



To Reopen, California Demands Counties Address Coronavirus “Health Equity” Standard

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This seems as if it ought to be more controversial: yesterday the state of California implemented a COVID-19 “health equity” metric mandating that counties demonstrate that they are investing in “eliminating disparities in levels of transmission” affecting disadvantaged communities, or have already eliminated such disparities, as a condition of being allowed to reopen economic activity any further. Simply achieving a satisfactory overall low rate of transmission will not be enough.

Notice that the rationale for the policy cannot be simply a concern that a county is not truly safe overall so long as it still has any hot spots of higher prevalence. If that were the concern, the straightforward response would be to require a showing of investment in addressing whatever localized hot spots a county might have, no matter what their racial or socioeconomic composition.

Although the current wave of COVID infection in California tends to correlate with poorer and minority communities, we know that over the course of the pandemic many hot spots have emerged in places that were not especially disadvantaged economically — ski resorts, college towns, places with many international business travelers, and so forth. Apparently it’s going to be fine for a county to reopen in California if it’s got localized hot spots in categories like those, so long as its overall countywide numbers are satisfactory.

Writes local reporter Bill Melugin, “The state will incorporate the California ‘Healthy Places Index’ (HPI) into its decision making for county reopenings. The HPI measures numerous things, including two parent households, voting, alcohol availability, retail density, clean air & water, and ‘tree canopy’.” A related map suggests that communities with high property values and income levels, especially those nearer the coast, tend to dominate the ranks of designated healthy communities.

One hopes that what is going on here is not a threat to restrain economic activity that would otherwise be recognized as low-risk as a way of obtaining leverage with which to push counties into “equity” initiatives that go beyond criteria of sound disease control.

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