

GUEST COLUMNISTS

Why don't seniors get same COVID-19 tests as athletes?BY BRUCE KESSEL
AND ANDREW N. COHEN

During the first two weeks inside the Disney World "bubble," only two NBA players tested positive for COVID-19. This was achieved in part by checking all positive tests with a second test, in order to eliminate false positive results. This makes sense for the NBA because false positives can have big impacts. If a star player misses game time, fans are disappointed and the league loses money.

Outside the bubble there's another type of institution that conducts mass-testing of its members: nursing homes. False positives have an impact here as well. In many cases residents that test positive are sequestered together in a dedicated part of the facility, including both those residents that are actually infected with COVID-19 and those that are not but received a false positive test result.

Despite precautions that may be taken, in these circumstances the latter are exposed to an elevated risk of becoming infected, which can have life-threatening consequences. As with the NBA, it would make sense to check all positive results with an immediate second test. Unfortunately, most of the time, we don't.

We recently conducted an online search of local news sources and of bulletins from local health officers and long-term care facilities and found over 500 records of false positive test results in nursing homes and assisted-living facilities across the U.S. and Canada. These doubtless represent only a small fraction of the total, since most false positives are presumably never discovered, not all that are discovered are reported, and our limited search surely missed many reported cases.

In the two nursing homes that we found that routinely checked positive results with a second test, 80% of the positive results turned out to be false. In nursing homes that don't do such checks, test programs intended to protect the frail and elderly could instead be endangering them.



ASHLEY LANDIS/AP

A COVID-19 warning is posted outside basketball arenas at the ESPN Wide World of Sports Complex at Walt Disney World. NBA games resume Thursday.

Similar concerns apply to other situations where mass testing is conducted, including jails and prisons, military vessels, cruise ships, and hospitals. Doctors at a Miami hospital double-tested pre-surgical cancer patients for COVID-19 and found that 75% of the positive results were false positives. They described impacts on elderly patients that included uninfected patients being put into COVID-19 wards, critical surgical procedures being delayed, and inpatient stays prolonged. A younger patient was so frightened by his transfer into a COVID-19 ward based on a positive result that was probably false that he checked out of the hospital against medical advice rather than remain for his surgery.

There are good reasons to check positive COVID-19 test results in healthy professional athletes. But there are even better reasons to check positive results in the elderly, the frail or the ill, and in many others subjected to mass-testing. Why aren't we doing it?

Bruce Kessel is a medical researcher at John A. Burns School of Medicine at the University of Hawai'i. Andrew Cohen is a biologist who has studied false positives in environmental monitoring.

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'Accommodations' become

I was born into "ADA," which is any around or after the Americans with Disabilities Act (ADA) passed in 1990. I'm fortunate to benefit from curb cuts for my wheelchair, have the ability to use any form of public transportation with few barriers, attended and graduated from a public university with 100% accommodation within and outside campus. I certainly don't take any

On July 26, the ADA is old, but is it showing

Why do I still have to go to salons to find out if my hair is accessible because I can't enter in?

Why doesn't everyone have equal access such as a ramp opener so that those who can't have to yank heavy doors, navigating their way

Why is it difficult to get accommodations to offset disabilities to offset the fact that ADA protects against discrimination from employment?

Perhaps it is because of minimal accommodations. Perhaps employing individuals with disabilities is a preconceived stereotype.

Perhaps it is because of disabilities are not taken into account. Our own government doesn't pay an income of \$30,000 (in Florida) or \$20,000 in our bank accounts. We will lose our tenants that are on Medicaid. Work from home showers and dressings are almost impossible.

Not long ago, I was in a wheelchair and the doctor looked at me and said, "What's wrong?"

Boldly, speaking up, I said, "I have cerebral palsy."

"What's wrong with you?" through which social media individuals with disabilities are years. This model of disability as a societal burden is a drain on government resources. It's about people and their needs, not aids as the problem.

What if we flip the