

White House Coronavirus Task Force Members,

We represent a coalition of XX community based public health policy, advocacy, research, and social service provider organizations, and individuals with decades of experience responding to the ongoing pandemics of HIV, hepatitis C, and tuberculosis. We are also survivors of immoral, poorly managed and neglectful governmental responses to these pandemics, which have ravaged our communities and dramatically altered our ways of life. We call for immediate action to recommit, strengthen, and focus the United States government response to the 2019 Novel Coronavirus pandemic in the US and internationally, known as COVID-19, the lethal respiratory tract infection caused by the SARS-CoV-2 virus.

Effective leadership in a public health crisis depends on decisive, evidence-based action, such as rapid deployment of surveillance testing, case identification, contact tracing, and providing resources to ensure the manufacturing and distribution of all commodities vital to the COVID-19 response, such as test kits and reagents, swabs, masks, personal protective equipment (PPE), and ventilators. The world's leading infectious disease authorities, including, but not limited to, the U.S. Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO), agree that clear, consistent, factual, and trustworthy communication is critical to effective pandemic response.ⁱ The 1918 Influenza pandemic provides additional evidence for the central role of public trust in political and public health leadership in determining cooperation with challenging containment and mitigation measures such as social distancing, and isolation of individuals with confirmed or suspected infection.ⁱⁱ

Therefore, we firmly believe it is necessary to provide recommendations that clarify the role and responsibilities of the White House Coronavirus Task Force and hold all its members to the highest standards of professionalism, clear and consistent communication, and transparency. Therefore, we demand:

1. The complete independence of the Task Force to recommend interventions to protect the health and well-being of all U.S. residents, regardless of immigration and/or status with regard to detention or incarceration, based on the best available evidence, and free from political or economic considerations. The Task Force must affirm its service to the American people, not the Office of the President of the United States.
2. The Task Force prioritize and strengthen activities to procure and distribute PPE supplies to front line responders,ⁱⁱⁱ based on local disease burden and need, including the full implementation of the Defense Protection Act, and using all available means to ensure future, proven COVID19 treatments, vaccines and medical technologies are accessible to all and available in sufficient quantity, including through non voluntary licensing.
3. The Task Force prioritize and strengthen activities to protect health care workers from harm, and vulnerable communities from stigma, discrimination, and violence.
4. Press briefings of the Task Force's ongoing work should be presented by working members only. The President should remain free to brief or communicate with the press, but the core function of the Task Force to regularly communicate with the public on the

progress of the national COVID-19 response must be directed and presented by medical professionals, and conducted without political interference.

5. Task Force meeting agendas, minutes, reference and support materials, attendance, and calendar must be made publicly available, and updated daily.
6. Members of the Task Force must be subject to all the standard filing and review requirements and procedures of the US Office of Government Ethics and the Department of Justice. Given the special and delicate nature of the Task Force, any and all Task Force members and their family members' conflicts of interest (COI), including but not limited to pharmaceutical and/or diagnostic related companies, must be immediately made public without being subject to legal confidentiality constraints, and without the necessity of a Freedom of Information Act request. Any changes must also be made public immediately.
7. All documents produced by, or submitted to, the Task Force must be securely archived and made available in a searchable format to Congressional members, press, scholars, and the public. This includes for the purpose of Congressional oversight and the Freedom of Information Act.

We face an unprecedented challenge to our nation's individual and collective well-being, a time that will be marked by distinct "before" and "after" delineations. As we learned during the early catastrophic years of the AIDS crisis, every action taken or deferred has far reaching consequences. We owe it to all currently living with the devastating consequences of our delayed, disorganized federal COVID-19 pandemic response, all those already lost, future generations — and in honor those fighting the disease on the front lines — to demand and guarantee full transparency, accountability, and preservation of the historical record.

We respectfully request a written response, outlining the Task Force's plan of action and status report on these recommendations, within two weeks of receipt of this letter. Please send your reply to annette.gaudino@treatmentactiongroup.org. We will not rest until the federal government implements an evidence-based response to the COVID-19 pandemic.

Sincerely,

New York COVID Working Group

Treatment Action Group

AIDS Action Baltimore

AVAC

Health GAP

ⁱ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

ⁱⁱ Parmet WE, Rothstein MA. The 1918 Influenza Pandemic: Lessons Learned and Not-Introduction to the Special Section. *Am J Public Health*. 2018 Nov;108(11):1435-1436.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6187781/>

ⁱⁱⁱ Fineberg HV. Ten Weeks to Crush the Curve. *N Engl J Med*. 2020 Apr 1. doi: 10.1056/NEJMe2007263.