appalling behavior continues to be revealed, more policy makers are questioning why tobacco products are allowed to be sold at all. Communities like Beverly Hills and Manhattan Beach, in California, have passed ordinances phasing out tobacco sales in their communities.

PHLN: Why is tobacco still a pervasive public health issue?

Lester: It's an incredibly addictive product that is aggressively promoted by an industry with seemingly endless resources. And that industry is both creative and relentless in its efforts to avoid robust regulation, despite the towering toll of illness and death caused by tobacco product use.

PHLN: How are new tobacco products regulated nationally and locally?

Lester: For decades, most tobacco control policy happened at the state or local level. When Congress passed the Family Smoking Prevention and Tobacco Control Act in 2009, the federal government got in the game of regulating tobacco products. The FDA is tasked with promulgating new regulations to protect public health, reviewing all new products to prevent more harmful products from entering the market, developing youth-focused prevention campaigns, and enforcing federal law. The law divides some of the authority over tobacco and establishes some shared authority. For example, both the US Food and Drug Administration (FDA) and the states can restrict tobacco product sales, while only states and localities can regulate the use of tobacco products by passing smoke-free laws, and the FDA largely retains authority to issue tobacco product standards.

Since the Act's passage, the pace of the FDA's tobacco product regulatory work has been frustratingly slow. As a result, states and local jurisdictions have remained the epicenter of impactful tobacco control policy change. While these jurisdictions don't have all the authority and capacity of the FDA, they are strategic and persistent in using the authority and resources they do have to protect health in their communities.

PHLN: How are local communities using law and policy to improve tobacco-related public health outcomes?

Lester: Local communities have led the way in effective policy change since the beginning of tobacco control. They look to the evidence and then rely on their authority and best practices to design policies that protect their communities from tobacco use. Right now, they continue to restrict use in workplaces and outdoor areas and limit or prohibit the sale of categories of tobacco products that appeal most to kids and drive health disparities. Some jurisdictions are also working to increase taxes, raise prices, and prohibit tobacco product coupons and discounts.

PHLN: What are the challenges around regulating tobacco products?

Lester: The tobacco industry's relentlessness in resisting regulation. Tobacco companies do this through well-funded lobbying efforts at every level of government to prevent public health laws from passing. And when strong regulations are enacted despite their efforts, they sue. Litigation has become a regular part of enacting strong tobacco control laws, which delays the process and chills policy change in other communities. Another tactic they use to avoid regulation is product innovation. Tobacco companies are constantly developing new kinds of tobacco products, both to attract and addict new users and to evade existing restrictions. Another challenge is the slow pace of federal regulation of tobacco products.

PHLN: How is tobacco regulation related to health equity?

Lester: Tobacco has significant equity implications. Tobacco-related health disparities are the direct result of the tobacco industry's predatory targeting of specific marginalized communities. The groups most harmed by tobacco use are intentionally targeted by the industry and left out of protective public health policy. The industry does this through product design and marketing to particular groups, as well as by opposing strong and comprehensive public health regulation. Menthol tobacco products are just one example of this. The tobacco industry aggressively markets menthol cigarettes to African Americans through targeted advertising, price promotions, and retailer density. Then the industry lobbies to exempt menthol tobacco products from regulation at all levels of government and sues jurisdictions that include menthol in their restrictions.

PHLN: Thank you for your thoughtful and thorough answers. You provided our readers with very helpful information. On a lighter note, do you have any hobbies?

Lester: I like reading, running, and barre class, and I sing in a community choir. I also enjoy traveling, cooking, and having adventures around town with my two wonderful kids.

PHLN: Is there anything else you would like to add?

Lester: Working for the Public Health Law Center is truly a dream job. I feel so lucky to be in a place where the work is so interesting and impactful, and the people are so smart, kind, and hilarious. Public health law is the best.

Which country is treating migrants as residents during the COVID-19 pandemic?

The first reader to correctly answer the quiz question will be featured in a mini public health law profile in the next edition of the *News*. Email your entry to PHLawProgram@cdc.gov with "PHL Quiz" as the subject heading (entries without the heading will not be considered). Good luck!

March 2020 Quiz Winner

Jessika Douglas, BSHP, CHES

March Question:

Which country recently banned trade of wildlife for food, but not for medicinal purposes, as a measure to protect public health?

Winning Answer: China

Employment organization and job title:

Research and Translation/Legal Epidemiology Intern, Public Health Law Program (PHLP), Center for State, Tribal, Local, and Territorial Support, CDC

A brief explanation of your job:

I research, collect data, and design scientific presentations for PHLP staff. I design data visualization tools for an internal legal epidemiology data system (Public Health Law Information Portal) for both internal and external partners, and for external presentations about the PHLP and ChangeLab Solutions online Public Health Emergency Law course. I read, analyze, document, and review state laws surrounding Medicaid and the Vaccines for Children Program and COVID-19 state law. I also assist PHLP's Workforce Development Team by analyzing and evaluating training results for the Public Health Law 101, Public Health Emergency Law, and the Law and Epidemic Emergency Preparedness classes.

Education:

I have a BS in health promotion from the University of Georgia College of Public Health, and I'm a May 2020 master of public administration candidate at Augusta University. I also am a certified health education specialist.

Favorite section of *Public Health Law News*:

Top Stories is my favorite section because I enjoy being abreast of major policy and law changes happening across the country and the world.

Why are you interested in public health law? My interest in public health law stems from my love for all things health policy. The two essentially go hand in hand, as many public health policies either have the effect of law or will become law. I enjoy analyzing the processes and effects of public health policy and law.

What is your favorite hobby? My favorite hobby is exploring the great outdoors. I enjoy hiking and exploring national and state parks.



Court Filings and Opinions

Federal: Many courts are grappling with how to continue judicial proceedings while taking adequate precautions against COVID-19. In Savannah, a judge found that telephone hearings are not appropriate because there is no stated authority that provides for telephone hearings. The judge found that videoconferencing hearings were appropriate, and that since the Federal Rules of Criminal Procedure explicitly permit videoconferencing, telephone hearings (of which they were certainly aware) were not permissible under the Federal Rules. The court found that the "balance between public health considerations and constitutional obligations is delicate and fluid," noting that as the pandemic evolves, the court's reasoning may also evolve. Since a videoconference was apparently not requested, the court held that the hearing should take place in person, with all individuals observing social distancing recommendations.

[United States v. Williams](#)

United States District Court for the Southern District of Georgia, Savannah Division

Case No. CR420-021

Decided March 20, 2020

Opinion by Magistrate Judge Christopher L. Ray

Federal: A South Carolina district court weighed a defendant's right to a fair and speedy trial against the risk of people in the courtroom contracting COVID-19. The court balanced the public's interests in the judicial proceedings, the constitutional rights of the defendant, and the risks to jurors, ultimately concluding that the risk of COVID-19 transmission to the jurors was too great to justify a trial at present. The court "intends to reschedule the Defendant's trial as soon as the risk of transmission is sufficiently reduced, so that prospective jurors can be brought safely to the federal courthouse."

[United States v. Dextraze](#)

United States District Court, District of South Carolina, Florence Division

Case No. 4:19-CR-570

Decided March 17, 2020

Opinion by Judge Donald C. Coggins, Jr.

Federal: A federal judge granted a temporary restraining order and ordered the immediate release of several immigration detainees because of their risk of contracting COVID-19. The judge found that the "Respondents' Facilities are plainly not equipped to protect Petitioners from a potentially fatal exposure to COVID-19." The court noted the petitioners' advanced age and specific health conditions that increased their risk of contracting COVID-19 and of more serious complications arising out of COVID-19. The court held that the government had no rational basis for continuing to keep the petitioners confined, particularly because of the "plethora of means other than physical detention" available to ICE to monitor the petitioners.

[Thakker v. Doll](#) [PDF - 350KB]

United States District Court for the Middle District of Pennsylvania

Case No. 1:20-CV-480

Ordered March 31, 2020

Opinion by Judge John E. Jones III

Federal: The City of San Antonio went into court to seek a temporary restraining order to prevent the federal government from releasing more than 120 repatriated coronavirus evacuees from quarantine. Some members of the cohort were evacuated from Wuhan, China, and some were evacuated from the Diamond Princess cruise ship. The city declared a local state of disaster and a public health emergency, and considering the release of the cohort a threat to public safety, San Antonio sought a temporary restraining order. The cohort met the CDC's criteria for release, however, and the city of San Antonio was denied its request for a temporary restraining order.

[City of San Antonio vs. The United States of America](#)

United States District Court for the Western District of Texas

Case No. 5:20-cv-00255-XR

Filed March 2, 2020

Decided by Judge Xavier Rodriguez

Quote of the Month

"These are extremely difficult times in which all of us are called upon to be considerate of each other"— *New Jersey State Attorney General Gurbir Grewal* .

[Editor's note: This quote is from the article "[N.J. man charged with terroristic threats for allegedly coughing on Wegman's worker](#) " NBC News, 03/25/2020.]



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