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Lawrence O. Gostin
Lindsay F. Wiley

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Governmental Public Health Powers During the COVID-19 Pandemic
Stay-at-home Orders, Business Closures, and Travel Restrictions

The president and all 50 governors have declared health emergencies to counteract the spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which causes coronavirus disease 2019 (COVID-19). While researchers race to develop vaccines, officials are implementing physical distancing, including orders to stay at home, restricting travel, and closing nonessential businesses (see eFigure in the Supplement). To limit cross-border spread, more than a dozen states have issued mandatory quarantines for interstate travelers. Some models suggest physical distancing would have to persist for 3 months to mitigate the peak effects on health systems and could be required on an intermittent basis for 12 to 18 months. What legal powers do governments have? What is the role of the courts? How can public health be balanced with personal and economic rights?

Closure of Schools and Businesses
Guidelines from the US Centers for Disease Control and Prevention (CDC) recommend closing schools and other gathering places to mitigate pandemics. Yet, closures have significant social and economic consequences. During extended school closures, educational development is disrupted, as well as access to meals and social support systems. Business closures cause unemployment and economic harm, which may, in turn, harm health.

In response to COVID-19, cities and states have curbed educational and business operations under penalty of citations, fines, and loss of licenses. Almost all states have closed or limited operation of bars, restaurants, theaters, gyms, shopping malls, and other settings. More than half of states have closed all nonessential businesses, with exceptions for health care, first responders, the food and agriculture sector, and other needs.

States and localities historically have exercised broad authority over business operations to protect the public’s health, including licensure, nuisance abatement, and closures. As early as 1873, the Supreme Court upheld an order to relocate private slaughterhouses downriver from New Orleans, Louisiana, to mitigate cholera outbreaks. Courts routinely support orders to abate public nuisances, including unsanitary conditions reasonably believed to spread contagion. In 1986, for example, a New York court upheld bathhouse closures to prevent the transmission of HIV.

Given the rapid spread of SARS-CoV-2, health authorities have well-established power to order a shutdown of places where people congregate. That power may not, however, be wielded in ways that are arbitrary or unreasonable. In addition, courts may closely scrutinize determinations for private organizations, whose operations are central to the exercise of particular constitutional rights (eg, houses of worship, abortion providers, and firearm retailers), as being nonessential.

Federal power to close businesses is limited to preventing the interstate spread of disease. The president could, for example, order transportation companies to limit travel across state and territorial lines. Federal restrictions on businesses operating wholly within a state would be difficult to justify; federal power to order states to lift restrictions is even more limited. The president could theoretically withhold federal funding, as he did for sanctuary cities; however, it is doubtful the courts would uphold punitive economic sanctions against states for reasonable exercise of their police powers.

Bans on Gatherings
Bans on large gatherings are a cornerstone of physical distancing strategies in pandemic plans. As SARS-CoV-2 community spread mounts, governments have tightened restrictions from initial bans on groups of 1000, later bans on groups from 250, to 50, to 10, and eventual bans on groups of any size. Bans affect religious congregations, entertainment, business meetings, and even political rallies. Although the First Amendment protects free speech, religion, and assembly, COVID-19 bans do not single out any group or censure any idea. The Supreme Court often upholds “content-neutral” restrictions when justified by a compelling public interest. A New Hampshire court recently held that because SARS-CoV-2 can spread rapidly when people congregate, bans on gatherings are a permissible limit on free assembly.

Curfews
Several local governments have imposed nighttime curfews to limit gatherings, particularly in states where governors have been reluctant to impose stay-at-home orders. States and localities have often issued curfews during natural disasters or periods of civil unrest. Courts uphold time-limited curfews in exigent circumstances unless those curfews are arbitrary or discriminatory.

Stay-at-home Orders
Even though the parameters and methods of enforcement vary considerably, governors and mayors have directed or advised the majority of the US population to stay home, with limited exceptions for meeting essential needs (eg, food shopping or refilling a prescription) and outdoor physical activity (eg, walking or jogging). Modeling studies for COVID-19 suggest that intensive physical distancing could help maintain health system
Travel Restrictions
Congress has the authority to restrict travel between states and territories if clearly needed to prevent the interstate transmission of a contagious disease. Presidential authority to do so is uncertain, absent clear legislative authorization. During the 2016 Zika outbreak, the CDC advised (but did not order) pregnant women to avoid nonessential travel to Miami-Dade County, Florida. A similar CDC travel advisory now urges residents of New York, New Jersey, and Connecticut to refrain from nonessential domestic travel for 14 days to avoid transmitting COVID-19. To impose a large-scale domestic travel ban, the president would probably require more specific legislative authority than current statutes provide.

Sanitary Cordons
No city or state has erected a sanitary cordon, prohibiting exit from an area of active SARS-CoV-2 contagion. Nor has any city or state imposed a reverse cordon, completely barring entry from zones of substantial transmission (eg, New Orleans, Louisiana). Just as for stay-at-home orders, modern courts have not reviewed sanitary cordons. At the turn of the 19th century, a federal court struck down a San Francisco, California, cordon to control the bubonic plague. The judge ruled the geographic quarantine was ineffective because infected and uninfected individuals were congregated together, risking transmission. The order was also invidious, operating almost exclusively against Chinese Americans. Similar concerns would apply today, with individuals claiming a sanitary cordon would place them at risk, which could erode public trust and provoke migrations to safer geographic areas.

Balancing Public Health With Individual Rights and Supporting Vulnerable Individuals Within the Community
Physical distancing raises profound questions of culture, faith, and family. Coming together affords comfort during times of crisis. At the same time, physical distancing affects rights, including liberty, privacy, and freedoms of speech, religion, and assembly. How are the fundamental values of health and human rights balanced in times of crisis? Although there is no clear answer, there are guideposts: adopt rigorous scientific standards based on the best available evidence, make decisions transparently and fairly, and adopt the least restrictive measures needed to protect the public’s health. Physical distancing is a growing reality. Caring for the most vulnerable will be a crucial measure of humanity. When this national emergency ends, the US must emerge stronger with the values of human rights, social justice, and the rule of law intact.

REFERENCES

**eFigure.** Physical Distancing Measures for Pandemic Response

This supplementary material has been provided by the authors to give readers additional information about their work.
**eFigure. Physical Distancing Measures for Pandemic Response**

**Ongoing Surveillance**
Continuously assess levels of community transmission to enable targeted deployment of health care resources and careful tailoring of restrictions.

**Level of Community Transmission**
- **Minimal**
- **Moderate**
- **Substantial**

**Altered Operation of Public Facilities and Services**
- Close public schools and universities and transition to distance education.
- Transition to remote operations for government services where possible.
- Close city streets to motor vehicles to limit travel and allow ample space for outdoor exercise.
- Restrict access to public facilities and transportation to limit gatherings.

**Restrictions on Businesses**
- Restrict onsite operations of private schools and universities.
- Require employers to permit telework.
- Restrict operations of venues that host large gatherings.
- Limit bars and restaurants to low-density dine-in or carry-out service only.
- Close all nonessential businesses to the public.
- Prohibit all nonessential on-site business operations.

**Restrictions on Personal Movement**
- Prohibit mass gatherings of 1000+.
- Prohibit smaller gatherings.
- Impose nightly curfews to limit gatherings.
- Mandate physical distancing for all purposes other than essential work.
- Order residents to stay at home except for essential work and needs.
- Order residents to stay at home with exception by permit only.

**Restrictions on Travelers to Prevent Re-importation**
- Restrict access to transportation hubs, temporary accommodations, and tourist destinations to discourage travel.
- Quarantine and isolation for travelers from areas with high community transmission, following individualized assessment of risk.

CDC’s [Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission](https://www.cdc.gov/coronavirus/2019-ncov/community/strategies.html) defines levels of community transmission as follows:

**None to Minimal**: Evidence of isolated cases or limited community transmission, case investigations underway, no evidence of exposure in large communal setting, e.g., healthcare facility, school, mass gathering.

**Minimal to Moderate**: Widespread and/or sustained transmission with high likelihood or confirmed exposure within communal settings with potential for rapid increase in suspected cases.

**Substantial**: Large scale community transmission, healthcare staffing significantly impacted, multiple cases within communal settings like healthcare facilities, schools, mass gatherings etc.