



***These recommendations for #OpenSafely were published in an op-ed in USA Today on May 20, 2020 by a group of bipartisan health policy experts and leaders from broad and diverse backgrounds including Andy Slavitt; Mark McClellan, MD, PhD; and others***

Americans want our country to open up safely.

We have been at this for a number of difficult weeks since the global pandemic began and it has taken a toll.

It has been a time of unprecedented challenge. To our health. To our jobs. To our social connections. To our health care communities.

We have sacrificed with a great unity to #StayHome in order to reduce the infection rate and save lives.

We want a sense of normalcy back— to go to work, to go to restaurants, to see sports again, to send our kids to school, to hug our families— but not at the expense of the lives of our friends, families and neighbors.

We want a good economy and public safety, but we are afraid if we open too quickly, or don't have plans to adjust if spread recurs, we will have neither.

We don't believe we need to wait until everything is completely perfect or there is zero risk before we open again. The reality is that many states are already taking the first steps towards opening and this must happen in the safest way possible.

Americans should still #StayHome whenever possible and continue social distancing. Now we need to get on a path to #OpenSafely that gets it right.

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COVID-19 is still spreading, but at a steadier rate. While it is shrinking in places like New York, it is still growing rapidly in some areas where there had been fewer cases. The virus is still equally contagious. The virus is still lethal to many. The virus still spreads through unsuspecting asymptomatic people. Some places are especially hard hit: nursing homes, meat-packing plants, prisons, detention centers, public housing, and the communities around them as people move in and out. People are still dying at an alarming rate and that will continue unless we follow the path like the one outlined by Dr. Birx at the White House: a steady, gated re-opening that avoids accelerated growth in cases, hospitalizations, and deaths.

Tens of millions of Americans are now out of work. Many businesses have closed, others are in danger. Americans are facing hunger and the inability to pay their rent or mortgage at levels not seen here since the Great Depression. Congress and the Administration have passed laws to support Americans through this, but support isn't the same thing as a job. And the support still leaves voids that need to be filled.

Yet opening the country before we have the conditions like those outlined in the White House plan can put Americans at risk unless we take further steps. It won't help the economy if we end up having to pull back hard or close again because the virus starts spreading toward the point where it threatens our health care systems and further disrupts our health. The things that will bring us back-- consumer spending, business hiring, signing leases, travel, and capital investment-- won't happen unless Americans feel confident they can do these things without a substantial risk of harm to themselves or their loved ones from getting and spreading COVID-19.

We are asking decision-makers at all levels to #OpenSafely -- to move along the path of opening up our communities again as deliberately as necessary and as quickly as can be safely accomplished.

Opening up safely means:

- Following the [plan laid out by Dr. Birx](#) to begin opening communities up with 2 weeks of declining case counts and the other gating criteria met – or explaining how there is an alternative plan for containment if that condition is not met
- Creating adequate diagnostic testing availability so that [people who need a test can get one](#) – particularly people with symptoms, and those without symptoms in high-risk settings like nursing homes, prisons, and meatpacking plants
- Implementing [improved safety standards and protocols](#) to avoid outbreaks and slow spreading in potential hot spots
- Having adequate public health infrastructure to [contact trace](#) and offer voluntary isolation to contain the virus when it is detected – not necessarily to trace all cases successfully, but enough to minimize potential outbreak clusters and keep getting better over time
- [Protecting vulnerable and at risk-populations](#) and hard-hit communities and not putting essential workers at needless risk
- Obtaining sufficient [PPE to protect our first responders and health care workforce](#), including by expanding access to testing in the community

As the reopening process begins and moves forward, states should be carefully monitoring hospitalization trends and their hospital capacity. If the rise in cases is on track to threaten hospitals' capacity to care for COVID or other acutely ill patients in the state, states should immediately take steps to slow or pause reopening efforts. The lag between infection and serious complications is typically 8 days or more, so there is little time to wait if such trends emerge.

Additional important areas to make progress on that will reduce risk of transmission and support continued opening up:

- Widespread use of [high quality masks](#)
- Surge capacity in the healthcare system with sufficient personal protective equipment to protect healthcare workers

- Evidence-based mitigation measures and screenings in offices and public spaces, [using CDC or comparable guidelines](#)
- Controls at major air and rail entry points
- [Continuous monitoring at the state and county level](#) for indications of potential emerging outbreaks including symptom checking apps, digital thermometers, and other syndromic surveillance tools as they become available
- [Test, trace, and isolate](#) most active cases and their closest contacts, using vacant hotel space where necessary
- Coordinated response with neighboring states
- Widespread use of telemedicine to improve health care access and reduce the use of PPE
- Readiness to respond quickly to new community spread

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Areas that can most safely open up (with appropriate distancing and risk mitigation steps) if states have met the Dr. Birx gating criteria but have not yet initiated the reopening process are:

- Doctor offices, clinics and surgery centers with sufficient community PPE
- Workplaces like retail and manufacturing
- Parks and other outdoor recreation, lakes, gardens, and bike trails
- Shopping areas and coffee shops where people don't congregate in large numbers or for extended periods
- Outdoor weddings and funerals with small groups that physically distance and wear masks when close together

Additional areas that we hope can open up successfully under significantly modified conditions, but that will benefit from further technical assessment on how processes should be modified that would allow them to operate with lower risks:

- Day care centers
- Summer camps and youth sports
- Restaurants
- Schools
- Movie theaters and small entertainment venues
- Sporting events with very limited or no crowds
- TV and film production
- Colleges and universities
- Bars

Areas that should remain closed until risks can be significantly reduced:

- Large-scale events like concerts, sports with high attendance
- Large conventions and other activities involving significant travel and congregation

We believe these lists can be refined and [adjusted locally based on conditions, proximity to hot spots, density, and other factors.](#)

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We are asking public officials and decision-makers to #OpenSafely by quickly getting the conditions in place so we can move forward. We are encouraged that other countries including Germany, Italy, and New Zealand, as well as parts of the U.S. are implementing strategies to begin to open safely and closely monitor a step-by-step opening. We believe a safe step-by-step opening can happen in the U.S.

**We believe Americans want to remain united in the fight against COVID-19 as we were in the initial response after 9/11.** We can overcome this epidemic with smart policies and committed actions.

Visit [Open-Safely.us](https://Open-Safely.us) to learn more.

**The undersigned are bipartisan health policy experts and leaders from broad and diverse backgrounds.**

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