

# LEGAL MEDICINE

## COVID-19 Pandemic: Legal Issues and Concerns

Shafeek Sandy Sanbar, MD, PhD, JD, FCLM

### INTRODUCTION

On December 30, 2019, a Chinese ophthalmologist, Dr. Li Wenliang, 34 years of age, *posted Online a chat* alerting fellow doctors about the emergence of a Severe Acute Respiratory Syndrome (SARS-CoV-2)-like viral illness, and warned them to wear protective clothing to avoid infection. Dr. Li witnessed the new virus outbreak, causing pneumonia and death in Wuhan, China, the capital of the Hubei Province with a population of about 11 million people. He noted, “A new coronavirus infection has been confirmed and its type is being identified. Inform all family and relatives to be on guard.” Sadly, in early February, 2020, Dr. Li contracted the novel coronavirus from a patient. He was hospitalized at Wuhan Central Hospital, and died.

One day after Dr. Wenliang’s post, the China Country Office of the World Health Organization was informed of the outbreak of the novel strain of coronavirus causing severe illness. On January 7, 2020, the Chinese authorities had *isolated* the virus and identified it as a new type of coronavirus referred to as novel coronavirus, nCoV, or SARS-CoV-2. Three days later, the Shanghai Public Health Clinical Center and School of Public Health, along with other collaborators, published the complete *genome* for the new SARS coronavirus 2 (COVID-19).

### CONCERNS

1. **Mortality Rate.** In December 2020, one year after Covid19 was reported, the U.S population was estimated at 331,875,677, which is equivalent to 4.25% of the total world population. But as of January 2021, over 400,000 Covid-19 patients had died in the U.S. which is 18% of the COVID-19 deaths worldwide.
2. **Antiviral Drugs.** In December 2020, the WHO Solidarity Trial Consortium reported in the NEJM the results of its Covid-19 Repurposed Antiviral Drugs. A total of 11,330 adults underwent randomization at 405 hospitals in 30 countries; 2750 were assigned to receive Remdesivir, 954 to hydroxychloroquine, 1411 to lopinavir

(without interferon), 2063 to interferon (including 651 to interferon plus lopinavir), and 4088 to no trial drug. Adherence was 94 to 96% midway through treatment, with 2 to 6% crossover. In total, 1253 deaths were reported. Remdesivir, hydroxychloroquine, lopinavir, and interferon had little or no effect on hospitalized patients with COVID-19, as indicated by overall mortality, initiation of ventilation, and duration of hospital stay.

3. **Vaccine Hesitancy.** To be successful, over 70 percent of the American population should be successfully vaccinated to achieve “herd immunity”. A major concern in the U.S. is that after a huge investment in money and time, significantly less than 70 percent of Americans might take the vaccine in 2021. Assurances about its efficacy and safety of the COVID-19 vaccine may not lead to a successful and rapid maximization of the target population’s willingness to be inoculated despite the possibility, however slight, of significant side effects.
4. **Security and Organized Crime.** On December 2, 2020, Jürgen Stock, Secretary General of INTERPOL (International Criminal Police Organization), an inter-governmental organization in Lyon, France, comprising 194 member countries noted, “*As governments are preparing to roll out vaccines, criminal organizations are planning to infiltrate or disrupt supply chains.*” The Covid-19 vaccine is a prime target of organized crime. The vaccine value on the black market is described as “liquid gold” and organized crime has created multiple revenue streams using Covid-19 including: (1) sale of counterfeit vaccines, (2) disruption of the supply chain and (3) the use of sham cure and medical supply websites which will be used for cybercrimes ranging from identity theft to malware compromising data security or even implanting ransomware. With an increasing amount of COVID-related fraud, INTERPOL has advised members of the public to take special care when going online to search for medical equipment or medicines. Healthcare facilities are advised to:

Send correspondence to: S. Sandy Sanbar, sandysanbar@gmail.com

- Make sure the Covid-19 vaccine is stored correctly;
- Protect their vaccine supplies from theft and hijacking with a level of physical security that goes significantly beyond what is the current medical industry standard;
- Comply on the sourcing of any drugs and supplies, their custody, storage and distribution; and
- Comply with IT (Information Technology) security procedures, and insurance.

## U.S. DECLARATION OF PUBLIC HEALTH EMERGENCY (PHE) ON JANUARY 30, 2020

On January 21, 2020, the Centers for Disease Control and Prevention (CDC) confirmed that a Washington state resident became the first person in the U.S. infected with Covid-19, having returned from Wuhan a week before. The diagnosis was made with an overnight PCR (polymerase chain reaction) testing. Three days later, the CDC confirmed the detection in Illinois of the second infection with the 2019 Novel Coronavirus (2019-nCoV). The patient had recently returned from Wuhan, China. The CDC and the State Department promptly issued a Level 3 Covid-19 High Travel Warning meaning travelers should avoid all nonessential travel to China.

On January 29, 2020, U.S. White House Aide, Peter Navarro, wrote a memo warning that the coronavirus was likely far more contagious than the flu, more like the bubonic plague or smallpox, and that it could kill up to half a million Americans.

The next day, the WHO declared the coronavirus infection a global public health emergency. At that time, more than 9800 cases of the virus and more than 200 deaths had been confirmed worldwide. On January 31, 2020, Secretary Azar declared the Coronavirus Disease 2019 (COVID-19) as a public health emergency (PHE) warranting liability protections for “Covered Countermeasures” effective February 4, 2020.

## DECLARATION OF COVID-19 AS A PANDEMIC AND A NATIONAL HEALTH EMERGENCY

On February 25, 2020, Nancy Messonnier, MD, director of the CDC’s National Center for Immunization and Respiratory Diseases, stated that the COVID-19 met 2 of the 3 required factors: (1) illness resulting in death, and (2) sustained person-to-person spread. The third criterion, (3) Worldwide spread, had not been met at the time.

On March 11, 2020, the World Health Organization (WHO) declared the rapidly spreading coronavirus outbreak a pandemic, and the virus would likely spread to all countries on the globe. Two days later, President Donald Trump issued an emergency declaration under the “Stafford Act” (the Robert T. Stafford Disaster Relief and Emergency Assistance Act) declaring a **national health emergency**. The latter is observed at all governmental levels and includes:

1. A broad authority to exercise police powers, isolation and quarantine powers, suspension of statutes and regulations, *such as Medicare rules pertaining to telemedicine;*

2. Direction of state agency action;
3. Rationing medicine and vaccinations; *for example, vaccination in the **initial phase** of the COVID-19 vaccination program was offered to both health care personnel and residents of long-term care facilities;* and
4. Storage and administration of two-doses of the COVID-19 vaccine.

## COVID-19 VACCINE FEDERAL EMERGENCY USE AUTHORIZATION (EUA) PROCESS

On December 11, 2020, the U.S. Food and Drug Administration authorized the first COVID-19 vaccine for emergency use in the United States. FDA Commissioner Stephen M. Hahn, M.D., noted that the emergency use authorization (EUA) “of the first COVID-19 vaccine is a significant milestone in battling this devastating pandemic that has affected so many families in the United States and around the world.” The manufacturers of COVID-19 vaccines who are authorized under an EUA will be expected to continue their clinical trials to obtain additional safety and effectiveness information and pursue approval (licensure) by the FDA.

The Pfizer-BioNTech COVID-19 Vaccine was the first to be approved, followed by Moderna Inc. a week later. Other vaccines are pending. The Pfizer vaccine is administered as a series of two doses, three weeks apart. It contains a small piece of the COVID-19 messenger RNA (mRNA), genetic material, which instructs cells in the human body to make the distinctive “spike” protein of the COVID-19. Thus, following vaccination, the cells in the body produce copies of the spike protein, which does not cause disease, but triggers the immune system to react defensively, thereby producing an immune response against the virus. The Moderna vaccine is also an mRNA type and is given as two doses 28 days apart.

As of December 2020, other countries that have approved the use of the COVID-19 vaccine include the U.K., Canada, Bahrain, Saudi Arabia, Mexico, Russia and Israel.

## COVID-19 LAWSUITS AGAINST GOVERNMENTS – FEDERAL, STATE AND LOCAL

- Federal, state and local governments confront potential lawsuits alleging that government-ordered quarantines, “shelter-in-place” orders and closures of non-essential businesses are illegal and/or unconstitutional.
- State and local governments as well as individuals have filed lawsuits alleging that the U.S. government was negligent in its handling of the coronavirus pandemic.
- For example, in February 2020, a federal judge granted a request from the city of Costa Mesa, California, to temporarily block the transfer of up to 50 people who were in federal quarantine because of exposure to coronavirus to a complex the city said was not suitable to house patients with the disease and could pose a risk to public health.

---

## LIABILITY PROTECTION DECLARATION

On February 4, 2020, the U.S. DHS Secretary issued a liability protection declaration determining that a public health emergency existed due to COVID-19. During a public health emergency, the PREP Act (Public Readiness and Emergency Preparedness Act) authorizes the Secretary of DHS (Department of Health and Human Services) to limit legal liability to certain individuals and entities (*Covered Persons*) for losses relating to the administration of medical *countermeasures* such as diagnostics, treatments, and vaccines. Congress made the judgment that, in the context of a public health emergency, immunizing certain persons and entities from liability was necessary to ensure that potentially life-saving ‘*covered countermeasures*’ will be efficiently developed, deployed, and administered expeditiously.

- **Covered persons** are generally immune from legal liability or losses relating to the administration or use of *covered countermeasures* against COVID-19. This applies to all types of legal claims under state and federal law.
- In 2020, Congress gave the Department of Health and Human Services \$30 billion to fund the development of coronavirus “*countermeasures*” including vaccines, treatments and devices that are used to deal with the pandemic; \$10 billion were awarded for research and the development of vaccines and treatments.

## LIABILITY PROTECTIONS FOR MANUFACTURERS, DISTRIBUTORS, PROVIDERS AND ENTITIES

- Manufacturers, distributors and health care providers of COVID-19 vaccine are *covered persons/entities* and are therefore shielded from liability, except for claims involving “*willful misconduct*” as defined in the PREP Act.
- Treating physicians who provide substandard medical care to COVID-19 patients which causes injury and damages are not necessarily immune from liability.
- The Coronavirus Aid, Relief, and Economic Security (CARES) Act was passed by Congress with overwhelming, bipartisan support and signed into law by President Trump on March 27, 2020. The CARES ACT “Good Samaritan” provision protects from civil liability interstate volunteer health care workers responding to the COVID-19 public health emergency. The Act explicitly overrides all state laws except those that provide even greater protection from liability. It applies to volunteers only, and it does not cover willful or criminal conduct.
- The PREP ACT authorizes the Secretary of DHS to provide immunity to (1) officials, agents, and employees of vaccine manufacturers, (2) pharmacists who order and administer the vaccine; (3) pharmacy interns who administer vaccines; and (4) healthcare personnel using telemedicine/telehealth to order or administer *covered countermeasures* for patients in a state other than the state where the healthcare personnel are licensed or otherwise permitted to practice.
- The PREP ACT does not cover *willful misconduct*.

For example, COVID-19 lawsuits against healthcare companies and facilities are anticipated where plaintiffs may allege that certain health organizations including nursing homes, assisted living facilities and other health care facilities took inadequate measures to protect staff, patients and health care providers. Allegations may include failure of long-term care organizations to take reasonable and necessary precautions to prevent the infection of their patients who were most at risk.

- Parents are expected to file lawsuits against daycare providers alleging failure to take adequate measures to protect children from potential COVID-19 infection. Daycares have been ordered closed in many states to prevent the spread of the coronavirus.
- The COVID-19 pandemic has been instrumental in accelerating the use of Telemedicine as an excellent means of communicating with and helping patients. However, a few medical professionals have abused the system. In September 2020, the U.S. Department of Justice announced the creation of the *National Rapid Response Strike Force* of the Health Care Fraud Unit of the Criminal Division’s Fraud Section. The mission of the Force is to investigate and prosecute fraud cases involving major health care providers that operate in multiple jurisdictions, including major regional health care providers operating in the Criminal-Division-led Health Care Fraud Strike Forces throughout the United States. Since its inception in March 2007, the Health Care Fraud Strike Force program has charged more than 4,200 defendants who have collectively billed the Medicare program for approximately \$19 billion.

## STATE-MANDATED VACCINATION

The State Police Powers allow states to legislate and regulate to protect, preserve, and promote health, safety, morals, and general welfare. For example, the attendance at schools may be conditioned on completion of a state-mandated COVID-19 vaccination.

## EMPLOYER MANDATED COVID-19 VACCINATIONS

The private sector can mandate vaccination of its employees as a condition of continued employment.

1. The Occupational Safety and Health Act (OSHA) of 1970 is a U.S. labor law governing the federal law of occupational health and safety federal government and in the private sector. OSHA has supported mandated vaccinations, especially when it comes to the immunization of healthcare workers in the face of a pandemic. For example, health care workers may be required to be vaccinated in order to provide services at a nursing home or hospital workplace. However, a number of U.S. medical professionals embrace, “*alternative science*” and opposed being vaccinated along with up to 35% of the rest of the country.

Beside vaccinations, employers have additional issues to contend with including:

- **AN IMMUNOCOMPROMISED EMPLOYEE WHO CANNOT SAFELY REPORT TO WORK IF HIS CO-WORKERS ARE NOT VACCINATED.**

- Whether to continue to require masks for only unvaccinated or for all employees.
  - Liability for injury up to and including a worker's compensation claim if employers require or strongly encourage vaccination and an employee suffers some adverse effect.
  - Increased liability if employers select a specific vaccine, and make the choice of one available vaccine over another.
2. **Workers' compensation claims for coronavirus.** Many coronavirus-related workers' compensation claims are being filed by workers who have contracted the disease while on the job. Their outcome is pending.

### **COVID-19 AND THE ADA, THE REHABILITATION ACT, AND OTHER EEO LAWS**

On December 16, 2020, the U.S. Equal Employment Opportunity Commission (EEOC) issued guidance to employers considering COVID-19 vaccination programs for their employees. Vaccination requirements implicate several federal civil rights laws, including:

- a) The Americans with Disabilities Act (ADA),
- b) The Genetic Information Nondiscrimination Act (GINA), and
- c) The religious protections of Title VII of the Civil Rights Act of 1964 (Title VII).

The EEOC guidance does not state that mandatory vaccination policies are lawful. Employers that require a vaccination as a condition of returning to the workplace is not *per se* unlawful. Employers that wish to adopt mandatory vaccination policies may be obligated to provide exemptions or accommodations to employees with **religious objections to vaccines, pregnant workers, and employees with disabilities** that may prevent them from obtaining a vaccination. Employers should also be mindful of what questions they can ask employees about their health and vaccination status, and how they use the information obtained in response to those questions.

### **VACCINE EXEMPTIONS**

There are three significant exemptions to mandated vaccinations that require "reasonable accommodation" if they do not create an "undue hardship" on the employer:

- (1) Medical exemptions for legitimate ADA recognized health conditions,
- (2) Actual religious objections and
- (3) Moral exemptions.

The exemptions vary widely across states. Merely being "an-

ti-vaxx" is not sufficient. Medical exemptions exist in all states. Religious exemptions exist in most states. Moral exemptions exist in several states. However, given the potential for physical and economic harm and the effects of the virus to date, it is likely that mandated vaccinations will continue to be enforceable by employers.

### **INFORMED CONSENT AND MEDICAL MALPRACTICE**

Before administering the vaccine to a patient, an informed consent must be obtained, and the patient's autonomy and self-determination must be respected. The patient ultimately decides whether to consent or refuse the COVID-19 vaccine. Physicians and other health care providers should follow the CDC guidelines regarding when and when not to vaccinate an individual.

### **COMPENSATION FOR INJURIES RESULTING FROM VACCINATION**

#### **1. Countermeasures Injury Compensation Program (CICP)**

- Individuals who die or suffer serious injuries directly caused by the administration of **covered countermeasures** (treatment or vaccine) may be eligible to receive compensation through the **CICP**.
- "**Willful misconduct**" which causes death or serious physical injury is the sole exception to PREP Act immunity.
- Americans who suffer adverse reactions to coronavirus vaccines will probably have a difficult time getting compensated for injuries, because the PREP Act immunity requires **four essential elements**:

- 1) The individual or entity must be a "**covered person**" (such as vaccine manufacturers or distributors);
- 2) The legal claim must be for a "**loss**" which is defined as:
  - a. Death;
  - b. Physical, mental, or emotional injury, illness, disability, or condition;
  - c. Fear of physical, mental, or emotional injury, illness, disability, or condition, including any need for medical monitoring; and
  - d. Loss of or damage to property, including business interruption loss.

Potential vaccine injuries can cause the body's immune system to hyper-react, resulting in severe allergic reactions and even paralysis. Even a small percentage of the potentially hundreds of millions of people getting vaccinated against COVID-19 can add up to a lot of injured people.

- 3) The loss must have a "**causal relationship**" with the administration or use of a covered countermeasure; and

- 4) The medical product that caused the loss must be a “covered countermeasure.”

The countermeasures program has been used infrequently. It puts a higher financial burden on people applying for compensation, and does not allow for expert witnesses, hearings or appeals. The government only pays lost earnings and medical costs. Since it began in 2009, it has paid out 39 claims totaling \$5.7 million by 2020.

## 2. Vaccine Injury Compensation Program (aka the “Vaccine Court”)

The vaccine court is placed within the U.S. Court of Federal Claims. It was established in 1988 when drug manufacturers were threatening to stop making vaccines due to lawsuits over side effects from the diphtheria, pertussis and tetanus (DTPaT) vaccine. Congress set up a system of no liability for manufacturers in exchange for setting aside 75 cents from every vaccine antigen to compensate those who had adverse reactions to childhood immunizations.

In the aftermath of the September 11, 2001, terrorist attacks, Congress created the **countermeasures program** to speed compensation to people injured from drugs, vaccines, and devices developed in response to pandemics and national security events. Those included biological warfare and radiation poisoning. One of the vaccines in that category was for anthrax.

Patient advocates have proposed that compensation requests for COVID-19 vaccine injuries go through the **Vaccine Injury Compensation Program**. This program has a dedicated source of funding via an excise tax on every vaccine administered. Presently, the compensation program has been limited to vaccines routinely recommended for children and pregnant women and the seasonal flu vaccine.

The vaccine court has paid out tens of millions of dollars in single cases to cover lifetime medical costs. Overall, the court has paid out 7,423 claims since its creation, totaling \$4.3 billion. The Health Resources & Services Administration monitors both the countermeasures and vaccine compensation programs. The vaccine court pays for victims’ lawyers, in contrast with the countermeasures program which does not.

## OTHER COVID-19 LAWSUITS

1. **Insurance Companies.** Many businesses are scrambling to determine if their insurance coverage may protect them for COVID-19 losses. As with insurance coverage related to natural disasters such as hurricanes and floods, insurance protection against losses incurred due to COVID-19 may not be clearly defined and those with policies may find themselves disappointed.
2. **Force Majeure.** A “force majeure” clause is a portion of a contract that may free parties of their obligations in the event of an unanticipated “act of God” that may

affect the agreement. Force majeure clauses are open to interpretation and are not always enforceable or upheld, but reports indicate that many businesses that have suffered due to coronavirus-influenced supply chain disruptions may attempt to invoke them.

3. **China.** Multiple class-action COVID-19 lawsuits have been filed against the Chinese government alleging that it was negligent in attempting to contain the coronavirus and therefore contributed to the outbreak in the United States. These coronavirus class action lawsuits allege that China’s response to the outbreak resulted in significant financial damage to American small businesses. Lawsuits filed against foreign governments in the United States face serious challenges and the likelihood of recovery is low.
4. **Cruise Lines.** Lawsuits have been filed by affected patients alleging mismanagement and negligence by cruise lines during the COVID-19 pandemic. Serious questions have been raised about cruise lines that continued operations as COVID-19 spread around the globe and about precautions taken to protect passengers and prevent the spread of disease.
5. **Airlines.** Passengers, stockholders and airline employees are suing Airlines about their response to the coronavirus. For example, a COVID-19 lawsuit was filed against American Airlines after the carrier refused to cancel flights between the United States and China.
6. **Hotels.** Individuals who have stayed at hotels and contracted the coronavirus may file COVID-19 lawsuits alleging negligence in protecting travelers.
7. **Shareholders.** Shareholders may file lawsuits alleging that certain companies failed to act effectively in responding to COVID-19. Companies buy insurance that usually pays out when they have to halt operations, usually because of physical damage, but not outbreaks.
8. **COVID-19 Price Gouging Lawsuits** have been filed against numerous retailers who have taken advantage of the increased demand for certain products, and raising their prices to exorbitant amounts.
9. **Lawsuits by renters and homeowners** are being filed challenging foreclosures or evictions.
10. **Lawsuits by students** against schools that refused tuition refunds.

## REFERENCES

1. Green, A. Li Wenliang, Obituary, *The Lancet*, 395:10225, P682, FEB. 29, 2020. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30382-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30382-2/fulltext)
2. Leung, H., ‘An Eternal Hero.’ Whistleblower Doctor Who Sounded Alarm on Coronavirus Dies in China, TIME Feb. 7, 2020. <https://time.com/5779678/li-wenliang-coronavirus-china-doctor-death/>.
3. World Health Organization. Emergencies preparedness, response. Disease Outbreak News (DONs).

- 
4. Novel Coronavirus – China. Disease outbreak news: Update 12 January 2020. <https://www.who.int/csr/don/12-january-2020-novel-coronavirus-china/en/>
  5. Pan, H. et al., Repurposed Antiviral Drugs for Covid-19 — Interim WHO Solidarity Trial Results.
  6. List of authors. WHO Solidarity Trial Consortium. *NEJM* December 2, 2020. DOI: 10.1056/NEJMoa2023184. <https://www.nejm.org/doi/full/10.1056/NEJMoa2023184>
  7. Jürgen Stock, INTERPOL Secretary General, INTERPOL warns of organized crime threat to COVID-19 vaccines. <https://www.interpol.int/en/Who-we-are/What-is-INTERPOL>.
  8. CDC, Press Release. Second Travel-related Case of 2019 Novel Coronavirus Detected in United States. Friday, January 24, 2020. <https://www.cdc.gov/media/releases/2020/p0124-second-travel-coronavirus.html>.
  10. Swan, J., Talev, M., Navarro memos warning of mass coronavirus death circulated in January. Feb 23rd memo to President Trump. <https://www.axios.com/exclusive-navarro-deaths-coronavirus-memos-january-da3f08fb-dce1-4f69-89b5-ea048f8382a9.html>.
  11. Joseph, A., WHO declares coronavirus outbreak a global health emergency. WHO officials brief the media Thursday, Jan. 30, 2020. <https://www.statnews.com/2020/01/30/who-declares-coronavirus-outbreak-a-global-health-emergency/>.
  12. Azar II, A.M., Determination that a Public Health Emergency Exists, U.S. DHS, Jan. 31, 2020. <https://www.phe.gov/emergency/news/healthactions/phe/Pages/2019-nCoV.aspx>
  13. Trump, D., The White House, Washington, March 13, 2020. <https://www.whitehouse.gov/wp-content/uploads/2020/03/LetterFromThePresident.pdf>
  14. United States Code, 2006 Edition, Supplement 4, Title 42 - THE PUBLIC HEALTH AND WELFARE. 42 U.S.C. 5121-5207.
  15. FDA – U.S. Food & Drug Administration, DA NEWS RELEASE: FDA Takes Key Action in Fight Against COVID-19 By Issuing Emergency Use Authorization for First COVID-19 Vaccine - Action Follows Thorough Evaluation of Available Safety, Effectiveness, and Manufacturing Quality Information by FDA Career Scientists, Input from Independent Experts, <https://www.fda.gov/news-events/press-announcements/fda-takes-key-action-fight-against-covid-19-issuing-emergency-use-authorization-first-covid-19>.
  16. Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID-19. The Daily Journal of the U.S. Government, FR Doc. 2020-05484 Filed 3-12-20; 4:15 pm, <https://www.federalregister.gov/documents/2020/03/17/2020-05484/declaration-under-the-public-readiness-and-emergency-preparedness-act-for-medical-countermeasures>.
  17. DEPARTMENT OF DEFENSE APPROPRIATIONS ACT, 2006. 119 STAT. 2818 PUBLIC LAW 109–148—DEC. 30, 2005.
  18. Hickey, K.J., The PREP Act and COVID-19: Limiting Liability for Medical Countermeasures Updated December 21, 2020. Congressional Research Service. Dec. 21, 2020. <https://crsreports.congress.gov/product/pdf/LSB/LSB10443>.
  19. 2020 NATIONAL HEALTH CARE FRAUD AND OPIOID TAKEDOWN. U.S. DEPARTMENT OF JUSTICE. NOV. 23, 2020. <https://www.justice.gov/criminal-fraud/hcf-2020-takedown/court-documents>.
  20. U.S. Equal Employment Opportunity Commission What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws, Technical Assistance Questions and Answers - Updated on Dec. 16, 2020. [www.eeoc.gov/coronavirus](http://www.eeoc.gov/coronavirus).