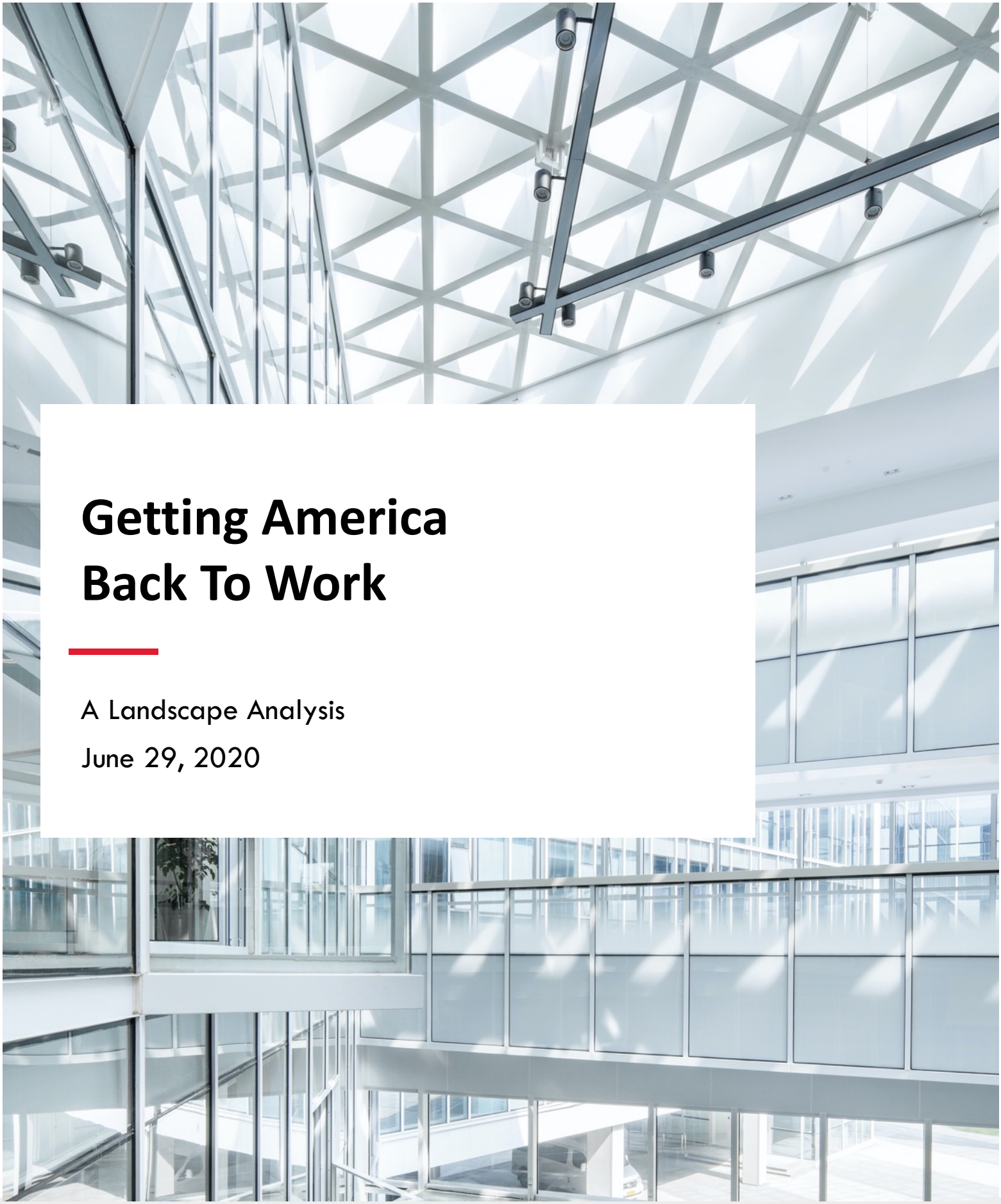


Getting America Back To Work

A Landscape Analysis

June 29, 2020

GPG

1025 F Street NW | 9th Floor | Washington, DC 20004
3 Columbus Circle | New York City, New York 10019
P 202.337.0808 | info@gpg.com | www.gpg.com

A Brave New World

New cases of COVID-19 haven't dropped below 150,000 a week in the United States. The epicenter has now shifted from the Northeast to the South and West of the country. Hospitals are reaching capacity in Texas and Arizona. New records of the virus' spread are being broken daily as states that moved to reopen early are now reinstating restrictions.

In this edition, GPG has observed emerging epicenters, new guidance for U.S. employers, and updates from the public health sector to offer insights into how the pandemic will continue to unfold.

GPG

1025 F Street NW | 9th Floor | Washington, DC 20004
3 Columbus Circle | New York City, New York 10019
P 202.337.0808 | info@gpg.com | www.gpg.com

Government

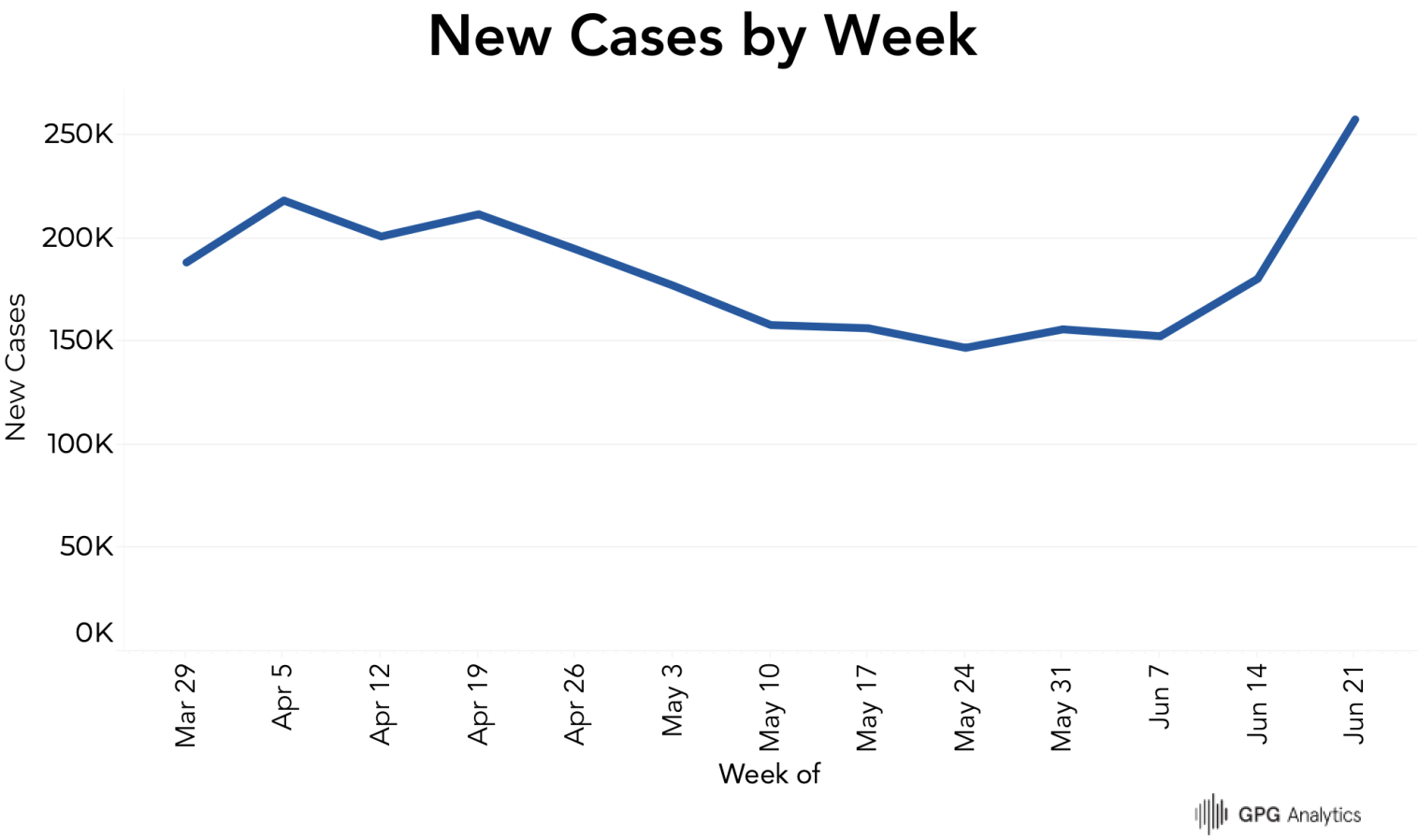
As the country reopens after a three-month long shutdown, the virus' epicenter is moving away from the Northeast and into the Southwest. White House officials have confirmed that they are preparing for further peaks this fall.

However, with the number of new cases nationwide remaining above 150,000 per week since March, the country remains in the first wave of the virus.

GPG
1025 F Street NW | 9th Floor | Washington, DC 20004
3 Columbus Circle | New York City, New York 10019
P 202.337.0808 | info@gpg.com | www.gpg.com

New COVID-19 Cases Nationwide

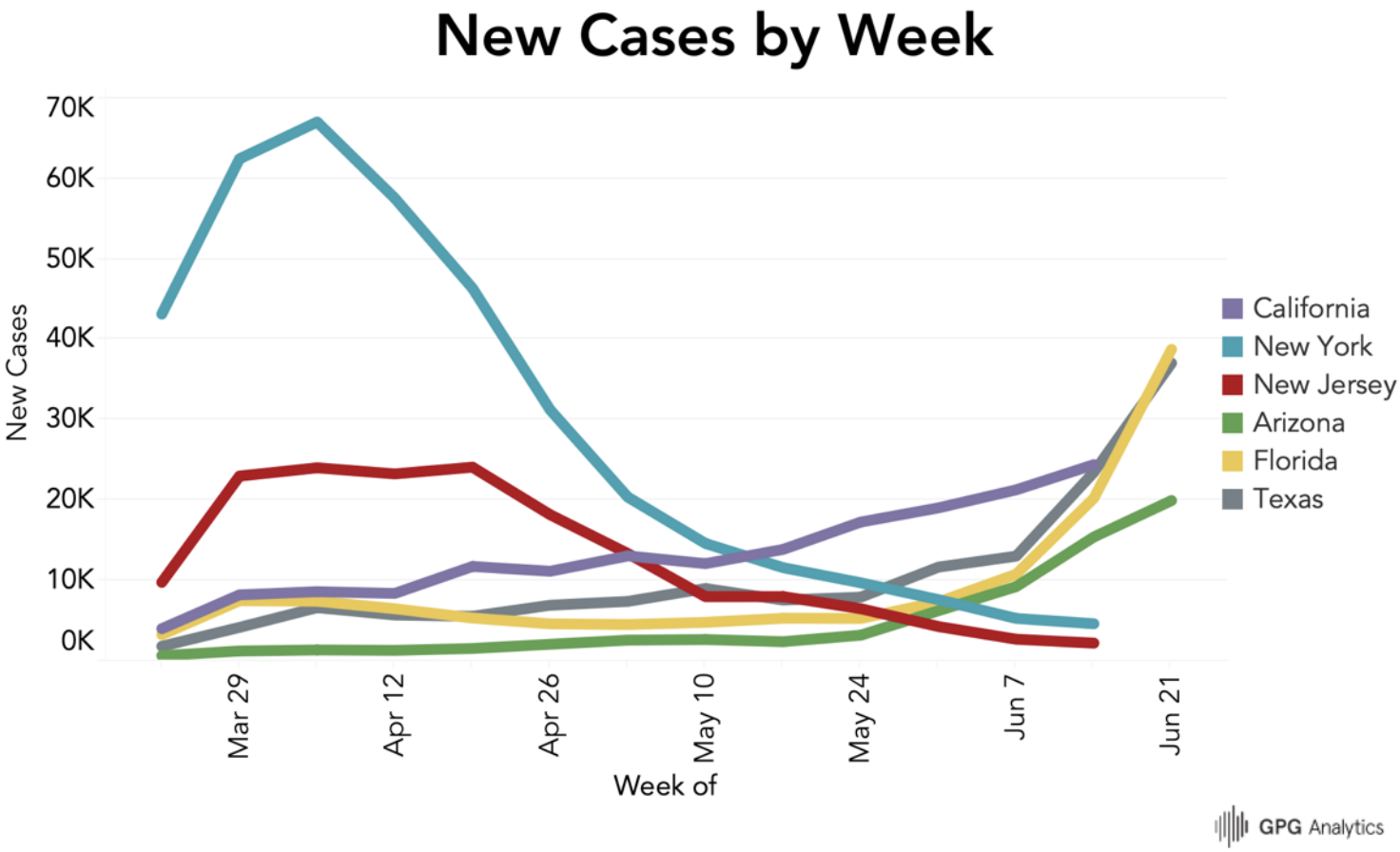
New cases of COVID-19 worldwide surged to almost 300,000 in the last week of June.



GPG
1025 F Street NW | 9th Floor | Washington, DC 20004
3 Columbus Circle | New York City, New York 10019
P 202.337.0808 | info@gpg.com | www.gpg.com

What's Driving The Increase?

As the number of new cases in New York and New Jersey decline, new growth centers of the virus are driving increased national cases. California, Florida, and Texas are all nearing 40,000 new cases weekly.



GPG
1025 F Street NW | 9th Floor | Washington, DC 20004
3 Columbus Circle | New York City, New York 10019
P 202.337.0808 | info@gpg.com | www.gpg.com

Policy Recommendations

While government focus has increasingly shifted away from COVID-19 measures toward police reform legislation, appropriations markups, and primary elections, experts at The Brookings Institution have released a guide to Reopening America, including recommendations on reforming government operations and improving congressional oversight.

Reforming government:

- Take scenario planning seriously. The U.S. must find cohesion among federal, state, and local workers involved in crisis response. There are communication gaps, legal hurdles, and command and control questions that impede effective crisis; only a commitment to regular scenario planning on a range of possible crises can uncover the vulnerabilities and trigger reforms.
- Prepare for surge capacity. The U.S. should build a corps of "reservists" in the healthcare field (CDC reservists), in the emergency management field (FEMA reservists), and in the supply chain field (Commerce Department reservists). These individuals would train and be ready to augment those on the front lines during a crisis.
- Explore dual use technology and supply lines. The U.S. cannot continue to let so many of its drugs be manufactured in China and India. The American healthcare industrial base is weak. It must be repaired, and the dual use approach to healthcare technology must be strengthened.

Improving oversight:

- Formalize virtual procedures.
- Modify the system of inspectors general (IGs). Restoring congressional control over the agents it selects to safeguard taxpayer money and monitor government performance would bolster congressional oversight capacity.
- Establish an independent, "blue ribbon" commission to investigate the Administration's preparation for and handling of the coronavirus pandemic.
- Continue to rely on the news media and outside groups that pull fire alarms to draw attention to problematic policies and outcomes.

Private Sector

GPG has summarized the latest guidance from government agencies for employers to consider in developing return-to-work plans.

Guidance focuses on two questions: What can employers reasonably and legally require of their workers to avoid the spread of COVID-19? What should companies be doing to keep their workplaces safe for workers?

GPG

1025 F Street NW | 9th Floor | Washington, DC 20004
3 Columbus Circle | New York City, New York 10019
P 202.337.0808 | info@gpg.com | www.gpg.com

New Workplace Guidance

As employers move towards resuming in-person operations, several government agencies with workplace oversight have issued updated guidance on how to safely and legally get back to work.

In mid-June, The US Equal Employment Opportunity Commission (**EEOC) clarified how employer-mandated COVID-19 testing fits within the Americans with Disabilities Act (ADA).**

Permitted employer actions include:

- ✓ Temperature testing
- ✓ Asking sick employees to stay home
- ✓ Requiring a doctor's note for employees to return to duty
- ✓ Administering COVID-19 tests to employees before entering the workplace

Actions that would violate the ADA:

- ✗ Antibody testing: "An antibody test constitutes a medical examination under the ADA. In light of CDC's Interim Guidelines that antibody test results 'should not be used to make decisions about returning persons to the workplace,' an antibody test at this time does not meet the ADA's 'job related and consistent with business necessity' standard for medical examinations or inquiries for current employees."

The Occupational Safety and Health Administration (OSHA) has also issued guidance on returning to work.

The guidance includes examples of how to implement safety protocol across a series of guiding principles, including:

- ✓ Hazard assessment, including practices to determine when, where, how, and to what sources of SARS-CoV-2 workers are likely to be exposed in the course of their job duties.
- ✓ Hygiene, including practices for hand hygiene and respiratory etiquette.
- ✓ Social distancing.
- ✓ Identification and isolation of sick employees, including practices for worker self-monitoring or screening.
- ✓ Return to work after illness or exposure, including after workers recover from COVID-19 or complete recommended self-quarantine.
- ✓ Controls, including engineering and administrative controls, safe work practices, and personal protective equipment (PPE).

GPG
1025 F Street NW | 9th Floor | Washington, DC 20004
3 Columbus Circle | New York City, New York 10019
P 202.337.0808 | info@gpg.com | www.gpg.com

SPOTLIGHT ON…

COVID-19 and Racial Disparities

Amidst nationwide Black Lives Matter protests against racism and police brutality, data emerging around COVID-19 is further highlighting stark racial and economic disparities in health outcomes in the United States.

In most parts of the country, communities of color have been hit disproportionately hard by the virus. According to claims data released by the Centers for Medicare and Medicaid Services (CMS) earlier this week, Black Americans enrolled in Medicare were hospitalized for COVID-19 at a rate four times higher than their white counterparts.

Research conducted at Yale University and the University of Pittsburgh found that Black people are more than 3.5 times more likely to die of COVID-19 than white people, while Latin people are nearly twice as likely to die of COVID-19 than white people.

The data "confirms long understood and stubbornly persistent disparities in health outcomes for racial and ethnic minority groups," Seema Verma, the Administrator of CMS, said in a press briefing Monday.

As COVID-19 makes existing health disparities more apparent, doctors, nurses and other healthcare workers are pressuring the medical community to address systemic racism within their institutions as well as the broader structural discrimination that has inordinately impacted the health of Black people and other minorities.

GPG's Covid in Context publication has been examining the health and economic impacts of COVID-19 on communities of color. Past coverage includes:

- Communities of color increasingly vulernable to COVID-19
- An American inflection point?
- In a pandemic, who gets to stay home?
- Racism, Air Quality and COVID-19
- Will Congress consider policing legislation?
- Persisting economic struggles impact Americans disproportionally

Public Health

As the United States reopens restaurants, salons, businesses, and other public spaces with restrictions in place, focus among the general public had seemed to shift away from the still ongoing pandemic gripping the nation and the world. New surges in COVID-19 cases has brought attention back to the public health challenge.

The public health community remains vigilant, continuing to emphasize the importance of testing and work on the development of vaccines and therapies.

GPG

1025 F Street NW | 9th Floor | Washington, DC 20004
3 Columbus Circle | New York City, New York 10019
P 202.337.0808 | info@gpg.com | www.gpg.com

Testing

Testing remains a critical component of identifying and combatting COVID-19.

Testing large numbers of the population assists public health officials in finding and isolating the virus, in turn breaking lines of transmission. GPG has analyzed how the United States is faring on the testing challenge.

Does the United States have enough COVID-19 testing capacity?

Since the COVID-19 pandemic reached the United States, experts have called for significantly increased testing capacity – a minimum of 500,000 tests per day – for the country to safely reopen.

Over the past two weekends, the U.S. finally reached that mark, according to the Covid Tracking Project. This compares to fewer than 20,000 tests per day in early March, when supply chain shortages hampered efforts to ramp up testing.

Are all U.S. states testing at the same rate?

Testing across the states remains uneven. A half million tests per day equates to 150 daily new tests per 100,000 people, and only 20 states are now hitting that mark.

Even within states that are testing large numbers of people, multiple barriers around testing remain, including disparities in access among vulnerable populations.

What's next for testing?

Most public health experts say that safely reopening schools and businesses will require not just testing sick individuals and those who have been exposed to the virus, but widespread and regular population-based testing. That could require at least 30 million tests per day.

GPG
1025 F Street NW | 9th Floor | Washington, DC 20004
3 Columbus Circle | New York City, New York 10019
P 202.337.0808 | info@gpg.com | www.gpg.com

Vaccines vs. Therapies

Since the start of the pandemic, focus has largely centered on the search for a vaccine. However, vaccines face long approval and development times – as a result, researchers have been concurrently working on viable treatments for the virus.

As drug companies across the world race to develop a vaccine for the novel coronavirus, a group of scientists at the University of Oxford have been quietly testing existing drugs in the sickest patients to determine what might be effective against the virus.

Last week, the researchers reported that Dexamethasone – a commonly-used, affordable, generic steroid – improved survival in severely ill patients with COVID-19. The drug reduced deaths by a third compared with standard treatment in patients on ventilators. While the data hasn't yet been published or peer reviewed, the news was hailed among public health experts as a minor victory in the battle against the virus.

The public has been pinning its hopes on a COVID-19 vaccine, but given the intrinsic challenges of rapidly moving a vaccine through clinical development and into the market – including the ethics surrounding enrolling healthy volunteers in challenge trials, outstanding questions around what immunity to the virus looks like and the logistical challenges of creating and distributing enough vaccines to enable herd immunity in the world population – finding an effective treatment, or series of treatments, will play a crucial role in stemming the crisis.

Experts say that effective drugs that could prevent infection or treat people infected with the virus would save lives and enable the safe reopening of society during the hunt for a successful vaccine.

According to BIO, the biotech trade organization, there are currently 256 treatments and 182 antivirals in development against COVID-19 – both repurposed drugs and new compounds. We should expect to see early results from some of these trials later this year.

As Dr. Anthony Fauci put it in an interview with the Wall Street Journal, when asked about the promise of potential COVID-19 treatments like Dexamethoasone: "When you're playing a game without many hits, a double off the wall isn't bad."

GPG
1025 F Street NW | 9th Floor | Washington, DC 20004
3 Columbus Circle | New York City, New York 10019
P 202.337.0808 | info@gpg.com | www.gpg.com