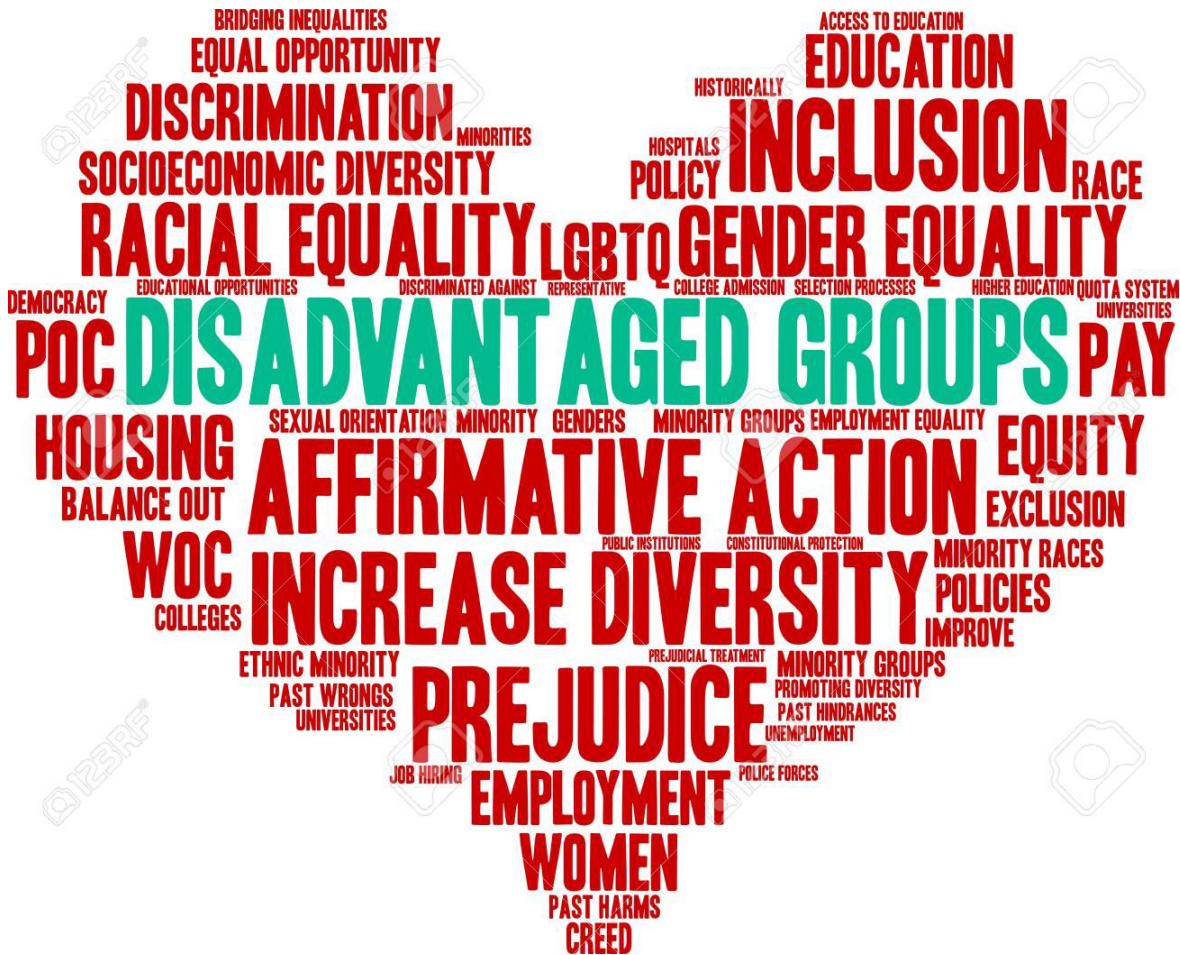


ⓘ Anyone can publish on Medium per our [Policies](#), but we don't fact-check every story. For more info about the coronavirus, see [cdc.gov](#).



Easing Shelter in Place Earlier Makes Sense for California



Xelay Foundation
Apr 27 · 4 min read ★

Disadvantaged Minorities Carry the Economic and Health Burden of Shelter in Place

How deadly is COVID-19?

Scientifically, there are certainly signs that this is not as deadly as what was feared. All the seroprevalence reports (New York, Los Angeles, Santa Clara, etc) recently seem to suggest that the number of prevalent infected is 50–100x of that which was tested and reported. This, of course, makes the mortality rate 50–100x lower and roughly in line with the common annual flu.

. . .

What was the purpose of Shelter-in-Place and “flattening the curve”?

The purpose was not to prevent the population from EVER getting infected with COVID-19. The purpose was to keep health care utilization within the capacity of our regional health care system’s ability to deliver quality health care. Also, the purpose was never to get to a zero or near zero rate of health care utilization, but to just comfortably stay below the maximum health care system capacity. Certainly in California, we have not overwhelmed our hospital systems or ICUs and seem to be far from it according to the hospital beds and ICU capacity utilization reports. Not unrelated, many truly required health care needs of the population are not being met because hospitals have suspended those services in anticipation of a wave of COVID-19 patients which hasn’t materialized yet (and still could). So now that we have “flattened the curve” and are well below the capacity of the health care system, it’s not clear why Shelter-in-Place or at least this version of it is needed, required, or even desirable, medically.

. . .

How does the COVID-19 pandemic end?

Vaccine or Immunity. Without a vaccine, which is years into the future and likely not more effective than our flu vaccine is against the annual flu, herd immunity is the only way the virus stops. However, herd immunity requires 50–70% of the population to be exposed and immune. Indeed, we don’t know that a person previously infected is 100% immune, but if they don’t carry some sort of immunity, then the idea of herd immunity is gone and we will be in Shelter-in-Place forever? Let’s assume that it is likely previous infected patients have some immunity for at least some period of time. Then how do we get to herd immunity? First, strict quarantine of the elderly and immunocompromised and respiratory and other co-morbidities should still be accomplished somehow. For the

individuals to get exposed as soon as possible within the boundary of not overwhelming the hospital systems in the region.

. . .

Why should we ease the current Shelter-in-Place in California?

Since the purpose of Shelter-in-Place has already been achieved, the current Shelter-in-Place only serves to delay achieving herd immunity while also disproportionately disadvantaging less fortunate populations that cannot work from home so they are not sheltering in place anyway. It has become increasingly clear that disadvantaged populations are the ones that are primarily fulfilling “essential” activities like deliveries, sanitation, food prep, healthcare, government services, etc. They experience the triple hit of (1) not having the economic buffer or role to truly shelter in place and work from home, (2) to earn enough to survive, they have to take on the limited “essential” roles available during Shelter-in-Place that make them more likely to be exposed, and (3) of course, not having health insurance because they lost the job that provided health insurance because of Shelter-in-Place. Given that lockdown and shelter in place seem to disproportionately further disadvantage populations that were already disadvantaged (women, people of color, women of color, lower socio-economics, poorer neighborhoods, etc), there is a logical, unintuitive, and possibly uncomfortable course of action to lift lockdowns and Shelter-in-Place sooner rather than later. Lockdown and Shelter-in-Place may just be another (albeit unintended) society structure that further widens the gap between the “haves” and “have-nots”. Since a vaccine is far off in the future and the only other way the pandemic ends is by herd immunity by reaching 50–70% of the population being infected, lockdown and shelter in place ensure the burden of reaching 50–70% is stretched out over a much longer period of time and carried by those most disadvantaged. Is the most appropriate course then to end Shelter-in-Place for most people so that all those that are at lower health risk (not just disadvantaged populations) can “share” the burden of achieving herd immunity and the population can achieve herd immunity more expediently (within the confines of not overwhelming hospitals)? Furthermore, the longer that Shelter-in-Place is mandated, the further the gap widens, and the more that disadvantaged populations are carrying the burden for everyone else. Perhaps unintended, the continuation of Shelter-in-Place forces disadvantaged populations to take on the vast bulk of the health burden along with the economic burden. It seems odd that blue states are more likely to extend and continue Shelter-in-Place when it is becoming a policy that disproportionately disadvantages the already down-trodden.

Stay up to date on coronavirus (Covid-19)

Follow the Medium Coronavirus Blog or sign up for the newsletter to read expert-backed coronavirus stories from Medium and across the web, such as:

- How to manage stress eating, or not eating at all, in uncertain times.
- Scams are spreading, too.
- Distancing ourselves from disease is nothing new.

[About](#) [Help](#) [Legal](#)

Get the Medium app

