REMARKS

Remarks by President Trump, Vice President Pence, and Members of the Coronavirus Task Force in Press Briefing | April 17, 2020

HEALTHCARE

Issued on: **April 17, 2020**

James S. Brady Press Briefing Room

6:22 P.M. EDT

THE PRESIDENT: Thank you. Thank you very much. I just had a great conversation with the leading faith leaders of our country. It went extremely well. We learned a lot. I learned a lot. And we're working on some things that are very interesting and very positive. I thank them all for being on the call.

And yesterday, we unveiled detailed guidelines for America's governors to initiate a phased, safe, and gradual reopening of America. That's what's happening. The guidelines provide governors with the fact-driven and science-based metrics they will need to make the decisions that are right for their own particular state.

To view the guidelines, you can go to the website at Whitehouse.gov/OpeningAmerica. So that's Whitehouse.gov/OpeningAmerica.

Treasury has sent out economic relief payments to more than 80 million Americans who have their direct deposit information on file with the IRS. And an incredible success it has been. If you have not received your check, please visit IRS.gov/GetMyPayment. How about that one? IRS.gov/GetMyPayment. That way, the IRS can get you your payment in days — and they've done a fantastic job, I have to say — and you won't have to wait for a check in the mail.

I have some very good news: We sent out 80 million deposits, and less than 1 percent had even little problems. A couple had minor glitches, but it's substantially less than 1 percent. So out of 80 million deposits, less than 1 percent. And that gets corrected immediately. So just please do as I say. You'll get that very quickly, very easily.

Today, I'm also announcing that Secretary Perdue — who happens to be right next to me; handsome man — and the Department of Agriculture will be implementing a 19-billion-dollar relief program for our great farmers and ranchers as they cope with the fallout of the global pandemic. Very honored to be doing this. Our farmers, ranchers — we have — these are great people, great Americans. Never complain. They never complain. They just do what they have to do.

The program will include direct payments to farmers as well as mass purchases of dairy, meat, and agricultural produce to get that food to the people in need.

The USDA will receive another $14 billion in July that will have funding to continue help our — helping. And this will help our farmers and our ranchers, and it's money well deserved. So not only were they targeted at one point by China — and that was over a period of time, and you saw that happening. And they never complained, but that worked out very well. Twelve billion dollars they got, and sixteen billion dollars they got. And now it's $19 billion.

And I'm just going to ask Secretary Perdue to explain
exactly how we're going to handle it. Thank you.

SECRETARY PERDUE: Well, Mr. President, you may remember earlier this year, you tweeted a message to our farmers and ranchers that, no matter their circumstances, you pledged to stand behind them. And while none of us could ever have anticipated this type of pandemic that we're

currently in, I think today's announcement is proof that you've put our — you have our farmers' backs and that you will continue to do what it takes to support them. And they are very grateful.

We've heard a lot recently — all of you — about our food supply chain. I think America now knows that, more than ever, the wholesome food that our families depend upon, it starts with America's farmers and ranchers. America agriculture has been hard hit, like most of America, with the coronavirus, and President Trump is standing with our farmers and all Americans to make sure we all get through this national emergency.

So today, thanks to your direction and leadership, Mr. President, USDA is announcing the Coronavirus Food Assistance Program. As you mentioned, this new 19-billion-dollar program will take several immediate actions to assist farmers, ranchers, and consumers in response to the COVID-19 national emergency.

The program is really divided into two parts. One is a direct payment — $16 billion in direct payments to farmers, ranchers, and producers who have experienced unprecedented losses during this pandemic.

Since we wanted to get the payments out to producers as quickly as possible, we decided to use the funds in the CCC — the current funds of 6.5 million — billion dollars, combined with the 19.5 of COVID money, rather than wait for the replenishment of the CCC funds in July. Based on industry estimates of damage, Mr. President, it is becoming apparent that we'll need the additional CCC funds as we continue to track the economic losses.

Secondly — and this is really important as well — the USDA will be purchasing $3 billion in fresh produce, dairy, and meat products to be distributed to Americans in need through our food bank networks, as well as other community and faith-based organizations. Having to dump milk or plow under vegetables ready to market is not only financially distressing, but it's heartbreaking, as well, to those who produce them.

This program will not only provide direct financial relief to our farmers and ranchers, Mr. President, who will allow for the purchase and distribution of our agricultural abundance in this country to help our fellow Americans in need.

So in recent weeks, we've seen — all of us seen the heroic patriotism of our food supply-chain workers, and they've shown, day in and day out, doing the work to serve the needs of fellow Americans.

Our farmers have been in the fields planting and doing what they do every spring to feed the American people, even with a pandemic, as we speak.

I want to thank you, Mr. President, for your unwavering support. They want to thank you for your unwavering support for America's farmers and ranchers. And I want to commit to you, Mr. President, and to the American people that USDA will do everything in our power to implement this program as quickly and as efficiently as possible to help our farmers, ranchers, producers, and consumers during this great time of need.

So thank you very much for having me here today. And God bless you. God bless America. God bless American agriculture.

THE PRESIDENT: Thank you very much. Thank you very much, Sonny. Fantastic job. Thank you, Sonny.

So, our great Secretary of Agriculture was the governor of Georgia for eight years, and the only reason he isn't still there, frankly, is that he was term limited. And I said, "Let's get him for agriculture." And you've done a fantastic job. We want to thank you very much. Eight years at Georgia. We really appreciate it. Great job.

Even as we prepare to rebuild our economy, America continues to wage an all-out medical war to defeat the invisible enemy. To date, we have conducted more than 3.78 million coronavirus tests — by far, the most of any country; it's not even close. In the hardest-hit areas, such as New York and Louisiana, we've also tested more people per capita than South Korea, Singapore, and every other country.

The United States has the most robust, advanced, and accurate testing system anywhere in the world. As of yesterday, we have distributed nearly 660,000 Abbott IDs. Now, that's a — an incredible test. It's called the ID NOW point-of-care diagnostic test. And it's fantastic. It's a hot — it's the hot one. The problem with this business is it's the hot one until about two days from now,

because we do have a saliva test that just came out, and that can be self-administered, and it's said to be fantastic.

I want to thank Abbott Laboratories. They have been incredible. I want to thank Roche. They've likewise been incredible.

Over the last several days, we've seen a dramatic increase in the number of tests conducted by hospitals and academic institutions, which have now performed nearly 600,000 tests. There is a tremendous amount of unused capacity in the states available for governors to tap. We have tremendous unused capability within those laboratories, and I hope the governors are going to be able to use them. The governors are responsible for testing, and I hope they're going to be able to use this tremendous amount of available capacity that we have.

It's up to 1 million additional tests per week — when you think of that. In the next few weeks, we'll be sending out 5.5 million testing swabs to the states. Swabs can be done easily by the governors themselves. Mostly, it's cotton. It's not a big deal. You can get cotton easily. But if they can't get it, we will take care of it.

Yesterday, the FDA announced a new collaboration with United Health Group, the Gates Foundation, Quantigen, and U.S. Cotton to greatly expand the supply of essential swabs, including a new polyester Q-tip-type swab for the coronavirus testing. All of these actions will help our testing capability continue to grow dramatically.

So we're helping people, even with swabs. We get ventilators. We're now the king of ventilators. We have hundreds of thousands under construction. We don't need them ourselves. The governors are in great shape. If we do, we have a great stockpile that we'll immediately send to the state in need. But we've handled that situation incredibly well. I hope people understand it. I wish the media would get the word out. What we've done in ventilators is amazing, because they're big, expensive, and highly complex.

We're speaking to other countries. I spoke to the President of Mexico today — a great gentleman — and I told him that we are going to be helping him out with ventilators, helping Mexico out. And we'll be helping some other countries too. We have a lot of very high-level, high-quality ventilators. And they're here, and they're also being manufactured as we speak.

Following the announcement of our reopening guidelines, there have been some very partisan voices in the media and in politics who have spread false and misleading information about our testing capacity — it's totally false and misleading — demonstrating a complete failure to understand the enormous scope of the testing capabilities that we've brought online. And we started, really, from ground zero. We started from really being very, very outdated and obsolete as a country, from the past.

And I will say this: If they didn't understand it, it's just really — unfortunately, I hate to say this because we've been getting along very well, but it would be false reporting, because they understand the capability. And it's going to be up to the states to use that capability. The states have local points where they can go — a governor can call the mayors, and the mayors can call representatives, and everybody — everything is perfect. And that's the way it should work and always should work.

We'll help New York and all of the other states get even better on their testing. We have to get even better. And some people think a little bit differently. There are areas where you have vast amounts of area where you have very few people and almost no people are infected. And those places will be looked upon differently by different governors. And I think you're going to have a lot of news coming out about that over the next few days. I think certain states are going to come online, and they're going to start the early stages of the puzzle that we're putting together. And it's going to be together sooner rather than later. A lot of really incredible things are happening.

And at some point in the not-too-distant future, we're going to have our country back. And it's going to be, I think, really — with what we're doing on stimulus, and helping people keep their businesses together and their lives together and their jobs, it's going to be better than ever before. I hope so. I really do.

The current conversation is reminiscent of what happened on ventilators — you remember that — when requests were made far beyond what was objectively needed. We were hearing from a certain state and we were hearing from a lot that they needed far more ventilators. In one case, they wanted 40,000 ventilators — 40,000. It turned out that they had plenty and they had a number of about 7- or 8,000, and that was plenty. We supplied them with a lot. But that was the right number; we got it just about right. And if they did need more, we're ready to give more, but I think the surge seems to be over.

And there are a lot of governors just doing a great job. And they're working with us, but we're all working together.

The research and development that we've done at the federal level has been absolutely incredible. The media will be accepting of these figures when they get to see the end result. I think they're going to see it and I think they're already seeing it. That includes not only ventilators, but beds. We've built, in most cases, far more than they even needed, but we wanted to err on the side of caution.

This is what the governors wanted. They wanted a certain amount in Louisiana. I spoke with the governor; I had a long talk with him. And I said, "Do you think you'll need that final hospital?" And they actually didn't need it. We built a lot of — a lot of beds. So, I appreciate it, from the governor.

And we saved — building a hospital in New York, we did a — I think, just a spectacular job at the Javits Center. And even sending the ship up became — we brought it into COVID, but they didn't — they didn't really need it. It didn't get much use, but it was there and ready. It wasn't supposed to be used for that purpose; we changed it into that purpose. And it was there — ready, willing, and able. Same with Javits, but they didn't quite need the rooms that we — the beds that we — we produced.

So we produced almost 2,900 beds, and I think I'd rather tell you that we were over-prepared that we were — than we were underprepared. And that was a good-faith effort by New York, I have to say that. A very good faith effort. But it's nice that we didn't need that, instead of needing it. It was not very occupied, but it was ready to go. It's still there should something happen, but I think they have it under very good control.

As you'll hear from our experts today, we've already built sufficient testing capacity nationwide for states to begin their reopenings. And I think you'll be hearing a lot about reopenings in the coming weeks and months. Most excitingly, in the coming weeks, I think you're going to see some very, very dramatic steps taken and very safely. We're putting safety first. We may be opening, but we're putting safety first.

And when you look at the numbers, when you look at the possible number of death — deaths at 2.2 million people — and it could have very well been that. It could have been more. Frankly, I've been

looking at numbers where it could have been higher than that — 2.2 million people dying. If you figure we lost 500,000, maybe 600,000 in the Civil War. 2.2 million people.

A minimum, if we did nothing, would have been 1.6 [million]. If you cut that in half, you're talking about 800,000, 900,000, a million people dying. But we did a lot of work, and the people of this country were incredible, I have to say. And I think we're heading to the other category, and that would be if we did work and if it was successful, they had between 100,000 and 220,000 to 240,000 on the upside. And I think we'll be substantially, hopefully, below the hundred number. And I think, right now, we're heading at probably around 60-, maybe 65,000.

And one is too many. I always say it: One is too many. This is a horrible thing that happened to our country. This is a horrible thing that happened to 184 countries all over the world. This is a horrible thing, and there was no reason for it. It should never, ever happen again.

In a few minutes, you'll be hearing from Dr. Redfield, Dr. Fauci, Dr. Birx, and Admiral Giroir to explain these facts in — in really great detail.

Earlier this week, the FDA authorized two new antibody tests — which is very exciting — that will determine if someone has been previously infected with the virus, bringing the total to four authorized antibody tests already. This will help us assess the number of cases that have been asymptomatic or mildly symptomatic, and support our efforts to get Americans back to work by showing us who might have developed the wonderful, beautiful immunity.

Ultimate victory in this war will be made possible by America's scientific brilliance. There is nothing like us. There is nobody like us. Not even close. I wish I could tell you stories — what other countries, even powerful countries, say to me — the leaders. They say it quietly and they say it off the record, but they have great respect for what we can do.

And our country is at a point — a few weeks ago, think of it — four or five weeks ago, we were at a level that nobody had ever attained: the best job numbers we've ever had, the best economy we've ever had. Every company virtually was doing better business than ever before. The stock market was at all-time highs.

And then one day, they said, "You got to close it up." And we did the right thing. We saved maybe millions of lives by doing it the way we did it. But we're paying a price, but that price is very

unimportant compared to the number of lives we're talking about.

The NIH and others are conducting clinical trials of 35 different therapies and treatments — therapies being so exciting to me, because that's really like — if something happens, you're going to get better reasonably quickly and without such a horrible deal, as some people have to go through.

To that end, today NIH announced that it is launching a public-private partnership with more than a dozen biopharmaceutical companies. They're — HHS, FDA, CDC, and the European Medicines Agency, they're all working together. We're working together with a lot of other countries.

The partnership will marshal and coordinate the vast resources, knowledge, assets, and authorities of more than a dozen organizations and agencies to accelerate development of the most promising therapies and vaccines. The vaccines are coming along really, really well. Johnson & Johnson is very well advanced.

One thing is they have to — we're having great, great success, but we have to test them and it takes a long period of time. It takes probably over a year, unfortunately. But therapies likewise are coming along very, very well. Therapies are immediate. When we get that, that'll be a big day.

We're also equipping our medical warriors on the frontlines. In total, we have the Project Air Bridge — and the air bridge has been incredible; the National Strategic Stockpile; and every other channel the federal government has deployed. If you think about this: 44.5 million N95 masks, nearly 524 million gloves, 63.5 million surgical masks, and more than 10 million gowns. And we have 500 million masks coming in very soon, between manufacturing and orders — 500 million masks.

The last few months have been among the most challenging times in the history of our nation. This invisible enemy is tough and it's smart and it's vicious. But every day, we're getting closer to the future that we all have been waiting for. I talk about the light at the end of the tunnel; we are getting very, very close to seeing that light shine very brightly at the end of that tunnel.

And it's happening, and I want to thank everybody in the room. I want to thank — I actually want to thank some of the media. We've had some fair coverage — some really fair coverage — and I appreciate it.

What I'm going to do is I'm going to introduce our great Vice President, Mike Pence, and he's going to take over for a little while. I'm going to leave and I'm coming right back, and we'll take some questions. They're going to go over our tremendous testing capabilities. And again, I'll be right back.

Thank you. Thank you very much.

THE VICE PRESIDENT: Thank you, Mr. President, and good afternoon all.

Today, as the President just reflected, it remains a challenging time in the life of our nation. But because of the extraordinary efforts of the American people, because of the strong partnership the federal government has forged with states across the country, we're making progress, America.

Despite the — the tragic loss of more than 36,000 Americans, according to our best data reporting this morning, we continue to see new cases low and steady on the West Coast. And we continue to see cases and hospitalizations declining in the Greater New York City area, in New Orleans, and Detroit, and elsewhere.

This is a tribute, first and foremost, to our — our healthcare doctors, nurses — all of those working on the frontlines. But it's also a great tribute to the American people, who have put into practice the social distancing, the guidelines, the guidance of state and local officials. And we — we hope that every American is encouraged by the steady progress that we are making.

We're continuing to bring, at the President's direction, the full resources of the federal government to bear. Today, the President approved a major disaster declaration for American Samoa, and now all 50 states and all territories are under major disaster declarations for the first time in American history.

At this present moment, 33,000 National Guardsmen are on duty; 5,500 active duty military personnel have been deployed to 9 states, including 716 medical professionals, doctors, and nurses who deployed out to 14 different hospitals today. Among those were 10 hospitals in New York City. And military personnel were also serving today in hospitals in Connecticut, Texas, Louisiana, and New Jersey.

Yesterday, as the President reflected, we unveiled the President's Guidelines for Opening up America Again. There were two parts at the beginning of those guidelines. First, the criteria that we hope will guide governors in their decisions about reopening their states on either a statewide level or a county level. And then also, we outlined what we believe would be the most important state responsibilities to have in place before moving into a reopening plan.

For phase one, the President's guidelines, you'll recall it advised that states that have a downward trajectory in cases over a 14-day period of time and ensure that they have proper capacity in their healthcare facilities could move to phase one with the easing of some of the social distancing and the criteria that have been in place.

But for states that meet the criteria, we outlined specific responsibilities protecting workers in critical industries, particularly protecting the most vulnerable, those who live and work in senior care facilities. And we also encouraged states to have a plan for testing symptomatic individuals and ensuring testing to our most vulnerable populations.

As the President has made clear, governors will decide the time and manner that their states reopen, and we will look to support them in that effort. But as we assured the American people yesterday, at the President's direction, our administration will continue to work with governors across the country to ensure that they have the equipment and the supplies and the testing resources to reopen safely and responsibly.

On the subject of supplies, today we issued a letter to our nation's governors summarizing all the medical equipment and supplies that have been distributed to their state from FEMA between the first of this month and April 14, through Project Airbridge and through the commercial supply network. We'll be speaking with our nation's governors on Monday and detailing that information at that time.

As of April 16th, as the President reflected briefly, FEMA has coordinated the delivery of millions of pieces of medical equipment, including 44 million N95 respirators, 63 million surgical masks, more than 10,000 ventilators, and of course, deployed more than 8,600 federal medical station beds.

On the subject of testing resources, we're going to take some time to speak about our administration's approach and partnership with states to continue to expand testing across the country at this briefing.

But from the very outset of this epidemic, President Trump made efforts to essentially reinvent testing in America. The traditional testing in this country that takes place at CDC or at state labs was designed for basically the kind of diagnostic testing that is routinely required. But the President, early on in this effort, brought together the leading commercial labs in America, and we forged a public and private partnership. And six weeks ago, we had performed some 25,000 tests, and at this day, we have performed 3.7 million tests.

We believe that labs and hospitals are now performing more than 120,000 tests a day. And we've actually stood up a team from Walter Reed, under the direction of Dr. Deborah Birx, that is working around the clock to identify additional testing capacity across the country. We believe that states could actually more than double the amount of daily testing that is happening today by simply activating all of the labs. And Dr. Birx will detail some of those resources today, and we'll be going over those very specifically with governors on Monday.

We've also been promoting the development of new and innovative tests. We all know about the 15-minute Abbott test, but the FDA is currently working on an antibody test that literally could add 20 million new tests to our supply, even before the end of April.

I want to assure the American people that we're going to continue to work with your governors and with your state health officials to scale testing in the days ahead. But as you'll hear from all of our experts tonight, our best scientists and health experts assess that states today have enough tests to implement the criteria of phase one, if they choose to do so.

Let me say that again: Given the — given the guidance in the President's new Guidelines for Opening Up America Again, states that meet the criteria for going into phase one, and then are preparing the testing that is contemplated by going to phase one, our best scientists and health experts assess that, today, we have a sufficient amount of testing to meet the requirements of a phase one reopening, if state governors should choose to do that. And you'll hear more detail on that in just a moment.

At the President's direction, we're going to be presenting an outline of our approach to testing in partnership with states, during this briefing. Our approach will continue to be locally executed, state managed, and federally supported.

Dr. Fauci will give us a brief introduction to the overall approach to testing that is contemplated to deal with the coronavirus. Dr. Redfield and the CDC will describe our plan to mobilize CDC officials in all 50 states to specifically monitor coronavirus — coronavirus incidents that occur in every state in the union.

Of course, Dr. Deborah Birx will describe not only our tests, but also the current capability and the capability that we could expand to very readily. And Admiral Giroir of the U.S. Public Health Service will summarize our approach.

But I want to assure the American people that, at the President's direction, we are going to continue to work every single day to make sure that our states and communities have the testing they need to reopen at the time and manner of their choosing. And we're going to work every day to make sure our states have the resources and the supplies to reopen their states and reopen America in a safe and responsible way.

With that, Dr. Fauci.

DR. FAUCI: Thank you very much, Mr. Vice President. So, as the Vice President said, I'm going to give you a brief introduction to, kind of, answer the question that we've been asked a lot. In fact, we had a very productive teleconference with the Senate Democratic Caucus just a few hours ago, and they asked a number of questions which were really reasonable questions — questions that are on the mind of a lot of different people. And one of them was the question that was just posed a moment ago, is: Are there enough tests to allow us to be able to go through this first phase in a way that is protective of the health and the safety of the American people?

So I just want to spend a couple of minutes clarifying a few things and maybe providing some information on a broad 40,000 foot, which you'll hear some of the more granular details from my colleagues who will be following me. I think they — they asked me to give the "40,000 foot" one because I'm not a testing person; I didn't run a testing lab, but I'm part of a team that is looking at this of how we can best make sure that this happens in the right way.

So, first of all, let me say something that we've said before, and I apologize if I'm repeating things that you already know, but I think in some respects it's important to do that so that people have clarity in what we're talking about.

There are two general types of tests, even though within each general type there are different subgroups. One of them is to actually test for the infection: is a person infected. The other — and I'll get back to that in a second. The other is to test, as we just mentioned, if someone has been infected — usually someone who's been infected, who has recovered. And as I'll get to in a moment, that you could assume — although, we need to do some more work on that — that that person is actually protected against subsequent exposure and infection with an identical organism.

So what are some of the pluses and minuses of each? Because the pluses and minuses are really going to impact how we best use the test and how the test actually should be used.

So let's take the test for whether or not you're infected. The test of whether or not you're infected is a test that, right now, is called a nucleic acid test. It's not an easy test to do. There are some that are more rapid. There are some that have a high throughput. There are different groups within that. The good news about that is that it's a sensitive and specific test, so that if you're infected, you know you're infected, so that — as I'll get to in a moment — if you need to do something with that — get that person, put them in care, take care of them, get them out of circulation — that's important.

The point about that that I think is often misunderstood is that if you get a test today — like I did today; it's negative — if you get a test today, that does not mean that tomorrow or the next day or the next day or the next day, as you get exposed, perhaps from someone who may not even know they're infected, that that means that I'm negative. Which means, if you take that to its extreme, in order to be really sure, you would almost have to test somebody either every day or every other day or every week or what it is to be absolutely certain. That's an issue.

Now, the problem that I talk about when I try and compare this to other situations, with what testing means to you — I, as I think most people know, have been involved in HIV/AIDS for 38 years, 39 years — from the very first week of HIV. So that's what I do. If you get a test for HIV and you are negative, and you do not practice any risk behaviors, you can be guaranteed that next month, six months, one year from now, you will be negative if you don't have a risk behavior. So there's a big difference there about what testing actually means.

So the point I think you're getting is that, although there is clearly a place for needing to test somebody for a given reason, a test means you're negative now.

Now, the other test is an antibody test — a test that tells you, in fact, that you've been infected. That's really good. You're going to hear about that — a bit about that from my colleagues in a moment. Because that will give you a broad view of two things: one, what the penetrance of the infection had been; and number two, you can make an assumption — though we still need to prove that. I mean, we are assuming that if you're infected and you have antibody, you're protected. And I think that's a reasonable assumption, based on our experience with other viruses.

But what we want to make sure that we know, and these are some of the challenges: What is the titer that is protective? How long is the protection? Is it one month? Is it three months? Is it six months? It's a year? So we need to be humble and modest that we don't know everything about it, but it really is an important test.

The other thing is the difference between testing and monitoring out there — what's out there. The difference between what we really need it for, for phase one, is to be able to identify, isolate, contact trace. A very important part of when you're putting — pulling back gradually and slowly on the mitigation, and you have people who might be infected — you want to know they're infected; you want to put them in care. That is something that we absolutely need to do.

But there are other ways we — I want to make sure people understand that — not to underestimate the importance of testing. Testing is a part, an important part, of a multifaceted way that we are going to control and ultimately end this outbreak.

So please don't anyone interpret it that I'm downplaying testing, but the emphasis that we've been hearing is essentially, "testing is everything," and it isn't. It's the kinds of things that we've been doing — the mitigation strategies — that are an important part of that.

Now, just a couple of things before I hand it over to my colleagues. No doubt — no doubt that, early on, we had a problem. I had publicly said that we had a problem early on. There was a problem that had to be corrected, and it was corrected. It was a problem that was a technical problem from within that was corrected. And it was an issue of embracing — the way we have now, and should have — the private sector, who clearly has the capability of making and providing tests at the level that we will need them for any of the things that I've just spoken about.

So, having said that, right now, I totally understand — and I am not alone; my colleagues understand — that although we say there are X number of tests out there — and you're going to

hear from Admiral Giroir about that — the fact is there have been and still are situations that are correctable, and will be corrected, and some of which have been corrected.

I know — I get on the phone a lot with my colleagues, because, believe it or not, some long time ago, I was where they are in the hospitals, in the emergency room, looking at very sick individuals that you need to take care of. And I know what it means when someone tells you, "Hey, you have what you need," and you look around and you say, "Well, maybe you think I have what I need, but I don't really have what I need." So we have to figure out: How do we close that gap?

And there are a lot of things that I think we've learned, and that we are correcting and going to correct. Namely, you have a situation where tests are needed and appropriate. And either people have found there's no tests or there's no reagents or there's no swabs — or a person needed a test and were told that there was a restriction; they couldn't get a test. These are all the things that I'm telling — you already know because you've heard them. So right now — or there's a delay of five to seven days. And what does that mean if you want to do — if you want to get somebody out of circulation?

We understand that that existed, but upon careful examination, what you are going to hear: that many of those have been already corrected and other of those will be corrected. Because what I think people don't appreciate, through no fault of their own, is that there's — that there are two issues: There's supply and demand. And if you have a supply that can meet the demand, but the supply is not connected to the demand, then supply/demand falls apart.

What do I mean by that? I mean there is an existing capacity that we have that, for one reason or other, maybe has not been fully communicated as to the availability of that existing capacity. And you're going to hear about that now. There's production capacity that gets better and better and better. And that's what we're talking about, because for what we need now, we believe that, with better communications, we'll be able to make that happen.

So I know there's going to be a lot of questions about that. I didn't want to go on too long, but let me just finish by saying, given what I've just said and what I believe what you're going to hear, that, for what we need in the first phase — if these things are done correctly, what I believe they can — we will have and there will be enough tests to allow us to take this country safely through phase one.

Thank you.

THE VICE PRESIDENT: Thank you, Tony.

Dr. Redfield.

DR. REDFIELD: Thank you, Mr. Vice President. I want to make a few comments here. First, I want to talk a little bit about CDC has developed multiple systems to monitor disease outbreaks. I think many of you are familiar, for example, how we monitor for foodborne illness or how we monitor for antibiotic resistance in hospitals. But we've also developed a system to monitor for upper respiratory tract disease. If I can get the first slide there.

This is an example — because when we talk about what we know about this current pandemic, the reality is we know a lot because we've developed these monitoring systems.

Up on the slide is a system that we've developed initially for flu. And what it does, as you can see, there's multiple different flu seasons, and they track them over the course of a year.

I want you to look at the red line. And that happens to be this year's respiratory season. And you see there's a peak there up over the 50-52 week. And that peak was when we actually had a peak of Influenza B.

This year was a little different because after that viral syndrome came down — and you can see it — that actually we had another peak. And that's when Influenza A was active through our country. And you can see Influenza A started to drop. But then you saw a third peak. That peak was — here, we're were looking at the coronavirus-19.

So we have systems, all the way down to the county level, that we can see where there's respiratory tract illness. And so it's not just — just taking a test. It's monitoring these systems that have been developed over the last — over decades. And we have multiple ones.

We have another one — this — that is monitored in emergency rooms, looking at syndrome diagnosis. And they show the same thing. So we're well equipped to monitor — to see when respiratory tract viral disease will come. And it becomes a very good surrogate for when you can begin to understand that we need to start looking more at ideologically about what's going on.

You can see now, in week 15, we're really coming down to the baseline background, in terms of our flu surveillance system, from the overall coronavirus situation right now.

The second thing I wanted to say is that CDC continues to enhance the state's public health capacity to accelerate their ability — as Tony talked about, and it's critical as we open America again — to diagnose individuals that present with influenza-like illness or coronavirus-like illness, to diagnose them, to be able to isolate them, and to be able to contact trace around them, and then diagnose the contacts. And those that are coronavirus-positive, to go back and do their contacts.

This is the traditional public health approach, which was started in this outbreak in January, in February, and was quite successful. And as I mentioned before, through February 27th, this country only had 14 cases. We did that isolation and that contact tracing, and it was very successful. But then, when the virus more exploded — got beyond the public health capacity.

But right now, CDC is enhancing that public health capacity. And if I can get the second slide, I want to show you that — this is just showing, as we sit here today, that CDC has embedded, in these health departments and all of these state — states across this country, more than 500 individuals. We also have an additional almost 100 individuals that are working on more than 20 coronavirus outbreaks that are going through all these states.

And finally, at the direction of the President, we've been asked to further enhance this deployment in each of the states, as the Vice President said, so that there's additional public health personnel to help accelerate the state's ability to basically move forward aggressively. And we assist them so they can operationalize the President's Guidelines To Open Up America Again.

So I just wanted to make those points for you today.

THE VICE PRESIDENT: Great job. Thank you.

Dr. Birx.

DR. BIRX: Thank you, Mr. Vice President, and thank you, Dr. Fauci and Dr. Redfield, for all of that clarity.

If we can have the next slide, I'm going to go back to what Dr. Fauci was talking about just to emphasize those points about the two types of tests and I'm going to talk about a third one.

So first, we all know about sampling in the front of your nose. To all of the labs out there and to the providers, you don't have to use the nasal pharyngeal swab anymore; you can do front-of-nose sampling. And again, as Dr. Fauci talked about, is that is sampling for the virus itself that replicates in your nose and, as we know, throughout some of the respiratory tissues.

The second test is, of course, then your immune response to that infection that's in your nose. And so, that's the antibody test. And so those are the two tests we want to talk about.

But I want to come back to something that both Dr. Fauci and Dr. Redfield said and we covered yesterday: Testing is a part of the exquisite monitoring that needs to occur in partnership with CDC and state and local governments, utilizing the surveillance systems that are available — what we just talked about: the flu surveillance system, because we no longer have flu, and the syndromic respiratory system. That is across the United States, and you can see it's going back to baseline so that we'll be able to see, at the community level, any deviation from that baseline.

In addition, what we talked about yesterday was adding that asymptomatic component. Because I think you'll see, as more and more articles come out for surveillance that other — and monitoring that other states have done, higher and higher antibody in multiple individuals who don't remember having a sickness. And that will give us an idea — that's our asymptomatic monitoring in these sentinel monitoring sites. And what we talked about yesterday — we talked about nursing homes, we talked about indigenous people, and we talked about vulnerable people in the inner city, really ensuring that something that is so small, that can't even be seen on the surveillance monitoring, will be able to be seen in the asymptomatic.

And so those are the two tests that we have: one available now, two that have been approved — or three, by the FDA.

I want to just leave you with my last concept on the antibody tests. Antibody tests have different specificity and sensitivities. The FDA, we've made that — the FDA has been very cautious about the antibody tests because I see — I know you see reports every day of countries that have ordered the antibody test and found that they were 50, 60, 70 percent faulty. So we're taking that very seriously because you never want to tell someone that they have an antibody and potential immunity when

they don't. And so those tests perform better when there's a high prevalence or a high incidence of disease.

So we want to work with mayors around the United States, as those antibody tests become available, to really see what it is in first responders and healthcare workers in the highest prevalence states, so that we can know about the quality and the real-life, real-field experience of those assays. Because things can look very good in the lab, and then when you take them into the field, sometimes they're not as good. I've learned this lesson repeatedly in working around the globe.

The next slide.

So this is what we have asked commercial and diagnostic companies to be working on, because when you talk about multi-millions' worth of tests, the way we do this in the United States today for strep, for influenza, and for malaria, is we test for the antigen. Now, we don't know, right now, if you shed antigen in the front of your nose. And so that is the question that scientists and companies are working on right now. Because that becomes a simpler test.

Now, the flu test — I think many of you will look it up tonight — you will see that outside of the flu season, because of the specificity of the test, it doesn't work so well. So these are tests we're working on today that would be like a screening test, because if you're positive on it, it's a good test, but it may miss that you actually have the flu. So then you would move into the — what we call the "nucleic acid test."

So we're trying to build an algorithm of tests that bring the full talent of the science of the United States into the reality of the clinic. And so, bench to clinic. And so this is what we're working on for the future.

Next slide.

So as I promised both the senators and the governors, this is the United States' current platform capacity, designated as high and low throughput. And what do I mean by that? There's — we've talked about the high-throughput platforms of Roche and Abbott and others. And then we've talked about the gene expert and other machines that may be moderate to lower throughput.

I want you to see how it's distributed through the United States. So these are the current testing platforms available today throughout the United States for COVID-19. And as you heard from Dr. Fauci, everything has to be working, from the swab, to the transport media, to the laboratory, to really get those tests run and the results back to the client.

The next slide.

So then we've looked at all of the testing capacity from those platforms, and this gives you an idea of what that capacity is. The darkest red — you can see, like, in Texas and New York, those are — those are states that have lots of different platforms, as you saw on the prior slide, and the ability, if you just add up the platforms and the potential for test, of over a million tests per month.

And so this is what we're working with each of those states on unlocking that full potential. And how are we doing that? Well, we're call- — we're calling on the American Society of Microbiologists. They have — they work closely with 300 lab directors around this — around the country; we talked with them this morning. And the Walter Reed team who developed the entire HIV testing program for the military 35 years ago.

I've called them back into service and they're calling lab by lab to find out what are the technical difficulties to bring up all the platforms that exist in your lab. Is it swabs? Is it transport media? Is it extraction? And I just really want to thank them. They've already worked through over 70-plus of those laboratories to really understand. And the American Society of Microbiologists and the academic societies of the laboratories are working together to ensure that all of this potential can be unlocked.

Next slide, please.

We talked a little bit yesterday about New Orleans, and we — and the President talked about how many tests New Orleans has done during its outbreak, which you can see now is waning. They've done, throughout the last month, 27 tests per 1,000 New Orleans and Louisianians. So 27 per thousand. So that is a good mark, and that's what — Italy has done about 20 per thousand.

So in evaluating an outbreak — and really to get control of this outbreak — they did about 27 tests per thousand. So using that as a measure — next slide — we then looked across all the states of the United States of America, and looked for states that had 30 or more — ability to do 30 or more tests

per thousand of their inhabitants in each state. And you can see that, across the country, except for Oregon and Maine and —

DR. FAUCI: Montana.

THE VICE PRESIDENT: Montana.

DR. BIRX: (Laughs.) Montana. I worked overseas way too long. Thank you all. So those are the three states that we're working on building capacity in. So this is just to give you a perspective of how seriously we're taking the testing issue.

As we've described, we've measured every single platform and every single state. We know exactly where they are, by geography, by address, by zip code, what their capacity is, what their cumulative capacity is, what their roadblocks are on non-ability to run all their full capacity. And we're addressing those because each one of those is different and you have to address each of them one by one with the governors, with the state and local labs, and with all of the hospitals.

I have not come across one laboratory or one laboratory director or one society that doesn't want to contribute to solving this issue of testing and ensuring that this testing is available for everyone.

There is a strong — just as all the Americans have social distanced, and behind everyone — we don't often talk about the laboratories; we'll talk about the nurses and doctors on the front line — behind all of them are the laboratory technicians and laboratory directors who are coming in every day and putting things together to ensure that every single person that needs to be diagnosed is diagnosed.

And hopefully you can see from these labs — I mean these slides that, really, there is capacity out there. It is our job, working with the states and having the state in the leadership role, and the laboratory directors in the leadership role to provide support to ensure that all the potential for testing in the United States is brought to bear.

I just want to end with — these are nucleic acid tests. There will never be the ability on a nucleic acid test to do 300 million tests a day or to test everybody before they go to work or to school, but there might be with the antigen test. And so that's why there's a role for nucleic acid test, there's a

role for antibody tests, and there's a role for the future development of these other key tests to bring the full ability to the United States.

And so, when we finish this, we'll be talking to all Americans because there's other tests that other Americans should have. And I think this has really brought to light the importance of diagnosis. And we'll talk to you further about hepatitis C and TB and other things that we can do to assure every American is healthy because I think this has really raised the awareness among all Americans about how you do test for different kinds and different parts of your disease state and what is long-lasting immunity, and what may be long-lasting immunity, and what is a nucleic acid test and what an antigen test is.

And with that, Admiral Giroir.

THE VICE PRESIDENT: Great. And let me amplify one point, as the Admiral steps forward, to conclude remarks about our approach and the efforts we put underway.

Governors across the country have been working very closely with us to roll out the level of testing that we have today. And all the information we presented to you is going to be reviewed in the days ahead and with all of our governors. Our objective is to connect every one of America's governors and state health officials and to all of the labs that are currently able to do coronavirus.

And — but Dr. Birx and Dr. Fauci have both described, we believe today that we have the capacity in the United States to do a sufficient amount of testing for states to move into phase one at the time and manner that they deem to be appropriate.

And with that, I'll allow Admiral Giroir to complete our briefing on testing. And we expect the President to return.

ADMIRAL GIROIR: Thank you, Mr. Vice President, and thank you to all my really great colleagues.

Can I have the — my next slide?

So I wanted to start by where we are today and just to visit where we've come in such a short period of time. As everyone on the stage has said before, our testing right now is well over 3.78 million

tests that have been completed. And if you are impressed by bar graphs, that's over 1.2 million tests reported just in the last week.

Ambassador Birx talked to me a little earlier, and she said, "You know, we only do about 2 million molecular tests a year for HIV" — something that's been done for — developed for 35 years. We're now doing twice that number of tests in a month for a disease that has never been known before, that there's never been a test developed before. And that's sort of where we are and where we've ramped up.

I also want to give you a little idea — the lighter blue or lighter gray is our ID NOW tests. So we talk about them a lot because they are a point-of-care test that can be between 5 and 15 minutes. And they have a very specific role, but they're not for everybody. If you've got to screen a few thousand people, four tests an hour doesn't get you there on a machine; you have to use some of the larger, higher-throughput items. But they have a very important role. And, again, coming into the market at 50,000 per day is really an important adjunct to us.

She talked about the GeneXpert from Cepheid. Very important. We don't talk about that very much, but it is one of the backbone mobile point-of-care — not as easy to do, per se, as the Abbott — but it is a point-of-care test that really carries tuberculosis screening all through Africa. There are these machines — you saw that on her slide — every one of the 50 states has this in over 600 sites, and they've done over 700,000 tests just on that relatively low throughput, but very important platform.

Next slide, please.

I wanted to give you an idea of, sort of, how the tests are distributed and how they're changing over time. On the left are the state public health laboratories. And although their numbers are relatively small — about 350,000 — the state public health laboratories are absolutely critical. They're — they're an absolutely critical core component of our testing. Not only were they there early and first, but they also do things like support outbreak investigations in nursing homes or investigations in certain plants that have close proximity with everyone because of their work environments. They also do testing on many people who do not have the opportunity to be tested elsewhere. And they are performing outstandingly well.

ACLA — I know we hate acronyms, but the American Clinical Laboratory Association — this is America's commercial industrial backbone that we're standing behind the President and the Vice President. And when I was there a few weeks ago in the Rose Garden — this is the LabCorp, the Quest, the BioReference Laboratory, Mayo, Sonic, and ARUP. And you'll see they've done almost 2.3 million tests. This is the very large, high-throughput machines that Dr. Birx talks about.

And I want to be clear about — about this group, is that it doesn't matter where you are. I just took one of the largest labs, and I said, "Map out for me where you are, within 10 miles of where you are, every site in the country." And when you do that, within 10 miles of a site of one of these, 93 percent of the U.S. population is covered.

These are truly national reference labs that cover almost everybody within the United States. So if you cannot get a test at your hospital, the chances are overwhelming that you could send this to these labs that are fully caught up now. They have no backlog of tests. They've ramped up their production, so their turnaround time is about 48 hours — because you may need to transport it from the middle of America, out to a lab, and result that. But that's really very, very, very good.

The American Hospital Association and also academic labs — as the Vice President and the President have said, as more and more labs come online, they're increasing the amount of testing that are done just at the hospitals or at academic medical centers — now almost at 600,000 tests.

And again, matching the other slide, I had the Abbott point-of-care tests — just to give you a distribution — and that point-of-care test is being used, very importantly, in very select populations where a point-of-care test is really needed. That could be in some hospitals, where someone needs to know exactly if a person is positive or not to go on a clinical trial, or in a nursing home investigation, or sometimes to get people screened to go back into the work environment.

Most people don't need a point-of-care test. In fact, a point-of-care test does not — cannot replace the millions of tests that are here on the other slide.

Next slide.

I don't know how interested you are in swabs. I did not know a whole lot of swabs before a few weeks ago. But there's two points I want to make with these slides — is, yes, there have been constraining elements, and they're constrained for a couple reasons. Number one, because this is

an unprecedented scale-up of this type of very sophisticated molecular tests that has never put a demand on the system like we have. When we started out a few weeks ago, there's very specific, one type of swab; only get it one place in the U.S., one place in Italy. And we were stuck with that for a while because it's not just the quantity, it's the quality.

What I don't want to do is put a lot of things in the system to make people believe that this is a good test, when it hasn't been validated by the FDA, to say that a positive is a positive and a negative is a negative. But over the past weeks, both the scientific community, the Gates Foundation, academic medical centers, the FDA, have really opened up our ability to not stick that all the way back in your nasal pharynx, but do the anterior nose, and to greatly broaden the amount of swab types that are available.

So we are really at a point, right now, that over the next — by the end of April, will put another 5 million swabs, in addition to everything that's out there now, and, by the end of May, over 12 million new swabs in the system — more than enough to obtain the capacity that we need.

Next slide.

For these molecular tests, you take a swab and you stick it in a test tube, and that test tube has to have a specific kind of liquid in it. And when we started, it was viral transport media — a very special kind of media. The CDC has a "make your own recipe." If you're interested in cooking, you could probably do that, but it has a lot of ingredients that go in there, but still very limiting.

We've worked with many, many different laboratories. We've worked with the FDA. So now, PBS, phosphate-buffered saline — a, kind of, just laboratory-grade saltwater — can be used for this. This greatly opens the ability to expand the test to support all the capability that Dr. Birx talks about.

And again, by the end of April, we will have put well over 5 million new tubes of either viral transport media or saline into the system.

I am going to get to a conclusion here, but this was going to be more of a technical briefing.

Next slide.

So let's talk about the fact that the science tells us that we have and will continue to have enough tests to safely go into phase one. So let me be very granular about this: We've already heard that it is beyond the possibility to test everyone in this country every day. It's — it's just not possible. But it's also a bad strategy because testing a person now just means they're negative now. Dr. Fauci could be positive tomorrow, because it's brewing in his system right now and we don't know it, or that he contacts that. That's not the way we go about things.

The way we go about things, as Dr. Redfield said, just — just think of the weather radar, okay? If the weather radar is clear, you're not going to have a thunderstorm or a tornado. When something pops up, that's when you've got to go to where the action is or know that your warning system is up. So, sort of, think of that in the background, and I'll go specifically about that. So that's monitoring.

Let me talk about how much testing we need, just for overall testing. I'm just going to give you a number; I'm not saying that this is the number that's there. But let's just take a number that we are going to enter phase one when there are 200,000 new cases per month in the United States. Don't get hung up on that — it's going to be much less than that — but let's just say 200,000 cases. So, how many tests do we need?

Well, we need to test those 200,000 people to make the diagnosis, right? Everybody nod your head about that. We have to do that. Now, what's a safe number over that? You know, if everybody I test has the disease, I'm not testing enough, right? But if I test 100 people to have 1 person with the disease, that's probably over-testing.

So we kind of assume that a safe number that really gives us a good idea is if about 1 out of 10 people are positive, then we know we're over-sampling the population enough that we're getting all the positives. So if there's 200,000 cases, I need about 2 million tests. Okay?

Now, to go to Dr. Redfield's point, each one of those that are positive have contacts that need to be traced. And on average, the CDC tells me that for every positive, there are about five contacts that really need to be traced. So let's assume that those 200,000 people have five contacts. So now we have an extra million tests.

So 2 million tests out there to detect the 200,000 cases, an extra million out there to trace those contacts. So we're up to about 3 million cases. If you want to put a fudge factor — say there's 4

million tests, okay?

Those are generally done at the main hospital labs, the commercial labs, state and regional labs. All this can be done — as well as some of the labs talked about by Dr. Birx.

Next slide.

The second group of testing fits exactly perfectly with the influenza-like surveillance system that Dr. Redfield talked about. This is the monitoring. This is, sort of, the radar — the weather radar that it would be out there — that we're not testing people who are symptomatic. We want to do testing on people who are asymptomatic because you can have asymptomatic carriage. You know, you could have this virus and shed it, and not have symptoms or only mild symptoms.

So what is the strategy here? The strategy here — this is an unprecedented strategy, okay? This is — this is really unprecedented. But we're going to do, prob- — between three- and five hundred tests per week in the most vulnerable populations that we know that the virus could circulate.

And what are they? Number one, nursing home and long-term care facilities. We know that from the history of this — of this virus, that that can circulate and be devastating. And it could circulate even in a way that you don't have symptoms. So we're going to survey, in a very controlled way, driven by the CDC, supervised by the CDC, surveys over — we may not get to everyone, but surveying in the areas to cover, in a selective way, the 15,000 or so nursing homes.

Secondly, we want to work in vulnerable members in cities. And this is — the way we think about that is community health centers. I'm a huge fan of community health centers that are led by HRSA. There are there are about 30,000 community health center sites. They take care of 30 million people — children, adults, elderly. They care for about one third of Americans below the poverty level. They are arrayed to take care of our most vulnerable populations. So we want to survey asymptomatic people in those community health centers.

We also want to do in some of our indigenous population. And you know, very early, I was out here bringing machines to the Indian Health Service. And, in fact, 1,800 members of the Public Health Service provide care to the Indian Health Service, and their Director and Chief Medical Officer are both admirals in the Indian Health Service.

Plus, workplace monitoring, particularly for workplace environments that may have very close contact or may have a high risk. And some of those could be agricultural facilities.

So let's just total that up. We have 200,000 people who need a diagnosis. To make that diagnosis, we want to test 2 million. Okay? So that's 2 million. We're going to contact trace with a million. And let's just throw you a fudge factor of about 25 percent on that; so that's 4 million. And we have this background testing of about 400 — of about 400,000 per month.

So to safely do the testing, we need to be in the range of four and a half million — you followed my numbers, because I want you to understand — per month that —

THE VICE PRESIDENT: For phase one.

ADMIRAL GIROIR: Pardon me?

THE VICE PRESIDENT: For phase one.

ADMIRAL GIROIR: For phase one. Right. For phase one. And I want to tell you that's really how it adds up, and that's where we are. Right now, we're doing about 1 million to 1.2 million per week. We're going to continue to push that farther and further, as we open up the laboratories and we're able to open all the supplies that we need for that.

And I think that's where I would like to end. Thank you.

THE VICE PRESIDENT: Great. Thank you. I'll ask the team to step back up for questions. And we do anticipate, as his schedule permitted, that the President be returning momentarily.

Please.

Q Yeah, you talked about phase one. Will there be enough testing for phase two? Do you have to ramp up capacity for that? Or how do you deal with that?

THE VICE PRESIDENT: That's a very good question.

DR. BIRX: Yeah, that's a great question. And what we will be doing is monitoring how much we have to use in phase one to really help inform phase two, because it — the really unknown in this, to be completely transparent, is asymptomatic and asymptomatic spread. And so if we find that there is a lot of asymptomatic individuals that we find in this active monitoring, in what we — are very much concerned about the most vulnerable, then we will have to have increased testing to cover all of those — all of those sites.

THE VICE PRESIDENT: And as we've made clear to the governors and other health officials, we're going to continue to scale the testing. As the President has made clear, we want — we want governors and states to manage the testing operations in their states. We've given — we've given criteria. We've given guidance for how we think that would best operate. But we're looking for the states, we're looking for the governors to manage it.

But in the midst of that, all these great experts, working with all these great facilities, are going to continue to use that great American ingenuity to scale and increase the availability of testing for states to be able to implement as they move closer and closer to that day the President speaks of often, where we reopen America and put all of America back to work.

Mr. President.

THE PRESIDENT: He did well? They all did well? I think. I'll bet they did.

Please, go ahead.

Q Mr. President, thank you. Earlier today, Jay Inslee said that your tweets, encouraging liberation —

THE PRESIDENT: Who said this?

Q Jay Inslee said your tweets encouraging liberation in Michigan, Minnesota, Virginia, were fomenting rebellion. I'm wondering how that squares with the sober and methodical guidance that you issued yesterday in terms of —

THE PRESIDENT: Well, I think we do have a sobering guidance, but I think some things are too tough. And if you look at some of the states you just mentioned, it's too tough. Not only relative to

this, but what they've done in Virginia with respect to the Second Amendment is just a horrible thing. They did a horrible thing — the governor. And he's a governor under a cloud, to start off with.

So when you see what he said about the Second Amendment, when you see what other states have done — no, I think I feel very comfortable.

Go ahead.

Q Thank you, Mr. President. Just to be clear, when you talk about these states — Michigan, Minnesota, Virginia — do you think that they should lift their stay-at-home orders? Or can you talk —

THE PRESIDENT: No, but I think elements of what they've done are too much. I mean, it's just too much.

Q Which elements?

THE PRESIDENT: You know the elements —

Q You cited Second Amendment.

THE PRESIDENT: — because I've already said. But certainly, Second Amendment, and Second Amendment having to do with the state of Virginia. What they've done in Virginia is just incredible.

Okay. Please.

Q Sir, are you concerned, though, that people coming out in protest are going to spread COVID to other people? They're congregating in ways that health experts have said they should not.

THE PRESIDENT: No, these are people expressing their views. I see where they are and I see the way they're working. They seem to be very responsible people to me, but it's — you know, they've been treated a little bit rough.

Please, in the back.

Q Thanks, Mr. President. I'm curious about some more of the dynamics we might see as the country begins reopening —

THE PRESIDENT: Yeah.

Q — as you put it, kind of like a "puzzle." So as you've mentioned, we have states where we're already seeing their curves begin to flatten, but then there are others, like Florida or more rural parts of the country, where they aren't projected to peak for weeks or even months.

So can you talk a little bit about some of the difficulties that those later-peaking states might face; if they need to stay locked down for longer, even as other places around them are starting to open back up?

THE PRESIDENT: Well, we're seeing great numbers in almost every state. We're seeing big drops. We're really seeing — in terms of beds — the numbers we have to look at are the beds — the beds being occupied. People going — which is essentially people going in. That means that you have fewer people that are sick; fewer people that feel they have to go to a hospital. And those numbers are dropping really precipitously. So I think that — we're just seeing a lot of good signs.

Now, a place like New York, New Jersey, and certain parts of Louisiana — Louisiana has been incredible lately when you look at that drop. That drop has really been great. Michigan has had a hard time, but it's — it's starting to do well.

So, I just think — Illinois is another one. You know, you look at some of the numbers. But everyone is — is dropping, and they're dropping rather quickly. We don't have any hotspot that's developed where, all of a sudden, you say, "Well…" — other than we did have a meatpacking plant or two where, incredibly, we had some — you saw the number was rather incredible. It took place in that plant. People would ask about that. I wonder who owned that company. That was a weird situation. But, generally speaking, it's been very good. The numbers have been really improving greatly.

Please, in the back.

Q Thank you, Mr. President. U.S. intelligence is saying this week that the coronavirus likely came from a level 4 lab in Wuhan. There's also another report that the NIH, under the Obama

administration, in 2015 gave that lab $3.7 million in a grant. Why would the U.S. give a grant like that to China?

THE PRESIDENT: The Obama administration gave them a grant of $3.7 million? I've been hearing about that. And we've instructed that if any grants are going to that area — we're looking at it, literally, about an hour ago, and also early in the morning. We will end that grant very quickly.

But it was granted quite a while ago. They were granted a substantial amount of money. We're going to look at it and take a look. But I understand it was a number of years ago, right?

Q So you are (inaudible)?

THE PRESIDENT: When did you hear — when did you hear it was — the grant was made?

Q 2015.

THE PRESIDENT: 2015? Who was President then? I wonder.

Okay. Yes, ma'am.

Q Mr. President, we know negotiations are underway for the next round of funding for small businesses.

THE PRESIDENT: Yeah.

Q If tens of billions of dollars went in a matter of days the first time, will this next relief package be enough?

THE PRESIDENT: Well, I think it will certainly — it's going to get us to a point that's going to be rather beautiful. We think that that will be the point — and it could be they want more, but maybe at a certain point, we're going to stop.

It's been a tremendous success. It's been executed flawlessly. SBA has done a very good job. But the banks have done a great job, whether it was Bank of America or Wells Fargo. The community banks have been incredible. I think we had over 4,000 community banks. A lot of people didn't

know you had that many banks. But 4,000 community banks — they gave the money out. It's so organized, and it's been such a great program.

And so, essentially we're waiting for $250 billion; the Democrats are refusing to do it. This is money that essentially is going to the workers. It's going to keep these companies whole — the restaurants and a lot of great companies.

And it's a small amount of money relative to what it represents, because it represents small businesses; it represents them staying in business. And, you know, when you look at it — people don't know — small businesses represent approximately 50 percent of the power of our business enterprises. It's not all the big, monster businesses that you read about every day. It's all of these small businesses when added.

It's something that should be approved by the Democrats. The Republicans want it badly, and the people want it very badly.

Q If I could just follow up on that.

THE PRESIDENT: Sure.

Q Nearly 10 percent of the loans that were given out were for $5 million, but some small-business owners say they can't even get a loan for $100,000. Is that acceptable?

THE PRESIDENT: Well, they would — no. They would get that, but they have to approve — nobody knew it was going to be this successful. Don't forget, when you say the money is gone it's been a tremendous success as a program.

People are — they really want it. And some people won't be able to get their — keep their business open unless they get that money. It's been a tremendous success. It's been executed flawlessly. It's been — I mean, with few exceptions, it's really been good. And I think the Democrats are going to do it.

Look, Nancy Pelosi — she's away on vacation or something, and she should come back. She should come back and get this done. I don't know why she's not coming back. The fact is, she's not doing her job, and there's nothing unusual about that for her.

Go ahead.

Q And Leader McCarthy said they're now considering also adding more funding for hospitals included in this.

THE PRESIDENT: So they are thinking about hospitals, and hospitals —

Q Did you okay that compromise?

THE PRESIDENT: Well, hospitals are a good thing. Hospitals have been decimated by this. You know, they've given up their business — which is good, because they did the right thing — in order to take care of the COVID-19.

And, no, hospitals — I'm with that all the way, if they want to add hospitals. We could also add it into phase four, if we do a phase four. Phase four would be, hopefully, infrastructure.

A lot of people are talking about the best thing we could do for this country would be the payroll tax cut that I've been suggesting. A lot of Democrats like it, believe it or not. The payroll tax cut.

And Art Laffer, who's tremendous — he's a tremendous — in fact, he recently got the Presidential Medal of Freedom — economist. He was with Ronald Reagan, and he's been — he looks like he's 25 years old, but I think he might be a little bit older than that. He looks so great. But Art Laffer said the single best thing you can do is the payroll tax cut. And I would just about agree with that, and I'd like to see that.

I'm not sure that we're going to get that, but I think that's something that could be done. It's simple. It's really good for both the company that employs these people and for the people that are employed. So we're going to see whether that happens or not. The payroll — I put it out there — the payroll tax cut would be a tremendous incentive for this country.

Steve?

Q China now says its coronavirus death toll in Wuhan is 50 percent higher.

THE PRESIDENT: Yep.

Q It went up to about 4,000. Does that sound like a credible number to you?

THE PRESIDENT: Well, you know, when I listen to the press every night saying we have the most, we don't have the most in the world — deaths. The most in the world has to be China. It's a massive country. It's gone through a tremendous problem with this. A tremendous problem. And they must have the most.

So, today, I saw they announced that, essentially, they're doubling up on the numbers. And that's only in Wuhan; they're not talking about outside of Wuhan. So it is what it is, Steve. It is what it is. What a sad — what a sad state of affairs.

Q The investigation into whether the virus escaped from this lab in Wuhan, how active is that? And when do expect to hear (inaudible)?

THE PRESIDENT: Well, we're looking at that. A lot of people are looking at it. It seems to make sense. They talk about a certain kind of bat, but that bat wasn't in that area. If you can believe this, that's what they're down to now, is bats. But that bat is not in that area. That bat wasn't sold at that wet zone. It wasn't sold there. That bat is 40 miles away. So a lot of strange things are happening, but there is a lot of investigation going on and we're going to find out.

All I can say is, wherever it came from — it came from China — in whatever form, 184 countries now are suffering because of it. And it's too bad, isn't it? And it could have been solved very easily. When it was just starting, it could have been solved really very easily.

Yeah. Please. In the back.

Q Thank you, sir. So, about the 80 million payments that have gone out —

THE PRESIDENT: Yeah.

Q — that you mentioned, you said that less than 1 percent have had snafus, but that could be 800,000 snafus. So we've also seen reports of —

THE PRESIDENT: Well, I'm just saying it's less than 1 percent, and the snafus are very minor. And they're — and they were fixed.

Q They're not — you're not talking about —

THE PRESIDENT: No. Excuse me.

Q — massive numbers of dead people who have received checks —

THE PRESIDENT: No, they were — they were — 80 million payments —

Q I mean, that could be — that could be tens of millions of people.

THE PRESIDENT: — went out over a period of a few days. And they caught certain mistakes that they made, but this is a tiny amount of mistakes. I can tell you mistakes were made in government where wrong countries were signed, okay?

Eighty million — this has been a tremendous success. And any mistake that was made, they've been caught. And it's less than 1 percent. That's a very good percentage. I can tell you, for government —

Q If how —

THE PRESIDENT: — I mean, how about — how about the Obama website? The Obamacare website, where they spent $5 billion on building a website that you could have built for — for peanuts.

Okay.

Q If money went out to deceased people, is the government going to get that back?

THE PRESIDENT: Yeah. Anything — anything that was sent out — it's like, sometimes you send a check to somebody wrong. Sometimes people are listed, they die, and they get a check. That can happen.

You're talking about — I guess the number is about 80 million people. Yeah, sure. We'll get that back. Everything we're going to get back. But it's a tiny amount. They've done a fantastic job. This was done in a matter of a few days.

Yeah.

Q Your campaign said today that they are planning on resuming rallies before the election. Is there a timeline that you're looking at? Would it be restricted to certain states? Have you thought about how that would work?

THE PRESIDENT: Well, I hope we can do rallies. It's great for the country. It's great spirit. It's great for a lot of things. It's a — for me, it's a tremendous way of getting the word out.

If you look at our success rate, we've had tremendous success. We win where we have rallies, including endorsements of candidates. Our success rate is, I think, unparalleled. There's nothing like it.

So I certainly hope we can have rallies. We'll find out. I don't like the rallies where we're sitting like you're sitting. I mean, you got many reporters outside trying to get into this room. And I come in, I'm looking at this room and I see all this — it loses a lot of flavor. It loses, to me, a lot of flavor.

But I hope we're going to have rallies. I think they're going to be bigger than ever.

I will say this: The rallies that we were having — until we had to stop, with regard to the problem that we had here — the rallies were bigger than they were — I think even substantially bigger. We'd go into the biggest arena and we'd turn away 20-, 30,000 people sometimes. In — in one case, I think they said, in New Jersey, we had 175,000 people show up for an arena that holds 9,000 people. And they showed up. And the reporters even reported that. That was almost shocking to me.

But I hope we can resume rallies because I think they're an important part of politics, actually.

Yeah.

Q Mr. President, under your reopening plan, some workers can go back to work in phase one, but schools cannot reopen until phase two. Many parents don't have an option to work from home. So how can you get businesses back up and running as long as schools are closed?

THE PRESIDENT: Well, I think the businesses are going to. And I think now we've given the businesses a real jolt. A real positive jolt. They're able to keep their employees. You know, without the employees — if the employees leave that area, if they leave — you know, who knows where they're going — or if they get another job maybe someplace else, you're not going to have the same business.

So we gave them money to hold their employees. They're going to do that. We hope we can do $250 billion more. It's — it's absolutely so inexpensive compared to what it represents. And we hope that's going to happen.

But I think — I really think — look, you see it with the stock market. The market was up seven- or eight hundred points today. And if you would have told me that we would have a virus, the likes of which this world has not seen since 1917 — which was the Spanish flu, where anywhere from 75- to 100 million people were killed — and then we'd have a stock market that's not far below its all-time high — and it's starting to get a little low. You know, then you had 1,000-point increase and a 1,200-point increase.

So now we have a stock market that's at a point where it's not very far away from where it was. And we've gone through a closed — literally, a closed country.

Remember this also — I mean, we have had a closed economy. We had the best economy anywhere in the world by far. We had the best economy we've ever had. And remember this: The dollar is very strong. And dollars — strong dollars are overall very good, but it does cause problems. It's harder to sell outside of the country, et cetera, et cetera. It's a little harder for manufacturers. Sometimes it's a lot harder.

Everybody wants to invest in our country. Everybody wants — and, you know, we're paying almost zero in interest. Like, in some cases, zero. We've never had that before. People want the safety of our country. But if you would have told me that a market was where it is today — and today we had almost, I guess, more than a 700-point increase, and we're at a point which is, you know, it's not what it was, but it's not that far off — I would have told you that's got to be an impossibility. The reason that is, is because there is a great pent-up demand.

This country is going to come back and it's going to come back strong. We have to get rid of the virus. We've got to open up our country. We're going to open it up in quadrants. We're going to

open it up in states. Some of the states should get together and they should work on their own borders and everything, because you don't want to have people pouring through the border of a state that isn't infected and you have people coming perhaps outside.

That's one of the reasons I was asking Tony, two days ago, about masks. Well, why in Wyoming or Montana would they have to wear masks? Their numbers are very good. The reason is, if somebody comes from outside — you know, which is very severe. But it's, again — and it's going to be up to them. It's a recommendation, but we'll see.

But if you were to tell me how well we're doing after we went through the worst event of its kind since 1917, it's pretty amazing.

A question? Please.

Q Thank you, Mr. President. About childcare, though: Millions of Americans aren't sure how they can go back to work if schools are closed. Where — how can they have their kids taken care of?

THE PRESIDENT: The schools will be open too. Very soon.

Q Is your government considering something, in addition to helping employees stay employed —

THE PRESIDENT: I think it's — yeah.

Q — to help them take care of their kids?

THE PRESIDENT: It's a good question. I think the schools are going to be open soon. I think a lot of governors are already talking about schools being opened. And we do have to take care of our seniors, because we've learned a lot about this disease. We've learned — call it a disease. We've learned a lot about this plague. And we have to take care of our seniors. We're going to take care of a lot of people.

But I think the schools are going to be open sooner rather than later. And I understand and I've spoken — some governors are already talking about — thinking about getting the schools opened. I have a young boy who goes to school. I'd like to see him go to school. As good as home is, it's very nice, but we'd like to see him go to school.

Please.

Q Thank you, Mr. President. I'd agree with that point. (Laughter.) I would like to know about some of these areas that you would like to open up, some of these quadrants. You singled out Virginia, Michigan. They don't have a decline in cases yet, yet you tweeted out today that you'd like to "liberate" them.

THE PRESIDENT: Well, they're going to have soon, but they're very, very, very — what they've done is very powerful, in terms of — I think — you know, you can get the same result out of doing a little bit less. What they've done to some people is very unfair.

In Virginia, I'm going above and beyond what we're talking about with this horrible plague. They want to take their guns away. Okay? They want to take their guns away. That's the Second Amendment. That's Virginia. You have a gov- — governor who really — I guess he should be under siege; he seems not to be. If he were a Republican, he'd be under siege. But he seems to have escaped something that was pretty bad, including what he said about birth, including what he said about many different things.

But he wants to take — if you take a look at what's going on in Virginia, they want to take away Second Amendment rights. And that's what they want to do. So when you talk about "liberate" or if you talk about a liberation, you could certainly look at Virginia as one.

Go ahead. Anybody else?

Q Mr. President —

THE PRESIDENT: Steve.

Q Which states are ready to reopen, in your mind, and how soon?

THE PRESIDENT: Well, I don't want to go — I want to leave — the governors make that decision. We're watching very closely. If we see something happening bad that we think is wrong, we're going to come down very strong on that. Very, very strong.

The federal government has a lot to say. We have — we have a lot to say — beyond what anyone understands. And we think — and I've gotten to know many of the governors, many Democrats too. It's Republicans and — I knew the Republicans. I knew some of the Democrats, but I got to know a lot of them. I think it's going to be in the hands of a lot of good people. I think a lot of good people are looking at this and they want to do what's right, Steve.

Q And the Vice President is traveling soon, I think tomorrow to Colorado. When are you going to be in a position to travel again?

THE PRESIDENT: Well, they'd rather not have me travel. I think I've been in the White House, I don't know, for months. I don't know what it is, but it's for months — other than I did leave to — to say goodbye to our beautiful ship. Right? The Comfort. The — as it left Virginia. When it got out of dry dock — it got out of maintenance very early. It was supposed to be there for four weeks; it was there for a few days, literally. We got it up to New York.

I mean, they didn't — they didn't need it like — well, I wouldn't say "we hoped." I'm glad they didn't need it. They didn't need it; that was a good thing. They didn't need the convention center — 2,500 beds or, depending on your definition, 2,900. We ultimately converted it to COVID — the Army Corps of Engineers and FEMA. The job they did was incredible.

But that's a sign that they're making progress in New York. If you look at that, you know, we built it. It was ready. It's there now. It's ready. We converted it to COVID — it wasn't supposed to be for that — at the request, frankly, our side. Then, ultimately, we converted it, but there is much less demand. That's such a good thing. I mean, I'm not complaining about that. I think it's a great — that means New York is making progress.

Q Is it important to you that the Vice President is going tomorrow?

THE PRESIDENT: He's going to — to Colorado?

THE VICE PRESIDENT: The Air Force Academy.

THE PRESIDENT: I think he's going to the Air Force to make the commencement, right?

THE VICE PRESIDENT: Yes, sir.

THE PRESIDENT: Oh, I think it's great. I think it's great. If he's going to make the commencement — I hear they're going to have a very spread-out crowd.

THE VICE PRESIDENT: Yes, sir.

THE PRESIDENT: They're going to be — I will say, they are going to be, socially, very good. They're going to be very far apart. That'll be very interesting. I think I'm going to watch that one. No, they're going to be — they're going to have a good spread, a good distance apart. I spoke to Mike about it.

No, I think, making the commencement speech — I'm doing it at West Point, which I look forward to. I did it last year at Air Force, I did it at Annapolis, I did it at the Coast Guard Academy, and I'm doing it at West Point. And I assume they're — they've got it, and I understand they'll have distancing. They'll have some big distance, and so it'll be very different than it ever looked.

Do I like the look? No, I don't. And eventually, next year, they'll have a commencement which will be like it's been, like when people like this — our great Admiral, who has done such a great job. When he graduated from where he graduated — me too — we were nice and tight. And that's going to happen again.

I don't want people to think that this going to be like this forever. But, for a period of time, we're going to have to keep it that way. That includes baseball games and football games, and other things. But eventually, as this virus goes away, it's going to be better and better. Director, it's going to be better and better. And we're going to get our lives back to the way they were.

You know, one thing that bothers me: A couple of restauranteurs called, and they said, I mean, "Sir, I barely made a living with 150 seats. Now, if I do what they want me to do, I'll be down to 25 seats and I can't." I said, "Yeah, but you're not going to be there forever." And he didn't really know that. He thought that they were going to take 150 seats, move it down to 25 to 50 seats, depending on the way he laid it out. I said, "Don't worry about it. Eventually, you're going to be back to the scene that you used to have, which was…"

Look, I could tell you about — and I'm not going to do it, because I didn't want to bring it up — but I could tell you about events that took place. And I said things like, "You'll never do that again" or

"You'll never do this again" or — I don't even want to mention the events. I don't want to mention what you're supposed to be doing because — and you know one of them was so horrible.

I said, "A certain industry will be out of business — never happen again." Two weeks later, it was like nothing ever happened. Hopefully, we get rid of this. We have tremendous talent up here and all over, including governors, including local governments, state governments. I look forward to the time, to me, when we can really normalize. But normalizing is being back to where we were.

Yeah, please. Go ahead.

Q Mr. President, some of your allies are calling for China to be stripped as host of the 2022 Olympics. I'm wondering what you make of that? Is that something that you would consider or —

THE PRESIDENT: So I just made a deal with China where they're going to put in $250 billion of product. They're going to be — they're going to be buying $250- — 50; from 40 to 50 — billion in farm. I want to see what's happening with China. I want to see how they're doing on it: Are they fulfilling the deal, the transaction?

We have a lot of discussions going on with China. Let me just put it this way: I'm not happy, okay? I'm not happy. And I spoke to them. And this could have been shut down a long time ago. They knew it. And we couldn't get in. And, in all fairness, World Health couldn't get in, and that's why I wish they took a different stance. They took a very pathetic stance and a very weak stance. But they say they couldn't get in.

But, ultimately, they got in; they got in much sooner than anybody, but they didn't report what was happening. They didn't report what was happening inside of China. No, I'm not happy with China.

Yeah, please.

Q Mr. President, I wanted to ask Dr. Fauci: Could you address these suggestions or concerns that this virus was somehow manmade, possibly came out of a laboratory in China?

THE PRESIDENT: Want to go?

Q You studied this virus. What are the prospects of that?

DR. FAUCI: There was a study recently that we can make available to you, where a group of highly qualified evolutionary virologists looked at the sequences there and the sequences in bats as they evolve. And the mutations that it took to get to the point where it is now is totally consistent with a jump of a species from an animal to a human.

So, I mean, the paper will be available — I don't have the authors right now, but we can make that available to you.

Q Just one follow-up, sir, on the protest that you — that we've seen of people wanting the economies open. Does that concern you though, as a health expert, when you see folks congregate? And are you worried if that's encouraged?

DR. FAUCI: Well, I mean, I'm looking at it from a public health standpoint. I certainly could understand the frustration of people, but my main role in the task force is to make recommendations to protect the health and the safety of the American people. And I would hope that people understand that that's the reason why we're doing what we're doing, and hopefully we'll put an end to this.

THE PRESIDENT: And I will say this: I'm very, very satisfied with the decision we made, listening to experts, listening to my gut, the feeling of the Vice President, and really many others. When we put it all together, I'm very — look, if we didn't do what we did at the time, we could have lost more than 2 million people. I really believe that.

I could show you charts of other places that gave it a shot and they're not doing well. And I would show it to you right now; I don't want to embarrass anybody. But they gave that a shot. It's an automatic. I mean, everybody would say, "Let's do that" — until they sit down and start thinking. And we could have lost more than 2 million people. We could have lost more than 2 million. It could have been much more than that, by the way. We have one that says from 1.6 to 2.2, but it could have really been more than that. But I looked at one in particular — one country in particular that is using the herd mentality, and not working out very well.

Now, with all of that being said, we have to get back to work. We've — we'll be crossing lines very soon, in many cases. In some cases, we're well on the way down. In other cases, we're right at the top and heading down. We're heading in the right direction.

I saw some numbers from New Jersey, which was having a very tough time. It started — he's — he's doing a terrific job, the governor — Phil — Phil Murphy. Starting to get some really good signs.

I looked at some of the New York numbers. They're starting to get — they've been devastated, obviously, but some really good things are starting to happen.

So, if we would have done something different — first of all, it would have — it would not have been sustainable. You would have had people — they would have been furious at you and me and everybody up here. They — it would not have been sustainable. Because you look at some of the hospitals — as an example, a certain hospital right near where I grew up in Queens — and you had body bags all over the floor of that hospital. You know the one I'm talking about. All over the floor of the hospital.

Now, multiply that times 12 or 15, because that's the kind of numbers you're talking about — 12 or 15. And it would not have been — it would not have been a lot — there would have been an insurrection. Nobody would have — nobody would have understood that.

Whereas, right now, nobody can be blamed, and there is no blame. We're all in a situation that was caused — that should have been solved long ago. It could have been solved probably very easily — look, it was a tough enemy — but probably very easily if a certain country did what they should have done. And we're just starting to learn those facts. But what we did was the right thing. What we did was the right thing.

With that being said, we want to get back and we want to — we're going to be opening up states. They're being opened by very capable people. It's also point of sale, as they say, in a different business. It's the point — they'll be able to look at that — you know, where the testing is taking place. We're going to help them with the testing. We've developed some tremendous tests over the last little while. And we're going to work with the states and we're going to help them. But they know every inch of land in their states.

I watched the governor of Arkansas, Asa. You saw that. He — I thought he was terrific. I watched the governor of Oklahoma over the weekend being interviewed. He was terrific. They've done it a little bit differently. And they've done it tight and they've done it strong, and they were very prepared, and they have more beds than they needed, and that's a good thing. But I've seen some

very, very good things. And I think you're going to have some very positive events taking place over a very short period of time.

And I think, with that, we'll see you tomorrow. But really, this has been — this has been a situation where a lot of great people have been involved and a lot of great decisions have been made.

Thank you all very much. Thank you.

END 8:06 P.M. EDT