



*The School for Ethics and Global Leadership*

## **The U.S. Response to Future Pandemics**

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## Introduction

This policy document was written by 24 high school juniors at the School for Ethics and Global Leadership (SEGL) in Washington, D.C. SEGL aims to provide intellectually motivated high school students who represent the diversity of the United States with the best possible opportunity to shape themselves into ethical leaders who create positive change in our world. In the beginning of the semester, students explore a range of current events issues through week-long case studies. Later, the class selects one current international challenge and creates a policy document that offers reasoned and effective solutions to the problem. The class of Spring 2020, whose in-person semester was cut short due to COVID-19, chose to address how the United States of America should respond to future pandemics. After being directly impacted by COVID-19, they felt compelled to contribute potential solutions to prevent such drastic consequences when a similar crisis occurs again. This collaborative policy document is an entirely student-run effort and does not reflect the positions of the School for Ethics and Global Leadership or its faculty. It is our hope that this document provides a comprehensive set of recommendations on how to best respond to future pandemics of a similar magnitude in the United States.

## Executive Summary

On December 31st, 2019, China reported its first case of the novel coronavirus COVID-19; in less than four months, more than 980,000 cases of the virus were identified in the United States with millions more infected worldwide and thousands dead.

The United States' past provides precedent on how to deal with emerging diseases, but despite these opportunities and warnings, it was ill-prepared to respond to the COVID-19 pandemic; this crisis subsequently compromised the health of thousands of people, emphasizing the importance of new policies to create safety nets for novel outbreaks.

The following document makes recommendations to the United States to facilitate its response to a pandemic comparable to COVID-19. Specifically, we recommend measures to the executive branch, legislative branch, state and local governments, corporations, and non-governmental organizations (NGOs). These parties have each been major stakeholders in the COVID-19 pandemic, and should thus prepare for future pandemics.

A major public health emergency calls for an efficient short-term response and effective long-term preventative measures. However, the reaction to the COVID-19 pandemic was chaotic as the executive branch did not respond in a timely or organized fashion. While President Trump assembled a task force to manage the nation's response to COVID-19 in late March, the information it delivered was often at odds with what the White House reported. This demonstrated the underlying communication issues that also contributed to the shortage of medical supplies: the supplies of the Strategic National Stockpile (SNS), a reserve of medical supplies meant for a situation like COVID-19, were unfairly and ineffectively distributed, leading to a bidding war between states. Furthermore, the system by which outbreaks were reported to public health data centers was proven redundant, rendering necessary analysis difficult. This was exacerbated by the immense lack of public health personnel in the United States, a deficiency that meant there were not enough medical workers, researchers, and other essential workers to address a large-scale crisis. The executive branch must address these issues in a comprehensive restructuring of pandemic management and preparation.

The legislative branch must adopt preventative measures to mitigate damage to the nation during future pandemics. To address critical personal protective equipment (PPE) shortages, Congress should reform the SNS by providing supplementary funds. Congress should also commit funds to cushioning the economy, in light of COVID-19's disastrous economic effects. The cost of COVID-19 medical care to uninsured Americans was extremely high, while businesses everywhere were forced to close. Since January 2020, when the virus entered the U.S., unemployment skyrocketed. To address such economic fallout, Congress must provide relief to ensure recovery from medical costs, unemployment, and business closures. Finally, as was done to successfully mitigate past outbreaks, foreign aid must be used as a tool to combat epidemics before they reach the U.S. As of late April 2020, the U.S. has committed funds to help at-risk countries fight COVID-19. This foreign aid works to reduce the reinfection risk for when COVID-19 has been

contained domestically, and prepare an allocation framework for future pandemics. Congress must use its powers to protect America against the current pandemic and prepare for future ones.

State and local governments emerged as prominent actors during the COVID-19 pandemic, though state-by-state responses varied wildly. These differences cost lives, often on a partisan basis. Therefore, it is necessary that state governments have a degree of standardization within the realm of definitive policy as they prepare for future pandemics. In anticipation of these crises, it is the responsibility of states to implement preemptive legislation clarifying, and in some cases expanding, their authority in accordance with legislation including that of the Model State Emergency Health Powers Act (MSEHPA). The MSEHPA is model legislation designed to give state necessary authorities during a public health emergency. If another pandemic does become a threat, states must have clear protocols on using their authority to issue early quarantine and mitigation measures and deploy community health workers to conduct contact tracing and healthcare services. Though economic relief is mostly orchestrated by the legislative branch of the national government, states should use all the economic authorities in their power to address economic fallout from the virus. State governments must rearrange their fiscal budgets to include critical relief and employment protection for individuals as well as invigorating markets, improving liquidity, and guiding the expansion and transfer of operations online for in-state businesses.

In the event of a pandemic, the ability of all corporations to balance the needs of and commitments to all stakeholders and the economy are impacted. Corporations that survive pandemics are vulnerable while those that experience stable demand or even an increased demand are viable. Viable corporations have the ability to aid pandemic relief efforts. Aid efforts that already exist include the Defense Production Act of 1950, which requires corporations to produce necessary materials and equipment at the request of the government in times of crisis, even if the corporation incurs a loss. Finally, corporations retaining employees is an essential component of both short term and long term economic viability. Therefore, it is the responsibility of American corporations to help stabilize the domestic and world economies by actively participating in the response and recovery to pandemics.

Non-governmental organizations (NGO's) are organizations free of direct governmental control whose mission is to provide aid both physically and economically to vulnerable communities around the world. Throughout the course of multiple pandemics varying in severity, they supported communities in distress with vital aid faster than governments. NGOs are complementary to the federal government by responding quickly without bureaucratic obstacles to communities in need, often physically assisting and allocating resources, providing these communities with necessary aid. It is apparent NGOs should continue their assistance during international and domestic times of need as an immediate response. For example, during the COVID-19 pandemic, NGOs have taken testing and financial aid into their responsibility, although collaboration between NGOs should be encouraged on a larger scale in the future.

With coordinated efforts from the executive branch, the legislative branch, state and local governments, corporations, and NGOs, the United States will more efficiently navigate the current pandemic and future pandemics. Keeping the historical context of pandemic management in mind, these five stakeholders should adopt the following recommendations for the safety of the nation.

# Historical Background and Current Status of Outbreak Responses

On December 31st, 2019, as nations around the world celebrated a new year, China gave the World Health Organization (WHO) its first report of a “pneumonia of unknown origin,” marking the start of the virus that defined the first few months of 2020.<sup>1</sup> This disease, thought to have originated in animals and spread from a seafood market in Wuhan, China, quickly swept across the globe, decimating economies, dominating news headlines, and destroying lives as it went.<sup>2</sup> Genetic testing identified the disease as a novel type of coronavirus, SARS-CoV-2, commonly known as COVID-19.<sup>3</sup> By January 20th, Thailand, Japan, and Korea all had confirmed cases, while Wuhan had reported six deaths. Three months later, on April 20th, there were almost 800,000 cases in the United States alone.<sup>4</sup> Recent events have revealed just how unprepared the world is for a pandemic such as COVID-19, but this lack of preparation has plagued the world for decades. To prevent future pandemics of such a scale, the U.S. first needs to examine past reactions to deadly outbreaks and analyze government decisions to uncover what preparations and responses are necessary, and then create new policies.

In late 2002, Severe Acute Respiratory Syndrome (SARS) appeared in Guangdong, China and was labeled a global threat in March 2003. Symptoms were typical of any coronavirus, but the virus’s severity combined with its high rates of transmission shocked the world.<sup>5</sup> While contained by August with only 8,000 infected, SARS unearthed a series of shortcomings in its wake. Although the U.S. was largely unaffected by SARS, analyzing the response of affected countries, such as China, can serve as a valuable example for preparing for future pandemics.

Although China was at the center of the SARS outbreak, its response was lacking in quick communication and sufficient healthcare resources. The authoritarian government withheld information from the public and downplayed the extent of the virus.<sup>6</sup> The subsequent confusion and distrust led many to ignore self-isolation policies and surveillance initiatives, exacerbating the spread and demonstrating the importance of keeping the public informed.<sup>7</sup> In addition to shortcomings in communication, China exposed the dangers of not having a prepared healthcare system. An investigation into the Prince of Wales Hospital in Hong Kong revealed that lack of funding from the

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<sup>1</sup> “Novel Coronavirus Situation Report-1,” World Health Organization, last modified January 21, 2020, [https://www.who.int/docs/default-source/coronavirus/situation-reports/20200121-sitrep-1-2019-ncov.pdf?sfvrsn=20a99c10\\_4](https://www.who.int/docs/default-source/coronavirus/situation-reports/20200121-sitrep-1-2019-ncov.pdf?sfvrsn=20a99c10_4).

<sup>2</sup> “Coronaviruses,” NIAID, last modified April 6, 2020, <https://www.niaid.nih.gov/diseases-conditions/coronaviruses>.

<sup>3</sup> “The COVID-19 Coronavirus Epidemic has a natural Origin, Scientists say,” Scripps Research, March 17, 2020, <https://www.scripps.edu/news-and-events/press-room/2020/20200317-andersen-covid-19-coronavirus.html>.

<sup>4</sup> “Novel Coronavirus Situation Report-1,” World Health Organization.

<sup>5</sup> “Frequently Asked Questions About SARS,” Centers for Disease Control and Prevention, U.S. Department of Health & Human Services, last modified May 3, 2005, <https://www.cdc.gov/sars/about/faq.html>.

<sup>6</sup> Yanzhong Huang, “The SARS Epidemic and Its Aftermath in China: A Political Perspective,” in *Learning from SARS: Preparing for the Next Disease Outbreak*, ed. Stacey Knobler (Washington DC: National Academies Press, 2004), <https://www.ncbi.nlm.nih.gov/books/NBK92479/>.

<sup>7</sup> Lee Shiu Hung, “The SARS Epidemic in Hong Kong: What Lessons Have We Learned,” *Journal of the Royal Society of Medicine* 96, (August 2003): 374-378, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC539564/>.

government resulted in hospitals having outdated technology and insufficient protective equipment.<sup>8</sup> This lack of preparation showed how inept China was at handling SARS, and set an example for the U.S. not to follow. As businesses closed and travel shut down, China's economy suffered, losing about seven tenths of its gross domestic product for 2003. In response to these shortcomings, the Chinese government allocated over one billion dollars to programs to organize their national response.<sup>9</sup> Such drastic actions were necessary as they successfully slowed the spread of SARS in May and the travel advisory was lifted by the end of June.<sup>10</sup>

The United States had many fewer cases of SARS, with only eight ever being confirmed. Many experts attribute this success to luck, strong communication, and fast action.<sup>11</sup> On the same day the WHO made a global announcement concerning SARS, county health departments had already put out information on how to report suspected cases, allowing for hospitals to quickly quarantine potential patients.<sup>12</sup> While their response to the immediate threat was effective, the U.S. never established any plans for how to deal with future pandemics. COVID-19 has highlighted this lack of preparation as the U.S. fumbled through all the same problems that China initially had: lack of federal funding for healthcare, a delayed response, and poor communication during a time of crisis.

The United States was faced with crisis again in the summer of 2014, when the WHO declared the Ebola Virus Disease (EVD) epidemic in West Africa to be an emergency of international concern.<sup>13</sup> An often fatal disease, EVD had caused several outbreaks before, but according to CDC the 2014-2016 epidemic was the worst recorded. The initial patient, a toddler from rural Guinea, is thought to have contracted the disease from bats in December of 2013. By July 2014, EVD, transmitted through bodily fluids, had found its way to both of Guinea's southern neighbors and the bustling capitals of all three countries.<sup>14</sup> In response, CDC began to triage and screen all travelers coming into the U.S. from EVD-affected countries for signs of disease. These travelers were then sent home with kits to check and report EVD, while also being monitored by local health authorities during the 21 day incubation period.<sup>15</sup> This quick response demonstrated how the U.S. understood the gravity of the outbreak and took immediate action to prevent the spread. The first U.S. case was confirmed by CDC in September 2014 in a man who came from West Africa; two healthcare workers that attended to him contracted the disease but recovered.<sup>16</sup> In response to these events,

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<sup>8</sup> Brian Tomlinson and Clive Cockram, "SARS: Experience at Prince of Wales Hospital, Hong Kong," *Lancet* 361, (2003): 1486-1487, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7134636/>.

<sup>9</sup> Huang, "The SARS Epidemic and Its Aftermath in China: A Political Perspective."

<sup>10</sup> Huang, "The SARS Epidemic and Its Aftermath in China: A Political Perspective."

<sup>11</sup> John Broder, "The SARS Epidemic: The American Response; Aggressive Steps, and Luck, Help U.S. Avoid SARS Brunt," *New York Times*, May 5, 2003, <https://www.nytimes.com/2003/05/05/us/sars-epidemic-american-response-aggressive-steps-luck-help-us-avoid-sars-brunt.html>.

<sup>12</sup> Broder, "The SARS Epidemic: The American Response; Aggressive Steps, and Luck, Help U.S. Avoid SARS Brunt."

<sup>13</sup> "2014-2016 Ebola Outbreak in West Africa," Centers for Disease Control and Prevention, U.S. Department of Health & Human Services, last modified March 8, 2019, [https://www.cdc.gov/vhf/ebola/history/2014-2016-outbreak/index.html#anchor\\_1515001446180](https://www.cdc.gov/vhf/ebola/history/2014-2016-outbreak/index.html#anchor_1515001446180).

<sup>14</sup> Ibid.

<sup>15</sup> "Overview, Control Strategies, and Lessons Learned in the CDC Response to the 2014-2016 Ebola Epidemic," Centers for Disease Control and Prevention, U.S. Department of Health & Human Services, last modified July 17, 2019, <https://www.cdc.gov/mmwr/volumes/65/su/su6503a2.htm>.

<sup>16</sup> "2014-2016 Ebola Outbreak in West Africa," Centers for Disease Control and Prevention.

President Obama named Ron Klain, chief of staff to Vice President Biden at the time, the lead coordinator or “czar” of the EVD response.<sup>17</sup> Appointing a czar allowed for quick decisions during a time of crisis and facilitated a line of communication, freeing up other federal officials working on the response.<sup>18</sup> They expanded the list of hospitals equipped and certified to treat EVD from just three facilities to 55 all over the country.<sup>19</sup>

Despite having only 11 cases, this outbreak gave the U.S. experience on how to quickly address the threat of an outbreak.<sup>20</sup> The response to EVD improved hospitals’ capacity to deal with dangerous and contagious diseases; Seattle, the first epicenter of COVID-19 within the U.S., housed their initial COVID-19 patient in a biocontainment ward that had been constructed for the EVD epidemic.<sup>21</sup> EVD demonstrated the importance of taking stringent and timely action to prevent a deadly disease from entering from abroad, but with COVID-19 the Department of Homeland Security waited until after this first U.S. case was reported to mandate that travelers from infected countries be funneled into designated airports for screening. If the travelers weren’t running a fever, they were released without followup. These measures are at odds with the quick and drastic action taken to control EVD, showing that since COVID-19 was a novel illness it was severely underestimated. If intense caution had been taken and similarly stringent measures imposed, COVID-19 may have been better contained in the U.S.

SARS and EVD taught the U.S. effective ways to combat outbreaks. However, they also served as warnings of what can happen if there is a flawed communication system in place, an insufficient stockpile of medical resources, and opportunity for disease to spread within hospitals. While the U.S. may have escaped largely unscathed from these outbreaks, COVID-19 was more contagious, spreading faster and revealing how unprepared the U.S. was to deal with such a virus. An analysis of COVID-19 reveals that the U.S. needs to create new policies that combine lessons from the past with new programs and laws for the future to prevent an outbreak on such a large scale.

Secretary of Health, Alex Azar, first warned President Trump about the potential severity of COVID-19 on January 18th, with a followup warning on January 30th.<sup>22</sup> Despite these warnings, it was not until February 2nd that President Trump took action by restricting entry to the U.S. from China, an attempt to slow the spread of the disease.<sup>23</sup> Unlike the quick action the U.S. took when

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<sup>17</sup> “Cavuto: Stop attacking Ebola czar Ron Klain,” *Fox News*, last modified May 10, 2017, <https://www.foxnews.com/transcript/cavuto-stop-attacking-ebola-czar-ron-klain>.

<sup>18</sup> Emma Roller et al., “What Exactly Does a Government “Czar” Do?,” *The Atlantic*, October 17, 2014, <https://www.theatlantic.com/politics/archive/2014/10/what-exactly-does-a-government-czar-do/439371/>.

<sup>19</sup> “Overview, Control Strategies, and Lessons Learned in the CDC Response to the 2014–2016 Ebola Epidemic,” Centers for Disease Control and Prevention, U.S. Department of Health & Human Services, last modified July 17, 2019, <https://www.cdc.gov/mmwr/volumes/65/su/su6503a2.htm>.

<sup>20</sup> Ibid.

<sup>21</sup> Peter Robinson, Dina Bass, and Robert Langreth, “Seattle’s Patient Zero Spread Coronavirus Despite Ebola-Style Lockdown,” *Bloomberg*, last modified March 10, 2020, <https://www.bloomberg.com/news/features/2020-03-09/how-coronavirus-spread-from-patient-zero-in-seattle>.

<sup>22</sup> “He Could Have Seen What Was Coming: Behind Trump’s Failure on the Virus,” *New York Times*, last modified April 14, 2020, <https://www.nytimes.com/2020/04/11/us/politics/coronavirus-trump-response.html>.

<sup>23</sup> “Proclamation on Suspension of Entry as Immigrants and Nonimmigrants of Persons who Pose a Risk of Transmitting 2019 Novel Coronavirus,” White House, accessed April 25, 2020,

dealing with SARS or the thorough measures imposed by EVD, President Trump's response was delayed and underwhelming.<sup>24</sup>

On February 13th, Secretary Azar announced a surveillance program to monitor the number of cases in the U.S.; While the EVD outbreak demonstrated that such measures have been effective, some officials worried this action may have been too late, as it was suspected that the virus was already traveling undetected in other countries.<sup>25</sup> Following successful responses to past outbreaks' successful examples, Trump named Vice President Mike Pence czar of the U.S. response to COVID-19. A month later, after the U.S. had over a thousand cases, President Trump declared a State of Emergency, releasing 50 billion federal dollars to fight the crisis.<sup>26</sup> This marked a shift in the gravity of the response. On March 19th, some states began to issue stay at home orders; however, other states lingered behind due to economic reasons and lack of clarity over who had the power to declare these orders.<sup>27</sup> If there had been existing protocol for this situation, there may have been a more unified response among individual states and more infrastructure to support an entire nation living and working online.

These social distancing and quarantine measures for COVID-19 prevented many people from working, causing millions to file for unemployment.<sup>28</sup> To provide relief, Trump signed the Families First Coronavirus Response Act. While this was an important step in assisting those impacted by the virus, the act only gave aid to a limited number of people.<sup>29</sup> Quarantine measures increased, companies quickly lost profit, and, combined with rapidly growing rates of unemployment and declining tax revenues, the economy took a hit. From mid February to the end of March, major indices had dropped almost 30%, and United States debt from major companies reached \$10 trillion, the highest since World War II.<sup>30</sup> After staying at a steady 1.7-8%, the 10-year Treasury yield dropped

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<https://www.whitehouse.gov/presidential-actions/proclamation-suspension-entry-immigrants-nonimmigrants-persons-pose-risk-transmitting-2019-novel-coronavirus/>.

<sup>24</sup> Michelle L. Holshue et al., "First Case of 2019 Novel Coronavirus in the United States," *The New England Journal of Medicine* (March 5, 2020), <https://www.nejm.org/doi/full/10.1056/NEJMoa2001191>.

<sup>25</sup> Lisa Schnirring, "CDC: Flu surveillance system enlisted in hunt for COVID-19 cases," Center for Infectious Disease Research and Policy, Regents of the University of Minnesota, February 14, 2020, <https://www.cidrap.umn.edu/news-perspective/2020/02/cdc-flu-surveillance-system-enlisted-hunt-covid-19-cases>.

<sup>26</sup> "Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak," White House, accessed April 25, 2020, <https://www.whitehouse.gov/presidential-actions/proclamation-declaring-national-emergency-concerning-novel-coronavirus-disease-covid-19-outbreak/>.

<sup>27</sup> Sarah Mervosh et al., "See Which States and Cities Have Told Residents to Stay Home," *The New York Times*, last modified April 20, 2020 <https://www.nytimes.com/interactive/2020/us/coronavirus-stay-at-home-order.html>.

<sup>28</sup> Wendy E. Parmet and Michael S. Sinha, "Covid-19 - The Law and Limits of Quarantine: NEJM," *New England Journal of Medicine* (April 9, 2020), <https://www.nejm.org/doi/full/10.1056/NEJMp2004211>.

<sup>29</sup> Ibid.

<sup>30</sup> Andres Vinelli, Christian E. Weller, and Divya Vijay, "The Economic Impact of Coronavirus in the U.S. and Possible Economic Policy Responses," Center for American Progress, March 6, 2020, <https://www.americanprogress.org/issues/economy/news/2020/03/06/481394/economic-impact-coronavirus-united-states-possible-economic-policy-responses/>; Chris Matthews, "The Stock Market May Bottom Long Before the Coronavirus Epidemic Peaks Experts Say," *Market Watch*, March 21, 2020, <https://www.marketwatch.com/story/the-stock-market-may-bottom-long-before-the-coronavirus-epidemic-peaks-analysts-say-2020-03-19>.

below 1% and short term interest rates spiked above long term rates.<sup>31</sup> To respond to this economic recession, the Federal Reserve slashed interest rates and announced programs that would put \$2.3 trillion into the economy, but experts remained uncertain about the United States' economic future.

<sup>32</sup>

In addition to economic woes, it became increasingly apparent that healthcare facilities were not prepared to treat the flood of patients. A lack of N95 masks left hospital staff without necessary protection, and they quickly ran out of space and ventilators for patients, despite years of warnings from experts.<sup>33</sup> In 2015, O&M Halyard, a medical manufacturer, proposed plans to the Department of Health and Human Services for a machine that produced masks at unprecedented, rapid rates; however, lack of funding led to the plan's failure.<sup>34</sup> The Strategic National Stockpile was also underprepared for a crisis, since much of the equipment used during the 2009 H1N1 pandemic was never replaced, and it is impossible to predict exactly what the future will require.<sup>35</sup> As a way to fill this deficit, Trump signed the Defense Production Act on March 18th, giving him authority to require companies, such as General Motors, to manufacture ventilators and other supplies to help aid the fight against COVID-19. Despite these efforts, hospitals were still unable to manage the massive influx of patients.<sup>36</sup> As exhibited in this medical response, lack of preparation continuously proved to be one of COVID-19's fatal flaws.

Now the United States must analyze the past to make an essential and immediate plan for the future. Despite the warnings history gave the U.S, no adequate preparations were made and the nation was brought to its knees by COVID-19. The gaping holes in the U.S. pandemic response made it clear that policy had been lacking--policy that could ensure COVID-19's fatal spread will not be repeated. This policy document will address the challenging decisions executive, legislative, and state officials struggled with, as well as non-governmental organizations (NGOs) and corporations, and recommend a series of actions and laws so that when the country faces a new pandemic, she's prepared to fight.

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<sup>31</sup> Vinelli, Weller, and Vijay, "Economic Impact of Coronavirus," Center for American Progress.

<sup>32</sup> Jeff Cox, "Here is Everything the Fed Has Done to save the Economy," *CNBC*, April 13, 2020, <https://www.cnbc.com/2020/04/13/coronavirus-update-here-is-everything-the-fed-has-done-to-save-the-economy.html>.

<sup>33</sup> Jon Swaine, "Federal Government Spent Millions to Ramp Up Mask Readiness, but that isn't Helping Now," *Washington Post*, last modified April 3, 2020, [https://www.washingtonpost.com/investigations/federal-government-spent-millions-to-ramp-up-mask-readiness-but-th-at-isnt-helping-now/2020/04/03/d62dda5c-74fa-11ea-a9bd-9f8b593300d0\\_story.html](https://www.washingtonpost.com/investigations/federal-government-spent-millions-to-ramp-up-mask-readiness-but-th-at-isnt-helping-now/2020/04/03/d62dda5c-74fa-11ea-a9bd-9f8b593300d0_story.html).

<sup>34</sup> Jon Swaine, "Federal Government Spent Millions to Ramp Up Mask Readiness, but that isn't Helping Now."

<sup>35</sup> Sarah Fitzpatrick, "Why the Strategic National Stockpile isn't Meant to Solve a Crisis Like Coronavirus," *NBC News*, March 28th, 2020, <https://www.nbcnews.com/health/health-care/why-strategic-national-stockpile-isn-t-meant-solve-crisis-coronavirus-n170376>.

<sup>36</sup> Morgan Chalfant and Sylvan Lane, "Trump Names New Defense Production Act Coordinator for Coronavirus Fight," *Hill*, last modified March 27, 2020, <https://thehill.com/homenews/administration/489938-trump-names-new-defense-production-act-coordinator-for-coronavirus>.

# Executive Branch

## Introduction

A major public health emergency calls for an efficient and effective response with long-term preventative measures. However, the reaction to the COVID-19 pandemic has been highly disorganized as the United States executive branch lacks effective leadership and sufficient resources and data. Specifically, because of the Food and Drug Administration's (FDA) lengthy testing protocol for vaccinations and test kits, a vaccine is expected to take at least eighteen months to develop for commercial use.<sup>37</sup> In addition, a recent survey reports that a vast majority of municipalities do not have the necessary equipment to respond to COVID-19.<sup>38</sup> The Strategic National Stockpile (SNS) holds a large volume of supplies, but it is not enough for every hospital without aid from other parties.<sup>39</sup> Furthermore, state health departments report disease outbreaks and cases of illnesses to more than a hundred different public health data systems within CDC, creating redundancies and making it more difficult to track the virus and implement the correct preventative measures.<sup>40</sup> The crisis has only been exacerbated by a shortage of over 250,000 public health workers.<sup>41</sup> The COVID-19 healthcare crisis must be addressed by effective emergency leadership, coordination of information, and preventative workforce efforts.

## Emergency Response Chief

On February 26, President Trump appointed Vice President Mike Pence to spearhead the nation's response to COVID-19.<sup>42</sup> Since then, the president has partially repossessed the authority he invested in the vice president and the group the vice president leads, the White House Coronavirus Task Force.<sup>43</sup> Past crises, such as the AIDS epidemic, have been solved effectively with the

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<sup>37</sup> Laura Spinney, "When Will a Coronavirus Vaccine be Ready?" *Guardian*, April 6, 2020, <https://www.theguardian.com/world/2020/apr/06/when-will-coronavirus-vaccine-be-ready>.

<sup>38</sup> "Shortages of COVID-19 Emergency Equipment in U.S. Cities," United States Conference of Mayors, March 27, 2020, <https://www.usmayors.org/issues/covid-19/equipment-survey/>.

<sup>39</sup> Nell Greenfieldboyce, "Why Even A Huge Medical Stockpile Will Be Of Limited Use Against COVID-19," *NPR*, March 14, 2020, <https://www.npr.org/sections/health-shots/2020/03/14/814121891/why-even-a-huge-medical-stockpile-will-be-of-limited-use-against-covid-19>.

<sup>40</sup> "How Sharing Advances Surveillance," PDF file, Centers for Disease Control and Prevention. U.S. Department of Health & Human Services, July 2018, <https://www.cdc.gov/surveillance/pdfs/Sharing-advances-surveillanceh.pdf>.

<sup>41</sup> Elizabeth R. Purdy, "American Public Health Association (APHA)," *Encyclopedia of Global Health* 1 (2008): 113, <https://doi.org/10.4135/9781412963855.n85>;

Linda Rosenstock et al., "Confronting the Public Health Workforce Crisis: ASPH Statement on the Public Health Workforce," *Association of Schools of Public Health* 123 (2008): 395-398, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2289968/>.

<sup>42</sup> Stephanie Soucheray, "Trump Puts VP Pence in Charge of COVID-19 Response." Center for Infectious Disease Research and Policy, Regents of the University of Minnesota, February 26, 2020, <https://www.cidrap.umn.edu/news-perspective/2020/02/trump-puts-vp-pence-charge-covid-19-response>.

<sup>43</sup> "Remarks by President Trump and Members of the Coronavirus Task Force in a Press Briefing," The White House, March 30, 2020, <https://www.whitehouse.gov/briefings-statements/remarks-president-trump-members-coronavirus-task-force-press-briefing/>.

appointment of an executive leader. In 2006, President Bush appointed Mark Dybul as the coordinator of the President's Emergency Plan for AIDS Relief, with broad executive control.<sup>44</sup> Dybul's leadership has been lauded by the healthcare community as necessary in an efficient and effective response.<sup>45</sup> A 2007 Department of Defense (DOD) report stresses that a response chief acting as a single point of accountability, reporting directly to the president, is the most effective leadership structure for a major emergency response.<sup>46</sup> While the vice president's leadership has been commended for effectively coordinating the efforts of the Task Force, the Task Force has often given statements and directives that conflict with those issued by the White House and other agencies.<sup>47</sup> To clarify this in the future, the role of the response leader must be more clearly delineated. An executive order can be used to establish the position of an emergency response executive, such as those used by Presidents George W. Bush and Barack Obama to establish and continue the position of National Coordinator for Health Information Technology.<sup>48</sup>

## FDA Regulations

The FDA uses the Emergency Use Authorizations (EUA), under the Federal Food, Drug, and Cosmetic Act (FD&C Act), to combat healthcare emergencies by allowing the use of unapproved medical countermeasures when there are no alternatives.<sup>49</sup> Currently, under the EUA, there have been no restriction changes for vaccine testing and approval, despite the scale of the COVID-19 pandemic. The FDA requires three to four essential phases of vaccine testing to ensure safety. Afterwards, there are seven additional phases to prove that these vaccines can be used commercially, such as repeated applications to introduce the new vaccine and ensure its effectiveness.<sup>50</sup> However, in order to expedite the marketing process during the time of emergency, at least two of the seven phases must be delayed until after the emergency. Organizations like the Coalition for Preparedness Innovations (CEPI), which works to effectively create vaccines and ensure its widespread access, can continue aiding through compiling data and providing funds.<sup>51</sup>

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<sup>44</sup> Pam Das, "Mark Dybul: U.S. Global AIDS Coordinator in charge of PEPFAR," *Lancet* 368, no. 9568 (April 7, 2007), [https://www.thelancet.com/article/S0140-6736\(07\)60549-2/fulltext](https://www.thelancet.com/article/S0140-6736(07)60549-2/fulltext).

<sup>45</sup> John Donnelly, "The President's Emergency Plan For AIDS Relief: How George W. Bush And Aides Came To 'Think Big' On Battling HIV," *Health Affairs* 31, no.7 (July 1, 2012), <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2012.0408>.

<sup>46</sup> Michael S. McDonald, "Shaping a Culture of Public Health Preparedness and Medical Emergency Response; How the Department of Health and Human Services Is Transforming to Meet Tomorrow's Health Threats," PDF File, Semantic Scholar, Office of Policy and Strategic Planning Office of the Assistant Secretary of Preparedness and Response, October 7, 2007, <https://pdfs.semanticscholar.org/71d9/db492e2e84e1d05e36d066b623e50d9f275b.pdf>.

<sup>47</sup> Michael Warren, Jeremy Diamond, and Lauren Fox. "Long a Bit Player, Pence Makes the Most of His Lead Role in Coronavirus Response." *CNN*, March 19, 2020, <https://www.cnn.com/2020/03/19/politics/pence-lead-role-coronavirus-response/index.html>.

<sup>48</sup> "David J. Brailer Resigns as Health IT Czar," American National Standards Institute, April 20, 2006, [https://www.ansi.org/news\\_publications/news\\_story?menuid=7&articleid=46caec6e-7a1d-4a51-aad9-6f2d5c72dc88](https://www.ansi.org/news_publications/news_story?menuid=7&articleid=46caec6e-7a1d-4a51-aad9-6f2d5c72dc88).

<sup>49</sup> "Emergency Use Authorization," U.S. Food and Drug Association, April 7, 2020, <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>.

<sup>50</sup> "Vaccine Testing and Approval Process," Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, May 1, 2014, <https://www.cdc.gov/vaccines/basics/test-approve.html>.

<sup>51</sup> "CEPI Publishes Analysis of COVID-19 Vaccine Development Landscape," CEPI, April 9, 2020, [https://cepi.net/news\\_cepi/cepi-publishes-analysis-of-covid-19-vaccine-development-landscape/](https://cepi.net/news_cepi/cepi-publishes-analysis-of-covid-19-vaccine-development-landscape/).

There is a deficiency of test kits in some parts of the U.S. because CDC equally distributed test kits across the country regardless of the number of cases in an area.<sup>52</sup> After identifying this problem, under the EUA, the FDA is allowing laboratories to conduct and create tests for the COVID-19 virus before receiving approval to contain the virus at a faster rate.<sup>53</sup> Two examples of countries that have succeeded in containing the virus are Germany and South Korea; they released their tests in mid-January. Following the accuracy of these two country's early testing, tests in the U.S. should also continue to be easily approved.<sup>54</sup>

Since the EUA has allowed private laboratories to create their own test kits, companies like Abbott have worked to create tests that diagnose COVID-19 in only five minutes.<sup>55</sup> Created under the Office of the Assistant Secretary of Health and Human Services for Preparedness and Response, the Biomedical Advanced Research and Development Authority (BARDA) will encourage private companies to create tests and use them on a larger scale.<sup>56</sup>

## The Strategic National Stockpile

The Federal Emergency Management Agency (FEMA) Supply Chain Stabilization Task Force was established during the pandemic to increase the availability of medical assets to hospitals and healthcare providers.<sup>57</sup> Despite this, a recent survey of U.S. mayors reports that a vast majority of municipalities do not have the necessary equipment to respond to COVID-19, and that state and federal aid is not sufficient.<sup>58</sup> The SNS holds a large volume of supplies, but it is not enough for every hospital without aid from other parties.<sup>59</sup> Because an effective emergency response requires

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<sup>52</sup> Rachana Pradhan, "CDC Coronavirus Testing Decision Likely To Haunt Nation For Months To Come," Kaiser Family Foundation, March 23, 2020, <https://khn.org/news/cdc-coronavirus-testing-decision-likely-to-haunt-nation-for-months-to-come/>.

<sup>53</sup> Bruce Klingner, "South Korea Provides Lessons, Good and Bad, on Coronavirus Response," The Heritage Foundation, March 28, 2020, <https://www.heritage.org/asia/commentary/south-korea-provides-lessons-good-and-bad-coronavirus-response>; "Emergency Use Authorization," U.S. Food and Drug Association.

<sup>54</sup> Frank Miles, "German Cider Restaurant Becomes Drive-thru to Stay Open during Coronavirus Pandemic," *Fox News*, April 5, 2020, <https://www.foxnews.com/food-drink/german-cider-restaurant-drive-thru-coronavirus-pandemic>.

<sup>55</sup> Haley Hinds, "Rapid COVID-19 Testing Begins Thursday in Tampa Bay Area, Offering Results in Minutes, Not Days," *FOX 13 Tampa Bay*, April 9, 2020, <https://www.fox13news.com/news/rapid-covid-19-testing-begins-thursday-in-tampa-bay-area-offering-results-in-minutes-not-days>.

<sup>56</sup> "Biomedical Advanced Research and Development Authority," Public Health Emergency, U.S. Department of Human Health and Services, February 27, 2020, <https://www.phe.gov/about/barda/Pages/default.aspx>.

<sup>57</sup> "Coronavirus (COVID-19) Pandemic: Supply Chain Stabilization Task Force," Federal Emergency Management Agency, Department of Homeland Security, last modified April 7, 2020, <https://www.fema.gov/fema-supply-chain-stabilization-task-force>.

<sup>58</sup> "Shortages of COVID-19 Emergency Equipment in U.S. Cities," United States Conference of Mayors, March 27, 2020, <https://www.usmayors.org/issues/covid-19/equipment-survey/>.

<sup>59</sup> Nell Greenfieldboyce, "Why Even A Huge Medical Stockpile Will Be Of Limited Use Against COVID-19," *NPR*, March 14, 2020, <https://www.npr.org/sections/health-shots/2020/03/14/814121891/why-even-a-huge-medical-stockpile-will-be-of-limited-use-against-covid-19>.

coordination between governmental authorities, NGOs, healthcare organizations, and the private sector, a healthcare response must be coordinated between those parties to most effectively allocate medical assets. Uniform criteria for asset allocation must be used to make the allocation process more fair and to make the transition from a response that focuses on the needs of individual patients to a response focused on the needs of the public as a whole, which is necessary in a pandemic.<sup>60</sup> Assets are most effectively allocated following an assessment of need, the ability of a hospital to absorb more assets, and the utilitarian principle of the greatest possible impact.<sup>61</sup> To effectively assess the need for assets, inventory data are needed from all healthcare providers and hospitals.<sup>62</sup> This will augment the SNS by assessing need of supplies in times of emergency and facilitating the transfer of supplies from the SNS and other stockpiles to parties deemed most in need.

Additionally, to compensate for the supply deficiencies in the SNS, the president should invoke the Defense Production Act, which enables the president to order corporations to prioritize the production of necessary equipment, during a public health emergency. Because of the COVID-19 pandemic, President Donald Trump ratified this act to mandate companies, like General Motors, to manufacture ventilators and masks. More information is available in Using Existing Factories to Manufacture Essential Health Care Items in the corporations subsection.<sup>63</sup>

## Surveillance Data Platform

The Surveillance Data Platform (SDP) is an interconnected, cloud-based system from CDC that “[standardizes, harmonizes, and streamlines] data to inform public health responses.”<sup>64</sup> This program should act as the sole national public health system, where all hospitals, physician offices, and healthcare providers must electronically submit all medical health records. To protect patients’ personal health information, the SDP will uphold the Health Insurance Portability and Accountability Act (HIPAA) privacy rule, which gives patients rights over their health information and establishes limits on certain uses of the data without patient authorization.<sup>65</sup> Additionally, this information will not be attached to a name, and raw data with locations will only be accessible to public health professionals and experts in the federal government while aggregate data will be available to universities. CDC has already received \$500 million from the Coronavirus Aid, Relief,

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<sup>60</sup> Ronald Bayer et al., “Ethical Considerations for Decision Making Regarding Allocation of Mechanical Ventilators during a Severe Influenza Pandemic or Other Public Health Emergency,” PDF file, CDC.gov, U.S. Department of Health and Human Services, July 1, 2011, [https://www.cdc.gov/about/advisory/pdf/VentDocument\\_Release.pdf](https://www.cdc.gov/about/advisory/pdf/VentDocument_Release.pdf).

<sup>61</sup> Lisa Koonin et al., “Strategies to Inform Allocation of Stockpiled Ventilators to Healthcare Facilities During a Pandemic,” *Mary Ann Liebert, Inc* 18, no. 2 (April 17, 2020), <https://www.liebertpub.com/doi/10.1089/hs.2020.0028>.

<sup>62</sup> Ezekiel Emanuel et al., “Fair Allocation of Scarce Medical Resources in the Time of Covid-19.” *New England Journal of Medicine* (March 23, 2020), <https://www.nejm.org/doi/full/10.1056/NEJMs2005114>.

<sup>63</sup> “Memorandum on Order Under the Defense Production Act Regarding General Motors Company,” The White House, The United States Government, March 27, 2020, <https://www.whitehouse.gov/presidential-actions/memorandum-order-defense-production-act-regarding-general-motors-company/>.

<sup>64</sup> “Revolutionizing Public Health Data Systems,” Centers for Disease Control and Prevention, U.S. Department of Health & Human Services, August 24, 2018, <https://www.cdc.gov/surveillance/projects/Revolutionizing-Public-Health-Data-Systems.html>.

<sup>65</sup> “The HIPAA Privacy Rule,” HHS.gov, US Department of Health and Human Services, April 16, 2015, <https://www.hhs.gov/hipaa/for-professionals/privacy/index.html>.

and Economic Security (CARES) Act to add more data providers and managers and increase security of the SDP.<sup>66</sup> One billion dollars is still required to fund staff to upload this program and send the data from all healthcare providers' electronic systems and \$4 billion for setting up electronic health records (EHR) for places that lack these records and jobs to oversee this money usage. To obtain this funding and ensure that all healthcare providers can deliver their information to the SDP, the legislative branch will provide the executive branch with \$5 billion for five years from a discretionary fund they are proposing to create.<sup>67</sup> If healthcare providers do not install EHR and the SDP and do not send their public health records in the five year period, they will be fined according to HIPAA violation penalty standards.<sup>68</sup>

## Public Health Workforce Program

Interest in the public health field has greatly dwindled in the past years. According to an estimate by the Association of Schools and Programs in Public Health, by 2020 the nation will face a shortage of over 250,000 public health workers, ranging from first responders, health educators, social workers, and epidemiologists.<sup>69</sup> This deficiency leads to a lack of medical assistance, research, and other crucial support, having a crippling effect on the entire U.S. health system. In addition, with local and state level funding cuts, there is a lack of public health jobs. To combat these problems, the Department of Health and Human Services (HHS) should expand the current public health workforce programs to recruit and retain workers who are committed to the field of public health. Recruitment would start at high school with the offering of various college scholarships in exchange for working at least five years in public health after college (federal, state, and local level) in addition to being a part of a reserve, where they could be called upon during a public health crisis. These scholarships would be available to 3,000 students yearly, requiring an annual budget of \$65.6 million. This is based on the 2017 Air Force ROTC federal budget.<sup>70</sup> HHS would match five years of base salary of approximately \$35,000, leading to an approximate cost of \$525 million yearly. Funding for this is explained further in the legislative section of this document. To maintain each reserve member's medical knowledge, they would be required to attend continuing medical education courses for medical practitioners biannually, which would be run by HHS, and funding for this would be included in the total program cost.

## Recommendations

- The president should appoint a cabinet-level Emergency Response Chief to temporarily assume all executive powers related to the emergency response. This person will oversee and

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<sup>66</sup> Coronavirus Aid, Relief, and Economic Security Act, U.S.C. § 3548 (2020), <https://www.congress.gov/bill/116th-congress/senate-bill/3548/text>.

<sup>67</sup> "Health IT Quick Stats," Health IT (U.S. Department of Health and Human Services), accessed April 20, 2020, <https://dashboard.healthit.gov/quickstats/quickstats.php>.

<sup>68</sup> "What Is the HITECH ACT?: What HITECH Compliance Means," Compliancy Group (Compliancy Group), accessed April 25, 2020, <https://compliancy-group.com/what-is-the-hitech-act/>.

<sup>69</sup> "American Public Health Association (APHA)," *Encyclopedia of Global Health*.

<sup>70</sup> Jim Parsons, "2017 AFROTC SMC Update", PDF file, 2017, [https://amcsus.org/conference-presentations/2017/AMCSUS-AFROTC\\_SMC-2017.pdf](https://amcsus.org/conference-presentations/2017/AMCSUS-AFROTC_SMC-2017.pdf).

coordinate the Emergency Response Taskforce and all preventive and response efforts, as well as allocate all emergency funding.

- The FDA should delay at least two of the seven phases of marketing approval in order to accelerate the marketing process for vaccines during the time of emergency. The U.S. should also continue to ease restrictions to provide earlier access to testing kits.
- HHS should establish a database of medical equipment with mandatory reporting by all hospitals, healthcare providers, and government agencies.
- Through a presidential memorandum, the president should invoke the Defense Production Act during a public health emergency.
- HHS should establish the SDP as the sole national public health data system, where all hospitals, physician offices, and healthcare providers are mandated to electronically submit all public health records.
- HHS should also build on the current public health workforce by significantly increasing workforce capacity through incentivizing high school students to commit to an education and a career in public health.

# Legislative Branch

## Introduction

In light of COVID-19, Congress should adopt anticipatory measures preparing for comparable pandemics in order to mitigate damage to the economic wellbeing and safety of the nation.

## Economic Pandemic Preparedness

The federal agencies fighting the pandemic on the frontlines do not have enough funding. While testifying before Congress about COVID-19, Robert Redfield, the director of CDC, claimed CDC had a lack of funding and resources.<sup>71</sup> Funding for federal agencies, such as CDC and FEMA, must be adequate when preventing the spread of a pandemic.

To truly tackle a pandemic, Congress should enact measures to address the inevitable economic effects. Throughout the COVID-19 crisis, millions of Americans have lost their jobs: in April 2020, approximately 17 million Americans filed initial claims for unemployment insurance.<sup>72</sup> During a similar economic strain, President Franklin Delano Roosevelt established the Works Project Administration (WPA), which created around 8.5 million jobs to address unemployment at a time when around 11 million people were unemployed.<sup>73</sup> Similarly, after the 2008 Financial Crisis, Congress appropriated 48.1 billion dollars for transportation infrastructure to create jobs.<sup>74</sup> In addition, businesses will take time to open after the crisis. For example, after the fiscal crisis in New York City during the 1970s, some businesses took around three to four decades to return to the city.<sup>75</sup> Jobs may not appear quickly post-emergency and will need to be created. Stimulus checks are another key step to respond to economic crises. In response to the COVID-19 pandemic, Congress

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<sup>71</sup> Lauren Shirsch, "Coronavirus Response Hurt by Lack of Funding for Public Health Labs, CDC Director Tells Congress," *CNBC*, March 10, 2020,

<https://www.cnbc.com/2020/03/10/coronavirus-testing-delays-caused-in-part-by-underfunding-cdc-director-says.html>.

<sup>72</sup> Stephanie Aaronson and Francisca Alba, "The Unemployment Impacts of COVID-19: Lessons from the Great Recession," Brookings, The Brookings Institution, April 15, 2020, <https://www.brookings.edu/blog/up-front/2020/04/15/the-unemployment-impacts-of-covid-19-lessons-from-the-great-recession/>.

<sup>73</sup> "Labor Force, Employment, and Unemployment, 1929-39: Estimating Methods," PDF file, U.S. Bureau of Labor Statistics, last accessed April 25, 2020, <https://www.bls.gov/opub/mlr/1948/article/pdf/labor-force-employment-and-unemployment-1929-39-estimating-methods.pdf>;

"Today in History - April 8," The Library of Congress, accessed April 26, 2020, <https://www.loc.gov/item/today-in-history/april-08/>.

On 1934 unemployment numbers see: "Labor force employment and unemployment, 1929-1939 estimating methods." <https://www.bls.gov/opub/mlr/1948/article/pdf/labor-force-employment-and-unemployment-1929-39-estimating-methods.pdf>.

<sup>74</sup> Shoshana Lew and John D. Porcari, "Eight Years Later: What the Recovery Act Taught Us about Investing in Transportation," Brookings, The Brookings Institution, February 22, 2017, <https://www.brookings.edu/blog/the-avenue/2017/02/22/eight-years-later-what-the-recovery-act-taught-us/>.

<sup>75</sup> J. David Goodman, "I Don't Think the New York That We Left Will Be Back for Some Years," *New York Times*, April 20, 2020. <https://www.nytimes.com/2020/04/20/nyregion/new-york-economy-coronavirus.html>.

passed the CARES Act, which included a stimulus check of \$1,200 to all Americans.<sup>76</sup> Stimulus checks should be included in future solutions for pandemics, and have bi-partisan support: for example, Congresswoman Ocasio-Cortez and Senator Romney were prominent supporters of the stimulus check during COVID-19.<sup>77</sup> By including a stimulus check, people whose income may have decreased or been completely lost during the pandemic will have a source of income to help pay for necessities.

The Public Health Emergency Relief Act (PHERA) will create a series of funds to assist Americans during a pandemic. PHERA will create a fund (which roughly \$500 million will go to annually) to support organizations, such as CDC and FEMA, as decided by the Emergency Response Chief and approved by the Congressional Appropriations Committees. The money from the funds will only be used once the HHS secretary declares a public health emergency and the president declares a national emergency. This money will only be accessible until the national emergency is over.<sup>78</sup> PHERA will also provide additional funding to the executive branch for programs related to pandemics. PHERA will direct federal agencies to perform a study to request public works funding of at least \$50 billion for the purpose of stimulating economic recovery and job creation after the pandemic. These funds will be used to create public works programs, similar to ones created by the WPA, and will go into effect once the national emergency has ended. \$600 million will be allocated annually to the Public Health Workforce Program and \$5 billion will be allocated to the SDP. Funds will be allocated from the Treasury. The Emergency Stimulus Act (ESA) will allocate an emergency budget for monthly checks of \$1,000 for non-dependent adults with an income of less than \$75,000; these funds will be federally administered by the Department of Treasury or Internal Revenue Service and funding will be provided by the Treasury. In addition, PHERA will provide supplemental unemployment compensation of \$1,000 a month to individuals who qualify for unemployment. These checks will be given to states who have issued a stay-at-home order and have declared a public health emergency.

## Addressing Uninsured Patients

During pandemics, it is untenable for uninsured individuals to avoid hospitalization because of cost issues and thus further spread the contagion. The priority should be treating and isolating patients; to do this, there must be reimbursement for defaulted medical bills. In 2018, approximately 27.5 million inhabitants of the U.S. did not have consistent health insurance; one fifth of these uninsured adults chose to ignore their medical needs for cost and 27% of the uninsured had issues paying their medical bills.<sup>79</sup> It is estimated that the cost of COVID-19 medical care to uninsured Americans is

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<sup>76</sup> U.S.C. § 3548.

<sup>77</sup> Catherine Clifford, "Americans Need Cash Now': Coronavirus Has Lawmakers Calling for UBI," *CNBC*, March 17, 2020, <https://www.cnbc.com/2020/03/17/ubi-during-coronavirus-who-supports-giving-cash.html>.

<sup>78</sup> In accordance with the Public Health Service Act and the National Emergencies Act.

<sup>79</sup> "Health Insurance Coverage in the United States: 2018," The United States Census Bureau, accessed April 19, 2020, <https://www.census.gov/library/publications/2019/demo/p60-267.html>;

Jennifer Tolbert et al., "Key Facts about the Uninsured Population." Kaiser Family Foundation, December 13, 2019, <https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/>.

between 13.9 and 41.8 billion dollars.<sup>80</sup> The CARES Act provides reimbursement to health providers for COVID-19.<sup>81</sup> Therefore, the CARES Act serves as precedent for bipartisan acceptance of similar legislation, as opposed to more drastic healthcare-for-all or individual reimbursement options.

To incentivize patients to admit themselves to hospitals, the Uninsured Reimbursement Pandemic Act (URPA) will reimburse hospitals for patients who default on their medical bills. The URPA fund would only cover costs for relevant treatment. For access to this fund, hospitals must apply through the National Disaster Medical System's (NDMS) Definitive Reimbursement Care Program with proof that their patients tested positive for the relevant contagion. The NDMS currently budgets their reimbursement program through limited sequestration of HHS, and is only available when the president triggers their program.<sup>82</sup> The URPA funds would be accessible as soon as affected states issued a stay-at-home order and a public health emergency. URPA would be part of annual appropriations, and if necessary, budget sequestration.

## Strategic National Stockpile Pandemic Preparedness

During COVID-19, states have been responsible for purchasing their own medical supplies to combat the contagion. According to HHS, a state may only request assistance from the SNS "in the event state and local supplies are depleted and commercial supplies are unavailable to support response needs."<sup>83</sup> This has led to a bidding war among states resulting in a dramatic increase in prices of medical supplies and disproportionate distribution among states. In addition to this distribution issue, the SNS lacks the adequate levels of medical supplies required to combat a severe respiratory outbreak. Over ten government reports between 2003 and 2010 predicted that in the event of an inevitable pandemic, the U.S. would experience a critical lack of ventilators.<sup>84</sup>

The SNS Pandemic Preparedness Act (SNSPP) will implement SNS reform to stockpile ventilators and personal protective equipment (PPE) at regularly maintained annual levels recommended by CDC. SNSPP will also prioritize distribution first to states with significant community spread outbreaks, and then to states who declared a state of public health emergencies. Funding will come from the annual appropriations of HHS's budget, which already funds the SNS.<sup>85</sup>

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<sup>80</sup> Karyn Schwartz and Eric Lopez, "Estimated Cost of Treating the Uninsured Hospitalized with COVID-19," Kaiser Family Foundation, April 7, 2020,

<https://www.kff.org/uninsured/issue-brief/estimated-cost-of-treating-the-uninsured-hospitalized-with-covid-19/>.

<sup>81</sup> "CARES Act Fund to Reimburse Providers for Uninsured Patients | AHA News," American Hospital Association, April 6, 2020, <https://www.aha.org/news/headline/2020-04-06-cares-act-fund-reimburse-providers-uninsured-patients>.

<sup>82</sup> "NDMS Definitive Care Reimbursement Program," Public Health Emergency, U.S. Department of Health and Human Services, accessed April 19, 2020,

<https://www.phe.gov/Preparedness/responders/ndms/definitive-care/Pages/default.aspx>.

<sup>83</sup> "Requesting SNS Assets," Public Health Emergency, U.S. Department of Health and Human Services, April 16, 2020, <https://www.phe.gov/emergency/events/COVID19/SNS/Pages/requesting.aspx>.

<sup>84</sup> Majlie de Puy Kamp, "Federal Officials Repeatedly Warned That US Hospitals Lacked Enough Ventilators," CNN, March 27, 2020,

<https://www.cnn.com/2020/03/27/cnn10/ventilators-supply-government-warnings-coronavirus-invs/index.html>.

<sup>85</sup> Anna Nicholson et al., *The Nation's Medical Countermeasure Stockpile: Opportunities to Improve the Efficiency, Effectiveness, and Sustainability of the CDC Strategic National Stockpile: Workshop Summary* (Washington DC: National Academies Press, 2016), <https://www.ncbi.nlm.nih.gov/books/NBK396378/>.

## Foreign Aid Pandemic Preparedness

Foreign aid should be used as a tool to fight pandemics before they reach the U.S. In the past, the U.S. successfully mitigated the SARS pandemic and the EVD outbreak through foreign assistance. Consequently, those diseases did not have a drastic impact in the U.S. Even if a pandemic spreads to the U.S., foreign assistance should continue as part of a global strategy to contain the virus. In its two emergency supplemental appropriations, Congress has allocated \$2 billion for foreign assistance to combat COVID-19.<sup>86</sup> Next to quarantine and mandatory social distancing, mass testing is the most effective mitigation tool during a pandemic. As seen in Germany, early mass testing without invasive contact tracing can reduce the size of an outbreak and the corresponding strain on a country's healthcare infrastructure.<sup>87</sup> Accordingly, the U.S. should be prepared to provide foreign assistance to deploy early mass testing in affected countries on a priority basis. In establishing priorities, the U.S. should consider risk-of-spread factors, such as border control, which would measure a country's ability to control the spread of a contagion beyond its borders by using data concerning the number of exit points and the level of border security. The U.S. foreign aid system was established by the 1961 Foreign Assistance Act pursuant to which annual appropriations are made by Congress to the United States Agency for International Development (USAID) and other federal agencies. Generally, USAID determines how to allocate its appropriated foreign aid subject to public report on how the aid was allocated and the effectiveness of its programs pursuant to the Foreign Aid Transparency and Accountability Act. However, Congress should enact legislation to direct agencies to create plans for specific objectives such as the USAID Interagency Plan to Strengthen the Capacity of Health Systems in Developing Countries.

With this precedent, the Foreign Aid Pandemic Preparedness Act (FAPPA) will direct USAID in consultation with CDC and other relevant federal agencies to structure a comprehensive interagency plan to deploy early mass testing in countries experiencing infectious disease outbreaks with high morbidity rates to prevent pandemics. FAPPA will require USAID to report back to Congress on its compliance with the forgoing directive. The plan will consider risk-of-spread factors such as border control, number of foreign residents, international travel arrivals and departures, and amount of foreign tourism.

## Recommendations

- The United States Congress passes the Public Health Emergency Relief Act.
- The United States Congress passes the Emergency Stimulus Act.
- The United States Congress passes the Uninsured Reimbursement Pandemic Act.
- The United States Congress passes the SNS Pandemic Preparedness Act.
- The United States Congress passes the Foreign Aid Pandemic Preparedness Act.

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<sup>86</sup> "Novel Coronavirus (COVID-19)," U.S. Agency for International Development, April 17, 2020, <https://www.usaid.gov/coronavirus>.

<sup>87</sup> Ishaan Tharoor, "Analysis | Where Germany Had Success in Fighting Coronavirus, Britain Stumbled," *Washington Post*, April 13, 2020, <https://www.washingtonpost.com/world/2020/04/13/where-germany-had-success-fighting-coronavirus-britain-failed/>

# State and Local Governments

## Introduction

The lack of definitive policy by the federal government during the COVID-19 outbreak has highlighted the need for state and local officials to be prepared and capable in their response to pandemics. In particular, local governments are needed to implement state and federal policy on the ground. In anticipation of a future pandemic in the United States, state and local governments must take preemptive legislative action, and, in the event a pandemic takes hold in a given state, take reactive measures to protect public health and address economic repercussions.

## Preemptive Legislative Measures

It is essential that states enact permanent legislation in times of good public health which allow them to readily respond to future pandemics.<sup>88</sup> Early research on the spread of COVID-19 in China shows that early, strong non-pharmaceutical intervention (NPI) is most effective to stop disease spread.<sup>89</sup> The burden largely falls on governors and state/local governments to respond to public health crises, such as implementing isolation and quarantine orders.<sup>90</sup> Governors with greater executive power during health crises can intervene earlier, and more strongly, to implement these NPIs to limit disease spread.<sup>91</sup> In New York, the governor could not take emergency action until, “disease outbreak” was designated a disaster under state law and other powers were amended.<sup>92</sup> The need for this legislation, along with similar laws in other states, slowed the quick, strong response needed to COVID-19. The Model State Emergency Health Powers Act (MSEHPA) provides guidance for states to respond to a well-defined public health emergency (PHE).<sup>93</sup> It gives governors and public health services the specific authorities they need in crises like the COVID-19 pandemic. Governors then do not need to re-enact such authorities via unchecked executive orders in future pandemics. The MSEHPA expands the executive power of governors during a PHE, and it accordingly implements constraints on that authority, such as the power of the state legislature to terminate a PHE order at any time following the governor’s declaration.<sup>94</sup> Individual states should

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<sup>88</sup> The Center for Law and the Public's Health at Georgetown and Johns Hopkins Universities, “The Model State Emergency Health Powers Act,” PDF file, Center for Law and the Public’s Health Georgetown University Law Center, December 21, 2001, <https://biotech.law.lsu.edu/blaw/bt/MSEHPA2.pdf>.

<sup>89</sup> Hongjie Yu et al., “Effect of Non-Pharmaceutical Interventions for Containing the Covid-19 Outbreak in China,” *MedRxiv* (March 13, 2020), <https://doi.org/10.1101/2020.03.03.20029843>.

<sup>90</sup> “Legal Authorities for Isolation and Quarantine,” Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, last modified February 24, 2020, <https://www.cdc.gov/quarantine/aboutlawsregulationsquarantineisolation.html>.

<sup>91</sup> Yu et al., “Effect of Non-Pharmaceutical.”

<sup>92</sup> An act to amend the executive law, in relation to issuing by the governor of any directive necessary to respond to a state disaster emergency; making an appropriation therefore; and providing for the repeal of certain provisions upon expiration thereof, N.Y.S.B. § 7919 (2019-2020), <https://www.nysenate.gov/legislation/bills/2019/s7919>.

<sup>93</sup> Institute of Medicine (US) Committee on Assuring the Health of the Public in the 21st Century, *The Future of the Public's Health in the 21st Century* (Washington, DC: National Academies Press, 2003), <https://www.ncbi.nlm.nih.gov/books/NBK221231/>.

<sup>94</sup> Lawrence O. Gostin, “Public Health Law in an Age of Terrorism: Rethinking Individual Rights and Common Goods,” *Health Affairs* 21, no. 6 (November/December 2002), <https://doi.org/10.1377/hlthaff.21.6.79>.

implement additional, appropriate measures on a state-by-state basis to prevent abuse and integrate new practices into existing systems; in Maryland, for example, legislators added greater specificity to definitions, were more explicit in regulations surrounding quarantine and seizure of property, and integrated their own emergency management systems into the Act.<sup>95</sup> While the MSEHPA does not create all the legislation or authorities that may be required in a future pandemic, it provides a comprehensive foundation which can be applied nationally. The MSEHPA, when effectively integrated into existing legislation, helps to ensure a cohesive, thorough, and rapid response by states to a pandemic.

## Social Distancing Measures

Social distancing orders, which include but are not limited to: school closures, non-essential business closures, stay at home orders, closures of local outdoor recreation areas, and limitations to non-essential travel, are intended to minimize the spread of a highly contagious disease between potentially infected and healthy individuals by maximizing the physical distance between all members of society. For the purposes of this document, whether a disease can be considered an unusually threatening highly contagious disease is determined by its R0 value (which represents the average number of people who contract an illness from one infected person) and its symptoms and fatality rate. Missouri and Washington's response to the 1918 Spanish Flu and Ohio's response to the COVID-19 outbreak provide just a few examples that prove that social distancing works better the faster it is implemented.<sup>96</sup> On the other hand, states that wait on implementation until the disease had spread considerably, like Florida and Louisiana during the COVID-19 pandemic, paid the price in lives lost; as of mid-April, Ohio, which has roughly two times the population size of Louisiana, had less than half the number of deaths its late-implementing counterpart had.<sup>97</sup> States that stall implementation of social distancing measures have higher rates of infection, and are therefore projected not to be able to open their economies as swiftly in the future.<sup>98</sup> During the COVID-19 pandemic, part of the reason certain states did not implement social distancing quickly was to maintain loyalty to the executive branch; this cannot happen again.<sup>99</sup> States have such great powers during a public health emergency and it is essential that they use it; to refuse to do so is not an option. If all the governors in the United States had responded to COVID-19 by implementing social distancing protocol as soon as one person tested positive in their state, far fewer people would have died, personal protective equipment would not have been expended at such a high rate, less hospitals would have been at maximum capacity, and the quarantine could have been lifted sooner. Yes, implementing social distancing consumes resources and takes a toll on the economy; enforcement may require the national guard, and citizens might be angry about their perceived

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<sup>95</sup> Franklin H. Alden Jr., "Liberty or Death: Maryland Improves upon the Model State Emergency Health Powers Act," *Journal of Health Care Law and Policy* 8, no. 1 (2005): 203, <https://core.ac.uk/download/pdf/56355374.pdf>.

<sup>96</sup> Sergio Correia, Stephan Luck, and Emil Verner, "Pandemics Depress the Economy, Public Health Interventions Do Not: Evidence from the 1918 Flu," *SSRN Electronic Journal* (March 30, 2020): 23, <https://doi.org/10.2139/ssrn.3561560>; "IHME: COVID-19 Projections," Institute for Health Metrics and Evaluation, University of Washington, April 13, 2020, <https://covid19.healthdata.org/united-states-of-america>.

<sup>97</sup> "IHME: COVID-19 Projections," Institute for Health Metrics and Evaluation.

<sup>98</sup> Correia, Luck, and Verner, "Pandemics Depress the Economy," 23.

<sup>99</sup> Sarah Mervosh, Denise Lu, and Vanessa Swales, "See Which States and Cities Have Told Residents to Stay at Home," *New York Times*, March 24, 2020, <https://www.nytimes.com/interactive/2020/us/coronavirus-stay-at-home-order.html>.

breach of liberties.<sup>100</sup> But in the end, public health and safety must come first. Social distancing saves lives, and so it is the state and governor's responsibility to implement it as soon as possible. These measures may only be (gradually) relaxed when adequate testing, hospital availability, and contact tracing are available to minimize potential resurgence as much as possible and to be prepared in the event such a resurgence does happen.<sup>101</sup>

## Contact Tracing and Community Health Workers

Responses to the COVID-19 outbreak in Wuhan, China and the 1918 Spanish Influenza outbreak in the US have demonstrated that early and stringent NPIs can contain pandemics and lead to higher levels of economic development after outbreaks than in areas that waited to enact NPIs.<sup>102</sup> However, a range of NPIs beyond social distancing measures, such as widespread testing and contact tracing that have been critical in limiting the spread of COVID-19 in eastern Asia, must also be enacted.<sup>103</sup> Implementing a system of contact tracing early on in the spread of a disease, as was done in New Zealand during the COVID-19 outbreak, limits economic and social disruptions, while contact tracing after the peak of a disease can allow states to lift social distancing measures more quickly.<sup>104</sup> However, even when implemented with minimal cases, manual contract tracing systems can be overwhelmed by rapid increases in cases, and the most effective systems of contact tracing have relied on digital platforms.<sup>105</sup> As such, state governments must be prepared to implement opt-in digital contact tracing software, such as that under development by Apple and Google, to provide the most effective response to a pandemic while protecting privacy and civil liberties.<sup>106</sup> Community

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<sup>100</sup> "Coronavirus State Actions Chart," PDF file, National Governors Association, April 14, 2020, [https://www.nga.org/wp-content/uploads/2020/04/CoronavirusStateActionsChart\\_14April2020.pdf](https://www.nga.org/wp-content/uploads/2020/04/CoronavirusStateActionsChart_14April2020.pdf); "NGA Memo: Law Enforcement and Stay-at-Home Orders," PDF file, National Governors Association, March 27, 2020, [https://www.nga.org/wp-content/uploads/2020/04/Memorandum\\_Law-Enforcement-and-Stay-at-Home-Orders.pdf](https://www.nga.org/wp-content/uploads/2020/04/Memorandum_Law-Enforcement-and-Stay-at-Home-Orders.pdf); Sara Burnett, "Pro-Trump Protesters Push Back on Stay-at-Home Orders," AP NEWS, Associated Press, April 17, 2020, <https://apnews.com/ea4c17f541c7c63fac52941a6f43b885>.

<sup>101</sup> Erich Schwartzel, Alison Sider, and Heather Haddon, "The Coronavirus Economic Reopening Will Be Fragile, Partial and Slow," *Wall Street Journal*, April 13, 2020, <https://www.wsj.com/articles/the-coronavirus-economic-reopening-will-be-fragile-partial-and-slow-11586800447>.

<sup>102</sup> Sergio Correia, Stephan Luck, and Emil Verner, "Pandemics Depress the Economy, Public Health Interventions Do Not: Evidence from the 1918 Flu," *Social Science Research Network* (March 26, 2020), <https://doi.org/10.2139/ssrn.3561560>;

Wang Chaolong et al., "Evolving Epidemiology and Impact of Non-pharmaceutical Interventions on the Outbreak of Coronavirus Disease 2019 in Wuhan, China," *MedRxiv* (March 6, 2020), <https://www.medrxiv.org/content/10.1101/2020.03.03.20030593v1>.

<sup>103</sup> C. Jason Wang and Robert H. Brook, "Response to COVID-19 in Taiwan Big Data Analytics, New Technology, and Proactive Testing," *Jama Network* (March 3, 2020), <https://jamanetwork.com/channels/health-forum/fullarticle/2763478>.

<sup>104</sup> Crystal Watson et al., "A National Plan to Enable Comprehensive COVID-19 Case Finding and Contact Tracing in the US," PDF file, Johns Hopkins Center For Health Security, April 8, 2020, [https://www.centerforhealthsecurity.org/our-work/pubs\\_archive/pubs-pdfs/2020/a-national-plan-to-enable-comprehensive-COVID-19-case-finding-and-contact-tracing-in-the-US.pdf](https://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2020/a-national-plan-to-enable-comprehensive-COVID-19-case-finding-and-contact-tracing-in-the-US.pdf).

<sup>105</sup> Luca Ferretti et al., "Quantifying SARS-CoV-2 transmission suggests epidemic control with digital contact tracing," *Science Magazine* (March 31, 2020), <https://science.sciencemag.org/content/early/2020/04/09/science.abb6936/tab-pdf>.

<sup>106</sup> "Apple and Google partner on COVID-19 contact tracing technology," Apple, April 10, 2020, <https://www.apple.com/newsroom/2020/04/apple-and-google-partner-on-covid-19-contact-tracing-technology/>.

health workers (CHWs) present the opportunity to not only supplement digital contact tracing in regions lacking communications infrastructure or with lower proportions of the population opting-in, but also serve as valuable assets in prevention, detection, and treatment measures (as shown during the EVD and Zika outbreaks).<sup>107</sup> In the Lombardy region of Italy, doctors have urged that CHWs could greatly reduce COVID-19 transmission and the strain on hospitals by providing telehealth and basic at-home medical care to both COVID-19 patients and other sick.<sup>108</sup> In a future pandemic, CHWs have the potential to create the most effective quarantine by assisting in contact tracing, providing at home care and assessments, and delivering or providing advice on the delivery of necessary food and medication. What's more, a large scale deployment of CHWs during a pandemic will provide thousands of jobs and have a significant economic benefit, while maintaining a corps of CHWs after a pandemic will guard against subsequent waves.<sup>109</sup>

## **Economic Relief for Businesses and Citizens**

Leaving 26 million Americans jobless by late April 2020, the rapid spread of COVID-19 has had massive economic repercussions on the U.S. economy. It is evident that the U.S. government and local state governments must prepare for the economic ramifications that are caused by pandemics. State government should focus on three main responses when providing economic relief for state residents: protecting current employment, enabling a rapid return to the workforce, and supporting critical needs.

To protect current employment, governments should create targeted wage subsidies that will incentivize essential service companies to retain their current employment levels. To enable a rapid return to the workforce, governments should reduce barriers to work by easing licensing restrictions. A disaster relief online job portal to connect unemployed and underemployed residents with companies in need of workers should also be created. This job portal could help businesses who have had spikes in demand continue to employ residents, increase supplies of essential goods, and lower unemployment.

To support residents impacted by economic fallout of a pandemic, state governments should freeze evictions and residential loan forbearances. While costly, these responses will reduce unemployment rates, ease residents' financial burdens, and prepare states for a return to the workforce.

To aid local businesses, states must increase liquidity available for businesses, invigorate demand, and avoid an absolute shutdown of business operations. States can improve a business's liquidity by postponing tax deadlines for small businesses and businesses in the hardest hit sectors and by

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<sup>107</sup> Mathew R. Boyce and Rebecca Katz, "Community Health Workers and Pandemic Preparedness: Current and Prospective Roles," *Frontiers in Public Health* 7 (March 26, 2019), <https://www.frontiersin.org/articles/10.3389/fpubh.2019.00062/full>.

<sup>108</sup> Mirco Nacoti et al., "At the Epicenter of the Covid-19 Pandemic and Humanitarian Crises in Italy: Changing Perspectives on Preparation and Mitigation," *New England Journal of Medicine* (March 21, 2020), <https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0080>.

<sup>109</sup> Raj Panjabi, "The job description for a COVID-19 community health worker - and how this could fight US unemployment," World Economic Forum, March 31, 2020, <https://www.weforum.org/agenda/2020/03/retraining-unemployed-fight-covid-19/>.

ensuring payments to state vendors in advance of their services. Finally, states should construct a portal to aid in application of Small Business Administration (SBA) loans. States can also invigorate demand by helping businesses shift their attention to sectors where demand has spiked. The state can also aid businesses in affected sectors and small businesses by having dedicated state purchasing and procurement programs. Finally, states can support businesses moving to remote operations by extending WiFi coverage and creating loans for remote work equipment.

To pay for economic relief without running a deficit, states should redistribute budget funds from sectors that are non-essential and utilize funding from the federal government. After paying for subsidies to protect employment, creating a job portal, accelerating payments to state vendors, giving loans to small businesses, supporting the transition to remote operations, and once the economic situation has stabilized, the state can refund areas that suffered from budget redistribution by increasing property and sales taxes.

## **Recommendations**

- Legislate the authority to declare a public health emergency which may include, depending on a state's unique circumstance, the powers and preventative measures described in the MSEHPA.
- Upon the second positive test of a highly contagious disease within the disease's incubation period, state and local governments must issue social distancing orders if appropriate to the disease, to be renewed until state public health authorities deem such measures unnecessary and the state is prepared to safely reopen the economy.
- For counties in which community spread of a pandemic is detected and all adjacent counties, the state must hire, train, and deploy a cadre of CHWs to supplement digital contact tracing and provide connection to essential social services that will allow individuals to successfully self-isolate.
- Implement economic relief to protect people affected by the economic repercussions of a pandemic by protecting employment, enabling a return to the workforce, and supporting critical needs.
- Implement economic relief for businesses affected by the economic repercussions of a pandemic through improving liquidity, invigorating demand, and aiding business in continuing/restarting their operations.

# Corporations

## Introduction

Today's globalized economy depends on American corporations. Its success is inextricably connected with the U.S. economy's success. American corporations create job opportunities, training programs, and provide competitive wages to all Americans. In a time of crisis, corporations' stakeholders are America's stakeholders: healthcare workers, manufacturers, factory workers, public health officials, first responders and the American people, their customers.<sup>110</sup> It is imperative that American corporations act and adopt policies to aid in the response and economic recovery to a pandemic. Corporations' primary stakeholders are their employees and customers. If those people are not safe and healthy, the U.S. economy and corporations suffer. The two main issues that can have extreme and lasting effects are the economic downfall post-pandemic and the lack of healthcare resources. Using the recommendations in this memo, corporations can solve both of these problems while continuing to maintain their companies' profitability.

## Viable and Vulnerable Corporations

For the purposes of our recommendations, corporations will be defined as either viable or vulnerable. Viable corporations are fiscally stable and able to aid the efforts to contain the pandemic and fight it.<sup>111</sup> According to their corporate data, these corporations are expected to have insignificant shifts in demand and will not financially struggle in the event of a pandemic. Vulnerable corporations are being increasingly disabled by the pandemic and have neither the capital nor the infrastructure to aid the country in fighting the pandemic while maintaining their profitability. In the event of a pandemic, the demand for the services and products of vulnerable corporations will significantly drop and their normal operations will be hindered.

## Repurposing Salaries to Aid Pandemic Efforts

During a pandemic, the top 100 most profitable American corporations are in a unique position to aid in pandemic relief. The capacity of American corporations can be leveraged to produce goods to aid in the public health crisis and stabilize the economy, all while keeping their stakeholders' concerns in mind.<sup>112</sup> Specifically, the top executives of these corporations, who are at little to no risk of personal financial failure, can use their position to help the most impacted areas of the pandemic. These individuals are some of the highest paid in the U.S.<sup>113</sup> Just 1/8 of the yearly salary of the chief executives of Walmart, Exxon Mobil, and Apple amounts to over 60 million dollars.<sup>114</sup> Using a

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<sup>110</sup> Josh Bolten "Business Roundtable Outlines Principles for Safe Recovery," Business Roundtable, April 14, 2020, [www.businessroundtable.org/business-roundtable-outlines-principles-for-safe-recovery](http://www.businessroundtable.org/business-roundtable-outlines-principles-for-safe-recovery).

<sup>111</sup> Tyler Comrie, "Restarting America means people Will Die. So When Do We Do It?" *New York Times*, April 10, 2020, <https://www.nytimes.com/2020/04/10/magazine/coronavirus-economy-debate.html>.

<sup>112</sup> "Table B-1. Employees on Nonfarm Payrolls by Industry Sector and Selected Industry Detail." U.S. Bureau of Labor Statistics, last modified April 3, 2020, [www.bls.gov/news.release/empsit.t17.htm](http://www.bls.gov/news.release/empsit.t17.htm).

<sup>113</sup> "Forbes Billionaires 2020," Forbes, accessed April 15, 2020, <https://www.forbes.com/billionaires/>.

<sup>114</sup> Nathaniel Meyerson, "Walmart CEO Doug McMillon's Total Pay Was Nearly \$24 Million Last Year." *CNN*, Last modified April 7 2020, <https://www.cnn.com/2019/04/23/business/walmart-ceo-doug-mcmillon-pay-retail/index.html>.

fraction of the salaries of some of the highest paid individuals in America provides vital funding for pandemic aid efforts, while allowing those individuals to keep the majority of their own earnings. In collaboration with BARDA, Johnson & Johnson contributed \$1 billion to COVID-19 vaccine efforts.<sup>115</sup> While congressional stimulus packages can take some weight off the backs of corporations, most aid to corporations is in the form of minimal tax relief. Divesting less than 10% of executive salaries towards pandemic efforts can have an immense impact.<sup>116</sup> Repurposing a small portion of these salaries could bolster a corporation's public image in a time of economic uncertainty and aid the overall effort to stabilize the economy in the wake of the pandemic.

## **Furloughing Rather Than Firing Employees**

Rather than firing employees, corporations should furlough employees to ensure smoother economic recovery and an easier return to operations. Rather than having to conduct mass hiring and training operations, corporations would be able to quickly resume operations when safe to do so, allowing them to focus their resources on surviving the pandemic. According to Wayne Cascio, a professor of management and health administration at the University of Colorado Denver Business School, “If the health scare passes and demand returns, they could find themselves even more short of labor and facing a resentful public for flinching in the face of a short-term profit scare.”<sup>117</sup> While there are extra costs involved in providing salaries or healthcare benefits to furloughed workers, it enables corporations to resume operations following the conclusion of the pandemic. This would mean spending even more money and time restarting the economy.<sup>118</sup> Corporations like Disney, Macy’s and Best Buy adopted this practice during the COVID-19 crisis, furloughing over 219,000 employees.<sup>119</sup> Corporations need to be able to restart operations smoothly to make sure that economic recovery is as quick and effective as possible after a pandemic.

## **Maintaining a Steady Employment Rate**

In the uncertain times of a pandemic, Americans are more dependent than ever on their income. When the COVID-19 pandemic reached the United States, unemployment rates spiked dramatically and tens of millions filed for unemployment, leaving millions of Americans unable to pay their bills

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<sup>115</sup> Sydney Lupkin, “HHS to Help Develop Vaccines” *CNBC*, last modified April 4, 2020, <https://www.cnbc.com/2020/03/04/hhs-clarifies-us-has-about-1percent-of-face-masks-needed-for-full-blown-pandemic.html>.

<sup>116</sup> Emma Caitlin, “\$2 trillion Stimulus Package”, *POLITICO*, last modified March 26, 2020, [www.politico.com/news/2020/03/25/whats-in-stimulus-package-coronavirus-149282](http://www.politico.com/news/2020/03/25/whats-in-stimulus-package-coronavirus-149282).

<sup>117</sup> Eric Morath and Jon Hilsenrath, “U.S. Economic Outlook Under Coronavirus Hinges on Layoff Decisions.” *Wall Street Journal*, March 14, 2020, [www.wsj.com/articles/u-s-economic-outlook-hinges-on-layoff-decisions-11584110104?mod=search\\_results&page=1&pos=3](http://www.wsj.com/articles/u-s-economic-outlook-hinges-on-layoff-decisions-11584110104?mod=search_results&page=1&pos=3).

<sup>118</sup> Matthew Townsend, “Furloughs Top Being Fired,” *Bloomberg*, last modified April 1, 2020, [www.bloomberg.com/news/articles/2020-03-31/u-s-betting-furloughed-is-better-than-fired-for-600-000-workers](http://www.bloomberg.com/news/articles/2020-03-31/u-s-betting-furloughed-is-better-than-fired-for-600-000-workers).

<sup>119</sup> Aishwarya Venugopal, “Best Buy to furlough 51,000,” *Reuters*, April 15, 2020, <https://www.reuters.com/article/us-health-coronavirus-best-buy/best-buy-to-furlough-51000-hourly-us-store-employee-s-idUSKCN21X27K>;

Sapna Maheshwari and Michael Corkery “U.S. Retail Crisis Deepens as Hundreds of Thousands Lose Work.” *New York Times*, March 30, 2020, <https://www.nytimes.com/2020/03/30/business/coronavirus-retail-furloughs-macys.html>.

and meet their basic needs.<sup>120</sup> While it may be necessary for vulnerable corporations to lay off a large portion of their employees, viable corporations should maintain a steady number of employees to stabilize the economy during the pandemic, prepare for the transition to normal economic activity post pandemic, and keep millions of Americans from losing their only source of income.<sup>121</sup> Understanding that it is not possible or fiscally responsible for every viable corporation to maintain 100% of their working force during a pandemic, only a baseline percentage of employment should be maintained by viable corporations. At least 60% employment was maintained by viable corporations during the COVID-19 Pandemic (corporations like General Electric, Yelp, Third Love, and Zip Recruiter laid off between 10% and 40% of their staff) and we recommend all viable corporations maintain at least this level of employment.<sup>122</sup>

## Using Existing Factories to Manufacture Essential Healthcare Items

There is a large influx of patients and a higher demand for medical supplies during a pandemic. Combined with restrictions on foreign suppliers due to their emergency policies, American production demand can increase by ten times the normal amount.<sup>123</sup> HHS, in response to COVID-19, reported that they only had one percent of the PPE needed to fight the pandemic.<sup>124</sup> To prevent the consequences that come when the demand outways the supply, corporations need to act swiftly and in collaboration with their manufacturers to produce items essential to the health and safety of all Americans. Manufacturers play a key role in slowing and preventing the spread of disease; increasing production of PPE is necessary for essential healthcare workers to protect themselves and their patients and limit the spread of the disease. For example, Johnson and Johnson helped to prevent the spread of the Spanish Influenza by producing and donating face masks.<sup>125</sup> The federal government can invoke the Defense Production Act to have companies prioritize orders from the federal government. Additionally, the Defense Production Act enables the federal government to assist factories through loans and funds to transition to manufacturing the necessary equipment. During the COVID-19 pandemic, President Trump used the Defense Production Act to

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<sup>120</sup> Damian Folwer, “Unemployment during Coronavirus: The Psychology of Job Loss,” *BBC*, March 28, 2020, <https://www.bbc.com/worklife/article/20200327-unemployment-during-coronavirus-the-psychology-of-job-loss>; Nelson Schwartz, “Nowhere to Hide’ as Unemployment Permeates the Economy,” *New York Times*, April 16, 2020, <https://www.nytimes.com/2020/04/16/business/economy/unemployment-numbers-coronavirus.html>.

<sup>121</sup> Jenna McGregor, “Coronavirus Unemployment Crisis.” *Washington Post*, last modified April 2, 2020, <https://www.washingtonpost.com/business/2020/04/02/some-companies-are-pledging-not-lay-off-employees-now/>.

<sup>122</sup> Lisette Voytko, “Coronavirus Layoffs: XFL Latest To Cut Jobs Amid Pandemic,” *Forbes*, last modified April 20, 2020, [www.forbes.com/sites/lisettevoytko/2020/04/10/coronavirus-layoffs-xfl-latest-to-cut-jobs-amid-pandemic/#2b954e572a15](http://www.forbes.com/sites/lisettevoytko/2020/04/10/coronavirus-layoffs-xfl-latest-to-cut-jobs-amid-pandemic/#2b954e572a15).

<sup>123</sup> Kate Rogers, “Personal Protective Equipment Is in High Demand as Coronavirus Spreads,” *CNBC*, last modified March 6, 2020, <https://www.cnn.com/2020/03/06/personal-protective-equipment-is-in-high-demand-as-coronavirus-spreads.html>.

<sup>124</sup> Berkeley Lovelace Jr., “HHS clarifies US has about 1% of face masks needed for ‘full-blown’ coronavirus pandemic,” *CNBC*, last modified March 4, 2020, <https://www.cnn.com/2020/03/04/hhs-clarifies-us-has-about-1percent-of-face-masks-needed-for-full-blown-pandemic.html>.

<sup>125</sup> Katie Clift and Alexander Court, “How are companies responding to the coronavirus crisis?,” *World Economic Forum*, last modified March 23, 2020, <https://www.weforum.org/agenda/2020/03/how-are-companies-responding-to-the-coronavirus-crisis-d15bed6137/>.

order General Motors to produce ventilators and 3M to produce N95 masks.<sup>126</sup> Although repurposing facilities is difficult, it is imperative that hospitals have the materials to treat and prevent the illness.<sup>127</sup> Additionally, collaboration between corporations and manufactures is critical to fighting the pandemic.<sup>128</sup> Sharing manufacturing equipment, production lines, and resources can enable more efficient production and larger outputs of PPE.<sup>129</sup> When hospitals are better equipped to fight a virus, corporations can quickly resume regular operations and return to normal levels of revenue after a pandemic. By producing PPE, corporations can receive tax credits for their service according to recommendations put out by our legislative team, and bolster their own public image.

## Recommendations

- Viable corporations should maintain 60% employment
- Through compliance with the Defense Production Act, viable manufacturers should communicate with corporations to shift efforts to produce PPE and support the healthcare industry.
- Viable and vulnerable corporations should heavily prioritize furloughing over firing employees; while furloughing, corporations should continue all policies regarding healthcare benefits and extend them to employees who need them.
- Executives of the top 100 most profitable corporations, as measured before the pandemic, should contribute at least ¼ of their pay to healthcare efforts after a state of emergency has been declared by the executive branch.

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<sup>126</sup> Anshu Siripurapu, "What is the Defense Production Act?," Council on Foreign Relations, April 10, 2020, <https://www.cfr.org/in-brief/what-defense-production-act>.

<sup>127</sup> Francisco Betti and Thierry Heinzmann, "From Perfume to Hand Sanitiser TVs to Face Masks: How Companies Are Changing Track to Fight COVID-19," World Economic Forum, March 24, 2020, <https://www.weforum.org/agenda/2020/03/from-perfume-to-hand-sanitiser-tvs-to-face-masks-how-companies-are-changing-track-to-fight-covid-19/>.

<sup>128</sup> "Coronavirus (COVID-19) Pandemic: Supply Chain Stabilization Task Force," Federal Emergency Management Agency.

<sup>129</sup> Matthew Dalton, Ruth Bender, and Jason Douglas, "Companies Retool Operations to Assist in Coronavirus Fight," *Wall Street Journal*, March 19, 2020, <https://www.wsj.com/articles/companies-retool-operations-to-assist-in-coronavirus-fight-11584637831>.

# Non-Governmental Organizations

## Introduction

Non-governmental organizations (NGOs) have the opportunity and ability to play a substantial role in pandemic preparedness, response, and recovery, especially with the nation's most vulnerable populations. These organizations serve in an auxiliary role to government bodies, capable of offering immediate relief and distributing physical and economic resources in a way that bureaucratic government policies often hinder.

## Efforts in Past Health Crises

NGOs have leveraged their unique position during nearly every epidemic in the last century. Amidst the Zika outbreak of 2015, a Zika-funding bill was delayed in Congress for months due to conflicting opinions on the correct response.<sup>130</sup> While this happened, NGOs such as Project Hope acted immediately, providing essential medical resources to women's and children's health clinics, as well as raising awareness of the virus in marginalized communities.<sup>131 132</sup>

While NGOs have often been vital to effective pandemic responses, a major failure became apparent during the EVD outbreak in 2014: so many resources were concentrated on the response effort that other needs of vulnerable populations were overlooked. In West Africa, a reallocation of clinical resources from their original purpose to the epidemic response caused a lack of routine care for malaria, HIV/AIDS, and tuberculosis. According to Disease Control Priorities, "[This] led to an estimated 10,600 additional deaths in Guinea, Liberia, and Sierra Leone."<sup>133</sup> The line between allocation and overallocation of resources must be clear to maximize the effectiveness of NGOs; thus, a focus must also be placed on the provision of non-pandemic-related necessities to save lives during global pandemics.

## COVID-19

During the COVID-19 pandemic, local and global NGOs played a significant role in combating the virus and its second-order consequences.<sup>134</sup> This included assisting in the collection, organization,

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<sup>130</sup> Donald G. McNeil, "How the Response to Zika Failed Millions," *New York Times*, January 16, 2017, <https://www.nytimes.com/2017/01/16/health/zika-virus-response.html>.

<sup>131</sup> Jason Rao and David Sibley, "Why NGOs Play a Crucial Role in Public Health." *GE Reports*, last modified March 1, 2016,

<https://www.ge.com/reports/jason-rao-and-david-silbey-we-need-a-whole-of-society-approach-to-global-health-security/>.

<sup>132</sup> "Project Hope's Response to Zika," accessed April 21, 2020, <https://secure.projecthope.org/site/SPageNavigator/Zika.html>.

<sup>133</sup> McNeil, "How the Response to Zika Failed Millions."

<sup>134</sup> It is imperative to note that this does not include the public-private partnerships rampant throughout the media such as Netflix's \$100 Million Creative Industry COVID-19 Relief Fund.

and distribution of medical supplies and hygiene kits, addressing the increased amount of food insecurity caused by the virus, and aiding the effort to offer mass testing to the American public.<sup>135</sup>

However, NGOs were unprepared for a pandemic of COVID-19's scale and scope. According to *Humentum*, a global membership association that aids NGOs through training and consultancy, of 36 diverse NGOs largely based in the U.S., 53% had a working business continuity plan (BCP), 32% did not have one at all, and 15% believed their BCP was insufficient at the time.<sup>136</sup> Where applicable, NGOs' contingency plans for global pandemics going forward should be revised to include details on remote working, emergency employee compensation, the continuity of their pre-pandemic work, and the allocation or reallocation of present-resources to vulnerable communities.

## Local vs International NGOs

Unlike during prior pandemics, COVID-19 has left international organizations that were once able to send resources overseas struggling to do so. According to Ben Parker, former UN Communications Officer and Senior Editor at *The New Humanitarian*, "The upheavals in international travel, lockdowns, and quarantine regulations mean that international aid groups – the UN and [international] NGOs alike – have been partly paralysed, while local agencies, including the Red Cross and Red Crescent movement, have been more able to swing into action."<sup>137</sup> However, it has grown apparent that smaller-scale, local organizations are well positioned to contribute to the domestic crisis relief effort given their geographical location and knowledge of local community structures.<sup>138</sup> Due to the fact that epidemics will grow more common in this increasingly connected age, larger NGOs must begin considering partnerships with and funding of local organizations that have on-the-ground operations.<sup>139</sup>

## NGO Collaboration

Collaboration among NGOs is essential. According to Christine Sherry, visiting practitioner at the Stanford Center on Philanthropy and Civil Society, "Because the field of philanthropy historically has done a poor job of commissioning and sharing fundamental field research, funders often fund duplicative projects, NGOs unwittingly repeat the work of others before them.... And ultimately,

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<sup>135</sup> "Coronavirus and aid: What we're watching, 16-22 April," *The New Humanitarian*, April 18, 2020, <https://www.thenewhumanitarian.org/news/2020/04/16/coronavirus-humanitarian-aid-response>.

<sup>136</sup> "How Are Organizations Responding To COVID-19?: Summary Report for Week of March 16, 2020," PDF file, Humentum, last modified April 6, 2020, <https://www.humentum.org/sites/default/files/Humentum%20Spot%20Poll%20March%2016%20results%20and%20analysis.pdf>.

<sup>137</sup> Ben Parker, "COVID-19 UN Funding," *The New Humanitarian*, last modified March 25, 2020, <http://www.thenewhumanitarian.org/news/2020/03/25/un-coronavirus-emergency-fund>.

<sup>138</sup> El-Jardali, Fadlallah, and Daher. "K2P COVID-19 Rapid Response Series: Strengthening the Role of Local and International NonGovernmental Organizations in Pandemic Responses," PDF file, Knowledge to Policy (K2P) Center, March 31, 2020, [https://www.aub.edu.lb/k2p/Documents/K2P%20COVID\\_19%20Rapid%20Response%20Series\\_Strengthening%20the%20Role%20of%20Local%20and%20International%20NOGs%20in%20Pandemic%20Responses.pdf](https://www.aub.edu.lb/k2p/Documents/K2P%20COVID_19%20Rapid%20Response%20Series_Strengthening%20the%20Role%20of%20Local%20and%20International%20NOGs%20in%20Pandemic%20Responses.pdf).

<sup>139</sup> Kate Whiting, "Coronavirus Isn't an Outlier, It's Part of Our Interconnected Viral Age," World Economic Forum, March 4, 2020, <https://www.weforum.org/agenda/2020/03/coronavirus-global-epidemics-health-pandemic-covid-19/>.

we waste money by not identifying the critical areas or organizations where more funds could be effectively used.”<sup>140</sup> Thus, as many organizations shift their work to cater to the changing impacts of a pandemic, increased communication and collaboration would help ensure that organizations know best practices and are not doing the same work in the same geographical region.

## Recommendations

- Ensure that non-pandemic necessities such as prescription drugs are available and accessible during pandemics while the global focus shifts to the provision of life-saving medical equipment, basic necessities, and emergency financial aid.
- Create organization-based contingency plans for future pandemics; these plans would include four distinct responses based on clinical severity and transmissibility, in alignment with the Pandemic Severity Assessment Framework’s categorizations.<sup>141</sup>
- International NGOs must provide local NGOs with technical assistance and funding for their community-specific humanitarian responses when international operations are restricted.
- Create a digital platform for NGOs to communicate and coordinate with each other and governmental bodies during pandemics to avoid a duplication of services and maximize community outreach.

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<sup>140</sup> Christine E. Sherry, "Stop Funding Duplicative Projects," Stanford Social Innovation Review, last modified Summer 2013, [https://ssir.org/articles/entry/stop\\_funding\\_duplicative\\_projects#](https://ssir.org/articles/entry/stop_funding_duplicative_projects#).

<sup>141</sup> "Pandemic Severity Assessment Framework (PSAF)," Centers for Disease Control and Prevention, U.S. Department of Health & Human Services, last modified November 3, 2016, <https://www.cdc.gov/flu/pandemic-resources/national-strategy/severity-assessment-framework.html>.

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