



PRESS BRIEFINGS

Remarks by President Trump, Vice President Pence, and Members of the Coronavirus Task Force in Press Briefing | April 7, 2020

— HEALTHCARE

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James S. Brady Press Briefing Room

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THE PRESIDENT: Thank you very much. Today, we continue to send our love to the great people of New York and New Jersey. We support them fully. We grieve alongside every family who has lost a precious loved one. New Yorkers are tough and strong and brave. New Jerseyites are tough and strong and brave, and they're being hit very hard right now. And for the next week, hopefully not much longer than that, it's going to start to go in the other direction.

Our country is being hit hard, but some areas have done so incredibly well. We're so proud of them. They will beat this virus. We're going to beat it with the grit and the heart for which they're known and for which our country is known. And we appreciate everything that everybody is doing.

We also — we pray for Prime Minister Boris Johnson. He’s become a great friend of ours. He loves this country; he loves his country. But he loves the USA. And he’s always been very good to us. Whenever we had difficulty, he was with us, and we appreciate it. So, we pray for Prime Minister Boris Johnson. He’s going through a lot.

As we intensify our military campaign against the virus, I think that it must be brought out that we have to thank the American people for continuing to follow our guidelines on “slowing the spread” — an expression that more and more people are thinking about. Nobody ever heard of it two months ago, and now everybody is talking about “slowing the spread,” stopping the spread.

Even during this painful week, we see glimmers of very, very strong hope. And this will be a very painful week. And next week, at least part of next week, but probably all of it — look, if one person dies, it’s a painful week. And we know that’s going to, unfortunately, happen. This is a monster we’re fighting.

But signs are that our strategy is totally working. Every American has a role to play in winning this war. And we’re going to be winning it. We’re going to be winning it powerfully. And we’ll be prepared for the next one, should it happen, but hopefully it won’t.

Our massive airlift operation for critical supplies — it’s called Project Airbridge — continued today as five massive planes, flights, landed in the United States packed with personal protective equipment. And our nation’s heroic healthcare workers will be the beneficiaries of that. Twenty-seven more flights are scheduled in the near future, over the next couple of weeks.

The Army Corps of Engineers is constructing facilities that will support more than 15,000 hospital beds to treat patients in need. So they’re building now approximately 15,000. They just completed the big one in New York. They just completed and are in the process of continuing in Chicago and many other places. They’re incredible. The Army Corps of Engineers — we owe them a lot. What they’re able to do in such a short period of time — they’ll build these massive facilities. Two thousand beds in four days. So it’s really something very special. I know, I was in the construction industry, and you don’t see that happen very often.

I want to remind governors and emergency managers that sharing real-time data with us about equipment and their needs is very important. All of their supplies, hospital occupancy is critical. A

lot of the occupancy is really getting a little bit lower than anticipated, and that's good. We, sort of, thought that was going to happen.

And we're getting along very well with the governors. This whole situation with respect to talking to us about equipment and equipment needs — giving us a little bit of lead time — so important. All the supplies — we're getting it to everybody like they never thought possible. But we'll ensure that we can rapidly deploy federal assets where and when they're needed, especially on ventilators.

We're actually getting some ventilators back. As you know, the State of California was great. They sent some back, which they won't need. And Washington State, likewise. And we have some others coming back, so we're using them in areas we need them.

We are pressing forward aggressively on the scientific frontier of the medical war. The companies I've spoke to — the four leading — I call them the “genius companies” — they're doing incredibly well with respect to cures and also with respect to a vaccine that's going to protect us — totally protect us. And they have some great potential. It's going to take a little while yet, but they have some great potential. Some great early results.

And the governors have been working hard, and we are working hard with the governors. There's been great coordination, especially over the last little while. We've given them a lot of equipment, a lot of ventilators. But a lot of equipment of all types. And I will protect you if your governor fails. If you have a governor that's failing, we're going to protect you. But the governors are working well with us over the last period of time.

Today, in our stockpile of ventilators — and again, we need the stockpile so we can immediately move them from place to place, wherever the monster hits. It's a monster. We have 8,675 ventilators right now, in stock, ready to move.

And we have all sorts of incredible soldiers. Our military is going to move them, should they be needed in, as an example, if we need additional in New York or the New York City area. You have state; you have city. And I spoke to Mayor de Blasio, and we really have a great, well-coordinated campaign with Mayor de Blasio. It's been really good. I spoke to Governor Cuomo. There's been great coordination. So, if they need something, we have it.

If Louisiana needs something, we have it. Same thing with Michigan. Same thing with Illinois. There are certain spots that are very hot. And we'll see what happens, but we'll know — pretty much, we'll have time, and we'll be able to move it.

In addition to the 8,675 ventilators, we have 2,200 arriving on April 13th. We have 5,500 arriving on May 4th. These are ones that we're building, for the most part. And we have, as you know, great companies building them — Ford, General Motors, GE. We have, really, some great companies that are doing it. On May 18th, we have 12,000. On June 1st, we have 20,000. On June 29th, we have 60,000 ventilators coming. Sixty — 6-0. So we have a total of 110,000 ventilators coming over a short period of time. I don't think we'll need them. Hopefully, we won't need them. I don't think we'll need anywhere near them. But we'll have them for the future, and we'll also be able to help other countries who are desperate for ventilators.

The UK called today and they wanted to know, would it be possible to get 200. And we're going to work it out. We got to work it out. They've been great partners, the United Kingdom. And we're going to work it out for them. So they wanted 200. They needed them desperately.

We now have 10 drugs in active trials, with 15 more soon to follow, as well as 2 vaccine candidates in active clinical trials. We'll do whatever it takes to secure needed medical supplies and bring more production of essential medicines back to our shores. We're doing that. We're bringing them back to our shores. A lot of these companies — they went a little bit haywire. They went away from this great country and they had them produced elsewhere. So, we're going to start bringing them back. I've been talking about that for a long time, not only with medical, but lots of other things.

America continues to perform more tests than any other nation in the world. And I think that's probably why we have more cases. Because when you look at some of these very large countries, they — I know they — I know for a fact that they have far more cases than we do, but they don't report them.

We've performed 1.87 million tests to date. So that's 1 million 870 thousand — million tests. Think of that: 1,870,000 tests to date. And now we're performing them at a level that nobody has ever seen before.

As we announced yesterday, CVS testing sites in Georgia and Rhode Island will be using Abbott Labs rapid five-minute test. We're down to now five minutes. It's a five-minute test so that people can

get their results back very quickly.

And we're actively engaging on the problem of increased impacts — this is a real problem, and it's showing up very strongly in our data — on the African American community. And we're doing everything in our power to address this challenge. It's a tremendous challenge. It's terrible. And provide support to African American citizens of this country who are going through a lot. But it's been disproportional. They're getting hit very, very hard.

In fact, while we have Tony here, I'd like to maybe have you come up and address that one, and then I'll continue. But if you could address that, it would be great, Tony. Please.

DR. FAUCI: Yeah. Thank you, Mr. President. We have a particularly difficult problem of an exacerbation of a health disparity. We've known, literally forever, that diseases like diabetes, hypertension, obesity, and asthma are disproportionately afflicting the minority populations, particularly the African Americans.

Unfortunately, when you look at the predisposing conditions that lead to a bad outcome with coronavirus — the things that get people into ICUs that require intubation and often lead to death, they are just those very comorbidities that are, unfortunately, disproportionately prevalent in the African American population. So we're very concerned about that. It's very sad. There's nothing we can do about it right now, except to try and give them the best possible care to avoid those complications.

Thank you, Mr. President.

THE PRESIDENT: Thank you very much. And, Tony, I think you're going to have some pretty accurate numbers over the next few days, right? But they are very — they're very nasty numbers. Terrible numbers.

In total, 1,200 Abbott machines — Abbott Laboratories, they've been fantastic — have been shipped now nationwide. Up to 500 more are being produced every week, and 50,000 testing cartridges are being manufactured per day. That means a lot of very fast tests. No nation in the world has developed a more diverse and robust testing capacity than the United States.

We're dealing with other nations, helping them out because the testing is very tough for them. And our tests are very accurate. A lot of tests are out there, and they're not accurate at all. In fact, some of the tests, you don't have a clue what's going on. So we're working with other nations trying to get them help, also.

At a time when many Americans are experiencing increased stress, anxiety, and personal loss, we must also ensure that our country can meet the mental health needs of those struggling in this crisis. There are people struggling. They're struggling. And some people are getting to know each other, frankly. Some families are getting to know each other, on a positive note. But there are a lot of people struggling.

On Thursday, I'll be speaking to leaders and advocates from the mental health organizations all across our country. And we are going to be talking about resources and tools that we'll make available to them. They need help. And it's a big problem.

When you take something where it was the most successful country in the world — still is — the whole world is shut down. Think of it: We're down to numbers that are incredible.

As I said yesterday, I think it's 182 countries right now. One hundred and eighty-two countries are under attack by the — by the scourge, by this virus.

But as we wage medical war on the virus, we're also speeding economic relief to our people. It's incredible. We just had a meeting that was absolutely incredible with the banks. I spoke with leaders in the banking and finance industry about our efforts to help American workers and employers.

As of today, small business has proc- — has processed more than \$70 billion in guaranteed loans and will provide much-needed relief for nearly a quarter of a million businesses already.

So we are going to be providing tremendous amounts of money to the small businesses of our country who have been absolutely clobbered. And they'll be keeping open and they'll be paying their employees, and they'll be all set to go. We're going to have a rocket upward.

I want to thank David Solomon, CEO of Goldman Sachs; Brian Moynihan, CEO of Bank of America; Gordon Smith, co-president, COO of JPMorgan Chase; Charles Scharf, CEO of Wells Fargo; Michael

Corbat, CEO of Citigroup; Al Kelly, CEO of Visa; Michael Miebach, CEO of Mastercard; Noah Wilcox, CEO, chairman of Grand Rapids State Bank. And we had numerous others also on the call. And I just appreciate them.

They are — we're way ahead of schedule, by the way. We're way ahead of schedule. The Paycheck Protection Program has been incredible.

So based on the incredible success of the program, I'm announcing that I'll be asking Congress to provide an additional \$250 billion for the paycheck protection, which will help keep Americans employed to facilitate a quick and full recovery.

We're doing very well. We're looking very bipartisan. A lot of people want to do it. And the — the plan is amazing. You know, they're processing hundreds of thousands of loans. And this is the big banks that are doing it, the community banks. But the biggest banks right now in our country are doing it, and they're — they're doing it for a lot of reasons. One of them is they want to help people.

The WHO, that's the World Health Organization, receives vast amounts of money from the United States. And we pay for a majority — biggest portion of their money. And they actually criticized and disagreed with my travel ban at the time I did it. And they were wrong. They've been wrong about a lot of things. And they had a lot of information early and they didn't want to — they're very — they seem to be very China-centric. And we have to look into that. So we're going to look into it.

We pay for — we give a majority of the money that they get. And it's much more than that the 58. Fifty-eight million dollars is a small portion of what they've gotten over the years. Sometimes they get much more than that. Sometimes it's for programs that they're doing, and — and it's much bigger numbers. And if the programs are good, that's great, as far as we're concerned.

But we want to look into it — World Health Organization — because they really are — they called it wrong. They called it wrong. They really — they missed the call. They could have called it months earlier. They would have known, and they should have known. And they probably did know, so we'll be looking into that very carefully.

And we're going to put a hold on money spent to the WHO. We're going to put a very powerful hold on it, and we're going to see. It's a great thing if it works, but when they call every shot wrong, that's no good.

We're in the midst of a great national struggle, one that requires the shared sacrifice of all Americans. In recent weeks, it's been remarkable to see so many companies and organizations and individuals, like the banks that I just told you about — biggest banks in the world. They stepped up to help small business. They have big business, small business. The small business will someday be the big business. But the small business is 50 percent of our economic strength. People don't realize when you add them up, but they just — they just rose to the occasion. Everybody is rising to the occasion. It's been incredible to watch.

To honor and celebrate the extraordinary examples of patriotism and citizenship, we're seeing — I'm asking Americans to use the hashtag #AmericaWorksTogether when sharing stories of how we're all working together, get through — getting through this ordeal in a fashion that nobody would have ever thought possible. It's been incredible. And that's why the numbers are, so far, much better. We want to keep it that way.

If you look at the original projections: If we did nothing, it would be disastrous. If we — we decided to do something. We closed it down; had no choice. It was a good move. That was a good move. The early China move was a good move. The early Europe move was a good move. Made a lot of good moves. But closing it down was a big statement. It was a big, important thing.

But we're looking to have far fewer deaths than originally thought. And I think we're heading in that direction, but it's too early to talk about it. I don't even want to talk about it now because we just want to work.

And I think that people are doing an incredible job. The doctors, the nurses, the firefighters, the police — all medical people, what they're doing — the bravery that they're displaying is just incredible.

Every citizen should take immense pride in the selfless — selflessness and all of the courage and compassion of our people. The workers — the people that are working and construction workers going into hospitals, knowing nothing about this problem, other than it's dangerous. And they go in there to rebuild sections of hospitals. And you have people in really big trouble right next door. They know nothing about it. All they know is they're going to get it done, they're going to fix that wing so they can have more people in there. It's incredible.

But this is a national spirit that won our independence and settled the frontier and explored the horizons of space. And that's what we're doing. I mean, this is all — this is all new territory.

It unlocked the miracles of science and what — we're doing that when you — I wish you could have heard the calls I had yesterday with these great companies that come up with cures to diseases. And the success they've had over the last 15 years is really amazing. So I just want to thank all of them. They're working very hard.

They're working with UK, right now, and the UK doctors — hopefully helping with their great Prime Minister. But these people are really a — tremendous signs of success are staring us right in the face. I think we're going to have something that's going to be great, in terms of vaccines and in terms of everything else that they're doing, just helping — really helping us, helping the people of our country and helping, ultimately, the people of the world.

So I want to thank you all for being here. I will take some questions, and then I'm going to give it over to the Vice President and they're going to go into great detail on to what we're doing and all of the successful supplies and medical equipment that we're getting — all of the ventilators. I've said it, but you can go over it in more detail if you'd like. But we're taking in and building thousands and thousands of ventilators. And they're very high quality. I said, "You got to go for the quality." And these are quality companies doing it.

So — because there is a big difference between a good ventilator and a not-so-good ventilator, Tony, right? We've seen that. And — big difference. So we're going top of the line.

Steve, please.

Q The Acting Navy Secretary submitted his resignation today — Modly. Why did that become necessary? And what — what role did you have in this, sir?

THE PRESIDENT: Well, I had no role in it. I've heard — I don't know him, but I've heard he was a very good man. And it was a — the whole thing was a very unfortunate — the captain should not have written a letter. He didn't have to be Ernest Hemingway. He made a mistake, but he had a bad day. And I hate seeing bad things happen. The man made a mistake.

But, you know, you shouldn't be writing letters and you should — you're in the military. You're the captain of a great ship, and you shouldn't be writing letters and sending them to many people and then it gets out to the media. And, you know, the question is, "How did it get out to the media?" So there's a lot of bad things happened there.

And I had heard he did because he didn't want to cause any disturbance for our country. So that was a — because he wouldn't have had to resign. I would not have asked him. I don't know him. I didn't speak to him. But he did that, I think, just to end — end that problem. And I think in one — in really many ways, that was a very unselfish thing for him to do.

Q What should happen now to Commander Crozier, who left —

THE PRESIDENT: Well, they're going to look at that. I think Secretary of Defense, as you know, is — is — you know Mark Esper, and he's very capable. And I think he's looking at that right now. They're — they're going to just take it under regular Navy channels to see what they want to do.

But he made a mistake, but he shouldn't have done that. And your Secretary probably shouldn't have said quite what he said. He didn't have to resign, but he felt it would be better for the country. So I — you know, I think it's — it will end it quickly.

Yes, please.

Q So, Mr. President, a couple on the economic front. The \$250 billion that was added today — or will be added for the Small Business Loan Program, it brings it to \$600 billion in total. Do you think that figure is enough? Might there be some more down the line?

THE PRESIDENT: Well, we're going to find out. You know, when you see hundreds of thousands of applications — don't forget, they're for \$3,000, for \$7,000, some for a couple of million. I guess one of the banks had a couple of million. So they're for different — very varying amounts of money.

And there's a limit on the top, and then there's really no limit on the bottom as to what it might be. But it's really popular. It's hundreds of thousands of applications. They really like it. What I like is it keeps these companies together, these little companies. Just like we're going to help the airlines and the big companies, we're going to help the little companies.

And the banks are run- — nobody is equipped to do a thing like that, but the banks are equipped. So, the banks are doing it. Big banks, small banks. We have many banks — community banks — and they're processing the loans and they'll be able to watch it and make sure it's done properly.

Q There was a lot talk today, sir, as well about potentially reopening the economy in the upcoming weeks. You mentioned the other day about a potential economic task force. Can you give us some sort of update as to where that may or may not —

THE PRESIDENT: Well, we're thinking about that. But we want to open up, and we want to get it open soon. That's why I think maybe we're getting to the very top of the curve.

I spoke with Governor Cuomo and he seems to think that he's getting close, and I think a lot of people think that a lot of places are getting close. We want to start heading that — hitting the downside. And I think we're going to be doing — this is going to be a very difficult week, however. This week will be a very difficult week. Because that's the most difficult week, when you're at that top position. And we'll see what happens. We'll see what happens.

Q When it does open up, what can the federal government do?

THE PRESIDENT: Well, the federal government has done a lot —

Q Because there is a lot of —

THE PRESIDENT: — and it's going to do a lot. We want to — I really think that with the stimulus, we can maybe be — even beyond — we're going to do, perhaps, infrastructure, which you wouldn't have gotten approved before. And now people are looking to do it.

And the beauty is we're paying zero interest or very close to zero interest. In some cases, we're paying actually zero — have no interest charge. And the dollar is very strong, and people are investing in the dollar. They want — you know, the fact that we have the strong currency — we have the currency. We — our currency is — is everything.

And other companies, other countries want to be in our currency. So we're — we're getting all of the investment wanting to come into the dollar. The dollar is the strength. The dollar is the whole

ballgame. We have a strong dollar. Other currencies are going down — way, way down in some cases.

You look at other countries — I won't mention them — but other countries are going down 22 percent, 25 percent, 28 percent, and it's very hard for them. That makes it much more difficult with us. Our currency is relatively now stronger than it ever was — or it was over the last few years relative to other countries. So it's always relative to other countries, but our currency is very strong.

So, therefore, people want to invest. If we do a bond issue to do infrastructure, everybody wants a piece of that issue, even at zero interest.

Yeah, please.

Q Thank you, sir. Did you see these memos that reportedly Peter Navarro wrote back in January? When did you see them? And how does that — these memos sort of square with what you've often said that nobody could've predicted this. It sounds like he was predicting it.

THE PRESIDENT: I didn't see them, but I heard he wrote some memos talking about pandemic. I didn't see them. I didn't look for them either.

But that was about the same time as I felt that we should do it. We — that was about the same time that I closed it down. I asked him about it just a little while ago, because I read something about a memo. I said, "Did you do a memo?" I didn't look for — I didn't see it. I didn't ask him to show it to me. He said, "Yes, I talked about the possibility of a pandemic." Nobody said it's going to happen, but, you know, there is a possibility. There always has been a possibility, but people wouldn't talk about it.

But it was right about the time that I closed it down. And interestingly, the World Health Organization was not in favor of us closing it down. And if we didn't close it down, we would have lost hundreds of thousands more lives. So, we did a good thing. We did a good thing.

Yeah, please.

Q So at the time, though, when — when Peter Navarro did circulate those memos, you were still downplaying the threat of coronavirus in the U.S. You were saying things like, "I think it's a problem

that's going to go away within a couple of days.”

THE PRESIDENT: Which I'm right about. It did go — it will go away.

Q You said, “Within a couple of days, the cases will be down to zero.”

THE PRESIDENT: Well, the cases really didn't build up for a while. But you have to understand, I'm a cheerleader for this country. I don't want to create havoc and shock and everything else, but ultimately, when I was saying that, I'm also closing it down. I obviously was concerned about it because I closed down our country to China, which was heavily infected.

I then closed it down to Europe. That's a big move — closing it down from China and then closing it down from Europe, and then, ultimately, closing it down to the U.K. So — and it was right about that time. But I'm not going to go out and start screaming, “This could happen. This could happen.”

So, again, as President, I think a president has to be a cheerleader for their country. But at the same time I'm cheerleading, I'm also closing down a very highly infected place, specifically the location, as you know, in China that had the problems. And we're closing it down, but we closed it down to all of China, then we closed it down to all of Europe. Those were big moves, and it was right about that time.

Q Sir, just a quick — just a quick follow-up, Mr. President. Mr. President —

Q Can you just clarify: Did you just learned about this today?

THE PRESIDENT: Say it?

Q You learned about the memo today?

THE PRESIDENT: I read about it maybe a day ago, two days ago.

Q You feel like someone in your — among your staff or Peter Navarro himself should have told you about the memo earlier?

THE PRESIDENT: No, not at all. It was a recommendation. It was a feeling that he had. I think he told certain people in the staff, but it didn't matter. I didn't see it, but I did — I closed it down. I don't remember it even being discussed.

We had a meeting where there were a lot of people. Most people felt they should not close it down — that we shouldn't close down to China. But I felt we had to do it. And that was at almost the exact same time as the memo.

Q If you had read the memo at the time, how would that have changed the steps you took or the statements that you made around the time about the dangers of the virus?

THE PRESIDENT: I don't think it would've changed, because I did — I basically did what the memo said. And the memo was — you know, the memo was a pretty good memo, from the standpoint that he talked. I guess, I didn't see it yet.

Q He was seeing that the U.S. would — warning that the U.S. could lose trillions of dollars and millions of lives.

THE PRESIDENT: Well, you're not going to lose millions of lives, but you'll lose plenty of money. But I couldn't have done it any better because it was about the same time, and I closed it down to China.

Q And just lastly, so you maintain confidence in him, in Peter Navarro?

THE PRESIDENT: Of course, I maintain con- — he wrote a memo and he was right. And I haven't seen the memo. I'll see it later on after this, but it didn't matter whether I saw it or not, because I — I acted on my own. I guess I had the same instincts as Peter. Peter is a smart guy and he's a good guy, and he's done a wonderful job. But he wrote a memo and, I guess, he talked to various people about it.

But ultimately, I did what the memo — more or less what the memo said just about the time the memo came out. I closed it down. I took a lot of heat. The World — you know — Health Organization was very much against. They didn't like it. They actually put out statements about it.

In all fairness to Joe Biden, he called me xenophobic, like I don't like China. I like China. I like — the Chinese people are phenomenal people. So, I was called xenophobic, I was called racist. “How could I do a thing like this?”

Now, since then, Joe said that he was wrong, and he said that I was right. But I closed it down, and I was called names by some of the morning show hosts who don't have a clue what they're talking about. They're not smart people. And I was called all sorts of names when I closed it down to China. Now they try and hide that — you know, the tape of them saying terrible things. But that was a great decision.

If I didn't do it — if I didn't do that, we would've had hundreds of thousands more people dying.

Yeah, please.

Q You talked a lot about the WHO, and I was wondering — Dr. Fauci had discussed them earlier, so if I could ask you a question about that.

THE PRESIDENT: Well, he respects the WHO, and I think that's — that's good. And he's worked with them for a long time. But they did give us some pretty bad play calling.

Q But they've also, I think, given lots of countries in the world accurate coronavirus testing that's been central to your guys' data modeling. And so, I'm —

THE PRESIDENT: Well, that, I don't know. I can only say that, with regard to us, they're taking a lot of heat because they didn't want the borders closed; they called it wrong. They called — they really called, I would say, every aspect of it wrong.

Q So say that the funding freeze does not — doesn't —

THE PRESIDENT: No, I'm not happy about it. Look, we fund it. Take a look. I mean, go through step by step. They said there's no big deal, there's no big problem, there's no nothing. And then, ultimately, when I closed it down, they actually said that I made a mistake in closing it down. And it was — it turned out to be right. But at the time they — you know, they did that.

So we're just going to take a look at it. You know, we fund it. And — and they seem to be — you know, I said recently — and social media said, "They seem to be very China-centric." That's a nice way of saying it. But they seem to be very China-centric.

Q But if your public health advisors are telling you —

THE PRESIDENT: And they seem to err always on the side of China, and we fund it. You know, so I want to look into it.

Yes, please.

Q Thanks. A quick follow-up on that. So is the time to freeze funding to the WHO during a pandemic of this magnitude?

THE PRESIDENT: No, maybe not. I mean, I'm not saying I'm going to do it, but we're going to look at it.

Q You did say that you're going to —

THE PRESIDENT: We give a tremendous —

Q You said you'd put a hold on it.

THE PRESIDENT: No, I didn't. I said we're going to look at it. We're going to investigate it. We're going to look at it. But we will look at ending funding.

Q And to —

THE PRESIDENT: Yeah, because you know what? They called it wrong. And if you look back over the years even, they're very much — everything seems to be very biased toward China. That's not right.

Q I wanted to follow up. You talked about African Americans and how they've been disproportionately affected by the coronavirus.

THE PRESIDENT: Seems to be, unfortunately.

Q Do you plan on requiring the CDC, any federal agencies or state agen- — public places doing tests and private companies doing tests to collect that data on the race of the people being tested and the race of the people being treated and the outcomes?

THE PRESIDENT: Well, we're just seeing tremendous — we're seeing tremendous evidence that African Americans are affected at a far greater percentage number than other citizens of our country, because we're dealing with our country. Now we're looking at it from a worldwide standpoint. Tony Fauci is looking at it very strongly, but these numbers have started to come out, and they're — they're very strong. And they're pretty obvious. I mean, you're — you're talking about —

THE VICE PRESIDENT: Seema has —

Q And you will release that — but you will release that publicly?

THE PRESIDENT: Seema, would you like to talk about that for a second? Please.

ADMINISTRATOR VERMA: I think one of the things that we're going to —

THE VICE PRESIDENT: She has the data.

THE PRESIDENT: Good.

ADMINISTRATOR VERMA: — be doing with our Medicare data is to do that analysis. We're going to look back at the last month or so, and look at, you know, related-type illnesses.

Going forward, we now have a code for coronavirus, so we can actually stratify by demographic information so we can look at race as a factor. We can also look at what the underlying health issues are as well. So we'll be providing that data very shortly, but we will be doing that analysis.

THE PRESIDENT: We're working on that very hard. This is something that's come up over the last — I hadn't heard this. And then, over the last few days, this has come up more and more. And I don't

mean by a little bit. I mean, many times. It's a real thing. Now, we want to find cures, we want to find therapeutics, we want to find vaccines, because that will solve everybody's problem.

But why is it that the African American community is so much, you know, numerous times more than everybody else? And we want to find the reason to it. And Dr. Fauci, Seema, both of them and others are working on this, and they're going to have very good — I would say over the next — in less than a week —

THE VICE PRESIDENT: Two days.

THE PRESIDENT: — I think you're going to have very good statistics.

THE VICE PRESIDENT: Two days.

THE PRESIDENT: Couple of days.

Q So do you plan to do something specifically aimed at those communities that are being hard hit? Those black communities that are being hard hit?

THE PRESIDENT: Well, we're helping them a lot. But what's happening is we're trying to find out why is it that it's three and four times. Now, maybe that's not going to be the final number. But why is it three or four times more so for the black community as opposed to other people? It doesn't make sense, and I don't like it. And we're going to have statistics over the next, probably, two to three days. Okay?

Q Mr. President —

Q Mr. President —

THE PRESIDENT: Yeah, please. In the back.

Q Thank you. I'd like to ask a question on behalf of myself and a colleague who couldn't be here due to social distancing.

THE PRESIDENT: Sure.

Q Thank you.

THE PRESIDENT: Who are you with? Who?

Q With Hearst Newspapers. I'm the print pooler today. Thank you. Some banks are only providing Paycheck Protection Program loans to clients with whom they have existing banking relationships. And you spoke to banking CEOs today.

THE PRESIDENT: I did.

Q I wonder if you'll ask them — these lenders — to accept applications from all small businesses —

THE PRESIDENT: Sure.

Q — not just the businesses with whom they have existing relationships.

THE PRESIDENT: Okay. They'll be doing that. But we're also working with small community banks. So they will be doing that. It's a question I've already spoken about. I mean, in many cases, they have long-term relationships with thousands of companies. I was amazed to see how many — you know, you saw the number of applications. It's hundreds of thousands. It's a lot of work. But I did ask that question, and they are working on that.

Yeah.

Q Thank you. And my second question from a colleague is: Congressman Gerry Connolly, a Democrat from Northern Virginia, told the local D.C. CBS station that you personally requested the CARES Act stimulus bill be stripped of \$25 billion for the Postal Service. Connolly claims that unless the USPS gets that \$25 billion, the agency will be run out of money by June. He accuses you of hastening the demise of the Postal Service. Could you respond to that, please?

THE PRESIDENT: Well, the biggest — oh, I'm the reason the Postal Service — the Postal Service has lost billions of dollars every year for many, many years. So I'm the demise? This is a new one. I'm now the demise of the Postal Service.

I'll tell you who's the demise of the Postal Service are these Internet companies that give their stuff to the Postal Service — packages. And I don't know why they're not — you know, I don't run the Postal Service. You have a group of people, so-called “independent” people, and they run it.

But these packages are — they deliver — they lose money every time they deliver a package for Amazon or these other Internet companies, these other companies that deliver. They drop everything in the Post Office and they say, “You deliver it.” And if they'd raise the prices by actually a lot, then you'd find out that the Post Office could make money or break even. But they don't do that. And I'm trying to figure out why.

These are independent boards. They were appointed by other administrations. They're, sort of, long term. They're there for a long time. And I've been talking to them also. You can look it up. Take a look. They should raise — they have to raise the prices to these companies that walk in and drop thousands of packages on the floor of the Post Office and say, “Deliver it.” And they make money, but the Post Office gets killed. Okay? So they ought to do that, and we're looking into it. And we've been pushing them now for over a year.

And you know that because you've seen the stories. I'm pushing them. It's not fair for them to — these great, wonderful, modern companies, they walk into our old Post Office with all these routes that could never be built; you could never build them. They go into areas that you could never do, and they say, “Here. Deliver this.” And they lose a lot of money per package. And they have to raise their prices, but this Postal Commission doesn't do it. Now, we just got a chance to appoint a couple of people onto the Commission, as I understand it, and that's good. But they have to raise their prices; otherwise, they're just going to lose a lot of money.

And tell your Democrat friend that he ought to focus on that, because if he focused on that, he could truly save the Post Office. The Post Office has been losing billions of dollars a year for many, many years. And have him take a look at that, because that's the way to solve the problem.

Q Thank you so much, Mr. President.

THE PRESIDENT: Yeah. Please. Go ahead.

Q Thank you so much. Mr. President, you say this week will be very painful, very difficult. But a few weeks ago, you said this was just like a flu. What have you learned —

THE PRESIDENT: I didn't say two weeks ago it was a flu.

Q A few weeks ago.

THE PRESIDENT: No — you know what? Can I tell you what?

Q The question is, Mr. President, what have you learned —

THE PRESIDENT: Excuse me. Ready?

Q — that you could offer as advice to foreign leaders who are still skeptical about this pandemic and who are against social distancing? What is your advice? What have you learned?

THE PRESIDENT: Okay. You said I said it was just like a flu.

So the worst pandemic we ever had in this world was a flu, and it was called — you know that. It was in 1917, 1918. And anywhere from 50- to 100 million people died. That was a flu, okay? So, you could say that I said it was a flu or you could say — the flu is nothing to sneeze at.

Q But my question, Mr. President: What can you offer as advice to foreign leaders who are skeptical about this pandemic and who are against social distancing?

THE PRESIDENT: Well, I think there aren't too many of them. If you look throughout the world, and everyone — just about everyone that has practiced that is now closing up. Well, the U.K. was an example.

Now, they talk about Sweden, but Sweden is suffering very gravely. You know that, right? Sweden did that. "The herd." They call it "the herd." Sweden is suffering very, very badly. It's a way of doing it, but the — you know, everybody has been watching everybody else. And so far, almost every country has done it the way we've done it — we've chosen to do it. If we didn't do it that way, we would have lost hundreds of thousands of more people. Okay?

Q Mr. President, there's voting going on today in Wisconsin. There were reports of thousands of people waiting in hours-long lines as they've had to weigh their own personal health and their civic responsibility. What — do think that the Supreme Court was right in its decision, sir, that voting should go forward and that the absentee extension should not take place?

THE PRESIDENT: Of course they were right. Yeah. Look, the Supreme Court — well, of course they were right, because what the Democrats wanted — and you know why this happened. I supported a man named Justice Kelly, who's — Daniel Kelly, highly respected justice. And I supported him just the other day — social media. I know of him. He's a — just a, you know, fantastic judge, justice. And I endorsed him.

And as soon as I endorsed him, they wanted to move the election. They didn't want to move the election. As soon as I endorsed him, the Wisconsin Democrats say, "Oh, let's move the election to two months later." They didn't mind having the election until I endorsed him, which is very interesting.

Now they talk about, "Oh, safety, safety." Well, it was 15 minutes after I put out an endorsement that they said, "We have to move the election." They didn't want to move the election before that. The other thing they wanted to do — which is crazy — at the end of the election, they wanted to have one week for proxies to come in or mailed ballots.

Now, mail ballots — they cheat. Okay? People cheat. Mail ballots are a very dangerous thing for this country, because they're cheaters. They go and collect them. They're fraudulent in many cases. You got to vote. And they should have voter ID, by the way. If you want to really do it right, you have voter ID.

But the Democrats — and this was turned over in the Supreme Court yesterday; I give great credit to the court — they actually didn't want to have an Election Day. They wanted to have Election Day, and then a week after Election Day, you choose your cand- — but all of these ballots come in. These mailed ballots come in. The mailed ballots are corrupt, in my opinion. And they collect them, and they get people to go in and sign them. And then they — they're forgeries in many cases. It's a horrible thing.

And so what happened is, the Democrats in Wisconsin, they had no problem with the election being today, until I endorsed the Republican candidate, Justice Kelly — Daniel Kelly. And as soon as I endorsed him, they went crazy. They went crazy. And you know that's true. And now all of a sudden —

Because — go back two weeks, go back two days: They didn't want to move the election. They were having the election. They were fine because they thought they were going to win the

election. Then I endorsed him, and all of a sudden they think they're not. Now I understand there are lines that go back a long way. I hope they're going to vote for Justice Kelly. Okay?

Q Mr. President —

THE PRESIDENT: Go ahead.

Q With millions of pills of hydroxychloroquine donated, is there a plan or system in place —

THE PRESIDENT: Yeah.

Q — to track the potential side effects?

THE PRESIDENT: Yeah.

Q There have been reports —

THE PRESIDENT: Well, you saw the representative —

Q — of serious harm.

THE PRESIDENT: Look — look, is there a plan that —

Q So is there a plan to track the side effects of the clinical trials?

THE PRESIDENT: The side effects? The side effects are the least of it. You have people dying all over the place. And generally, the side effects are really with the Z-Pak having to do with the heart. The Z-Pak — that's the antibiotic. Not with the hydroxychloroquine.

So, a woman last night — I watched her on one of the shows — a good show; Laura — and she was — she thought she was dead. She was a representative from Michigan. She was just in horrible shape for 12 days, 14 days. She thought she was dead. I think she said that her doctor said she's — you know, it's going to be very tough.

She saw me talking about this, and she asked her husband to go to the drugstore. Now, this is a Democrat representative — a person that, you know, perhaps wouldn't be voting for me. I think she'll be voting for me now, even if she's a Democrat, even if she's a Democrat representative.

And they went to the store — which I made available, because we have millions of doses. We have, I think, 29 million doses of this drug. And she asked her husband. She said, "Please go out. I'm not going to make it." You have to hear her story. "Please go out. Get it." He went at 10 o'clock in the evening to the drugstore. He got it. He gave it to her.

Now, you know, it's — I don't say it works like this at all. Four hours later, she awoke and she said, "I feel better." And then shortly thereafter, she felt great. This a woman that thought she was going to die. It's — I mean, she's a Democrat representative, a highly respected woman, African American woman. I don't know if you saw it. You asked a question about African American.

Q I did — I did see.

THE PRESIDENT: She was an African American woman. A great woman. Her manner of speaking, her — the way she told the story was beautiful. "I asked my husband to go and get it. He got it."

She is now okay. I mean, she was interviewed last night on television. And she thanked me. She thanked me even in a tweet. She said, "I want to thank President Trump. He saved my life."

Look, I don't say that happens with everybody, but that's a beautiful story. There are many of those stories. And I say, "Try it."

Okay, please.

Q Mr. President —

THE PRESIDENT: I mean, if you're in trouble, if you're going to die and you're going to die — I mean, it's — you're not going to die from this pill. Now, there could be some side effects, but the side effects is really more so from the Z-Pak.

Q Is there a plan to track those side effects?

THE PRESIDENT: No, no — doctors have to recommend it. I want doctors — I'm not saying — I'm not a doctor. I'm just saying, we hear great results. And some people say, "Let's go to a laboratory. Let's test it for a couple of years. And then..." No, I got — we got people dying in this country and all over the world, right now, not in a couple of years. They're dying. As we speak, there are people dying.

And I really think it's a great thing to try, just based on what I know. Again, I'm not a doctor. And I say, "Get a physician's approval." And they have physicians in these hospitals. Great physicians. Brave physicians. They also say it's good for the hospital workers to take them. That it's — you know, it's a — it keeps it away. Keeps it out of your system. I don't know. But there's a lot of good examples.

And, you know, we have a 1,500-case study going in New York and it's almost complete. So it'll be very interesting to see what happens.

Go ahead.

Q Thank you sir. Can you that —

THE PRESIDENT: But I appreciate that woman. She was great. You have to see it to believe it. The way she spoke, it was like a miracle. And this was not a fan of mine, but she's a fan of mine now, and I'm very honored by it.

Go ahead.

Q Thank you, sir. Can you talk about your decision to remove Glenn Fine from the Pandemic Response Accountability Committee? And there's some — that move and some of the criticism you've leveled at IGs, how does the American public have confidence that —

THE PRESIDENT: Yeah.

Q — there'll be oversight?

THE PRESIDENT: Well, we have a IGs in from the Obama era. And as you know, it's a presidential decision. And I left them, largely. I may change some, but I left them.

But when we have, you know, reports of bias and when we have different things coming in — I don't know Fine; I don't think I ever met Fine. I heard the name —

Q He wasn't an Obama —

THE PRESIDENT: I heard the name. I don't know where he is. Maybe he was from Clinton. Okay? You have to check that out? Okay, maybe he's from Clinton.

But we did change him, but we changed a number. We have about seven nominations in. I believe we put seven very, very highly qualified people for the IG position. And, you know, that's a decision that I could have made three years ago and I could have made two years ago. But we're putting in — not so much for him. We're putting in seven names. I think it was seven. And they're going in now.

Yeah. Steve?

Q When you talk about the WHO being “China-centric,” what exactly are you talking about? Is it because China has underplayed how many victims they've had?

THE PRESIDENT: I don't know, they seem to come down on the side of China: “Don't close your borders to China. Don't do this.” They don't report what's really going on. They didn't see it, and yet they were there. They didn't see what was going on in Wuhan. They didn't see it. How do you not see it? They didn't see it. They didn't report it if they did see it. They must have seen it, but they didn't report it.

Please, go ahead.

Q Mr. President, just turning back to the voting in Wisconsin and those long lines: Who will be responsible and who should be held responsible if people get sick after they voted?

THE PRESIDENT: Look, all I did was endorse a candidate. I don't know anything about their lines. I don't know anything about their voting. I love the state.

Q But you also encouraged people to get —

THE PRESIDENT: I won the state.

Q — out and vote today as well. Will you take some of —

THE PRESIDENT: Yeah —

Q — the responsibility if some of those people get sick?

THE PRESIDENT: I won the state, which is rare for a Republican to do, but I want the state of Wisconsin. I'm going to win it again because we've been great to the people of Wisconsin, as you know, with our policies. And they like me and I like them.

But all I did was endorse a candidate that's highly qualified — a very respected person — and all hell broke loose as soon as I did that.

And then all of a sudden, they want to change. Before I endorsed him, they didn't want to change this voting area. There was no problem with the Democrats voting until I endorsed the candidate. Then they said, "Let's move it two months, let's move it three months later." "Safety, safety, safety," right? All of a sudden, they want safety. Well, before I did the endorsement, they didn't talk about safety. It was fine for months. For months, it was fine. It was always going to be.

And now I endorse, and they want safety. So, you know, that sounds —

Q Mr. President, on the economy, sir —

Q Mr. President, can I follow on that?

THE PRESIDENT: Go ahead. Please.

Q Thank you. Just to follow up on that, how does the election — them holding this election in Wisconsin line up with the social distancing recommendations that have come from your administration?

THE PRESIDENT: Well, there you'll have to ask the people — that you have a Democrat in Wisconsin as governor. Ask him. That's his problem. Okay? He should be doing it.

Again, some governors fail. And I won't let them fail, because when they fail, I'll help. But that's run by Democrats right now. Okay? It's run by Democrats. You had a great Republican —

Q But is it possible to socially distance when you're voting? You're going to have crowds.

THE PRESIDENT: You'll have to speak to the governor. What you should do is call the governor of Wisconsin and ask him that question. But also ask him how come it was okay to do this until I endorsed a candidate? And as soon as I endorsed him, these lines are formed. And I hear, Mike, the lines are through the roof. So, you know, hopefully they're going to write — they're going to vote for the right candidate.

Yeah, please.

Q Mr. President, can I just check in on oil again today? I was wondering if —

THE PRESIDENT: Oil?

Q Yeah, if there's —

THE PRESIDENT: Where is it today?

Q Well, I was wondering if you had —

THE PRESIDENT: No, no, where is the price? Give me the price.

Q I'm not sure, to be honest.

THE PRESIDENT: How can you ask a question when you don't know the price?

Q I'll look it up for you. Uh —

THE PRESIDENT: Okay, let me do somebody else then.

Go ahead.

Q Mr. President, you were highly critical of mail-in voting — mailing your mail-in ballots for voting a few minutes ago.

THE PRESIDENT: I think mail-in voting is horrible.

Q But you voted by mail in —

THE PRESIDENT: It's corrupt.

Q — Florida's election last month, didn't you?

THE PRESIDENT: Sure, I can vote by mail for the —

Q So how do you reconcile that?

THE PRESIDENT: Because I'm allowed to. Well, that's called "out of state." You know, why I voted? Because I happen to be in the White House and I won't be able to go to Florida to vote.

But let me just say —

Q So what is the difference between mailing within state and mailing outside the state?

THE PRESIDENT: Well, there's a big difference between somebody that's out of state and does a ballot and everything is sealed, certified, and everything else. You see what you have to do with the certifications. And you get thousands and thousands of people sitting in somebody's living room, signing ballots all over the place.

No, I think that mail-in voting is a terrible thing. I think if you vote, you should go. And even the concept of early voting is not the greatest because a lot of things happen, but it's okay. But you should go and you should vote. I think you should go and you should vote.

You look at what they do, where they grab thousands of mail-in ballots and they dump it. I'll tell you what — and I don't have to tell; you can look at the statistics — there's a lot of dishonesty going along with mail-in voting — mail-in ballots.

Q Mr. President, you've heard state officials that buy their own medical equipment, but federal officials are kind of swooping in and scooping up those orders. How are you ensuring that —

THE PRESIDENT: That's not right.

Q — it's being distributed fairly —

THE PRESIDENT: I've been hearing that so long.

Q — and there's going to be more transparency?

THE PRESIDENT: Well, we're getting — we're getting great prices on equipment. We're getting great prices on equipment, and we're helping the states. And the governors are very thankful. Mike Pence had a call yesterday with — every governor was on the call and every — it was like a lovefest. They're very happy. I don't know if they tell that to the press. Some of them don't. Some of them will never say good to the press, but they know we've done a great job. Not a good job, a great job.

Q So are you saying it's not happening? Because state officials are widely saying that.

THE PRESIDENT: No, no, I think sometimes it does, and what we say is, let us know and we will immediately drop out of the bidding. Let us know. And we do that and we drop out. Sometimes we tell them to drop out because we've got a good price. You — and then we'll deliver it to them.

Q Mr. President —

Q How do you ensure it's —

THE PRESIDENT: Yeah, go ahead, behind, please. Go ahead.

Q Yes, thank you, Mr. President.

THE PRESIDENT: No, no, no, no, not you. In front, please. Go ahead.

Q Some states have had trouble with getting accurate death counts, particularly because of lack of testing or no uniform —

THE PRESIDENT: Did you say “death counts”?

Q Yes. Because of lack of testing and no uniform system to put that into.

THE PRESIDENT: I don’t know — when you say, “death counts,” I think they’re pretty accurate on the death count. When somebody dies, I think the states have been pretty accurate.

Q But if there’s no testing —

THE PRESIDENT: That’s a big deal, what you’re just saying, right? No, the death counts, I think they’re very, very accurate.

I do say this: I think if you look at China and if you look at some of these very large countries, when you talk about cases — number of cases — I would be willing to bet they have more cases than we do, but they don’t do the testing like we do. But you look at, you know, other — if you look at some of these certain countries, and I would be willing to bet a lot that they had — have more cases. But we’re more accurate and our testing is done very accurately, and we’ve got a good process.

Did you have one? Yes, please.

Q Mr. President, you have —

THE PRESIDENT: OAN.

Q — you have been very consistently supportive of the payroll relief tax. And I know that —

THE PRESIDENT: Of what? Payroll?

Q Payroll relief. Now, I know you’re still busy trying to implement — roll —

THE PRESIDENT: Right.

Q — phase three. But as we move towards phase four —

THE PRESIDENT: Yeah.

Q — are there still obstacles to that? Because that would put money in American pockets, like consistently throughout the year.

THE PRESIDENT: Yeah, you're right. I would love to see a payroll — good question. I would love to see a payroll tax cut. And I think, on behalf of the people, it would be quick. Now, it's a longer term — you know, it's a longer time, because it's over a period of a year or whatever you want to make it. But I would love to see a payroll tax cut. There are many people that would like to see it as a permanent tax cut — payroll tax cut.

Q What is stopping it from —

THE PRESIDENT: Well, the Democrats right now are stopping it.

Q What are their reasons?

THE PRESIDENT: I don't know. You know, I don't know if maybe they think it's good politics to stop it.

But you'd get a lot of people a lot of money immediately. The payroll tax cut would be a great thing for this country. I would like to have it regardless of this, but this would be a fantastic time to have the payroll tax cut.

The Democrats are stopping it, but I don't think they're — you know, I think it's — I think there's a certain flexibility. I think it's something that we should do both for business and the people.

But this would get money into the hands of small business immediately, money in the hands of people — the workers and people — immediately. And it would be over an extended period. And it would be simple to do. It's so easy to do. It's a great tax cut, and I'd love you to speak to the Democrats, and let's get it done.

So I'm going to give this now to Vice President Pence, and they're going to go over some very good statistics with everybody.

And we'll have a couple of answers on that, because we're working very hard on the African American community with respect to what's going on because it's not — it's not good. I don't like

it. And we're going to have some very good statistics, Tony, I think over the next couple of days.

So thank you all very much. Thank you.

THE VICE PRESIDENT: Thank you all. A few updates and then I'll — I'll introduce Dr. Deborah Birx to talk about what we're seeing around the country, what the data is telling us.

But suffice it to say, as the President said several times, this is a very tough week in America. And our hearts go out to all of the families that have lost loved ones to the coronavirus. But I know I speak for the entire White House Coronavirus Task Force when I say our hearts are with the people of the Greater New York City area today.

As we stand here today, in the midst of heartbreaking numbers of losses in New York City, I also want to assure the American people that there — there's reason for hope. As — as Dr. Birx will enumerate in just a few moments, despite the increase in losses, as Governor Cuomo articulated today, hospital admissions continue to decline.

And in our report early this morning from Dr. Birx, we continue to see evidence of stabilization in some of the areas around the country of the most significant outbreak. The New York metro area, including New Jersey, Long Island, and Connecticut; New Orleans metro area; Detroit; Boston; Chicago; and Denver — as Dr. Birx will explain — continue to give evidence of stabilization, which, in a very real sense, is evidence that the American people are putting into practice the social distancing, the President's guidelines for our nation.

And for that, as the President said earlier today, we thank the American people. Even in the midst of hardship and loss at a time when we've seen more than 385,000 Americans test positive for the coronavirus and more than and more than 12,000 succumb to this illness.

The evidence that Dr. Birx will describe to you will show that the American people know our future is in our hands. And so, as I begin, allow me just simply to continue to urge every American to put into practice the guidance you're receiving from your state and local authorities. Take it to heart, take it seriously, share it with your family and your friends, and — and — and know that you're making a difference, America, because you truly are.

Today, for my part, I spoke to over 500 small-business owners in a conference call. And there, I heard about their enthusiasm for the Paycheck Protection Program. And that call took place before the President had the Secretary of Treasury indicate our interest in acquiring another \$250 billion for that program.

As of this morning, more than \$60 billion in forgivable loans that would cover two months of paychecks at small businesses had already been distributed and the number is going to grow, literally, by the day.

But we also had a very productive call today with — with some other American heroes. You know, the — we all have in our hearts and in our minds our healthcare workers. And I'll speak for a moment about the supplies and resources that we're working to provide for all of them.

But right below our healthcare workers are all the people that are working in critical infrastructure around the country and — and some of the most important people are working in food supply. I mean, from — from the farmers and the ranchers, to our processors, to our distributors, to our truckers, to our grocers, Americans are keeping food on the table for our fellow Americans.

And let me begin by just saying what I said to some of the most prominent CEOs of the meat and grain industry companies in the country — companies like Tyson Foods and Hormel — today: Not just these companies, but to all the hardworking people working in food supply today, thank you. Thank you for what you're doing to keep those grocery store shelves stocked. Thank you for showing up for work every day and — and working hard to keep that food supply rolling in America.

You know, it was more than five weeks ago that the President brought in all of the — all the grocery store leaders in the country. And there he received a commitment that no grocery store in America would close, and they haven't.

But it's been these heroic Americans, from the farm to the fork, that have made it possible for Americans to have one less worry. And they are truly inspiring heroes.

Now, that being said, I did hear from the industry today that there have been reports of some plants having reduced capacity because of people having concerns about exposure to the coronavirus. In fact, over the last several days, there's been some incidents of worker absenteeism and some plants have actually been forced to close temporarily.

And so, on behalf of the President, on behalf of our entire team, and on behalf of a grateful nation, let me just say to all of you that are working in the food industry at every level across the country: Just understand that you are vital. You are giving a great service to the people of the United States of America. And we need you to continue, as a part of what we call our critical infrastructure, to show up and do your job and know that we're going to continue to work tirelessly in working with all of your companies to make sure that that workplace is safe.

With that being said, let me talk about the other heroes that we always mention at this podium today, that Dr. Birx and Dr. Fauci invariably mentioned, and that's our healthcare workers. At the President's direction, we've been working tirelessly — literally around the clock to identify resources around the country and around the world to make sure our healthcare workers have the support that they need.

With some 51 major disaster declarations — most recently, Minnesota — being approved, states have stood up 27,000 National Guard. But personnel-wise, before the end of business today, there will be more than 3,000 Department of Defense and Health and Human Service medical personnel on the ground in the Greater New York City area. And those people will be redeployed once that region of the country moves through the coronavirus epidemic in that area. And — and we salute those extraordinary, patriotic Americans for stepping forward to bring real relief to our healthcare workers.

With regard to equipment, Admiral Polowczyk reported to the task force throughout the course of the day today that we have continued to distribute ventilators across the country. We're — we're sending additional ventilators from the Strategic National Stockpile. Maryland will receive 50 ventilators, Delaware will receive 50 ventilators, and that will leave more than 8,400 ventilators still in the National Stockpile.

One correction from yesterday: After our press briefing yesterday, FEMA made a different decision with regard to what the State of California generously made available. And the ventilators — some 500 ventilators that we, again, want to thank Governor Gavin Newsom and the people of California for donating to our nation's efforts — 100 of those are being deployed to New York, 100 in New Jersey, 100 to Illinois, 50 to Maryland, 50 to Washington, D.C., 50 to Delaware, and 50 to Nevada.

With regard to the remainder of what we call personal protective equipment, again, we've been literally leaving no stone unturned anywhere in the country or anywhere around the world. And as

Admiral Polowczyk described just a couple of days ago, we've established not just an air bridge, but a control tower system modeled after military logistics out of FEMA.

And while — while FEMA is acquiring a small portion of — of what's being acquired, 90 percent of the suppliers are being — are being routed directly into our massive distribution system. And FEMA is using the data that Dr. Birx provides to target those resources to the areas most in need.

I asked them to break out a few details about resources that just in the last five days have been distributed. And I hope it's an encouragement to healthcare workers all across these regions and around the country about the efforts that are being made to make sure they have what they need.

You can see the New York metro area, including New Jersey, just in the last five days, more than 6 million N95 masks, more than 6 million surgical masks. When Governor Cuomo and I last spoke, he told me there was a real challenge for medical gowns in the New York City area and in New Jersey as well. And 2.8 million gowns were distributed to that region as well.

Going next to New Orleans, where — again, while we see some encouragement, challenges remain in that community. Some 837,000 N95 masks for healthcare workers, 165 surgical masks, other items, including almost 6 million gloves have been distributed.

Detroit continues to be a real focal point. We're working closely with Governor Gretchen Whitmer, as well as Mayor Mike Duggan, to meet the needs of healthcare workers in Detroit. Just in the last five days, 1.6 million N95 masks have been routed into the healthcare system in Detroit, nearly 700,000 surgical masks, and 24 million gloves — just as a portion of what's displayed.

And in the Chicago metro area, which we continue to focus on each and every day, more than 1.7 million N95 masks have been routed into their healthcare system, 900,000 surgical masks, 25 million gloves.

I share these details in the hopes that healthcare workers looking on will be encouraged. At the President's direction, we are — we are making every effort to make sure you have the resources you need to do your job, to do it safely, and to go home safe to your family, even while you provide that extraordinary and courageous care that our healthcare workers are providing literally around the clock in the midst of the coronavirus challenge.

The last slide is just the cumulative numbers that we have distributed. And I'm happy, in a few moments, to answer any questions about that.

Again, the system that we have in place is one that is essentially infusing our major distribution networks with millions of items. And then FEMA is directing, on a day-by-day and oftentimes hour-by-hour basis, where those resources are most needed. And we'll continue to do that as the coronavirus makes its way through these communities and through communities that are very much on our watch list today.

And let me just lastly say that, again, I want to thank the American people for stepping up and doing your part. We continue to be overwhelmed with one story after another, where people are doing social distancing, where people are looking after one another, where they're checking in with a phone call to an elderly friend, a family member to make sure they're okay.

I mean, we are on the front end of "30 Days to Slow the Spread." And I will tell you, as a non-scientist up here, that I see glimmers of hope in the early numbers that we're seeing come out of the Greater New York City area, in New Jersey, even New Orleans, and Detroit, and Chicago. There does appear to be, as Dr. Birx will explain in more detail — there does appear to be evidence of leveling, evidence of progress.

But this is exactly the time for all of us to redouble our efforts to do everything each and every one of us can, not just to protect our own health and that of our family and our loved ones, but to do our part to ensure that we lessen the impact of the coronavirus on America as a whole, but — but even more importantly, that we — that we lessen the impact on lives by ensuring that we do our part to make sure that no one that is vulnerable is unnecessarily exposed to this virus.

With that, let me yield to Dr. Birx and then Seema Verma and Dr. Fauci. And we'll take all your questions.

DR. BIRX: Thank you, Mr. Vice President. So, hopefully, you can see from those numbers that we've taken a data-detailed approach, really bringing the power of granular data to the supply chain and moving supplies based on really what you would call "burden of disease" and need.

If I could just take — start out by not just going to the numbers at the beginning, but really talking to the community of health advocates, to the community that works on the social determinants of

disease, and the communities of historic black colleges and universities: We really need to improve messaging. And I'm asking them to help us increase the messaging around this.

We don't want to give the impression that the African American community is more susceptible to the virus; we don't have any data that suggests that. What our data suggests is they are more susceptible to more difficult and severe disease and poorer outcomes.

And we really need to make sure that every household is aware of what it's going to take to protect the individuals in that household that have pre-existing conditions. We could call on the indigenous nations, the tribal leaders to also be working very closely to protect the elders of their communities.

We know this is more difficult in multi-generational households. And it's really going to call for really unbelievable attention to details — of hand washing and protecting others from each other — particularly if you don't feel well.

This is really a call to action to the communities to make sure that we get messages appropriately out there so that everyone understands what it's going to take for us all to protect one another. And we know it can be done because we can see these changes. I wanted to go through the numbers at a high level so you understand why particularly these supplies went to these areas to begin with.

We talk about attack rates or the cases per population. So in the New York — as a state, they have seven cases per thousand. This is the highest in the country. In New York City itself, it's closer to almost twice that — in New York City.

New Jersey is four per thousand; Louisiana, three per thousand; Massachusetts, two per thousand; Connecticut, two per thousand; Michigan, 1.5 per thousand; the District of Columbia and the Baltimore area now 1.5 per thousand, and we're watching them very closely; Pennsylvania, one per thousand, but we're concerned about Philadelphia.

What is allowing us to move supplies based on burden of disease and need is the extraordinary West Coast that has had very low numbers. From Washington, that was less than one per thousand; California, that is less than 0.5 per thousand; and Oregon, that's even less than that.

And it's those states where there's large populations — because of the enormous work that they're doing to prevent expansion and spread of the virus, it's allowing resources to go to these — these states and these communities and these counties that need more support.

And so this kind of data analysis is allowing us to make very intelligent decisions about need, but also really understanding what's happening across the country in the development of the curves, as you have heard about.

And so we do see — and I know you heard me caution that, over the weekend, sometimes there's decreased case reporting. And so there were increases in a series of communities on Monday. We're seeing that stabilize again. And when you look over three days, you're starting to see that we may be actually — in a series of communities outside of New York and New Jersey and Connecticut — creating a much flatter graph. A most — a much flatter curve.

So you saw New York and their increase. And then you saw — we're hoping, as — as Governor Cuomo and May- — and the mayor has described that they're getting to a steady state, where the next outcome is going down.

But we see across the country — in Detroit, in Chicago — some real — not this extreme, going to seven cases per thousand, but really staying in the more two cases per thousand. And a different curve parameter than — and it really shows the amazing, amazing activity of every American in those cities to really ensure that there's social distancing and, really importantly, to ensure there is less socialization between households and really ensuring that the household really remains independent and protected, and not really, at this moment, going out into the community or socializing anywhere, but a virtual way — on computers, by Zoom, by FaceTime. And I think we can really see that in the data and it's really given us great heart.

I want to finish by really talking to my laboratory directors, because you're extraordinary and you've done an amazing amount of testing. Those nearly 2 million tests that we're getting to, those were all done in the last two to three weeks. But we do have ex- — excess capacity. So if all the lab directors could look in their laboratories, if they have an Abbott m2000, if they could get that up and running, we could double the number of tests that we're doing per day. That is a high-throughput. The machines are throughout the United States. There's hundreds of them. Right now, about 80 percent of them are idle. We're going to have a call with the laboratory directors of these laboratories to really ensure that this is an automated, robotic situation that they can run.

There's over a million tests sitting tests — test kits sitting ready to be run. We have five platforms of test. This is one of our really high-volume platforms, like Roche. And we're really calling on them to really increase that capacity so that we can do not only increase diagnostic testing, which I think we're doing quite well right now, but also increasing the ability to do more healthcare workers, first responders, community testing, and surveillance.

And so — and then finally, you will see — and you've heard about it happening in the U.K. and other places — there's a series of antibody tests out there that have not been validated. We're working right now very closely with a series of companies that know how to make these tests, that have made these tests for us for decades, for HIV, for a rapid test. They're working on that technology to bring that quality of test, which is in the 90-plus percent sensitivity and specificity, to the American people for antibody tests.

But before — until we get those, if you see them on the Internet, do not buy them until we can give you a test that's reliable for all Americans. And we are working very hard to have that happen and bring that to the American public. Some of the tests that may be available on the Internet may have very low sensitivity and specificity and give you a false reassurance that you either — give you a false positive or a false negative, implying that you may be protected.

So please wait until we have those tests available and validated. People are working around the clock to make those available to the American people. We all understand how important that is because you've heard us talk about asymptomatic cases. And we really want to know how broad that is and how common that is.

And so in places like New York City, where I described that they had seven per thousand — sometimes two, three and four times any other place in the United States — being able to know what the number of people who never had symptoms but do have a positive test would be really critical at this point, particularly as we plan for any reoccurrence in the fall or in future seasons.

Thank you.

THE VICE PRESIDENT: Great. And we have Seema Verma with the Center for Medicaid and Medicare Services — will discuss what we've done to support hospitals. As we support healthcare workers, we're going to make sure the institutions that are providing the environment for care are well financed. And she's got a couple of funding streams, and help is on the way.

Seema?

ADMINISTRATOR VERMA: Thank you, Mr. Vice President. And let me just start with echoing the President and the Vice President's comments about our condolences to all the people out there that have lost somebody to the coronavirus. And also, you know, sincere appreciation and thanks to all our healthcare workers that are on the frontlines.

But we know that it's — the impact on the healthcare system isn't just those front care — frontline workers. Healthcare organizations across the nation are having increased expenses. They're having to spend more on supplies. You're seeing all of the supplies that are being sent to them. And that's having a direct impact on their — on their bottom line.

Many of them are also having increased expenses because they're taking advantage of some of the flexibilities that we've given them. Hospitals without walls, they're putting — you may see tents out in their parking lots where they're doing testing for screening. So they have a lot of increased expenses as well.

Other healthcare organizations are not performing essential surgeries or other services. A lot of them are moving to telehealth, and that represents lost revenue for these healthcare organizations across the country.

And so the President has asked us to — to address this issue. About 10 days ago, we put out something called "accelerated payments" that we do in the Medicare program, and it allows us to advance payments to providers based on their historical Medicare revenues that they receive.

So just in 10 days, we've been able to provide payments to providers. We had about 25,000 requests; we've processed about 70 percent of these. It's happened in about five days. And the total on that is about \$34 billion that we've managed to put into the healthcare system.

But those are essentially loans. The President has asked us to go further with this and to start the implementation of the CARES Act. That provides \$100 billion to the healthcare system.

You've heard Secretary Azar talk about the focus on some of those dollars going towards the uninsured. But the President wants us to accelerate getting those dollars out. And so this week, we will be putting out another \$30 billion, which are grants. This is going to be based on Medicare

revenue. There are no strings attached. So the healthcare providers that are receiving these dollars can essentially spend that in any way that they see fit.

Also, this is going to be done in a very easy, simplified way. For many of our healthcare providers, we actually do direct deposit with them. And so those dollars will just go right into their bank accounts. For other providers, all it's going to require is some very simple registration, and we'll be able to give them that money as well. So we're expecting that to happen this week.

The other thing to note is that this is not a first-come, first-serve basis because we're basing this on their Medicare revenue. They will get these dollars. So even if it takes a few days, there shouldn't be any panic in the system as well.

The other thing to recognize here is that our priority was on getting these dollars out as quickly as possible. We heard that from the many healthcare providers across the country that weighed in on this. They said the most important thing was to get these dollars out as quickly as possible. But we recognize that, in terms of getting these dollars out, because it's based on Medicare revenues, there are providers out there — pediatricians, children's hospitals, OB-GYNs, even our nursing homes — that a lot of their revenue comes from other sources — Medicaid or other payer sources. And so those organizations will be addressed in the second tranche of funding. And we'll have a priority for these organizations and these types of healthcare providers.

Also, I just want to say — so together, between the loans that we've put out there with our accelerated payments and the \$30 billion, that's about \$64 billion for the healthcare system this week alone. And so I think, again, this is part of our effort to support the healthcare system. And — and also just want to, again, say thank you to all our healthcare providers out on the frontlines.

To all Americans: The best thing that we can do to support our healthcare providers is to adhere to those guidelines around "30 Days to Slow the Spread." That is the best thing that we can do to support our healthcare workers.

Thank you.

THE VICE PRESIDENT: Dr. Fauci, please.

DR. FAUCI: I just want to make a brief comment to get back to the discussion about the health disparities in — in the African American community because it really is very important. And the reason I want to bring it up — because I couldn't help sitting there reflecting about, sometimes, when you're in the middle of a crisis like we are now with the coronavirus, it really does have — ultimately shine a very bright light on some of the real weaknesses and foibles in our society.

And as some of you know, I've — the greater proportion of my professional career has been defined by HIV/AIDS. And if you go back then, during that period of time when there was extraordinary stigma, particularly against the gay community, and it was only when the world realized how the gay community responded to this outbreak with incredible courage and dignity and — and strength and activism, that — I think that really changed some of the stigma against the gay community, very much so.

I see a similarity here, because health disparities have always existed for the African American community. But here again, with the crisis how it's shining a bright light on how unacceptable that is. Because, yet again, when you have a situation like the coronavirus, they are suffering disproportionately. As Dr. Birx said correctly, it's not that they're getting infected more often; it's that when they do get infected, their underlying medical conditions — the diabetes, the hypertension, the obesity, the asthma — those are the kind of things that wind them up in the ICU and ultimately give them a higher death rate.

So when all this is over — and, as we've said, it will end — we will get over coronavirus, but there will still be health disparities, which we really do need to address in the African American community.

Thanks.

THE VICE PRESIDENT: Well said. Questions for our panel, please.

Q Yeah. For Mr. Vice President and then a question for Dr. Birx as well.

THE VICE PRESIDENT: Sure.

Q On the ventilator issue, with 8,400 of them in the stockpile and tens of thousands more coming, why are states like California and Washington needing to send ventilators to other states? And is

that smart if they might need them later on?

THE VICE PRESIDENT: Well, I'm going to let Dr. Birx speak about what's happening in California and Washington because it is a real credit to the people of both states and the leadership of both states to see the progress that we've made.

We continue to witness that the numbers where the outbreak began — we all remember when this first emerged in the Seattle area. The numbers continue to be steady and low. And what we've seen the governor of California do, what we saw the governor of Washington State do, and the governor of Oregon — where the coronavirus hasn't arrived, to a large extent, in Oregon — I think is in keeping with the highest tradition of the American spirit.

I mean, they're — they are understanding what I think — I think Americans are understanding more and more that while we tend to think of this as one large curve, in our minds, for when it began in our country, and we long for the day that it will end, and we want to hasten that day by putting into practice all these mitigation efforts — that the reality is — what these experts have explained to this layperson is that what we're actually going to witness is a number of small curves that will cumulatively mean that curve.

And for — for Oregon, for Washington State, for California to recognize where the need is and then to partner with us and FEMA to make sure the resources are there at the time of the need and the point of the need, I think is really inspiring.

But, Dr. Birx, do you want to speak to that?

DR. BIRX: Yeah, I want to be clear: We didn't ask for their ventilators. They looked at their epidemiologic curves. These are — these states have amazing health commissioners.

And I think when this is over, we'll really be — all of the models were based on something we have never attempted to do anywhere in the world. We have never attempted to do this kind of mitigation. It was always theoretic to many individuals. And now we see, across the globe, people mitigating against this virus, realizing that their own behaviors can change the course and future of this virus in their communities, which is really astounding: the power that gives us to actually understand that we can compete against this virus and do well.

And so I think their governors and their health commissioners looked at their curves, looked at their hospitals, looked at their ICU, and looked at their needs, and then decided that they didn't need those at this time and wanted to make it available for other states that were in more of that two per thousand, three per thousand, four per thousand, and seven per thousand. And I think we'll learn a lot from other states and other communities to really understand how to do this better next time. And I think this is what will teach us because we've never — we've never attempted anything like this, at least in my lifetime, where we've had, you know, these "30 Days to Stop the Spread." I mean, we've not ever put out information like that.

So I think that — I think you heard the CDC Director talk earlier today about, in the models, how different individuals thought communities would mitigate and the rate at which they would mitigate [sic] — mitigate. And I think you can see that, across the world, we're learning that when you give communities the information that they need to understand what's going on and you're transparent, that communities can be part of the solution in a transparent and amazing way.

And I think this kind of education and dialogue is always critical when you want communities — I think, when I first started here, five weeks ago, I said that we will win based on what the communities are able to do as a community of Americans. And I think we're all really deeply impressed about what they were able to do.

THE VICE PRESIDENT: Inspiring. Inspiring.

DR. BIRX: So it was the governors who decided.

Q And on the testing backlog, I just had a quick follow-up question on that. How close are we to getting into that 24-hour window you've talked about being very important? And then what is the status of the self-swap test?

DR. BIRX: So we're tracking all of that very closely. I — and I — you know, I use my time here to appeal to people, specifically the health educators, the health advocates because I know the power with them. But to my lab directors, I really need the Abbott m2000 online, because that means we can do an extra 100,000 tests a day. And there's enormous power in that.

The self-test — the ability to self-test, the ability — last time I had my test here, I self-tested. So it can be done; it's straightforward. It works very well with that rapid five-minute test.

But what we now have to create — and I know that’s always difficult, because everybody wants one of something. We now have to create a mosaic that brings together where we know every single machine is in the United States, where our gaps are, and then align resources with need and gaps in the testing, and ensure that we have the right laboratory test for the right communities.

So you can see there would be communities, particularly the Indian Health Service and rural communities where that Abbott ID NOW kit could be incredibly helpful, because otherwise they’re shipping it all the way to a capital maybe three states away. And that’s going to add two or three days to the wait time, which we’re trying to get away from.

THE VICE PRESIDENT: Right.

Q And is that where we’re at in the backlog, two or three days? Or how — what would you —

THE VICE PRESIDENT: No. Actually, it varies.

DR. BIRX: It varies state by state. And we’ll be talking with all of the states —

THE VICE PRESIDENT: It varies.

DR. BIRX: — about really changing how we do testing in the community to really ensure that we’re testing optimally. Because right now, we have still focused very much on hospital diagnosis, because we know it will make a difference in treatment.

So these major laboratories are still putting drive-through tests at the back to all the hospital tests. And so that’s where the backlog is in the drive-through test. So I know if you’re an outpatient, not an inpatient — but if you’re an outpatient, that is where the delays right now are. But it’s state by state. And so some states have 24 hours or 48 hours for both their outpatients and inpatients. Others have short for inpatient and longer in outpatient. And we’re trying to reconcile those two pieces.

THE VICE PRESIDENT: Right. Right. And the team is actually meeting tonight to review that. But one of the data points that we review is literally, on a state-by-state basis, what the turnaround time is for testing. And we continue to work that.

And these Abbott Laboratory devices are — there's 18,000 of them across the country. When you go to your doctor office and get — get a strep test, it's that device. All — all Abbott Laboratories has done, with strong and swift efforts of the FDA, is create a test to put in that for the coronavirus and that's a 15-minute test.

And so we — I want to renew our — our call to all the healthcare providers around the country is: Find your Abbott device and we'll work our hearts out to get a test to you.

How about in the back corner?

Q Mr. Vice President, thank you. One for you and then one for either of the doctors, if you don't mind.

THE VICE PRESIDENT: Sure.

Q For you, sir: Back to this idea of reopening up the economy, since it's not like there's a switch that you can just turn it back on. How does the administration envision this happening? Is it guidance from the White House and you hope that governors follow it? Are you going to put it in the governors' hands or the mayors' hands? How do you envision all of that working together?

THE VICE PRESIDENT: Well, the — the one thing I can assure you is that the President's decision in that regard is going to be informed by what the data shows and about decisions about when we can responsibly reopen America and put America back to work.

I can tell you the CDC will have new guidance tomorrow that the CDC will be publishing for people who were in proximity to an individual that tested positive for coronavirus but have no symptoms. And CDC will be publishing new guidance about how those individuals and the circumstances under which they might be able to return back to work using some facial protection and monitoring their temperature. But we'll detail that for you.

But what we're going to be doing, over the weeks ahead, is — while we focus every day at the point of the need — as the President said many times, our first mission is to save lives. And that means to slow the spread, bend the curve, to continue to engage the American people, which they are admirably doing, to continue to put all the social distancing into practice.

But there is a dual track that the President has already initiated. Some of the best minds here at the White House are beginning to think about what recommendations will look like that we give to businesses, that we give to states. But it'll all — I promise you — be informed on putting the health and wellbeing of the American people first.

Dr. Birx.

Q Either for Dr. Birx or for Dr. Fauci. Do either of you want to take that or —

DR. BIRX: Go ahead.

Q Secondly, as a lot of parents are sitting home with their kids, and they've been at home with their kids for weeks now, and they're wondering — maybe resigned to the fact that maybe their kids aren't going back to school this year, but are looking ahead — what do you think summer camp holds? And what do you think the start of next school year holds, if you could look down the line? Do you think those start on time? Do you think school next year starts on time?

THE VICE PRESIDENT: Can I say a word on behalf of teachers, since I'm married to one? My wife was all day yesterday at the elementary school she teaches at, loading up about 500 bins of art supplies for kids. And she's just one of millions of teachers across this country who find themselves having to distance-teach kids. And I'm proud of Karen, but, related to that, I'm proud of every teacher in this country.

The Secretary of Education was here not long ago, talking about our efforts to expand distance-learning resources even in K-12. To all of the teachers who are out there, we just want to say: Thank you. Thank you for what you're doing for continuing learning, even in this challenging time.

And to all of the kids, just because you're home doesn't mean you don't have to do your schoolwork. Keep it up and —

Q For either of you, do you anticipate children being back in class — in classes in August?

THE VICE PRESIDENT: What I will tell you is I'll yield to the health experts, but it'll be part of what we're looking at, in terms of guidance going forward, whether it — whether it be summer school, or whether it be returning to school next fall.

But the most important thing we can do is put this epidemic behind us as quickly as possible.

Dr. Fauci?

DR. FAUCI: Well, my daughter is a schoolteacher, so she asked me the same — the same question. You know, it is unpredictable, but you can get a feel for — if we start talking about the things where the curve goes down, and we really have minimum — how we respond and what kind of a rebound we see or don't see, I think, is going to have a lot of influence probably more immediately on things like summer camps than it does in the fall.

I fully expect — though I'm humble enough to know that I can't accurately predict — that by the time we get to the fall, that we will have this under control enough that it certainly will not be the way it is now, where people are shutting schools.

My optimistic side tells me that we'll be able to renew, to a certain extent. But it's going to be different, remember now, because this is not going to disappear. So we're going to have to have in place the capability of doing the things that we talk about all the time on this stage: to identify, to isolate, to contact trace — number one.

Number two, by that time, we'll have a better feel with the antibody test, about what the actual penetrance of this infection was in society. How many people have actually been infected? Who is protected? If you have antibody, it's very likely that you're protected. Who's vulnerable? Do you treat vulnerables different than you treat the people who are protected? All of these things are going to go into the decision of just how much back to the original way we'd like it to be in fall.

The bottom line is: No absolute prediction, but I think we're going to be in good shape.

Q Dr. Fauci — can I ask one for Dr. Fauci or Dr. Birx?

THE VICE PRESIDENT: Yeah, of course.

Q Can you talk about your concerns about deaths being misreported by coronavirus because of either testing or standards for how they're characterized?

DR. BIRX: So, I think, in this country, we've taken a very liberal approach to mortality, and I think the reporting here has been pretty straightforward over the last five to six weeks. Prior to that, when there wasn't testing in January and February, that's a very different situation and unknown.

There are other countries that if you had a pre-existing condition and let's say the virus caused you to go to the ICU and then have a heart or kidney problem — some countries are recording that as a heart issue or a kidney issue and not a COVID-19 death.

Right now, we're still recording it, and we'll — I mean, the great thing about having forms that come in and a form that has the ability to mark it as COVID-19 infection — the intent is, right now, that those — if someone dies with COVID-19, we are counting that as a COVID-19 death.

Q Are you — can you be sure — I mean, you hear from coroners that that's not necessarily the case. Are you sure? How can you be confident about that? And is there any concern that it skews the data that you're trying to collect, in terms of projections and things like that?

DR. BIRX: Well, I think that would apply more to rural areas that may not have the same level of testing. But I — I am pretty confident in New York City —

DR. FAUCI: Yeah.

DR. BIRX: — and in New Jersey and places that have these large outbreaks and COVID-only hospitals, I can tell you they are testing. New York and New Jersey together have — by proportion, are testing extraordinary well — as Washington State and Louisiana. So, I don't see that there's been a barrier in testing to diagnosis.

DR. FAUCI: No. I — I think there's so much focus now on coronavirus that — particularly if you take New York, which we all know is — is having a disproportionately higher proportion of the burden of the entire country is right now in New York.

No, I can't imagine if someone comes in with coronavirus, goes to an ICU, and they have an underlying heart condition and they die — they're going to say, "Cause of death: heart attack." I — I cannot see that — that happening. So I don't think it's going to be a problem.

THE VICE PRESIDENT: How about one more? Go ahead.

Q A question for Dr. Fauci on the virus hitting black communities the hardest. I mean, these numbers are staggering. Louisiana and other states are reporting 40 to 70 percent of deaths are African Americans. Do you expect that pattern to continue nationwide? Some states have not even reported their data yet.

DR. FAUCI: Yeah. Yeah. You know, I — I can't be confident to — to predict patterns, but the underlying reason why that is happening doesn't change from state to state.

Q So you expect it to get worse?

DR. FAUCI: No, I expect that when African Americans get infected — given the disproportionate disparity of the underlying conditions that lead to complications like the ones I mentioned — I expect that we will still see the pattern that when you look at the proportion of people who get into serious trouble and die, again, it's going to be disproportionate towards the African Americans. I do expect that.

Q And is the federal government now leading the charge in collecting this information from the states? And when will it be made public?

DR. FAUCI: Yes. Yes. The answer is yes. It will be public as soon as you get enough data to be able to make a meaningful statement.

Q So can we expect this week or a couple of days?

THE VICE PRESIDENT: The task force has assigned that to several members of the team. We're assembling that data now. It's a — it is a great concern for us. And, but it's probably a good reminder that we have to be especially careful around people with serious underlying health conditions.

As we've said at many times from this podium over many weeks, that the risk of serious illness from the coronavirus remains low for the average American. But for anyone from any community that has a serious underlying health condition, particularly senior citizens with serious underlying health conditions, the risk of tragedy is very real. And so, we're going to be very diligent about studying this and providing information and guidance in accordance with our best scientists.

But I do want to say to each and every American, the President's Coronavirus Guidelines for America — about wash your hands; if you're — if you're sick, stay home; if you can work from home, if you're not in critical infrastructure like our incredible healthcare workers or are all those heroic people working to keep food on the shelves at our grocery stores and keep medicine at the pharmacies, we — we ask you to — we ask you to work from home, if you can. Avoid unnecessary travel. Avoid gatherings of more than 10 people. Use a drive-through at a restaurant; don't go in the restaurant. Not just to protect your health, but to protect those of every community of every background in this country who may have underlying conditions that make them susceptible to tragic outcomes.

That's how we can all do our part to slow the spread and to protect our most vulnerable. And the American people are doing it. And as we continue to do that, we will hasten the day that we put the coronavirus in the past and we reopen America and put America back to work.

Thank you all. We'll see you tomorrow.

END 7:27 P.M. EDT