OCTOBER 2, 2020

SELECT SUBCOMMITTEE ON THE CORONAVIRUS CRISIS

PRESIDENT TRUMP’S PLAN: A WHOLE OF AMERICA RESPONSE

STEADFAST LEADERSHIP THROUGH AN UNPRECEDENTED CRISIS

STAFF REPORT
HOUSE SELECT SUBCOMMITTEE ON THE CORONAVIRUS CRISIS | MINORITY
KEY TAKEAWAYS

✓ President Trump saved thousands of lives by restricting travel from China, Europe, and the United Kingdom early in the pandemic.

✓ President Trump took unprecedented action to harness the full power of the federal government and the private sector to procure and manufacture lifesaving personal protective equipment.

✓ President Trump made the difficult decision to take a targeted and temporary approach to slowing down the economy to save millions of lives.

✓ President Trump built the world’s strongest and most robust testing operation from scratch.

✓ President Trump built the greatest economy in American history before the virus hit and is leading the charge to safely reopen the country and bring all Americans back to work.

✓ President Trump is following the science and defending the health and education of the nation’s children by providing guidance to safely reopen schools.

✓ President Trump is working with experts to bring a vaccine to the American people faster than ever before by cutting unnecessary red tape while ensuring safety and efficacy.

✓ Dr. Anthony Fauci agrees, President Trump’s actions saved American lives.

✓ President Trump has a plan. It is an unparalleled Whole of America response to this pandemic.
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EXECUTIVE SUMMARY

The Democrat’s unfoundedly attack President Trump and his Administration for lacking a so-called “national plan.” This is an oft repeated narrative of the mainstream media as well. This could not be further from the truth. The Trump Administration’s national plan consists of the following, all supported by thousands of pages of guidance and recommendations:

1. **A Plan to Procure Personal Protective Equipment:** On March 29, 2020, President Trump launched Project Airbridge and began to carefully and thoughtfully leverage the Defense Production Act (DPA) to secure personal protective equipment (PPE), ventilators, and other needed resources to combat the pandemic. Since less than half of worldwide PPE is manufactured in North America, foreign production interruptions, primarily from China, made the U.S. supply chain vulnerable. As of September 27, 2020, the Trump Administration coordinated the delivery or production of 249 million N95 masks, 1 billion surgical and procedural masks, 46.7 million eye and face shields, 432 million gowns and coveralls, and over 28.6 billion gloves. Further, as of September 10, 2020 the Strategic National Stockpile (SNS) is fully stocked with 140,465 ventilators.

2. **A Plan to Slow the Spread:** On March 16, 2020, President Trump announced national guidelines entitled “15 Days to Slow the Spread” of COVID-19. These guidelines outline how to help slow the virus’ spread and keep our most high-risk populations safe. These were extended by “30 Days to Slow the Spread” through April 30.

3. **A Plan to Increase Testing:** On May 24, 2020, the Trump Administration released a report to Congress called the “COVID-19 Strategic Testing Plan” which built on the April 27 national testing blueprint. This report explains that “[s]tate plans must establish a robust testing program that ensures adequacy of [COVID]-19 testing, including tests for contact tracing, and surveillance of asymptomatic persons to determine community spread.” Through these robust national testing plans, President Trump built the world’s greatest testing apparatus from scratch. The U.S. conducted over 100 million tests in only five months.

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3 Id.
4 15 DAYS TO SLOW THE SPREAD, THE WHITE HOUSE (Mar. 16, 2020); COVID-19 will be used throughout this report in reference to novel coronavirus, coronavirus, or SARS-CoV-2.
4. **A Plan to Safely Reopen the Economy:** On April 16, 2020, President Trump unveiled the “Guidelines for Opening up America Again,” a three-phased approach to help state and local officials reopen their economies under the direction of each state’s governor.7 Under this plan, President Trump is on track to rebuild the strongest economy in American history faster than predicted.

5. **A Plan to Safely Reopen Schools:** The scientists and physicians at the American Academy of Pediatrics (AAP) and the National Academies’ Committee on Guidance for K-12 Education on Responding to COVID-19 recommend schools implement policies which enable students to learn in-person.8 Based on the evidence and data, the U.S. Centers for Disease Control and Prevention (CDC) provided approximately hundreds of pages of realistic and workable guidance documents for schools across the country. There is no reason – following the guidelines provided – children cannot safely return to school in the fall. Further delays in returning to school only undermine educational attainment for those most vulnerable, burden parents in the middle to low income brackets, and cause untold detriment to America’s youths’ health and wellbeing.

6. **A Plan to Create a Safe and Effective Vaccine:** On May 15, 2020, President Trump launched Operation Warp Speed (OWS) to bring a safe and effective vaccine to the American people faster than ever before. OWS aims to deliver 300 million doses of a safe, effective vaccine for COVID-19 by January 2021, as part of a broader strategy to accelerate the development, manufacturing, and distribution of COVID-19 vaccines, therapeutics, and diagnostics.9 By investing in and coordinating development, OWS will allow a vaccine to be delivered to patients more rapidly while adhering to standards for safety and efficacy.10 As of September 23, four vaccines affiliated with OWS are in Phase III trials and on track for rapid Food and Drug Administration (FDA) approval.11

In fact, on July 31, 2020, the Select Subcommittee on the Coronavirus Crisis (Select Subcommittee) held a hearing on the Administration’s pandemic plan.12 During this hearing, three internationally renowned physicians – Admiral Brett Giroir, Dr. Robert Redfield, and Dr.

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10 Id.


12 See generally The Urgent Need for a National Plan to Contain the Coronavirus: Hearing Before the Select Subcomm. on the Coronavirus Crisis, H. Comm. on Oversight & Reform, 116th Cong (July 31, 2020).
Anthony Fauci – all agreed that the Trump Administration had a national plan to fight COVID-19 and that the plan saved lives. Dr. Fauci, for example, said the following under oath.\(^\text{13}\)

**Question and Answer:**
**Ranking Member Scalise and Dr. Fauci**

<table>
<thead>
<tr>
<th>Whip Steve Scalise:</th>
<th>Were you involved in working with President Trump on deciding to ban flights from China?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Anthony Fauci:</td>
<td>Yes, sir. I was.</td>
</tr>
<tr>
<td>Q.</td>
<td>Do you agree with that decision?</td>
</tr>
<tr>
<td>A.</td>
<td>I do.</td>
</tr>
<tr>
<td>Q.</td>
<td><em>Do you think that decision saved lives, Dr. Fauci?</em></td>
</tr>
<tr>
<td>A.</td>
<td><em>Yes, I do.</em></td>
</tr>
<tr>
<td>Q.</td>
<td>Do you agree with the decision when ultimately, we saw [COVID-19] spreading in Europe, and the President recommended that we extend [the travel ban] to Europe. Did you participate in that discussion?</td>
</tr>
<tr>
<td>A.</td>
<td>I was actively involved in that discussion, sir.</td>
</tr>
<tr>
<td>Q.</td>
<td>Do you agree with that decision?</td>
</tr>
<tr>
<td>A.</td>
<td>Yes, I do.</td>
</tr>
<tr>
<td>Q.</td>
<td><em>Do you think that decision saved lives?</em></td>
</tr>
<tr>
<td>A.</td>
<td><em>Yes, I do.</em></td>
</tr>
<tr>
<td>Q.</td>
<td>Eventually, then we saw the United Kingdom have an outbreak and there had to be a tough decision made. Did we extend [the travel ban] to the United Kingdom? Were you a part of that decision?</td>
</tr>
<tr>
<td>A.</td>
<td>I was.</td>
</tr>
</tbody>
</table>

\(^{13}\) *Id:* (Question and answer between Hon. Steve Scalise, Ranking Member, and Dr. Antony Fauci, Director, National Institute of Allergy & Infectious Diseases).
Q. And do you agree with that decision as well?
A. I do.

Q. Did that decision save lives?
A. Yes, it did.

Q. When you look at the ‘15 Days to Slow the Spread.’ Initially it started at 15. Were you part of the decision to implement [that]?
A. I was very much involved in that.

Q. Did that decision save lives, Dr. Fauci?
A. I believe it did.

Q. Then when President Trump met with you and Dr. Birx to extend that another 30 days, do you agree with that decision President Trump made to extend that?
A. Yes, I was very much involved, and I agree with it.

Q. Did that decision save lives, Dr. Fauci?
A. I believe it did.

Q. So, I know we’ve heard a lot about disagreements. Clearly, there are many decisions made. In fact, there are many internationally respected doctors that are involved in each of those decisions. Is that correct?
A. Yes.

Q. By and large, would you say that you and President Trump have been in agreement on most of those decisions?
A. We’re in agreement on virtually all of those.
From the beginning of the COVID-19 pandemic, Democrats downplayed the severity of the situation to the media while President Trump was making the following lifesaving decisions:

- While Speaker of the House Nancy Pelosi and House Democrats were delivering their sham articles of impeachment to the U.S. Senate, President Trump was sending a team of medical experts to investigate the genetic sequence of COVID-19.  
  

- While Speaker Pelosi visited San Francisco’s Chinatown claiming, “everything is fine [in San Francisco],” President Trump started mobilizing an operation to create a safe and effective vaccine.  
  

- While New York City Mayor Bill DeBlasio was telling New Yorkers to “be going about your life,” President Trump was placing life-saving travel restrictions on flights coming from Europe.  
  

- While Vice President Joe Biden ignored COVID-19 at Democrat presidential primary debates, President Trump was highlighting his response during the State of the Union.  
  

As Dr. Fauci said under oath, President Trump’s decisions saved lives. Every time the nation needed a plan, the President provided one. When it was time to mitigate the spread of the virus, the President had a plan. When it was time to secure and procure PPE, the President had a plan. When it was time to safely get Americans back to work, the President had a plan. When it was time to create a vaccine from scratch, the President had a plan. None of these plans are the one-size-fits-all approach advocated by the Democrats because America is a diverse nation with varying needs and Republicans believe local officials are best positioned to determine the situation on the ground at any given time.
A PLAN TO PROCURE PERSONAL PROTECTIVE EQUIPMENT

While missteps are inevitable in any multi-trillion-dollar response to an unprecedented pandemic of this magnitude, the Trump Administration successfully navigated the threat, providing unparalleled leadership in procuring and distributing PPE. Since the beginning of the pandemic, the Communist Party of China (CCP) stockpiled PPE while withholding the facts about the severity of the virus. The CCP deceived the world to increase their global imports of life saving PPE – including a 278 percent increase in surgical facemasks, 72 percent increase in surgical gowns, and 32 percent increase in surgical gloves. Furthermore, after President Barack Obama’s administration plundered and failed to replenish the federal Strategic National Stockpile (SNS), President Trump had to secure and procure massive amounts of PPE immediately to ensure the safety of those battling COVID-19 on the front lines. Despite multiple factors operating against him, the President successfully harnessed the full capabilities of government and the private sector to procure PPE. He was so successful that every American who needed a ventilator received one.

a. Project Airbridge

Project Airbridge was a highly successful effort by the Trump Administration to partner with PPE manufacturers and logistics companies to secure essential medical supplies and then quickly transport them across the world to COVID-19 hotspots within the United States. By utilizing logistics industry leaders, such as Federal Express (FedEx) and United Parcel Service (UPS), to fly PPE from Asia to the U.S. instead of via ship, Project Airbridge cut travel time from more than 30 days to less than two. This saved precious time and got PPE to those in need faster than ever before. Democrats wrongly accused Project Airbridge of lacking federal direction regarding where the PPE is shipped. However, the Trump Administration, understanding that an overreach into an already existent global supply chain could cause more harm than good, instructed manufacturers participating in Project Airbridge to deliver 50 percent of PPE to COVID-19 hotspots and 50 percent through the existing delivery apparatus. This reasonable and measured approach ensured the existent supply chain was not harmed to the detriment of the pandemic response.

18 Homeland Intelligence Article, New Analytic Technique Indicates China Likely Hid Severity of COVID-19 from the International Community While it Stockpiled Medical Supplies, U.S. Dep’t of Homeland Security (May 1, 2020) (On file with Subcomm. Staff).
19 Fact Sheet, supra note 1.
20 Rich Lowry, the Massive Trump Coronavirus Supply Effort that the Media Loves to Hate, NATIONAL REVIEW (May 18, 2020), https://www.nationalreview.com/2020/05/the-massive-trump-coronavirus-supply-effort-that-the-media-loves-to-hate/.
22 Lowry, supra note 20.
PPE Delivered by Project Airbridge (March 29-June 18)23

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>N-95 Respirators</td>
<td>1.5 million</td>
</tr>
<tr>
<td>Face Shields</td>
<td>2.5 million</td>
</tr>
<tr>
<td>Surgical Gloves</td>
<td>937 million</td>
</tr>
<tr>
<td>Thermometers</td>
<td>2.4 million</td>
</tr>
<tr>
<td>Surgical Masks</td>
<td>113.4 million</td>
</tr>
<tr>
<td>Coveralls</td>
<td>1.4 million</td>
</tr>
<tr>
<td>Surgical Gowns</td>
<td>50.9 million</td>
</tr>
<tr>
<td>Stethoscopes</td>
<td>109,000</td>
</tr>
</tbody>
</table>

Project Airbridge’s strategy of flying and directing PPE to those areas in highest need while utilizing the current manufacturing and distribution supply chains ensured product security while providing the federal government never before seen control. Unlike the Democrats incessant calls for “nationalization,” this strategy balanced the immediate public health needs with the long-term viability of an essential supply chain with enormous success. It was the single largest emergency airlift of medical supplies in U.S. history.24

b. Defense Production Act

On September 8, 1950, President Harry Truman signed the Defense Production Act (DPA).25 Since then, the DPA has been reauthorized over 50 times, including in the 2018 National Defense Authorization Act.26 The DPA is the primary set of presidential authorities to expedite and expand U.S. manufacturing capabilities to support military, energy, space, and homeland security programs – including responses to national emergencies. Democrats and the media continue to politicize this pandemic by claiming President Trump failed to utilize the DPA.27 In fact, the President invoked the DPA 78 different times. The President used seven distinct legal authorities to prioritize PPE for Americans: (1) Executive Orders, (2) Memoranda, (3) DPA Title I – ensures federal government contracts for life saving medical equipment are prioritized, (4 & 5) DPA Title III – ensures availability of life saving PPE and increases American PPE production capacity, (6) DPA Title VII – ensures the federal government has visibility into medical equipment supply chains to prioritize shipments to underserved or high need areas, and (7) the Coronavirus Aid, Relief, and Economic Security (CARES) Act – ensures agile contracting by providing expediting contracting procedures for medical equipment.28

24 Rob Noel, Business leaders and career diplomats join forces to obtain PPE, STATE MAGAZINE (July, 2020), https://statemag.state.gov/2020/07/0720feat07/.
Legal Authority | Number of Actions
---|---
Presidential Executive Orders | 6
Presidential Memoranda | 4
DPA Title I (Government Contract Prioritization) | 19
DPA Title III (PPE Contract Actions) | 6
DPA Title III (Expand Production Capacity) | 29
DPA Title VII (Supply Chain Coordination) | 1
CARES Act Authorities | 13
Total | 78

Some examples of President Trump’s measured and strategic use of the DPA to respond to the ongoing pandemic include:

1. *March 23, 2020* – President Trump signed an Executive Order to prohibit the hoarding of vital medical supplies.\(^{29}\)

2. *March 27, 2020* – President Trump signed a memorandum directing the Department of Health and Human Services (HHS) Secretary Alex Azar to require General Motors to prioritize Federal contracts for ventilators.\(^{30}\)

3. *April 2, 2020* – President Trump issued an order to HHS and the Department of Homeland Security (DHS), under the DPA, to ensure domestic manufacturers like General Electric, Hill-Rom, Medtronic, ResMed, Royal Philips, and Vyaire Medical can produce ventilators.\(^{31}\)
   One element of this DPA order was for the Federal Emergency Management Agency (FEMA) to acquire as many N95 masks from 3M as needed. Prior to their inclusion in the DPA order, 3M was increasing production for selling overseas rather than the U.S.\(^{32}\)
   The President’s order required 3M to prioritize the U.S.

4. *April 19, 2020* – President Trump announced that the Department of Defense (DoD) would be investing $75.5 million, under the DPA, with Puritan Medical Products to produce 20 million more testing swabs every month.\(^{33}\)

5. *May 14, 2020* – President Trump issued an Executive Order to delegate authority under the DPA to the CEO of the U.S. International Development Finance Corporation to boost

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\(^{32}\) Id.

“domestic production of strategic resources needed to respond to the COVID-19 outbreak or to strengthen any relevant domestic supply chains.”

Despite these and numerous other examples of President Trump’s effective implementation of the DPA, Democrats continue to call for a command-and-control approach. Contrary to this dangerous rhetoric, the DPA and the U.S. Supreme Court precedent does not authorize a socialist nationalization of American industries.

The strategic use of the DPA incentivized numerous other American companies to take herculean and patriotic efforts to help their fellow citizens. America’s breweries and distilleries—including Anheuser-Busch, Diageo, and Bacardi—shifted some of their production from alcohol to hand sanitizer. In total, at least 830 alcohol producers shifted to manufacturing hand sanitizer. Traditional aerospace contractors Raytheon Technologies and General Dynamics donated over 200,000 pieces of PPE, including directly to the New York Police Department to protect our dedicated law enforcement professionals. Finally, America’s retailers took product off their shelves to donate to save lives; Home Depot donated every piece of PPE it had in stock. Dozens of other small businesses such as homebuilders joined in the fight against the invisible enemy and donated any piece of PPE they could spare. It was a true show of patriotism and an effort that should be heralded instead of questioned by Democrats.

President Trump took a measured and reasonable approach to invoking the authorities granted under the DPA. This approach ensured the fewest interruptions to already existent supply chains while mobilizing a historic public-private partnership to deliver supplies across the country. In short, President Trump’s plan to invoke the DPA saved lives and saved America’s future production of essential medical equipment and supplies.

37 Id.
38 Id.
39 Id.
A PLAN TO SLOW THE SPREAD

At the advice of the nation’s top medical experts, including Dr. Fauci and Dr. Deborah Birx, President Trump took decisive, life-saving action to announce an aggressive national plan to slow the spread of COVID-19. If a national plan to slow the spread had not been implemented by President Trump, models suggested that millions of Americans would have likely died. The President’s plan emphasized social distancing, protecting those most vulnerable – including those with underlying co-morbidities and the elderly – avoiding large gatherings, and practicing good hand hygiene. As President Trump said, “[t]he sacrifices [the American people] make over the next four weeks will have countless American lives saved.”

a. 15 Days to Slow the Spread

On March 16, 2020, President Trump announced a national plan entitled “15 Days to Slow the Spread” of COVID-19. This plan outlined how to help slow the virus’ spread and keep our most high-risk populations safe. Almost overnight, American life changed in fundamental ways. Schools and restaurants closed. Many people started working from home, limited non-essential travel, and curtailed interaction with the consumer economy. At the time, we knew very little about COVID-19. President Trump’s guidelines followed the science and focused on protecting the most vulnerable among us, advising the elderly and those with underlying conditions to stay home and stay safe. President Trump remained optimistic stating, “[i]f everyone makes…these critical changes, and sacrifices now, we will rally together as one nation and we will defeat the virus.” President Trump did not shy away from touting this plan. During the relevant time period, rather than hiding in the basement of the White House, President Trump gave daily press briefings taking questions and allowing the experts like Dr. Fauci to speak directly to the American people. All major networks covered these briefings.

While slowing down economic activity was essential to save lives, it had to be measured against short and long term economic and health side-effects. President Trump made clear that “[America] cannot let the cure become worse than the problem itself.” Democrats continue to call for a top-down, lockdown approach to fight COVID-19; an approach that would be riddled

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41 30 DAYS TO SLOW THE SPREAD, supra note 5.


43 15 DAYS TO SLOW THE SPREAD, supra note 4.

44 https://www.whitehouse.gov/wp-content/uploads/2020/03/03.16.20_coronavirus-guidance_8.5x11_315PM.pdf

45 Donald J. Trump, Twitter, @realDonaldTrump (Mar. 22, 2020, 11:50 pm), https://twitter.com/realDonaldTrump/status/1241935285916782593.

46 15 Days to Slow the Spread, supra note 4.


48 Donald J. Trump, supra note 45.
with bureaucratic processes, would have drastically slowed America’s ongoing pandemic response, and would have had long term economic and public health side effects.\textsuperscript{49} President Trump continually monitored the ongoing health and economic situations and made decisions grounded in facts and science on how to proceed.

\textbf{b. 30 Days to Slow the Spread}

While the nation neared the end of the 15 days, President Trump took the advice of his top doctors and began the process to extend the national plan to slow the spread an additional 30 days. Dr. Fauci and Dr. Birx advised President Trump that cases were continuing to climb, and the peak of the pandemic was projected to hit in the next two weeks.\textsuperscript{50} On March 30, 2020, the President announced “30 Days to Slow the Spread” and extended current health and safety suggestions through April 30.\textsuperscript{51} President Trump made this decision based on expert medical advice and this decision undoubtedly saved lives. Again, he continued to communicate directly with the American people through his daily briefings.

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure1.png}
\caption{US Daily Positive Cases, 7-Day Average Line (March 1 - June 14)}\textsuperscript{52}
\end{figure}

\textsuperscript{52} The COVID Tracking Project, Twitter, @COVID19Tracking (Jul. 27, 2020, 6:42 pm), https://twitter.com/COVID19Tracking/status/1287881158382911490/photo/1; The graph shows the dramatic and immediate effect the President’s plans had on slowing the rate of COVID-19 infection.
On April 16, 2020, President Trump released a three-phase national plan to guide governors in how to safely reopen their states. This plan provided technical and medical metrics and guidelines to inform states’ own reopening assessments.\textsuperscript{53} By April 30, cases stabilized in many regions.\textsuperscript{54} President Trump announced that the guidelines to slow the spread would not be extended further, and encouraged more governors to begin to lift restrictions and reopen their economies.\textsuperscript{55} During this announcement, Vice President Mike Pence, the leader of the White House Task Force on Coronavirus stated, “[e]very state in America has embraced those guidelines at a minimum, or even done more, and now our focus is working with states…The current guidelines, I think you can say, are very much incorporated in the guidance that we're giving states to open up America again.”\textsuperscript{56}

President Trump implemented essential nationwide plans in order to slow the spread of COVID-19. The benchmark for reopening was ensuring, by flattening the curve, that our hospital system would not be overwhelmed. Our nation heeded the call to stay at home and our economy ground to a halt. After the total 45 days to slow the spread were complete, experts agreed that it was time to reopen the economy. On May 22, during a hearing of the Senate Health, Education, Labor and Pensions Committee, Dr. Fauci said, “[n]ow is the time…to begin seriously looking at reopening the economy.”\textsuperscript{57} Dr. Megan Ranney, the Democrat’s invited witness from the Select Subcommittee’s briefing on May 21 agreed that the economic shut down worked and that the “goal has been accomplished,” the spread has been slowed, and that Americans “should be going back to work.”\textsuperscript{58} Experts agree, President Trump’s national plan to slow the spread of COVID-19 worked and saved lives.

\textsuperscript{53} Press Release, \textit{supra} note 7.
\textsuperscript{54} \textit{Id.}
\textsuperscript{56} \textit{Id.}
\textsuperscript{57} Meghan Roos, \textit{After weeks of silence, Dr. Fauci is “totally in favor” of U.S. reopening if done “the proper way”}, NEWSWEEK (May 22, 2020), https://www.newsweek.com/after-weeks-silence-dr-fauci-totally-favor-us-reopening-if-done-proper-way-1506076.
\textsuperscript{58} \textit{Briefing before the H. Oversight & Gov’t Reform Comm, Select Subcomm. On the Coronavirus Crisis, Heroes of the Coronavirus Crisis: Protecting Frontline and Essential Workers During the Pandemic} (May 21, 2020), https://www.youtube.com/watch?v=Bazp7fqhlyw (at 1:27).
A PLAN TO TEST

Under President Trump’s leadership, the United States is leading the world in testing and the development of a wide range of reliable tests. There are almost one million new COVID-19 tests performed daily, which yield a national positivity rate of 4.7 percent, down from the peak of 8.6 percent in mid-July. The decreased positivity rate shows that the spread of the infection is slowing. HHS estimated as of August 13, 2020, that nearly 90 percent of all tests are being completed within three days. On September 18, 2020, the U.S. surpassed 100 million tests performed, by far the most in the world.

1. National Testing Plans

As of September 20, 2020, the CDC, state and local public health labs, and other laboratories tested more than 105 million samples, far outpacing any other country. President Trump released two national testing plans which enabled states and localities to tailor their plans to their specific needs rather than forcing a one-size-fits-all approach.

2. Strategic Testing Plan: On May 24, 2020, the Trump Administration released a report to Congress called the “COVID-19 Strategic Testing Plan” which built on the April 27 testing blueprint. This report says that “[s]tate plans must establish a robust testing program that ensures adequacy of C[OVID]-19 testing, including tests for contact tracing, and surveillance of asymptomatic persons to determine community spread. States must assure provisions are in place to meet future surge capacity testing needs including point of care (POC) or other rapid result testing for local outbreaks.” Part of the report pledges that the Administration will buy 100 million swabs by year’s end to distribute to

60 Caitlin Owns, We’re doing a lot less coronavirus testing, AXIOS (Aug. 13, 2020), https://www.axios.com/were-doing-a-lot-less-coronavirus-testing-df191643-91ed-40a4-83f6-0586a7e9930.html
61 FEMA Sept. 23, supra note 2.
63 Goldstein, supra note 6.
64 Chandelis Duster & Lauren Fox, Trump administration’s latest testing places responsibility with the states, CNN (May 25, 2020), https://www.cnn.com/2020/05/25/politics/trump-administration-testing-swabs/index.html.
states to help them expand their testing capacity. Additionally, the plan says that “each state should ideally test at least 2 percent of its residents in May and June and emphasizes that the federal government would ‘act as a supplier of last resort.’”

Further, on August 27, 2020, the Trump Administration purchased 150 million rapid tests to be distributed across the country through a partnership with Abbott Laboratories.

### b. State Specific Testing Plans

During a national pandemic, it is important to ensure maximum flexibility for each locality to determine their needs and their proper response. In early April, governors in each state designated teams to develop testing plans, working with subject matter experts from HHS and FEMA. On May 30, 2020, these teams submitted their May-June plans; on July 10, 2020, the teams submitted their July-December plans. To support these testing targets, the Trump Administration continues to procure and distribute the necessary supplies and reagents needed in each jurisdiction. The CDC continues to work with each state to provide technical assistance for plan implementation, including flexible testing strategies and contact tracing.

### c. Federal Support for Testing

In February 2020, under President Trump’s leadership, HHS Secretary Alex Azar declared that circumstances justified the authorization of emergency use for tests to detect and diagnose COVID-19. As of September 15, 2020, the FDA has issued 249 individual emergency use authorizations for test kit manufacturers and laboratories, including 47 antibody tests and 4 antigen tests. This is an unprecedented innovative victory and yet another example of the strong public-private partnerships President Trump formed to combat this pandemic.

#### Community Based Testing Sites

Given the need for a robust testing response, President Trump’s Administration stood up 41 Community Based Testing Sites designed to ensure access to testing nationwide, particularly in low-income areas and traditionally hard to reach areas. As of August 4, 2020, 398,300 samples were collected at federally supported Community-Based Testing Sites. As of July 31,
2020, all original Community-Based Testing Sites have transitioned to state management (29) or have closed (12) in consultation with the states and based on the needs of the community.\textsuperscript{76} In addition, the Trump Administration invested approximately $2 billion in community health centers to help 28 million patients in medically underserved areas receive the care and testing they need.\textsuperscript{77}

**Nursing Homes**

From the beginning of the pandemic, President Trump worked tirelessly to protect the vulnerable populations in nursing homes from the COVID-19. Under the leadership of President Trump, over 2 million point-of-care tests and over 5,600 point-of-care machines have been sent to the highest risk nursing homes.\textsuperscript{78} This is in contrast to the Governors of five Democratic states – New York, New Jersey, California, Pennsylvania, and Michigan – ordering nursing homes to admit COVID-19 positive patients regardless of their ability to properly quarantine or treat them.\textsuperscript{79} These orders were in direct contradiction with U.S. Centers for Medicare and Medicaid Services guidance.\textsuperscript{80}

**Public-Private Partnership with Pharmacies and Retailers**

To enable and accelerate testing in response to this pandemic, President Trump worked with HHS to establish a robust public-private partnership program with pharmacy and retail companies.\textsuperscript{81} As of September 12, 2020, under this partnership, there are currently 982 live sites in 48 states and Washington, D.C. that are conducting testing.\textsuperscript{82} As of September 14, 2020, over 2.1 million samples were processed at public-private partnership testing sites.\textsuperscript{83}

\textit{d. Funding}

Thanks to legislation signed by President Trump, billions of dollars were allocated to ensure a robust and successful testing system. The Republican led Paycheck Protection and

\textsuperscript{76} Id.


\textsuperscript{79} Letter from Hon. Steve Scalise, et. al., Ranking Member, Select Subcomm. on the Coronavirus Crisis, H. Comm. on Oversight & Reform, to Hon. Andrew Cuomo, Governor, State of N.Y. (June 15, 2020); Letter from Hon. Steve Scalise, et. al., Ranking Member, Select Subcomm. on the Coronavirus Crisis, H. Comm. on Oversight & Reform, to Hon. Phil Murphy, Governor, State of N.J. (June 15, 2020); Letter from Hon. Steve Scalise, et. al., Ranking Member, Select Subcomm. on the Coronavirus Crisis, H. Comm. on Oversight & Reform, to Hon. Tom Wolf, Governor, State of P.A. (June 15, 2020); Letter from Hon. Steve Scalise, et. al., Ranking Member, Select Subcomm. on the Coronavirus Crisis, H. Comm. on Oversight & Reform, to Hon. Gretchen Whitmer, Governor, State of M.I. (June 15, 2020); Letter from Hon. Steve Scalise, et. al., Ranking Member, Select Subcomm. on the Coronavirus Crisis, H. Comm. on Oversight & Reform, to Hon. Gavin Newsom, Governor, State of C.A. (June 15, 2020).

\textsuperscript{80} Memorandum from David R. Wright, Director, Quality, Safety & Oversight Group, U.S. Centers for Medicare & Medicaid Services, to State Survey Agency Directors (Mar. 13, 2020) (on file with Comm. Staff).

\textsuperscript{81} FEMA Sept. 23, supra note 2.

\textsuperscript{82} Id.

\textsuperscript{83} Id.
Health Care Enhancement Act allocated roughly $25 billion for federal agencies and states to expand testing, develop contact-tracing initiatives, and broaden disease surveillance.\textsuperscript{84} Of the $25 billion, $10.25 billion was sent to states and U.S. territories to expand testing and develop contact-tracing programs at their discretion, but as of August 14, just $121 million of that pool of funds had been drawn down.\textsuperscript{85} Federal relief packages signed by President Trump also included $2 billion to pay for testing uninsured individuals – $235.5 million of which has been spent.\textsuperscript{86} Like so many other programs, federal funds still exist for states and localities to use to provide proper testing capabilities to their residents.

\textsuperscript{85} \textit{Id.}
\textsuperscript{86} \textit{Id.}
Prior to the pandemic, thanks to President Trump’s strong economic policies, American families were benefitting from higher wages, an increasing employment-to-population ratio, and a historically low unemployment rate of 3.5 percent. In fact, in 2019, the poverty rate for the U.S. was 10.5 percent, the lowest since estimates were first released in 1959. Blacks and Hispanics, reached historic lows in their poverty rates in 2019, at 18.8 percent and 15.7 percent respectively.

The U.S. median household income was $68,703 in 2019, 6.8 percent higher than in 2018, according to U.S. Census Bureau statistics released September 16, 2020. In 2019, income inequality fell for the second straight year and 4.2 million Americans were lifted out of poverty – the largest poverty reduction in American history.

The COVID-19 pandemic and the ensuing shutdowns launched the U.S. into a crisis, causing an extraordinary shock to the labor market, with dire projections for a full recovery as far out as 10 years. Due to these widespread shutdowns, the U.S. economy hit rock bottom in April with a historic high unemployment rate of 14.7 percent. The estimated cost of shutdowns is nearly $11,000 per U.S. household as of early June. President Trump and his administration acted swiftly to stabilize the economy and put America on a path towards the great economic comeback.

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a. Reopening America Again

On April 16, 2020, in order to counteract the drastic drop in employment due to the shutdowns, President Trump unveiled the “Guidelines for Opening up American Again,” a three-phased approach to help state and local officials safely reopen their economies under the direction of each state’s governor. The plan detailed criteria each region or state should meet before proceeding to a phased reopening, what states should do to meet the challenges ahead, and phased guidelines which detailed responsibilities of individuals and employers during each specific phase of reopening.

These guidelines enabled each state and locality to tailor their approach to best meet the needs of their county or locality rather than impose a national one-size-fits-all plan. Each locality experienced different levels of infection and exposure which required a different response.

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95 Press Release, supra note 7.
96 WHITE HOUSE & CENTERS FOR DISEASE CONTROL & PREVENTION, GUIDELINES OPENING UP AMERICA AGAIN (Apr. 16, 2020).
President Trump recognized the unique position each state and locality faced and provided a structure by which the state leadership could tailor their response.

In addition, the White House Task Force worked with each state’s governor, providing analysis and recommendations to assist each state in their response plan. This nearly 400-page document released each week to the governors, includes county-level data and recommendations for states and local public health officials to analyze the data and reopen at pace justified by local conditions.97

b. Swift Economic Recovery

Once the pandemic hit, the Trump Administration distributed, in record time, trillions of dollars in federal assistance to American families and businesses. Under the leadership of President Trump, America is on track to witness the fastest labor market recovery from any economic crisis in history. U.S. Department of Treasury Secretary Steven Mnuchin testified, “America is in the midst of the fastest economic recovery from any crisis in U.S. history.”98

As state governments began lifting statewide lockdowns there was a sharp economic recovery as Americans reentered the labor force. In May, the unemployment rate dropped from the historic high of 14.7 percent to 13.3 percent.99 Then again, outperforming predictions, the June jobs report showed a 4.8 million-gain in jobs lowering the unemployment rate to 11.1 percent.100 In July, the unemployment rate was 10.2 percent – 0.2 percentage points higher than the peak unemployment rate during the Great Recession in October 2009.101 It took over two years, at that time, to achieve an unemployment rate of 8.4 percent, something Americans have now achieved in one month. For the past four months, the employment report has met or exceeded expectations.102

99 Rushe, supra note 92.
102 Id.
In August, America added nearly 1.4 million new jobs and the unemployment rate fell by 1.8 percentage points to 8.4 percent, the second largest decline on record.\textsuperscript{104} In August, Black American employment increased by 367,000, employment for Hispanic Americans increased by 1 million, and gains for women increased by 1.5 million.\textsuperscript{105} Exemplifying the strong recovery for minority groups, since April, Black American employment has increased by nearly 1.3 million while flows into the labor force have also increased by 663,000.\textsuperscript{106}

Already, over 42 percent of U.S. jobs have been recovered from those lost due to the pandemic.\textsuperscript{107} More than half of the jobs lost in the restaurant industry due to the pandemic have returned and retailers regained 62 percent of their jobs.\textsuperscript{108} These reports confirm that strong economic recovery continues under President Trump’s decisive leadership, particularly in industries hardest hit by overly broad state issued lockdowns.

\textsuperscript{105} Id.
\textsuperscript{106} Id.
\textsuperscript{108} Id.
c. President Trump’s Successful COVID-19 Economic Programs

President Trump understands the importance of allowing people to return to work safely. He has continued to support small businesses and individuals financially, improving the well-being of all Americans.

Aid to Individuals and Households

Aid for individuals and households falls into two separate categories: (1) Economic Impact Payments (EIPs) and (2) enhanced unemployment benefits.

1. Economic Impact Payments\textsuperscript{110} – Individuals making less than $75,000 per year received a one-time payment of $1,200. Couples making less than $150,000 per year

\textsuperscript{109} Id.
received a one-time payment of $2,400. These payments gradually decreased up to individuals making $99,000 per year and couples making $198,000 per year. Families also received an additional one-time payment of $500 per child. These payments were in addition to any benefits from unemployment insurance (UI).

In 2008, it took the Internal Revenue Service (IRS) about 10 weeks to start distributing stimulus payments. 111 By the end of 2008, the IRS delivered almost 143 million payments totaling $107.3 billion. 112 In contrast, the Trump Administration began delivery of EIPs only 15 days after enactment of the CARES Act. 113 In a matter of months, the IRS delivered almost 159 million EIPs totaling more than $267 billion; 120 million payments by direct deposit, 35 million by paper checks, and 3.7 million as prepaid debit cards. 114 Those individuals who mistakenly received or did not receive payments could go online to find resources to return improper payments or request EIPs. 115

Figure 5: Recovery Rebate Amount Based on Annual Salary 116

The Trump Administration mobilized millions more payments for hundreds of millions of dollars in record time. These payments were an integral part of keeping the American economy afloat during the toughest times of the pandemic.

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112 Id.
113 Id.
114 Id.
2. **Enhanced Unemployment Benefits**\(^{117}\) – American workers who were laid off because of the pandemic are eligible for enhanced UI. This added 13 additional weeks of unemployment eligibility on top of the usual duration of 26 weeks. Coverage included previously uncovered individuals, such as independent contractors, part-time workers, and gig economy employees. There was also an additional $600 per week of UI in addition to standard state benefits

   *Figure 6: Median Weekly Earnings 4Q19 vs. Weekly Wages Enhanced Unemployment*\(^{118}\)

Aid to Small Businesses

The CARES Act allocated $377 billion to small businesses to provide loans and grants to keep them afloat. It was broken into two main parts: (1) the Paycheck Protection Program (PPP) and (2) the Emergency Economic Injury Disaster Loan Grants (EIDL).  

1. **Paycheck Protection Program**\(^{119}\) – This program established forgivable loans to be distributed under the SBA’s current 7(a) framework. Treasury can give additional lenders outside of SBA’s approved lender list the authority to issue PPP loans. These loans are designed to be forgiven if the borrowers retain their employees and continue to pay them

\(^{117}\) CARES Act, *supra* note 110.  
\(^{118}\) Zezas, *supra* note 116.  
\(^{119}\) CARES Act, *supra* note 110.
at their normal rate. The forgiveness amount would be reduced proportional to the number of employees laid off during the eight-week period beginning on the date of loan origination.

Figure 7: PPP Loans by State and Territory\textsuperscript{120}

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<tr>
<th>State</th>
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<th>Net Dollars</th>
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<tr>
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<tr>
<td>WY</td>
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Key PPP Statistics

- The PPP supports more than 51 million jobs for American workers.\textsuperscript{121}
  - For example, the PPP supports 4.5 million jobs in Texas, 3.2 million in Florida, 1.8 million in Pennsylvania, 1.9 million in Ohio, 1.6 million in Michigan, 1.5 million in Georgia, and 1.2 million in North Carolina.\textsuperscript{122}


\textsuperscript{122} Kathy Morris, The States that Received the Most (and Least) in PPP Funds, ZIPPIA (July 2020) https://www.zippia.com/advice/states-least-most-ppp-loans/.
The PPP obligated $659 billion under the CARES Act and the Paycheck Protection Program and Health Care Enhancement Act. ¹²³

The PPP supports as much as 84 percent of all small business employees in the country. ¹²⁴

The PPP provided loans to nearly 4.9 million small businesses across the country totaling $521 billion. ¹²⁵

The PPP sent loans to our nation’s smallest businesses in need, with 87.4 percent of all loans for less than $150,000 and more that 67 percent for $50,000 or less. ¹²⁶

As of August 8, the PPP is still funded at over $133 million. ¹²⁷

2. **Emergency Economic Injury Disaster Loan Program** ¹²⁸ – This program provides small businesses and private nonprofit organizations that suffered significant economic damage as a result of the pandemic with emergency grants. These grants are based on simplified qualifications for low-interest working-capital loans. Each business could request up to $10,000 which would be distributed within three days. This grant could be used for maintaining payroll, providing sick leave, making mortgage or rent payments, or repaying other debts. The businesses are not required to pay this back.

**Aid to Certain Business Sectors and Markets**

The CARES Act allocated roughly $500 billion in aid to eligible businesses, states and municipalities, and specific industries hit hardest by the pandemic. Of the $500 billion, $46 billion was allocated to support hard hit industries, including airlines, air cargo carriers, and industries crucial to national security. ¹²⁹

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¹²⁵ *Id.*

¹²⁶ *Id.*

¹²⁷ *Id.*

¹²⁸ CARES Act, *supra* note 110.

¹²⁹ *Id.*
1. **Payroll Support Program** - Since the beginning of the Payroll Support Program (PSP), Treasury allocated more than $25 billion in assistance to 353 different applicants, in support of hundreds of thousands of American jobs. The approvals included all major U.S. airline passenger carriers, more than 260 small carriers, and numerous cargo carriers and airline contractors. Support of the aviation industry is vital to national security.

Treasury is committed to transparency in this program, releasing a detailed list of all applicants and their corresponding rewards on May 12, 2020.

The other $450 billion was allocated to support credit-market liquidity by investing in Federal Reserve (Fed) facilities to buy the primary and/or secondary market loans and securities of corporations and municipalities. This is designed to mitigate ongoing risk of a market liquidity crisis evolving into an economic credit crisis.

1. **Midsized Business Lending Facility** – Leverages the Fed’s emergency discount window to make loans to midsized businesses or those that employ between 500 and 10,000 workers.

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130 Zezas, supra note 116.
131 CARES Act, supra note 110.
133 Id.
134 Id.
135 Zezas, supra note 116.
2. **Main Street Lending Facility**\(^{136}\) – Supports small and midsized businesses by providing capital loans to maintain short-term financing and stay in business.

3. **Government Participants Facility**\(^{137}\) – Liquidity to financial institutions that lend to states and municipalities.

4. **Other Potential Facilities**\(^{138}\) – Other programs designed to lessen the economic blow to businesses and markets: (1) employers eligible for a 50% refundable payroll tax credit, (2) employer-side social security payroll tax delay, (3) relaxed limitations on reportable losses, (4) faster recovery of Alternative Minimum Tax credits per the 2017 tax reform, and (5) temporary increase to the amount of interest expense that can be deducted on tax returns.

**Aid to State and Local Governments**

The CARES Act allocated approximately $330 billion toward state and local governments through (1) direct funding, (2) aid to hospitals and public health initiatives, (3) grants to airports, (4) aid to transit agencies, and (5) the establishment of an education stabilization find.\(^{139}\)

The CARES Act established the Coronavirus Relief Fund (CRF) which is the primary relief vehicle for state, local, and tribal governments. The CRF includes $150 billion for state, local, and tribal governments with populations exceeding 500,000 to be distributed based on population.\(^{140}\) The funds can be used to cover costs that (1) are necessary due to COVID-19, (2) were not accounted for in the most recently approved state budget, or (3) were incurred between March 1, 2020 and December 31, 2020.\(^{141}\) As of August 24, 2020, not a single state or territory has expended their entire CRF allocation.\(^{142}\) Distributions were calculated based on the following:

- $3 billion reserved for the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa.\(^{143}\)

- $8 million reserved for tribal governments.\(^{144}\)

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\(^{136}\) Id.

\(^{137}\) Id.

\(^{138}\) Id.

\(^{139}\) Id.

\(^{140}\) Id.

\(^{141}\) Id.

\(^{142}\) Id.

\(^{143}\) Id.

\(^{144}\) Id.

\(^{136}\) Id.

\(^{137}\) Id.

\(^{138}\) Id.

\(^{139}\) Id.

\(^{140}\) Id.

\(^{141}\) Id.

\(^{142}\) Id.

\(^{143}\) Id.

\(^{144}\) Id.
• $139 billion reserved for state and local governments to be allocated based on population with a minimum payment of $1.25 billion per state (with deductions for each payment to a local government within the state).  

• Eligible local governments will receive the product of (1) 45 percent of the payment determined for its state and (2) the quotient of the population of the local government and the total state population.
  
  o Calculation: .45(state allocation) x (local population/state population)


d. Support to Minority Communities

The Trump Administration focused on reaching diverse communities and businesses to help support those hit hardest by COVID-19. At President Trump’s direction, the White House Opportunity and Revitalization Council refocused its efforts to better aid underserved communities on economic, health, and educational issues during the COVID-19 pandemic and beyond.

President Trump is committed to providing unprecedented health and economic support to individuals in traditionally underserved communities affected by COVID-19.

- The President signed legislation providing $3.5 billion to keep childcare centers open for low-income families and frontline workers.

- On April 24, 2020, President Trump signed into law the Paycheck Protection Program and Health Care Enhancement Act, which replenished the PPP; including $60 billion for small banks, credit unions, and community lenders serving businesses in minority, underserved, and rural communities.

- The Trump Administration invested approximately $2 billion in community health centers to assist 28 million patients in medically underserved areas. President Trump signed legislation to guarantee COVID-19 testing free of cost-sharing, removing financial obstacles for Americans who would otherwise be unable to access them.

145 Id.
146 Id.
148 Id.
151 Fact Sheet, supra note 147.
- On March 27, President Trump signed into law Higher Education Emergency Relief (HEER) Fund authorized by the CARES Act. The HEER Fund provided $1 billion to Historically Black Colleges and Universities that have been impacted by this crisis.¹⁵²

- On April 3, 2020, President Trump committed federal funding to supplement hospitals’ COVID-19 treatment expenses for the 27 million Americans currently unemployed.¹⁵³ HHS Secretary Alex Azar confirmed the federal commitment as part of the funding tranches distributed from the $100 billion allocated to hospitals and providers in the CARES Act.¹⁵⁴

¹⁵² Id.
¹⁵⁴ Id.
A PLAN TO SAFELY REOPEN SCHOOLS

The President has repeatedly called upon our nation’s public-school systems to safely reopen. His Administration provided the guidance and tools needed to help our schools safely provide the in-person instruction as advocated by the AAP and the National Academies of Sciences, Engineering, and Medicine Committee on Guidance for K-12 Education. In contrast, Democrats continue to demand burdensome nationwide lockdowns – including K-12 schools and Institutes of Higher Education (IHE) – that would not only harm the education of America’s children but also have severe long-lasting health consequences. Democrats refuse to listen to the experts and continue to politicize the nation’s children and education. President Trump followed the science and heeded the advice of the nation’s medical experts to release strong guidance to assist states and local school districts in how to safely bring kids back to school.155

In the U.S., children represent about 22% of the population, but only 1.7% of COVID-19 cases.156 Further, children are less likely to spread the virus to others.157 Children aged 5–14 are seven times more likely to die of influenza than of COVID-19.158 While, children aged 1–4 are 20 times more likely to die of influenza.159 Overall, Americans under the age of 19 represent 0.003 percent of all COVID-19 fatalities in the U.S.160 Children rarely develop symptoms from COVID-19 or the associated inflammatory syndrome – less than 10 percent of infections have been in those under 18 years.161 The science is clear – school aged children are not significantly affected by COVID-19.

<table>
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<tr>
<th>Current Best Estimate COVID-19 Fatality Rate By Age Group162</th>
<th>Infection Fatality Ratio</th>
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<tbody>
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<td>Age Group</td>
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<td>0.00003</td>
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<tr>
<td>20-49 years old</td>
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<td>50-69 years old</td>
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<tr>
<td>70+ years old</td>
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</tr>
</tbody>
</table>

As President Trump’s plan to reopen schools states, “[s]chools are an important part of the infrastructure of communities and play a critical role in supporting the whole child, not just

157 Id.
158 FreOpp Report, supra note 8.
159 Id.
160 Id.
their academic achievement.” This plan provides each local school district information vital to reopening, such as:

- What is currently known about COVID-19 among school aged children;
- The importance of going back to school safely;
- What is currently known about COVID-19 transmission in schools and its impact on community transmission; and
- The ways administrators for K-12 schools can plan and prepare for in-person instruction and minimize the impact of potential closures.

In addition to broad information and guidance for administrators to rely on when deciding how to reopen, the Trump Administration released health specific considerations for all school district to apply to their specific situation. These considerations provide expert medical advice for administrators to safely reopen and include:

1. Promoting behaviors that reduce COVID-19 transmission.
3. Maintaining healthy school operations.
4. Preparing for if a student or faculty member gets sick.

Each of these four pillars is vital to ensure a safe reopening and provide a long-term sustainable strategy for successful in-person instruction.

a. Scientists and Pediatricians Recommend Reopening Schools

On June 25, 2020, the AAP, a group of 67,000 pediatricians committed to the optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults, released guidelines for safely reopening schools. AAP agrees with President Trump and strongly recommends that “all policy considerations for the coming school year should start with a goal of having students physically present in school.”

On July 15, 2020, the Committee on Guidance for K-12 Education on Responding to COVID-19 released a consensus study report by the National Academies of Sciences,
Engineering, and Medicine. This report argues, “given the importance of in-person interaction for learning and development, districts should prioritize reopening with an emphasis on providing full-time, in-person instruction in grades K-5 and for students with special needs who would be best served by in-person instruction.” The report acknowledges “one size does not fit all, and that every district will need undertake a process that involves families, administrators, experts and community leaders in the difficult task of how to redesign and reimagine what schools will look like in these uncertain times.”

On July 16, 2020, the Foundation for Research and Equal Opportunity (FreOpp) released a report arguing “permanent school and childcare center closures are unsustainable. Policymakers must prepare to make difficult decisions about how to reopen American schools while managing serious public health risks.”

The experts agree that reopening schools, particularly K-12, is in the best interest of the child. President Trump’s goal has always been to provide guidance on how to safely reopen schools not to make a determination on the needs of each individual school district. The districts may use this scientific guidance to inform their decision making and, also, inform their students and parents about the benefits of returning to in-person instruction.

b. Consequences of Staying Home

The AAP emphasized that there are major health, social, and educational risks to keeping children at home. Schools are a vital point of contact for public health services: mental health support, vaccinations, special therapies, free school meals, physical activity, early developmental skills, and sighting signs of child abuse at home. Without in-person learning, structural social and health disparities may only deepen. If schools do not reopen until next year, the amount of time the average student could fall behind academically is seven months, and 10 months for Black and Latino students. Further, low-income families were five times more likely to report receiving no distance learning from their schools compared with the highest-income families.

Schools Play a Critical Role in Community Wellbeing

Schools continue to be fundamental to all communities. They provide safe and supportive environments and structure and routines for children. Additionally, open schools consistently drive the economy by providing jobs for teachers and staff and, also, allowing parents, guardians, and other caregivers to go to work.

170 Id. at 5.
171 Id. at x.
172 FreOpp Report, supra note 8.
174 Id.
176 Greszler, supra note 156.
Schools Enhance Students’ Emotional and Societal Health

Interaction between children and adults beginning at a young age is vital to emotional wellbeing and the child’s development of language, communication, social, and interpersonal skills. Increased isolation from burdensome shutdowns may cause increased anxiety and other societal struggles in children. Resuming in-person instruction may alleviate these issues. Schools provide children with a platform for socialization and support. Schools also facilitate student’s non-academic life skills, such as managing emotions, achieving goals, empathy, sympathy, and personal responsibility.

Schools Foster Students’ Mental Health

Schools can often be the only avenue for children to receive needed emotional and psychological support from trained professionals. Long-term school closures may exacerbate unknown or suppressed mental health issues in children. This may increase feelings of hopelessness and anxiety. Reopening schools may combat this by providing children with much needed in-person assistance through counseling and mental or behavioral assessments.

c. Data Shows That In-Person Learning is Safe

On September 23, 2020, researchers at Brown University released their first set of data from a new National COVID-19 School Response Data Dashboard which found low levels of infection among teachers and students. The research tracked infections in over 550 schools across 46 states over a two-week period and found that 0.23 percent of students had a confirmed or suspected case of the coronavirus. Among teachers, it was 0.49 percent. Looking only at confirmed cases, the rates were even lower: 0.078 percent for students and 0.15 percent for teachers.

In Florida, Governor DeSantis took the bold approach of following the science and pushing for reopening schools for in-person learning despite Democrats and the teachers’ unions unfounded objections. Many schools reopened with proper safety precautions and early results show that the state’s positive cases among K-12 students continued to decline through late September. This decline shows that school aged children are not a driver of COVID-19 cases or community spread.

178 Id.
179 Id.
181 Id.
A PLAN TO DEVELOP A SAFE AND EFFECTIVE VACCINE


OWS aims to have “300 million doses of a safe, effective vaccine for COVID-19 by January 2021.”\footnote{News Release, supra note 9.} The program is developing a vaccine at record pace. There were a mere 43 days between sequencing of the virus’ gene code and the start of vaccine development.\footnote{Briefing from Hon. Alex Azar, Sec’y, U.S. Dep’t of Health & Human Serv., & Dr. Moncef Slaoui, Chief Advisor, Operation Warp Speed, to Republican Members, U.S. House of Representatives (Sep. 16, 2020).} This is an unprecedented pace. OWS does not cut out any phase of the normal vaccine development process. Rather, OWS enables steps in the process to be done simultaneously, so manufacturing is occurring far faster than normal which is a financial risk, especially for the drug companies, but not a product safety risk.\footnote{News Release, supra note 9.} It would be the single fastest vaccine development in the history of medicine.


\textit{a. Development}

To accelerate development without sacrificing health and safety standards, OWS analyzes the most promising vaccine candidates and provides coordinated government development support. Through aligning various health and safety benchmarks, OWS is able to condense the research and development process without sacrificing safety or efficacy tests in order to proceed to trials more quickly. While the upfront financial risks for both the vaccine manufacturers and the federal government are higher, health risks remain the same as a normal vaccine.

- OWS evaluated and chose fourteen vaccine candidates from over 100 submissions that were being developed to receive federal government support.\footnote{Fact Sheet: Explaining Operation Warp Speed, supra note 155.}

- The 14 candidates were narrowed down to about seven of the most promising candidates to continue through the trial phases.\footnote{Id.}
• Four candidates – Pfizer, AstraZeneca, Johnson & Johnson, and Moderna – are currently in Phase III clinical trials. These trials are larger than any vaccine trial ever – with over 30,000 participants in each trial. The size and inclusivity of the trials provides a clear medical view at the safety and efficacy of the vaccine.  

b. Manufacturing

A pillar of OWS is simultaneous manufacturing and development of a vaccine to provide capabilities to immediately distribute approved doses to the American people as fast as possible. Manufacturing processes will be scaled up while vaccines are still being developed rather than after approval to allow for rapid distribution to the most at-risk Americans.

c. Distribution

OWS, through a strong public-private partnership with already existing logistics and shipping providers, has a plan to rapidly distribute an approved vaccine to Americans that need it most, specifically first responders, the elderly, and those in traditionally underserved communities. OWS has four key tasks to ensure the successful distribution of a vaccine to every American that wants it:

• Continued engagement with state, tribal, territorial, and local partners and the public to communicated public health information to promote vaccine confidence and increase all Americans’ willingness to receive the vaccine.

• Actively distribute vaccines immediately upon authorization from the CDC and FDA using a distribution method that is transparent and fair to the American people.

• Provide, if needed, local health officials and vaccine administrators all medical supplies necessary to safely administer the vaccine.

• Use information technology to effectively track vaccine distribution to monitor and ensure vaccines are available to those in highest need and vaccines are being successfully administered.

189 Id.
190 Id.
191 Id.
193 Id.
194 Id.
195 Id.
d. Affordability

The federal government is actively procuring hundreds of millions of doses of each viable vaccine candidate in hopes of a seamless transition from development to distribution to administration. Further, the federal government is under contract with a nationwide distribution provider. These two actions ensure that **no American will have to pay for the COVID-19 vaccine, itself, or its distribution.**

Additionally, the Trump Administration is developing plans, supported by legislation, to ensure that **no American would be forced to pay out of pocket for the administration of the COVID-19 vaccine at their local doctor’s office or health clinic.**

e. Democrats Unfounded Attacks on the Vaccine

Democrats continue to brazenly undermine public faith in a COVID-19 vaccine, including by attacking Dr. Moncef Slaoui, the Chief Advisor of OWS, alleging improper financial interests and questioning his ability to impartially work toward a safe and effective

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196 Id.
197 Id.
198 Id.
199 Id; (emphasis added).
200 Id; (emphasis added).
vaccine. These allegations are nothing more than petty attempts to harass a seasoned professional during an election season. Further, these attacks on Dr. Slaoui and his affiliated scientists raise questions about whether Democrats truly have America’s best interests in mind. Dr. Slaoui is an historic figure in vaccine development, ushering 14 vaccines across the finish line over the course of his career and now, he is working for the U.S. government for one dollar in compensation.

Dr. Slaoui is serving this country in the fight against COVID-19. In fact, when asked how he would react to political decisions he disagreed with, Dr. Slaoui stated: “I would immediately resign if there is undue interference in this process.” Presently, the only undue interference in the vaccine development process are Democrat politicians’ harassment and smearing of Dr. Slaoui’s reputation. These dangerous attacks on him and the vaccine process show Democrats’ priority is not to get a safe and effective vaccine to market, but instead to undermine public trust in the nation’s doctors, including Dr. Anthony Fauci, Dr. Robert Redfield, Dr. Deborah Birx, and Dr. Moncef Slaoui. Despite unfounded political attacks, Dr. Slaoui and the Trump Administration will bring a safe and effective COVID-19 vaccine to market for all Americans.

203 Id.
204 Lovelace Jr., supra note 174.
CONCLUSION

President Trump has a national plan to fight the COVID-19 pandemic. In fact, he has numerous national plans tailored to specific situations. This strategy led to operational flexibility and the ability to provide rapid responses to ever changing situations. The Democrats continue to call for a lockdown approach to fight COVID-19; an approach that would be riddled with bureaucratic processes and would have drastically slowed America’s ongoing pandemic response. While President Trump saved lives, Democrats acted as speed bumps, slowing down the response and negotiation progress at every turn.

President Trump brought necessary PPE to our shores through Project Airbridge and a measured and reasonable approach to invoking the authorities granted under the DPA. This approach ensured the fewest interruptions to already existent supply chains while mobilizing a historic public-private partnership to deliver supplies across the country. In short, President Trump’s national plan to procure PPE saved lives and saved America’s future production of essential medical equipment and supplies.

On the advice of the nation’s top medical experts, including Dr. Fauci and Dr. Birx, President Trump took decisive, life-saving action to announce an aggressive national plan to slow the spread of COVID-19. If a national plan to slow the spread had not been implemented by President Trump, models suggested that millions of Americans would have likely died. When it became clear, based on science, that children were not at high risk of infection or transmission, the President’s Administration worked to provide school systems with the guidance and tools needed to safely reopen.

The United States is leading the world in testing and the development of a wide range of reliable tests. There are now almost one million new COVID-19 tests performed daily. President Trump’s national approach to testing led to the U.S. performing over 100 million tests in under six months, by far the most in the world.

Prior to the pandemic, thanks to President Trump’s strong economic policies, American families were benefitting from higher wages, an increasing employment-to-population ratio, and a historically low unemployment rate of 3.5 percent. Overly broad state lockdowns led to increased economic distress. President Trump led the charge to safely reopen the economy and get all Americans back to work. America is now on a path towards the greatest economic comeback in history.

Finally, to ensure we work to eradicate COVID-19, President Trump authorized Operation Warp Speed to bring a safe and effective vaccine to market faster than ever before. The experts agree, a vaccine will be available to the American people by January 2021. It would be the single fastest vaccine development in the history of medicine.

The facts are clear, President Trump designed and executed national plans to fight COVID-19 and it saved lives.
APPENDIX A: LIST OF NATIONAL PLANS

Mitigating the Spread of COVID-19

“15 Days to Slow the Spread”
“30 Days to Slow the Spread”

Building the World’s Greatest Testing System

“COVID-19 Strategic Testing Plan”
“COVID-19 Testing Plans by State and Jurisdiction”
“Blueprint for Testing Plans and Rapid Response Programs”
“Community-Based Testing Sites for COVID-19”

A Safe and Effective Vaccine at Warp Speed

“Operation Warp Speed”
“Fact Sheet: Explaining Operation Warp Speed”
“From the Factory to the Frontlines”
“Operation Warp Speed Vaccine Distribution Process”
“COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations”

Safely Reopening America Again

“Opening Up America Again”
“CDC Activities and Initiatives Supporting the COVID-19 Response and the President’s Plan for Opening America Up Again”

Securing and Procuring Personal Protective Equipment

“How President Trump uses the Defense Production Act to Protect America From the China Virus”

Rebuilding the American Economy

“Small Business Paycheck Protection Program”
“Payroll Support Program: Air Carriers and Contractors”
“Payroll Support Program: Air Carriers and Eligible Businesses”
“Economic Impact Payment Information Center”
“Enhanced Unemployment Insurance”
“Coronavirus Relief Fund: Guidance for State, Territorial, Local, and Tribal Governments”
“Main Street Lending Program”
“Supporting Small Businesses”
Protecting America’s Nursing Homes

“Toolkit on State Actions to Mitigate COVID-19 Prevalence in Nursing Homes”
“Information for Healthcare Facilities Concerning COVID-19”
“Guidance for Infection Control and Prevention of COVID-19”
“Guidance for Use of Certain Industrial Respirators by Health Care Personnel”
“Guidance for Infection and Control and Prevention of COVID-19 (revised)”
“Prioritization of Survey Activities”
“Upcoming Requirements for Notification of Confirmed COVID-19 Among Residents and Staff in Nursing Homes”
“Nursing Home Reopening Recommendations for State and Local Officials”
“COVID-19 Survey Activities, CARES Act Funding, Enhanced Enforcement for Infection Control Deficiencies, and Quality Improvement Activities in Nursing Homes”
“Frequently Asked Questions on Nursing Home Visitation”
“National Training Program to Strengthen Nursing Home Infection Control Practices”
“Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency Related to Long Term Care Facility Testing Requirements and Revised COVID-19 Focused Survey Tool”
“Coronavirus Commission on Safety and Quality in Nursing Homes: Final Report”

Protecting Schools and Child Care Programs

“FAQ for School Administrators on Reopening Schools”
“Guidance for Child Care Programs that Remain Open”
“Interim Considerations for K-12 School Administrators for COVID-19 Testing”
“Screening K-12 Students for Symptoms of COVID-19: Limitations and Considerations”
“Guidance for K-12 School Administrators on the Use of Masks in Schools”
“Preparing K-12 School Administrators for a Safe Return to School in Fall 2020”
“Strategies for Protecting K-12 School Staff from COVID-19”
“Cleaning, Disinfection, and Hand Hygiene in Schools – a Toolkit for School Administrators”
“Interim Guidance for Case Investigation and Contact Tracing in K-12 Schools”
“The Importance of Reopening America’s Schools this Fall”

Protecting Colleges and Universities

“Considerations for Institutions of Higher Education”
“Guidance for Institutions of Higher Education with Students Participating in International Travel or Study Abroad Programs”
“Considerations for Monitoring and Evaluation of Mitigation Strategies Implemented in Institutes of Higher Education”
“COVID-19 Guidance for Shared or Congregate Housing”
“Interim Guidance for Administrators of US Institutions of Higher Education”
“Interim Considerations for Institutes of Higher Education Administrators for COVID-19 Testing”
Protecting Health Care Workers, Facilities, and Emergency Management

“Risk Management for COVID-19”
“COVID-19 and HIPAA: Disclosures to Law Enforcement, Paramedics, other First Responders and Public Health Authorities”
“Strategies for Optimizing the Supply of N95 Respirators”
“Optimizing Ventilator Use During the COVID-19 Pandemic”
“Surveillance and Data Analytics”
“Laboratory Capacity”
“Staffing Resources”
“Immediate Plans for COVID-19 Supplemental Funding to Jurisdictions”
“COVID-19 Pandemic Planning Scenarios”
“Interim Infection Prevention and Control Guidance for Veterinary Clinics Treating Companion Animals During the COVID-19 Response”
“Operational Considerations for Containing COVID-19 in Non-US Healthcare Settings”
“Preparedness Tools for Healthcare Professionals and Facilities Responding to COVID-19”
“Training for Healthcare Professionals”
“Optimizing Supply of PPE and Other Equipment During Shortages”
“N95 and Other Respirators”
“Strategies for Optimizing the Supply of Facemasks”
“Strategies for Optimizing the Supply of Eye Protection”
“Strategies for Optimizing the Supply of Isolation Gowns”
“Strategies for Optimizing the Supply of Disposable Medical Gloves”
“Clinical Care Guidance for Healthcare Professionals about COVID-19”
“Guidance for Healthcare Workers about COVID-19 Testing”
“Key Considerations for Transferring Patients to Relief Healthcare Facilities when Responding to Community Transmission of COVID-19 in the United States”
“Guidance for Pharmacies”
“Preparing for COVID-19 in Nursing Homes”
“Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the COVID-19 Pandemic”
“Interim Additional Guidance for Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Outpatient Hemodialysis Facilities”
“Guidance for Dental Settings”
“Guidance for Blood and Plasma Facilities”
“Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities”
“Considerations for Alternate Care Sites”

Keeping American Travelers Safe

“Runway to Recovery”
“Guidance for Ships on Managing Suspected or Confirmed Cases of COVID-19”
“Travel During the COVID-19 Pandemic”
“After You Travel”
“COVID-19 Travel Recommendations by Destination”

Protecting Americans Most at Risk

“People with Certain Medical Conditions”
“Older Adults”
“Pregnant, Breastfeeding, and Caring for Newborns”

Protecting America’s Businesses and Workers

“Business and Employers Responding to COVID-19”
“Returning to Work”
“Cleaning and Disinfecting”
“COVID-19 Employer Information for Office Buildings”
“Investigating and Responding to COVID-19 Cases in Non-Healthcare Work Settings”
“Prepare Your Small Business and Employees for the Effects of COVID-19”
“Conserving and Extending Filtering Facepiece Respirator Supply for Non-Healthcare Sectors”
“Considerations for Restaurants and Bars”
“Considerations for Casinos and Gaming Operations”
“Manufacturing Workers and Employees”
“Considerations for Outdoor Farmers Markets”
“Meat and Poultry Processing Workers and Employers”
“Pet Stores, Pet Distributors, and Pet Breeding Facilities”
“Guidance on Preparing Workplaces for COVID-19”
“Limiting Workplace Violence Associated with COVID-19 Prevention Policies in Retail Services Businesses”

Protecting Parks, Sports, and Recreation

“Guidance for Administrators in Parks and Recreational Facilities”
“Considerations for Public Beaches”
“Considerations for Public Pools, Hot Tubs, and Water Playgrounds During COVID-19”
“COVID-19 Considerations for Traveling Amusement Parks and Carnivals”
“Considerations for Youth Sports”
“Suggestions for Youth and Summer Camps”
“Visiting Parks and Recreational Facilities”
“Visiting Beaches and Pools”
“Playing Sports”

Protecting Gatherings and Community Events

“Considerations for Events and Gatherings”
“Considerations for Election Polling Locations and Voters”
“COVID-19 Considerations for Animal Activities at Fairs, Shows, and Other Events”

Protecting Community and Faith-Based Organizations

“Considerations for Community-Based Organizations”
“Considerations for Outdoor Learning Gardens and Community Gardens”
“Considerations for Food Pantries and Food Distribution Sites”
“Considerations for Communities of Faith”

Protecting First Responders, Law Enforcement, and Public Services

“Recommendations for Emergency Medical Services (EMS) Systems and 911 Public Safety Answering Points/Emergency Communication Centers (PSAP/ECCs)”
“What Firefighters and EMS Providers Need to Know about COVID-19”
“What Law Enforcement Personnel Need to Know about COVID-19”
“Healthcare Personnel and First Responders: How to Cope with Stress and Build Resilience During the COVID-19 Pandemic”
“What Workers and Employers Can Do to Manage Workplace Fatigue During COVID-19”

Protecting Shared and Congregate Housing

“COVID-19 Guidance for Shared or Congregate Housing”
“Living in Shared Housing”
“Considerations for Owners and Operators of Multifamily Housing Including Populations at Increased Risk for Complications from COVID-19”

Protecting the Homeless

“Guidance on Unsheltered Homelessness and COVID-19 for Homeless Service Providers and Local Officials”
“Guidance for Homeless Service Providers to Plan and Respond to COVID-19”
“Considerations for Health Departments for COVID-19 Testing in Homeless Shelters and Encampments”
“Investigating and Responding to COVID-19 Cases at Homeless Service Provider Sites”
“Youth Experiencing Homelessness”

Protecting Correctional and Detention Facilities

“Guidance on Management of COVID-19 in Correctional and Detention Facilities”
“Considerations for COVID-19 Testing in Correctional and Detention Facilities”
“Bureau of Prisons Modified Operation Plan”
“ICE Guidance on COVID-19”
Protecting Tribal Communities

“Guidance and Tips for Tribal Community Living During COVID-19”
“Recommendations for Tribal Ceremonies and Gatherings During the COVID-19 Outbreak”
“Considerations for Non-Emergency Vehicle Transportation for Tribal Communities During COVID-19”
“Frequently Asked Questions: Funeral and Burial Services for American Indians and Alaska Natives”
“COVID-19 Resources for Tribes”