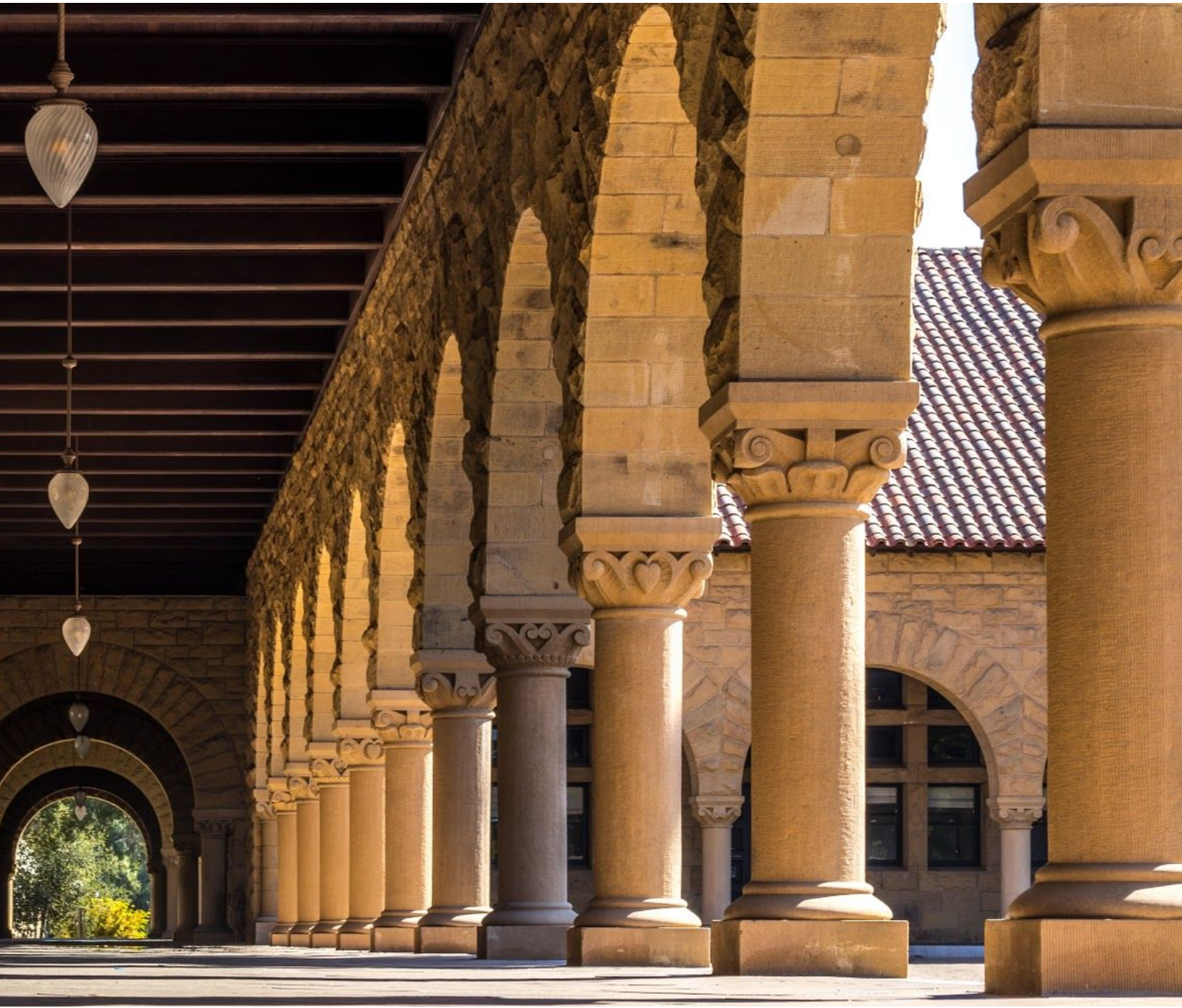


SHAPING YOUR STANFORD

Briefing Materials





ABOUT THIS EVENT

In a period of heightened change, it is crucial that students have the opportunity to discuss developments that will affect them directly at the university level, and at the national level. As the Stanford administration prepares to finalize decisions about the future of the university in light of the COVID-19 crisis in June 2020, this event will be an impactful opportunity for students to voice their concerns about the financial implications of these decisions. Furthermore, students will have the opportunity to give input on far reaching changes being discussed by the university, including substantial restructuring of the housing system at Stanford. Your participation in this event will not only impact your lives here for the next few years, but also the lives of students that will be at Stanford University for years to come.

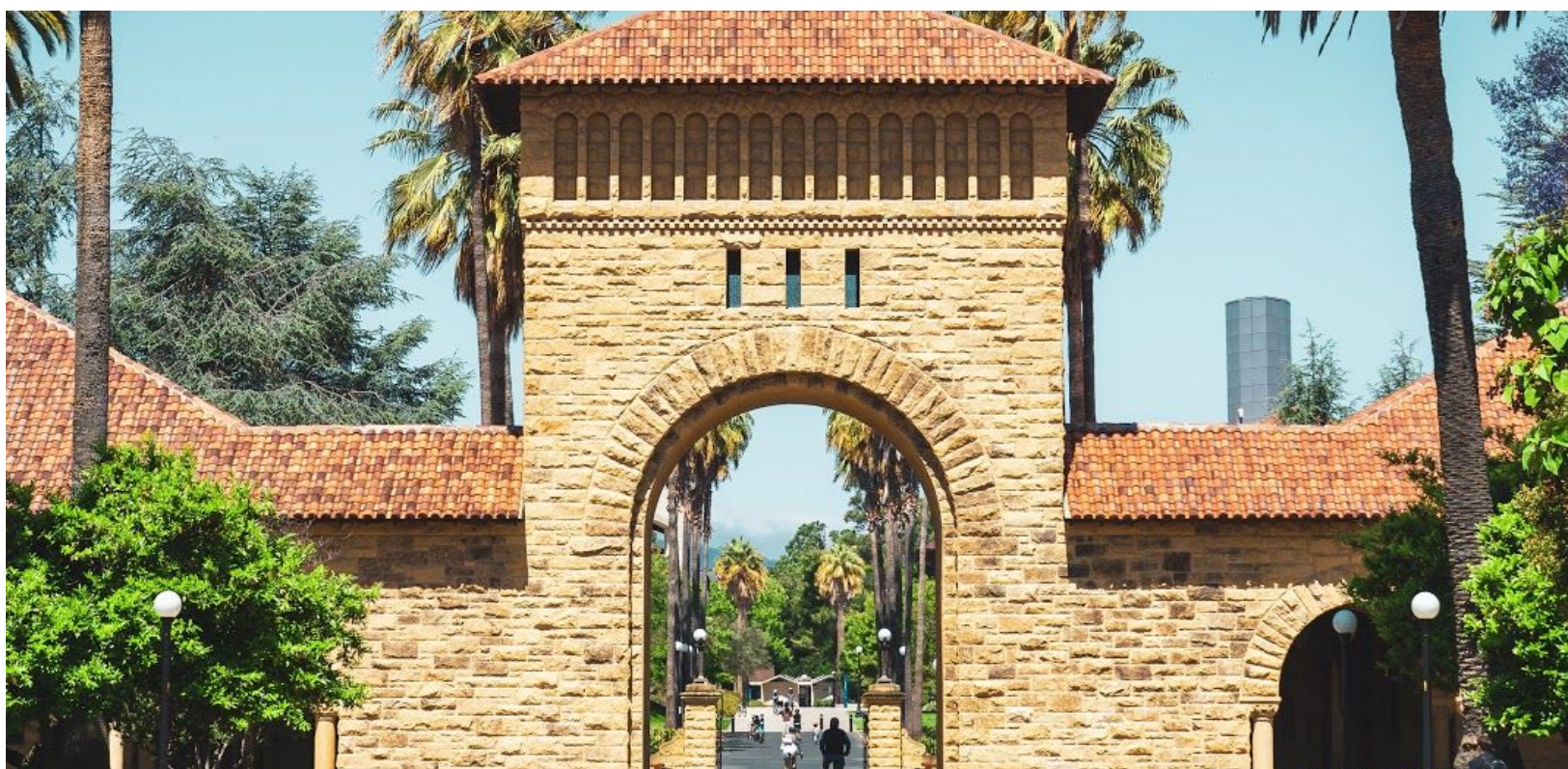
Your discussion of national policies will be valuable in assessing American policies pertaining to the COVID-19 pandemic and their current and potential effects on those living, working and studying in the United States. This event is designed to engage you, as members of the Stanford University community, in a deliberation about a variety of policy changes affecting the Stanford and national

community and provide an opportunity for you to weigh your opinions about policies surrounding COVID-19, Stanford housing, and community building .

What is Deliberative Polling?

Pioneered by James Fishkin at Stanford University's Center for Deliberative Democracy, Deliberative Polling® is an attempt to use public opinion research in a new and constructive way. Fishkin and his collaborators Robert C. Luskin and Alice Siu have conducted Deliberative Polls in twenty-four countries. The polling process reveals the conclusions the public would reach if people had the opportunity to become more informed and more engaged by the issues. For this Deliberative Poll, the Haas Center for Public Service, ASSU, President's Office and the Center for Deliberative Democracy are engaging Stanford University undergraduates instead of the general public.

Subsequently, you are a part of a random sample, who will meet for two half-day-long deliberations to discuss issues surrounding Stanford's housing system and response to COVID-19, as well as the national health and financial response to the pandemic. The event will be held online, and you will be asked to complete a survey prior to participating in the event. When the event starts, you will be randomly assigned to a small group to discuss the issues. As part of your small group discussions, you will develop questions to ask a balanced panel of experts on each issue. At the end of the two-day event, you will fill out another survey. With your anonymity protected, what you say will be shared with the larger Stanford University community, Stanford's leadership, and with opinion-leaders and policy-makers. These informed views often challenge conventional wisdom about public priorities and concerns.



STANFORD ISSUES: TUITION IN LIGHT OF COVID-19

Reducing Tuition

As Spring Quarter has translated their classes to online format in order to slow the spread of COVID-19, many students have protested the cost of their tuition. Feeling that their online class experience does not match up with the same quality of education promised when agreeing to pay tuition fees, many students have called for reduced tuition while classes remain online.

Considering multiple classes have been canceled due to the change to online formatting and that educational practices in which in-person attendance is integral are no longer operating (such as those that are lab-based, practicum, or workshop and activity classes), some students have considered taking leaves of absence or gap years. In fact, “in a survey of nearly 44 students across a wide swath of majors, interests, and class years, nearly half of them said the cost of tuition would affect their decision to take a gap quarter.”¹

¹ Alison Cohen, “Why Stanford Should Lower Spring Tuition,” Stanford Daily, April 8, 2020
<https://www.stanforddaily.com/2020/04/08/why-stanford-should-lower-spring-tuition>

On the other hand, as a result of the economic crisis associated with the pandemic, colleges and universities—even well endowed ones like Stanford—face dramatic declines in revenue. Endowment earnings are expected to decline significantly due to the decline in the value of stocks and other investments. Other sources of revenue, most importantly charitable gifts to the university, but also summer programs and other uses of facilities, are also expected to decline significantly. In addition, many families that did not previously qualify for financial aid will now do so, further increasing the financial strain on the University.

In a recent Faculty Senate Meeting, Provost Presis Drell stated that the lowering of tuition would affect students receiving financial aid from the university, as their aid would be reduced in order to support the efforts to lower tuition.² This would especially impact low-income students, possibly creating a barrier to their attendance. Stanford's \$25 million dollar emergency fund could be utilized in this situation instead, it seems that the university has not publicly considered utilizing it for these purposes.³ And once it is utilized it will no longer be available to address other needs in what could be a protracted period of financial distress for the University.

Considering there still may be the possibility of continuing that online classes the University may continue exclusively online classes in the fall, it even further raises the question: Should tuition be reduced in the light of online classes, despite the possible reduction of financial aid?

PROPOSAL	ARGUMENTS FOR	ARGUMENTS AGAINST
Tuition should be reduced for online classes even if that means reducing financial aid.	<p>Tuition will remain the same for those who are not on financial aid.</p> <p>Students will not have access to the on-campus resources that support their education and this should be reflected in tuition payment.</p> <p>Students will not be</p>	<p>By not reducing financial aid, low-income students will face financial burden to an even greater degree.</p> <p>Maintaining tuition at existing levels for families that can afford it will enable the University to return more quickly to normal functioning when the crisis</p>

² Erin Woo, "Despite pushback, Stanford holds firm on maintaining spring quarter tuition," Stanford Daily, March 27, 2020
<https://www.stanforddaily.com/2020/03/27/despite-pushback-stanford-holds-firm-on-maintaining-spring-quarter-tuition/>

³ Alison Cohen, "Why Stanford Should Lower Spring Tuition," Stanford Daily, April 8, 2020
<https://www.stanforddaily.com/2020/04/08/why-stanford-should-lower-spring-tuition>

	<p>receiving the same quality of instruction online (ex: pre-recorded lectures versus in-person ones).</p> <p>International students and students with home environments that are not conducive to learning will ultimately face more difficulty in learning online due to time zone differences and other factors.</p>	<p>passes.</p> <p>According to Provost Drell, financial aid is most likely to be reduced if tuition is lowered.</p> <p>Much of tuition is based on fixed costs for the university - much of which doesn't change with the shift to online classes - facilities, faculty salaries, IT infrastructure.</p> <p>A Stanford degree will remain just as valuable to future career prospects</p>
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STANFORD ISSUES: HOUSING

Debates and discussion about Stanford's housing system are ever-present and varied. Among students' concerns are creating community in student residences, diversity and equity. Today we are discussing two topics: first, the ResX Task's Force's proposal to create residential "neighborhoods" on campus within the next 4-6 years and second, whether or not all campus housing should be gender-neutral by default.

Residential Neighborhoods

As part of the University's Long Range Plan, the ResX Task Force proposes that campus housing be divided into 10 to 14 neighborhoods that are largely based on existing communities. The neighborhood model borrows from those at Harvard and Yale and aims to "foster continuity" in relationships across four years of undergraduate.. Each neighborhood would have about 700

undergraduate student “citizens.”⁴ Student citizens would remain in one neighborhood throughout their time at Stanford, although they will still have the opportunity to join themed houses in other neighborhoods or to live in their sorority/fraternity houses of which there will be ten.⁵ In addition to theme houses, each neighborhood will include co-ops, upper-class dorms and Row-style houses, which will offer an independent housing option for upperclassmen.

Residences in each neighborhood would not necessarily be physically close to each other, but each neighborhood would have a shared “common outdoor space and community center” where students could gather and use amenities.

The ResX task force aims to implement this neighborhood system within the next 4-6 years,, so it is unlikely that current undergraduates will experience it.

To learn more about this proposal, you can read the full ResX Task Report [here](#) (SUNet login required).

PROPOSAL

Stanford should move forward with the planned undergraduate residential neighborhood system.

ARGUMENTS FOR

The neighborhood system could help students maintain a sense of residential community that some find is lost after frosh year. By allowing students to spend all four years of college with a smaller subset of the undergraduate population, closer ties and lasting relationships could develop.

The neighborhood system could ensure more upperclassmen undergraduates gain access to housing on the Row, which had

ARGUMENTS AGAINST

The elimination of the tier system could result in unfair accommodations.

Could limit specific groups and communities from living together. For example queer community members or certain Greek organizations.

The neighborhood system might make it more difficult for people to meet new people, creating a bubble within the “Stanford bubble.” Perhaps more friendships driven by proximity or

⁴ Alex Kekaouha, “ResX Task Force releases final recommendations,” Stanford News, April 16, 2019 <https://news.stanford.edu/2019/04/16/resx-task-force-releases-final-recommendations/>

⁵ Holden Foreman, “University to maintain 10 Greek houses, seek ‘fair’ expectations of Greek life,” Stanford Daily, February 26, 2019 <https://www.stanforddaily.com/2019/02/26/university-to-maintain-10-greek-houses-seek-fair-expectations-of-greek-life/>

	<p>previously been limited to people with specific “theme” backgrounds or interests.</p> <p>People can apply to change neighbourhoods if they want to, so they are not unreasonably limited.</p>	<p>‘convenience’.</p> <p>The neighborhoods would not be geographically cohesive and this could undermine the sense of community in a neighborhood.</p>
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Gender-Neutral Housing as a Default

Stanford undergraduates are required, at least during their first year, to share a roommate with students of a specific gender identity. There is no gender-neutral roommate option until sophomore year. After the first year, students seeking gender-neutral must complete an additional housing application (Gender-Inclusive Housing Request),⁶ which allows them to draw into one of a handful of student residences that offer gender neutral housing. Roth is the only single-gender, non-Greek student residence on campus--it is an all-female dorm that describes itself as “an inclusive space for womxn.”

PROPOSAL	ARGUMENTS FOR	ARGUMENTS AGAINST
All roommate assignments should be made gender-neutral by default.	<p>Will allow first-year students to choose the gender of the students they live with.</p> <p>It will eliminate additional paperwork and logistics for those seeking gender neutral housing.</p> <p>Will allow those seeking gender neutral housing to live in anywhere on campus, rather than being limited to just a handful of residences.</p> <p>Will avoid outing students who are questioning their gender based on the gender of their roommate.</p>	<p>Some students might not want to share a bathroom with students of a different gender identity. Although almost every Stanford residence already has gender neutral toilets.</p> <p>Default gender-neutral housing could undermine safe spaces for womxn that exist in residences such as Roth House.</p> <p>If only a minority of students apply for gender neutral housing every year, it does not make sense to overhaul the current housing system when accommodations for these students already exist.</p>

⁶“Gender Inclusive Undergraduate Housing” Stanford Residential & Dining Enterprises
<https://rde.stanford.edu/studenthousing/gender-neutral-housing-0>

The Future of Greek Life at Stanford

About 25% of Stanford's student body is part of a Greek organization on campus.⁷ Over the years Greek organizations have inspired [praise](#) and [criticism](#) among students, stemming from personal experience and empirical data about the experience of Greek life on Stanford's campus. Besides the organizations themselves, Greek housing has also inspired debate, especially in light of the forthcoming ResX "neighborhood" model and due to frequent changes in the occupancy of Greek houses for procedural or punishment reasons.⁸ Susie Brubaker-Cole, Vice Provost for Student Affairs, has said 10 Greek houses will be maintained on campus in the neighborhood system--what do you make of this number? What are the pros and cons of such a housing arrangement for Greek organizations? What are the pros and cons of Greek organizations at Stanford overall? Should they be maintained as is, reformed or abolished altogether?

PROPOSAL	ARGUMENTS FOR	ARGUMENTS AGAINST
Stanford should abolish Greek life.	<p>Students may feel unable to participate due to financial constraints. For example, Stanford's sorority membership fees range from \$100-\$400 per quarter, although some financial aid is available.</p> <p>Greek life upholds outdated gender conventions. For example, the National Panhellenic Conference has a rule that sororities are not allowed to host parties with alcohol, although fraternities</p>	<p>While Greek organizations have historically skewed towards certain demographic groups, student leaders can lead efforts to reform Greek life to be better, rather than abolishing it outright.</p> <p>Greek houses are centers of campus social life and all-campus fraternity parties are open to all students.</p> <p>Greek life fosters a sense of community for its members, which can be hard to find</p>

⁷ "Greek Houses" Stanford Residential & Dining Entreprises
<https://rde.stanford.edu/studenthousing/greek-houses>

⁸ Fan Liu, "Game of Homes," Stanford Daily, September 24, 2019
<https://www.stanforddaily.com/2019/09/24/game-of-homes/>

	<p>are. This leads to a dependency on fraternities to co-host events.⁹</p> <p>Greek life can foster uncomfortable environments for minority students and skews disproportionately towards white, wealthy students.¹⁰</p>	<p>after freshman year.</p> <p>Greek life can be seen as an essential part of the college experience, a long-lasting tradition.</p> <p>There are also multicultural greek organizations on campus, which can help minority students find community and celebrate diverse cultures.</p> <p>Greek life aids in alumni relationship development, mentorship between students of different class years, and networking.</p> <p>Greek organizations participate in community service, philanthropic, and activism initiatives.</p> <p>Greek life is exclusive because of the few fraternities and sororities left. If there were</p>
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⁹ Abby Jackson, "Most sororities have to follow a sexist and potentially dangerous rule that give men on college campuses power," Business Insider, January 28, 2018
<https://www.businessinsider.in/strategy/most-sororities-have-to-follow-a-sexist-and-potentially-dangerous-rule-that-gives-men-on-college-campuses-power/articleshow/62686242.cms>

¹⁰ Op-Ed, "My experience in Greek Life: An open letter to the Stanford Community," Stanford Daily, January 28, 2020
<https://www.stanforddaily.com/2020/01/28/my-experience-in-greek-life-an-open-letter-to-the-stanford-community/>

		more, there would be more inclusivity. ¹¹
Greek organizations should not be given their own houses.	<p>Greek organizations monopolize prime housing on the Row, which should be open to all students.</p> <p>Greek life makes the row, which already skews towards white students, even more non-diverse.</p> <p>The owners of a Row/standalone house receive special opportunities to build community and host social events--this opportunity should not be curtailed by paid membership into an exclusive student group.</p> <p>It is unfair for some Greek organizations to be housed while others are not.</p> <p>Being in a Greek organization allows members to skip the housing draw, which undermines fairness.</p>	<p>Allowing like-minded students to live together as members of a Greek organization can build a strong and supportive community for students throughout college and life.</p> <p>Having a house allows Greek organizations to host activism and philanthropy events, as well as build a social space.</p>

¹¹ The Daily Opinions Staff, "Frankly Speaking No. 4: Should Stanford do away with Greek life?" Stanford Daily, May 24, 2019 <https://www.stanforddaily.com/2019/05/24/frankly-speaking-no-4-greek-life-at-stanford/>



NATIONAL ISSUES: FEDERAL COVID-19 RESPONSE

Coronavirus Disease 2019 (COVID-19) has caused a global pandemic of respiratory disease transmitted from person to person.¹² In late January 2020, the United States federal government confirmed the nation's first cases of COVID-19, declared the COVID-19 outbreak to be a national public health emergency and announced the deployment of a national COVID-19 task force charged with containing the spread of the disease. As of May 5, 2020, the U.S. has reported over one million COVID-19 cases and nearly 70 thousand confirmed and probable deaths.¹³ All fifty U.S. states have reported community spread of COVID-19, meaning that each state reported cases of illness for

¹² "Statement on the Second Meeting of the International Health Regulations (2005) Emergency Committee Regarding the Outbreak of Novel Coronavirus (2019-nCoV)," World Health Organization, accessed May 12, 2020, [https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-\(2019-ncov\)](https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov))

¹³ CDC Cases of Coronavirus Disease in the U.S., Updated May 5, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>

which the infection source is unknown.¹⁴ The World Health Organization estimated in March that the infection mortality rate for COVID-19 is likely lower than 3-4%.¹⁵ While older adults and people with underlying medical conditions may be at higher risk for severe and fatal illness from COVID-19, individuals of all ages are vulnerable to the virus.¹⁶ Experts predict that the pandemic will likely continue into 2021.¹⁷

To prevent the spread of COVID-19 and contain the loss of human life, the U.S. is adopting measures to detect the disease, isolate and treat cases, trace contacts and promote social distancing, protective practices and protocols meant to limit interaction between people. Most U.S. states have adopted “shelter-in-place” measures, encouraging citizens to stay in their homes—in some states, under threat of criminal punishment. Private companies have also pursued efforts to assist the government in implementing contact tracing technology which tracks individuals at high risk of exposure to COVID-19.¹⁸

In response to the pandemic, governments in the U.S. closed non-essential businesses and public services, driving the U.S. employment rate to surge to 14.7% - 23.6%, according to various estimates released in early May.¹⁹ In aid of the struggling economy and American population, the U.S. federal government enacted several aid measures including free COVID-19 testing, paid leave for workers affected by the virus, and increased food and financial assistance for struggling businesses and workers, the homeless, the unemployed and the uninsured.

¹⁴ “Situation Summary,” Centers for Disease Control and Prevention, April 19, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/summary.html>

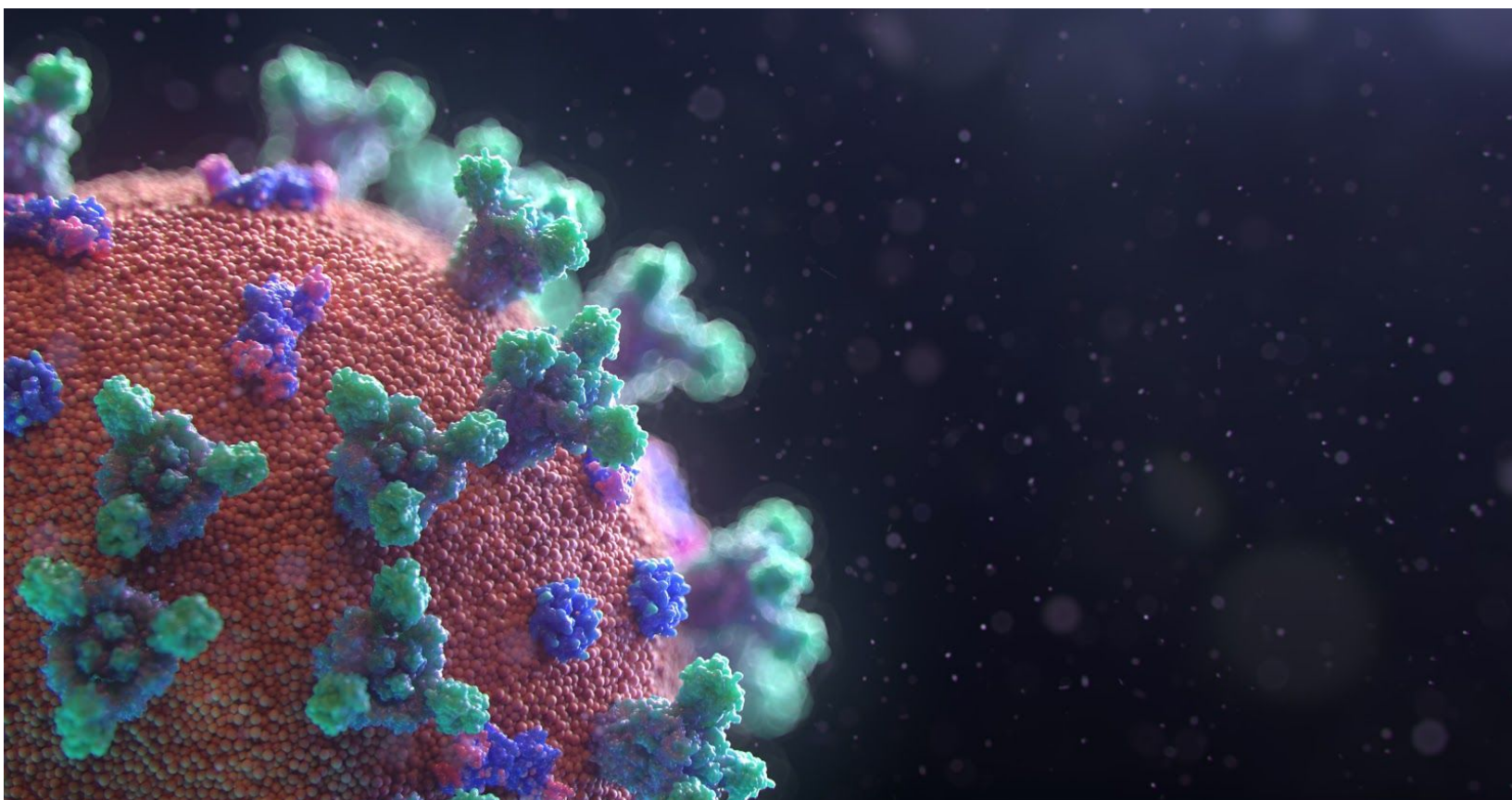
¹⁵ “Situation Report,” World Health Organization, March 3, 2020, https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200306-sitrep-46-covid-19.pdf?sfvrsn=96b04adf_4

¹⁶ “People Who Are at Higher Risk for Severe Illness,” Centers for Disease Control and Prevention, April 15, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>

¹⁷ Robert Kuznia, “Covid-19 vaccine in 18 months. Experts say that’s risky,” CNN, April 1, 2020 <https://www.cnn.com/2020/03/31/us/coronavirus-vaccine-timetable-concerns-experts-invs/index.html>

¹⁸ “Apple and Google Partner on COVID-19 Contact Tracing Technology,” Apple Newsroom, May 11, 2020, <https://www.apple.com/newsroom/2020/04/apple-and-google-partner-on-covid-19-contact-tracing-technology/>

¹⁹ Christopher Rugaber, “US Unemployment Surges to a Depression-Era Level of 14.7%,” AP NEWS, Associated Press, May 9, 2020, <https://apnews.com/908d7a004c316baceb916112c0a35ed0>



NATIONAL ISSUES: COVID-19 HEALTH RESPONSE

The COVID-19 pandemic exposed vulnerabilities in the U.S. national health system. Although the U.S. has more hospital-based employees than most similarly large and wealthy countries, the country ranks among the developed countries with the fewest practicing physicians per capita.²⁰ The U.S. has lower hospital density and fewer hospital beds per capita than most comparable countries, a scarcity which caused health facilities to quickly be overwhelmed with patients as the COVID-19 pandemic progressed.²¹ Patients in the U.S. are also more likely to face higher

²⁰ Rabah Kamal, "How Prepared Is the US to Respond to COVID-19 Relative to Other Countries?," Peterson-Kaiser Health System Tracker, accessed May 12, 2020, <https://www.healthsystemtracker.org/chart-collection/how-prepared-is-the-us-to-respond-to-covid-19-relative-to-other-countries/#item-start>

²¹ Ibid.

out-of-pocket costs and to have inadequate access to insurance than comparable countries.²² About 8.5% of Americans were uninsured throughout 2018, an increase of 6 percent from 2017.²³

The challenges faced by the American healthcare system during the pandemic have intensified debate over permanent health care reform proposals and emergency health care initiatives. Issues under scrutiny include the implementation of “Medicare for All”, a single payer government health insurance system, and the adoption of emergency relief for individuals affected by COVID-19.

Medicare for All

Most Americans receive their health care through employer-sponsored health insurance plans, while retirees are eligible for government-sponsored Medicare and lower-income people have access to Medicaid. When the Affordable Care Act (ACA, or “Obamacare”) was passed in 2010, nearly 47 million Americans were without health insurance. That number declined to around 27 million by the end of 2017. Today, the debate revolves around accessibility, choice, and affordability of healthcare. Some believe that the federal government should take a leading role in promoting coverage for as many people as possible, while others say that individual choice in the health marketplace and more private-sector insurance options would be a better approach.

Some policy experts think that the US government is too involved in health care and we would be better off with a truly free market system by eliminating most government regulations. Others think the government should subsidize health care only for those who truly cannot afford it on their own. Support is also growing in the US for the opposite position: a single-payer health care system that would directly cover health care costs for all Americans, as is common in many European democracies. “Medicare for All” has become a common refrain on the campaign trail, but what does it actually mean?

Some “Medicare for All” proposals call for the elimination of all private insurance. Under this type of plan, everyone would be enrolled in a single, federal government-run plan. Proponents say that by lowering administrative costs and allowing the government to control prices, a single-payer plan could reduce health care costs. This plan would be a more generous version of Medicare. Some proposals, such as Vermont Senator Bernie Sanders’ proposal, would offer comprehensive coverage, including long-term care, and eliminate premiums, deductibles, and co-pays. All health care payments would be made through the tax system.

²² Ibid.

²³ US Census Bureau, “Health Insurance Coverage in the United States: 2018,” The United States Census Bureau, November 8, 2019, <https://www.census.gov/library/publications/2019/demo/p60-267.html>

Critics say that “Medicare for All” would require the largest tax increase in the history of the United States, or else would cause very large federal deficit increases. The annual combined spending on health care in the US from public and private sources is now well over \$3.5 trillion per year, with \$1.4 trillion coming from Medicare and Medicaid. Even if “Medicare for All” yielded significant savings in total expenditures, it would need at least an additional \$1.5 trillion in federal funding annually. Critics are concerned that such proposals will lead to the rationing of care, while diminishing innovation and harming the quality of healthcare in America. They say that Medicare is far cheaper in part by depending on the private system for fraud detection and billing estimates.²⁴

PROPOSAL	ARGUMENTS FOR	ARGUMENTS AGAINST
All Americans should automatically be enrolled into some version of medicare.	<p>Medicare for All can reduce health care costs by giving the federal government the power to set prices. Providers would not have to navigate among and bill numerous different insurers. With few administrative costs and no need to make a profit, Medicare for All can provide quality care to more people at lower costs.</p> <p>Automatically enrolling all Americans and making payments via taxes ensures that even those who are young and healthy pay into a national health care system, thus subsidizing care for those who are sicker or older.</p> <p>Having one health care plan for all Americans, administered by the government, would ensure that everyone always has access to quality health</p>	<p>Significant new taxes on many Americans, not just the wealthy, would be required to finance such a plan.</p> <p>Without higher payment rates from private insurers, providers, including hospitals, would lose revenue. This could result in cuts to services, hospital closures and job losses.</p> <p>Single-payer, government-run solutions like “Medicare for All” could result in the elimination of private health insurance plans that hundreds of millions of Americans count on. People would lose the freedom to choose between different plans with different costs.</p> <p>Medicare for All could also stifle medical innovation. Without market competition,</p>

²⁴ “Briefing Booklet: America in One Room,” Center for Deliberative Democracy (Stanford University), accessed May 12, 2020, <https://cdd.stanford.edu/2019/briefing-booklet-america-in-one-room/>

coverage with little to no premiums or cost-sharing by the patients themselves.

People wouldn't have to worry about switching plans when they change employers or experience a shift in income. Instead, everyone would have the same plan throughout their lifetime.

drug companies would have no incentive to do research and develop better and/or less expensive drugs and technology.

Governments have a difficult time "getting prices right." If everyone is insured in a single government program, the government may over- or under-pay for certain treatments with no private market to serve as a check on government price setting.

COVID-19 Testing and Treatment

COVID-19 testing has been made available to public health departments in every U.S. state, although within states there is considerable variation in the rate of testing.²⁵ Currently, testing is at the discretion of state and local health departments and clinicians. However, at-home COVID-19 testing was recently approved by the FDA and is expected to be available to consumers in every state in the short term.²⁶

When testing was first issued in February 2020, the costs for an individual screening could amount to more than \$3,000, with insured patients facing over \$1,000 in out-of-pocket expenses.²⁷ In March 2020, the federal government responded to growing concerns by introducing the Families First Coronavirus Response Act (FFCRA) which covers the costs of testing for most patients. The FFCRA requires private insurers to eliminate cost sharing for COVID-19 tests and for health care visits in which the tests are ordered, and offers states the option of covering costs for uninsured patients affected by the virus.²⁸ Several states including California and New York have since enforced the federal government's suggestion.²⁹

However, some groups and individuals have expressed concerns that patients affected by COVID-19 may still face significant financial burdens. Patients experiencing symptoms of the virus may have to cover costs of health care visits if the clinician who examines them does not order COVID-19 testing, even if that choice is driven by the health care facility's limited access to testing.³⁰ The costs of follow-up visits and treatment may also fall on the patient.³¹

²⁵ Lazaro Gamio, Weiyi Cai, and Adeel Hassan, "Where the U.S. Stands Now on Coronavirus Testing," The New York Times, March 27, 2020,

<https://www.nytimes.com/interactive/2020/03/26/us/coronavirus-testing-states.html>

²⁶ Office of the Commissioner, "Coronavirus (COVID-19) Update: FDA Authorizes First Test for Patient At-Home Sample Collection," U.S. Food and Drug Administration (FDA), accessed May 12, 2020,

<https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-first-test-patient-home-sample-collection>

²⁷ Ben Conarck, "A Miami Man Who Flew to China Worried He Might Have Coronavirus. He May Owe Thousands.," Miami Herald, February 24, 2020, <https://www.miamiherald.com/news/health-care/article240476806.html>

²⁸ David Scott, "FAMILIES FIRST CORONAVIRUS RESPONSE ACT: Title-By-Title Summary,"

https://davidscott.house.gov/uploadedfiles/families_first_summary_final.pdf

²⁹ Leslie Albrecht, "Free Coronavirus Testing Will Be Offered in Several States, and Major Health Insurers Are Waiving out-of-Pocket Costs," MarketWatch, March 9, 2020,

<https://www.marketwatch.com/story/several-us-states-offer-free-coronavirus-testing-and-major-health-insurers-waive-copays-2020-03-08>

³⁰ Kao-Ping Chua, "Despite The Families First Coronavirus Response Act, COVID-19 Evaluation Is Not Necessarily Free," Despite The Families First Coronavirus Response Act, COVID-19 Evaluation Is Not Necessarily Free | Health Affairs, April 17, 2020,

<https://www.healthaffairs.org/doi/10.1377/hblog20200413.783118/full/>

³¹ Ibid.

People experiencing mild-to-serious symptoms often require hospitalization and supportive care,³² which can amount to tens of thousands of dollars in out-of-pocket expenses even for individuals on insurance plans. Experts estimate that commercially insured individuals who require treatment for COVID-19 may need to cover out-of-pocket expenses ranging from around \$12,000 for non-Intensive Care Unit (ICU) treatment to around \$40,000 for ICU treatment. For individuals on Medicare and Medicaid, COVID-19 out-of-pocket expenses are estimated to range from around \$8,000 for non-ICU treatment to around \$15,000 for ICU treatment.³³

To avoid further burdening individuals with the costs of COVID-19 testing and treatment, some Americans are advocating for legislation that universally removes financial liability for these services. They argue that the federal government has an ethical obligation towards citizens to insure that they receive adequate care. Under human rights law, the U.S. government also has an obligation to take measures to prevent a human rights crisis caused by widespread lack of adequate medical treatment.³⁴ Further, proponents believe that eliminating COVID-19-related out-of-pocket costs for Americans will help contain the spread of the disease. They express concerns that tying testing and treatment to financial obligations may deter individuals from seeking care and put others at risk of contagion.³⁵

However, opponents of this proposal argue that by implementing the FFCRA the government has already fulfilled its obligations towards citizens. Further, they are concerned that covering COVID-19 treatment for the entire American population would financially strain the U.S. government. Hospital reimbursement for the treatment of uninsured COVID-19 patients may already cost the federal government over \$40 billion of the \$100 billion designated for hospitals in the COVID-19 relief package enacted in April 2020. Covering treatment for all COVID-19 patients could cost the government more than \$1 trillion.³⁶

³²“Q&A On Coronaviruses (COVID-19),” World Health Organization, Accessed May 12, 2020, <https://www.who.int/news-room/q-a-detail/q-a-coronaviruses#:~:text=treatment>

³³ “Covid-19 Cost Scenario Modelling”, America's Health Insurance Plans (AHIP), April 8, 2020. <https://www.ahip.org/wp-content/uploads/AHIP-COVID-19-Modeling.pdf>; “The Projected Economic Impact of the COVID-19 Pandemic on the US Healthcare System,” FAIR Health, March 25, 2020, <https://s3.amazonaws.com/media2.fairhealth.org/brief/asset/COVID-19%20-%20The%20Projected%20Economic%20Impact%20of%20the%20COVID-19%20Pandemic%20on%20the%20US%20Healthcare%20System.pdf>

³⁴ “US: Ensure Affordable COVID-19 Treatment,” Human Rights Watch, March 20, 2020, <https://www.hrw.org/news/2020/03/20/us-ensure-affordable-covid-19-treatment#>

³⁵ “COVID-19: We Need Free Coronavirus Treatment—Now,” The Century Foundation, March 18, 2020, <https://tcf.org/content/commentary/covid-19-need-free-coronavirus-treatment-now/?session=1>

³⁶ FAIR Health, 2020.

PROPOSAL

The federal government should pay for COVID-19 treatment for everyone.

ARGUMENTS FOR

The federal government has an ethical obligation to ensure that infected individuals receive appropriate treatment.

The federal government has an obligation under international human rights law to prevent the COVID-19 pandemic from escalating into a human rights crisis due to lack of adequate medical care.

The funds provided by the federal government to cover COVID-19 treatment costs will reduce the financial burdens of American families.

Out-of-pocket costs for COVID-19 treatment may deter many Americans from seeking care. On a mass scale, this behavior will aggravate the COVID-19 global health crisis.

ARGUMENTS AGAINST

The federal government met its obligations to ensure care to American citizens by approving the Relief Package Funds Coverage For Uninsured Coronavirus Patients, which covers COVID-19 testing and treatment for the uninsured.

Some health insurance providers are already waving out-of-pocket costs for COVID-19 treatment.

Covering COVID-19 costs for insured patients would strain the federal government financially, costing up to \$1 trillion.

COVID-19 Vaccination

The U.S. is racing to produce a vaccine for COVID-19 which would help develop herd immunity to the virus. The vaccine is expected to allow the U.S. to lift social distancing measures and upstart the economy. Currently there is no vaccine proven against the COVID-19 infection. Federal efforts to develop a vaccine began in January 2020 with the deployment of the Coronavirus Treatment Acceleration Program (CTAP). As of April 19, 2020, CTAP had enacted 72 vaccine trials and supported the development of 211 programs in the planning stages.³⁷ The U.S. Food and Drug Administration, in collaboration with Kaiser Permanente Washington Health Research Institute, launched the first federally sponsored human trial of a COVID-19 vaccine on March 16, 2020. The makers of this trial vaccine assured the public that it does not contain the actual coronavirus and cannot cause infection.³⁸

In reaction to public health crises, official medical and government agencies often release statements and advisories recommending vaccinations. Some vaccinations are mandatory for school children in all 50 states, while 15 states allow religious and philosophical exemptions to people who object to immunization.³⁹ In light of recent developments of the COVID-19 pandemic, many have expressed relief or concern that the government may enact legislation to make the COVID-19 vaccine mandatory when it is released to the public.

Proponents of a mandatory COVID-19 vaccine argue that compulsory immunization could have beneficial public health, economic and social effects by ensuring that the virus is contained and that personal and business affairs resume. They emphasize that there is a near consensus surrounding the safety and effectiveness of vaccines. Some also express fears that, if the vaccine is not rendered mandatory, those who choose to opt out may face discrimination. These concerns arose in April 2020 following a statement by the World Health Organization warning against the implementation of COVID-19 “immunity passports” or “risk-free certificates”, which would enable individuals with different levels of COVID-19 antibodies to travel and return to work sooner than others.⁴⁰

³⁷ Center for Drug Evaluation and Research, “Coronavirus Treatment Acceleration Program (CTAP),” U.S. Food and Drug Administration (FDA), accessed May 12, 2020,

<https://www.fda.gov/drugs/coronavirus-covid-19-drugs/coronavirus-treatment-acceleration-program-ctap>

³⁸ “Kaiser Permanente Launches First Coronavirus Vaccine Trial,” KPWHRI, accessed May 12, 2020,

<https://www.kpwwashingtonresearch.org/news-and-events/recent-news/news-2020/kaiser-permanente-launches-coronavirus-vaccine-study-seattle>

³⁹ Erik Skinner and Alise Garcia, “States With Religious and Philosophical Exemptions From School Immunization Requirements,” National Conferences of State Legislatures, accessed May 12, 2020,

<https://www.ncsl.org/research/health/school-immunization-exemption-state-laws.aspx>

⁴⁰ “‘Immunity Passports’ in the Context of COVID-19,” World Health Organization, accessed May 12, 2020,

<https://www.who.int/news-room/commentaries/detail/immunity-passports-in-the-context-of-covid-19>

However, opponents of this proposal argue that a mandatory COVID-19 vaccine would infringe upon their personal, philosophical or religious convictions. Some are concerned about the side effects of vaccines causing developmental disabilities in children, although these concerns have been dismissed by the vast majority of the medical community and by the U.S. Centers for Disease Control and Prevention.⁴¹ Others argue that they have a legal right to choose freely whether or not to vaccinate themselves or their children, and that the COVID-19 vaccine does not qualify as an exception to these laws. They also contend that herd immunity does not require the entirety of the population to be vaccinated.⁴²

PROPOSAL	ARGUMENTS FOR	ARGUMENTS AGAINST
Coronavirus vaccines should be mandatory.	<p>A compulsory COVID-19 vaccine would help develop herd immunity. It would create beneficial public health, producing economic and social effects by ensuring that the virus is contained and that personal and business affairs resume.</p> <p>Vaccines are safe and effective. Children have a right to be vaccinated regardless of their parents' beliefs and preferences.</p> <p>If the vaccine is not rendered mandatory, those who choose to opt out may face discrimination based on COVID-19 immunity.</p>	<p>Parents have the right to choose freely whether or not to vaccinate their children or get vaccinated themselves for personal, philosophical and religious reasons. This freedom is codified in law, but varies across states, and should apply to coronavirus vaccines just as it applies to other vaccines.</p> <p>Herd immunity does not require that 100% of the population be vaccinated and does not require mandatory vaccinations. Some European countries achieved 90% immunization against Measles, Mumps and Rubella through educational programming alone.⁴³</p>

⁴¹ "Vaccines Do Not Cause Autism," Centers for Disease Control and Prevention (Centers for Disease Control and Prevention, March 26, 2020), <https://www.cdc.gov/vaccinesafety/concerns/autism.html>

⁴² Ben Ambridge, "Should Vaccination Be Compulsory?," JStor Daily, February 5, 2015, <https://daily.jstor.org/vaccination-compulsory/>

⁴³ Ibid.

Contact Tracing Platforms

Contact tracing is a “labor-intensive, time-consuming practice that for decades has been a fundamental public health tool for containing infectious diseases.”⁴⁴ It is a “‘cornerstone’ of preventative medicine, says Dr. Laura Breeher, medical director of occupational health services at the Mayo Clinic.”⁴⁵ More specifically, contact tracing is “part of the process of supporting patients with suspected or confirmed infection” by “warning contacts of exposure in order to stop chains of transmission”.⁴⁶ It thus involves public health employees working with patients to determine everyone whom they may have been in contact with during the time in which it is likely they were infectious, warning these potentially-exposed contacts, providing said contacts with support and information as to how best to proceed, and recommending an appropriate course of action; in regards to the COVID-19 pandemic, contacts “are encouraged to stay home and maintain social distance from others (at least 6 feet) until 14 days after their last exposure”.⁴⁷ The necessity of implementing contact tracing is highlighted by the fact that, “A single person with COVID-19 can be expected to infect up to 2-3 people on average. This means, without other interventions, one infected individual could lead to nearly 60,000 cases after 10 rounds of infections.”⁴⁸

In fact, CDC Director Robert Redfield states that a safe reopening of the U.S. will rely on “not only ramped-up testing but ‘very aggressive’ contact tracing of those who do test positive for the coronavirus, and a major scale-up of personnel to do the necessary work.”⁴⁹ This leaves the U.S. wondering how to meet the demands of such a laborious process, as “state and local public health departments aren’t likely to have the staff to do this,” with Redfield suggesting that “the federal government will need to help.”⁵⁰ Indeed, in order to successfully implement this process, an

⁴⁴ NPR, “CDC Director: ‘Very Aggressive’ Contact Tracing Needed For U.S. To Return To Normal,” April 10, 2020. <https://www.npr.org/sections/health-shots/2020/04/10/831200054/cdc-director-very-aggressive-contact-tracing-needed-for-u-s-to-return-to-normal>

⁴⁵ Alejandro de la Garza, TIME, “What Is Contact Tracing? Here’s How It Could Be Used to Help Fight Coronavirus,” April 22, 2020. <https://time.com/5825140/what-is-contact-tracing-coronavirus/>

⁴⁶ The CDC, “Contact Tracing: Part of a Multipronged Approach to Fight the COVID-19 Pandemic,” Last reviewed April 22, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html>

⁴⁷ Ibid.

⁴⁸ Brian W. Simpson, Johns Hopkins Bloomberg School of Public Health, Global Health Now, “‘We Need an Army’: A National Plan for Contact Tracing in the US,” April 12, 2020. <https://www.globalhealthnow.org/2020-04/we-need-army-national-plan-contact-tracing-us>

⁴⁹ NPR, “CDC Director: ‘Very Aggressive’ Contact Tracing Needed For U.S. To Return To Normal,” April 10, 2020. <https://www.npr.org/sections/health-shots/2020/04/10/831200054/cdc-director-very-aggressive-contact-tracing-needed-for-u-s-to-return-to-normal>

⁵⁰ Ibid.

additional 10,000 workers will be required in the U.S.⁵¹ This enormous number of necessary contact tracers has prompted proposals of implementing online contact tracing platforms: this is a proposed technological solution to what some consider to be the impossibility of marshalling enough workers to enact contact tracing at the human scale that is needed, or simply as a method to aid the physical process.

Some proponents of opt-in only contact tracing platforms in the U.S. designed to monitor the spread of COVID-19 call upon the successful examples of other countries, such as South Korea or Singapore, in their application of such technologies. In the case of South Korea, if an individual with the app is diagnosed with COVID-19, then that individual's recent locations are sent out to members in the community so that community members will have highly detailed information that will help said community members then determine if they were in contact with said individual who tested positive, and if so, to then self-isolate.⁵² Such proponents also point out that South Korea's rate of new infections declined by 90% over the past 40 days since mid-April,⁵³ which some claim may be in part owing to this contact tracing app technology. Singapore's own contact tracing app is also being cited as potentially contributing to their successful mitigation efforts, particularly as the app eliminates the need for individuals testing positive to rely solely on their memory, in regards to where they've been, as well as their personal contacts, in regards to notifying contacts they may have inadvertently exposed.⁵⁴

On the other hand, opponents of governmental use of contact tracing technologies emphasize the constitutional right to privacy that may be infringed upon, even if the government won't necessarily require citizen cooperation; it may perhaps somehow greatly incentivize or punish individuals into adoption of such apps. How this information may eventually end up being used and stored is unknown. President Trump is also very wary of such technology and the potential for privacy infringements and misuse, warning that this Apple-Google venture would raise "big constitutional problems" for "a lot of people".⁵⁵

⁵¹ Brian W. Simpson, Johns Hopkins Bloomberg School of Public Health, Global Health Now, "We Need an Army: A National Plan for Contact Tracing in the US," April 12, 2020.

⁵² Nature, "South Korea is reporting intimate details of COVID-19 cases: has it helped?" March 18, 2020.
<https://www.nature.com/articles/d41586-020-00740-y>

⁵³ The Atlantic, "The Technology That Could Free America From Quarantine," April 7, 2020.
<https://www.theatlantic.com/ideas/archive/2020/04/contact-tracing-could-free-america-from-its-quarantine-nightmare/609577/>

⁵⁴ Harvard Business Review, "How Digital Contact Tracing Slowed Covid-19 in East Asia," April 15, 2020.
<https://hbr.org/2020/04/how-digital-contact-tracing-slowed-covid-19-in-east-asia>

⁵⁵ CNBC, "Apple and Google have an ambitious plan to help officials track coronavirus — here's what needs to happen now," April 15, 2020.
<https://www.cnbc.com/2020/04/15/apple-google-coronavirus-tracing-plan-what-it-needs-to-work.html>

PROPOSAL

Organizations and corporations should work with the government to implement opt-in-only contact tracing platforms to monitor and mitigate the spread of COVID-19.

ARGUMENTS FOR

In order to ensure the highest quality of care and safety for all Americans, the government requires such information, especially during periods of national emergency.

The U.S. government is already taking steps towards accessing such information.⁵⁶

ARGUMENTS AGAINST

This has the potential to be an infringement upon Americans' constitutional right to privacy.⁵⁷

The government should continue to be subject to HIPAA.⁵⁸

The evidence is unclear as to whether such technologies help mitigate the spread of COVID-19.⁵⁹

⁵⁶ Fred Sainz, Apple Newsroom, "Apple and Google partner on COVID-19 contact tracing technology," April 10, 2020.

⁵⁷ CNBC, "Apple and Google have an ambitious plan to help officials track coronavirus — here's what needs to happen now," April 15, 2020.

<https://www.cnbc.com/2020/04/15/apple-google-coronavirus-tracing-plan-what-it-needs-to-work.html>

⁵⁸ U.S. Department of Health and Human Services, "Restrictions on Government Access to Health Information," September 29, 2015.

<https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/restrictions-on-government-access-to-health-information/index.html>

⁵⁹ New Scientist, "There are many reasons why covid-19 contact-tracing apps may not work," April 17, 2020.

<https://www.newscientist.com/article/2241041-there-are-many-reasons-why-covid-19-contact-tracing-apps-may-not-work/>

Stay-At-Home Orders

As of mid-April, stay-at-home (also referred to as shelter-in-place) orders had been enacted in 42 U.S. states, as well as in the District of Columbia and in the U.S. territory of Puerto Rico.⁶⁰ These orders limit the circumstances in which individuals can leave their homes to essential reasons, such as to access medical care, to purchase groceries, and to exercise⁶¹ --all while respecting six-foot social distancing guidelines.⁶² Although the orders may differ in regards to the specifics, as they are issued on a state-by-state, or county-by-county basis, they share a common purpose: to mitigate the spread of COVID-19, to protect critical infrastructure and critical populations--such as healthcare systems and healthcare workers--and to protect vulnerable populations.⁶³ The effect of these mass mitigation efforts has, however, been a virtual halt of the economy, and at time of writing, more than 15 million Americans have lost their jobs⁶⁴ and entire U.S. industries have ground to a halt.⁶⁵

Yet in addition to the economic impact being felt around the country, some Americans have been impacted even further by the stay-at-home orders: they've been cited, fined, or even jailed for refusing to abide by them.⁶⁶ In fact, in Maryland, the consequences for violating the stay-at-home order, specifically in regards to the ban on public gatherings of ten or more people, have resulted in the citation of at least two people. The punishment for violating the rule on such public gatherings is a year in jail, a \$5,000 fine, or both.⁶⁷ And such enforcements are not unique to Maryland; Texas punishes the refusal to self-quarantine if a person is suspected or confirmed of being infected with

⁶⁰ The New York Times, "See Which States and Cities Have Told Residents to Stay at Home," Updated April 20, 2020.

<https://www.nytimes.com/interactive/2020/us/coronavirus-stay-at-home-order.html>

⁶¹ CBS News, "What does a stay-at-home order really mean?" April 3, 2020.

<https://www.cbsnews.com/news/what-does-stay-at-home-order-mean-coronavirus/>

⁶² The CDC, "Social Distancing, Quarantine, and Isolation" Updated April 4, 2020.

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>

⁶³ The CDC, "Santa Clara County, California Community Mitigation," Updated March 20, 2020.

<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/california-santa-clara-county.html>

⁶⁴ USA Today, "Unemployment: These are every state's claims since the coronavirus shut the economy down," Updated April 14, 2020.

<https://www.usatoday.com/story/money/2020/04/14/coronavirus-unemployment-claims-caused-covid-19-crisis-state/5130034002/>

⁶⁵ USA Today, "Industries hit hardest by coronavirus in the US include retail, transportation, and travel," Updated March 21, 2020.

<https://www.usatoday.com/story/money/2020/03/20/us-industries-being-devastated-by-the-coronavirus-travel-hotels-food/111431804/>

⁶⁶ USA Today, "Enforcing the shutdown: Law enforcement grapples with policing stay-at-home orders, social distancing, quarantines," Updated April 2, 2020.

<https://www.usatoday.com/story/news/politics/2020/04/02/coronavirus-police-fines-jail-breaking-stay-home-orders/5104704002/>

⁶⁷ Ibid.

COVID-19 with 180 days in jail and a \$1,000 fine.⁶⁸ And perhaps most notably, a Florida pastor who refused to honor the stay-at-home order and instead held services was arrested--after first being warned, and then, essentially begged by local law enforcement, not to hold the services.⁶⁹ Such instances have thus raised many questions about the necessity of such strict enforcement and oftentimes harsh penalties for the violation of stay-at-home measures.

Of those supporting the criminal prosecution of stay-at-home violators, some argue that it is a necessary punishment, as individuals evidently don't respect such orders, even with the threat of prosecution. They claim that if in some instances, individuals violate the orders at the risk of such hefty fines and even jail time, one could only imagine what would occur if there were no threat of punishment. They argue that such enforcement is particularly necessary to dissuade certain inclinations towards public gatherings, such as in the case of religious congregations and of spring-breakers in Miami.⁷⁰

Yet others in support of these stringent enforcements call forth the argument that the stay-at-home orders provide a subsistent and tolerable level of personal freedom; the exceptions to these orders include the ability to exercise outdoors, visit grocery stores, and receive service from emergency businesses. Some proponents thus claim that with the relative amount of freedom allowed, there is no excuse for breaking the order, and criminal punishment for doing so is fair.

PROPOSAL

The government should punish people who do not comply with stay-at-home orders with fines and imprisonment.

ARGUMENTS FOR

Laws and subsequent enforcement may be necessary to entice people to avoid public gatherings, especially when certain groups have expressed inclinations to congregate, with disregard to stay-at-home orders or other

ARGUMENTS AGAINST

Although public health is a priority, the general populace will and does comply voluntarily to emergency orders,⁷² rendering criminal punishment unnecessary.

Criminalization has a risk of spreading infection if people

⁶⁸ Ibid.

⁶⁹ Ibid.

⁷⁰ USA Today, "If I get corona, I get corona': Coronavirus pandemic doesn't slow spring breakers' party," Updated March 21, 2020.

<https://www.usatoday.com/story/travel/destinations/2020/03/19/spring-break-beaches-florida-look-packed-despite-coronavirus-spread/2873248001/>

	<p>governmental mandates.⁷¹</p> <p>Even if stay-at-home orders appear strict, the multiple exceptions (such as the ability to exercise outdoors, visit grocery stores, and receive service from emergency businesses) allow for a sufficient level of freedom.</p> <p>There exists a moral duty to protect the lives of all people.</p>	<p>are imprisoned for stay-at-home violations, for then they are made to live in close quarters in jails which are already strained in capacity and highly susceptible to community spread.⁷³</p> <p>Increased public policing and imprisonment may have disproportionate effects on minority and poor communities, as they historically suffer disproportionately at the hands of policing and imprisonment.⁷⁴</p> <p>If such orders lead to an increase in funding for policing, then those additional funds could be better used elsewhere, such as in direct public aid or relief packages.</p>
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⁷² The Texas Tribune, "Police across Texas are enforcing social distancing, but they're hesitant to make arrests," March 23, 2020.

<https://www.texastribune.org/2020/03/23/texas-coronavirus-order-enforcement/>

⁷¹ USA Today, "If I get corona, I get corona': Coronavirus pandemic doesn't slow spring breakers' party," Updated March 21, 2020.

<https://www.usatoday.com/story/travel/destinations/2020/03/19/spring-break-beaches-florida-look-pack-ed-despite-coronavirus-spread/2873248001/>

⁷³ NBC Philadelphia, "Prisoners Being Released From City, State Prisons Are Not Being Tested for COVID-19," Updated April 17, 2020.

<https://www.nbcphiladelphia.com/investigators/prisoners-being-released-from-city-state-prisons-are-not-being-tested-for-covid-19/2365885/>

⁷⁴ CBS News, "U.S. Surgeon General Jerome Adams on COVID-19's disproportionate impact on black America," April 9, 2020.

<https://www.cbsnews.com/news/coronavirus-us-surgeon-general-jerome-adams-covid-19-disproportionate-impact-black-america/>



NATIONAL ISSUES: COVID-19 FINANCIAL RESPONSE

In response to the economic effects of the COVID-19 pandemic, the U.S. federal government signed into law the Coronavirus Aid, Relief, and Economic Security (CARES) Act on March 27, 2020. The CARES Act offered direct cash payments to families facing economic hardships, provided funds to small businesses and supported individuals struggling to pay rent, mortgages and utilities. When the CARES act was approved, some praised the federal administration, celebrating the piece of legislation as an act of solidarity in time of crisis. However, others criticized the act as insufficient. Following these concerns, Representatives Ro Khanna (CA-17) and Tim Ryan (OH-13) introduced the Emergency Money for the People Act, to offer aid to groups not covered by the CARES Act. Debate surrounding the enactment of this new financial aid act has been surging in recent months.

National Emergency Grant

In response to the grievous toll that the COVID-19 pandemic is taking upon the U.S. economy, Congress passed, and President Trump signed into law, the Coronavirus Aid, Relief, and Economic Security (CARES) Act on March 27, 2020.⁷⁵ The over \$2 trillion economic relief package was created in order to, “provide *fast and direct* economic assistance for American workers, families, and small businesses, and preserve jobs for our American industries.”⁷⁶ This act aids American workers and families through direct, cash payments of “up to \$1,200 per adult for individuals whose income was less than \$99,000 (or \$198,000 for joint filers) and \$500 per child under 17 years old – or up to \$3,400 for a family of four.”⁷⁷ In regards to small businesses, the act establishes a Paycheck Protection Program which has authorized up to \$349 billion in order to “provide small businesses with funds to pay up to 8 weeks of payroll costs including benefits” and may also be used to “pay interest on mortgages, rent, and utilities.”⁷⁸ The preservation of jobs in U.S. industries is being implemented through an Employee Retention Credit in which, “Employers of all sizes that face closure orders or suffer economic hardship due to COVID-19 are incentivized to keep employees on the payroll through a 50% credit on up to \$10,000 of wages paid or incurred from March 13, 2020 through December 31, 2020.”⁷⁹

However, the CARES Act has been criticized by some as insufficient;⁸⁰ this has prompted Representatives Ro Khanna (CA-17) and Tim Ryan (OH-13) to introduce new legislation, titled the Emergency Money for the People Act, to provide additional and recurring cash-payments to taxpaying Americans impacted by the COVID-19 pandemic.⁸¹ Congressmen Khanna and Ryan claim that the one-time cash-payment provided by the CARES Act was inadequate and excluded groups which should have received aid, such as college students and adults with disabilities--both of whom

⁷⁵ U.S. Department of the Treasury, “The CARES Act Works for All Americans.”

<https://home.treasury.gov/policy-issues/cares>

⁷⁶ Ibid.

⁷⁷ U.S. Department of the Treasury, “The CARES Act Provides Assistance to Workers and their Families.”

<https://home.treasury.gov/policy-issues/cares/assistance-for-american-workers-and-families>

⁷⁸ U.S. Department of the Treasury, “The CARES Act Provides Assistance to Small Businesses.”

<https://home.treasury.gov/policy-issues/cares/assistance-for-small-businesses>

⁷⁹ U.S. Department of the Treasury, “The CARES Act Preserves Jobs for American Industry.”

<https://home.treasury.gov/policy-issues/cares/preserving-jobs-for-american-industry>

⁸⁰ Pamela Foohey, Dalié Jiménez, & Christopher K. Odinet, The National Law Review, “Cares Act Gimmicks: How Not to Give People Money During a Pandemic and What to Do Instead,” April 11, 2020.

<https://www.natlawreview.com/article/cares-act-gimmicks-how-not-to-give-people-money-during-pandemic-and-what-to-do>

⁸¹ Congressman Ro Khanna, “RELEASE: REPRESENTATIVES RO KHANNA AND TIM RYAN INTRODUCE LEGISLATION TO SEND AMERICANS ADDITIONAL CASH PAYMENTS,” April 14, 2020.

<https://khanna.house.gov/media/press-releases/release-representatives-ro-khanna-and-tim-ryan-introduce-legislation-send>

are claimed as dependents--as well as other groups.⁸² The Emergency Money for the People Act would include a “\$2,000 monthly payment to every qualifying American over the age of 16” for at least six months, and would be renewed for another six months, unless employment levels would reach pre-coronavirus levels of 60%.⁸³

Proponents support the implementation of this program because it greatly increases the aid given to Americans: eligible Americans wouldn’t only receive the one-time \$1,200 stimulus check as covered by the CARES Act, but would additionally receive \$2,000 monthly, for at least six months--but up to 12 months total, if after six months of implementation, employment levels would not return to their pre-coronavirus level of 60%.⁸⁴

Opponents of the Emergency Money for the People Act proposal recount how as of April 26, 2020, the U.S. government has already spent over \$2 trillion through relief packages which aim to combat the economic fallout caused by the COVID-19 pandemic. In addition, of that \$2 trillion in aid, the CARES Act itself has provided \$1.8 trillion in direct financial aid to individuals and businesses, making it the largest stimulus package in U.S. history.⁸⁵ Therefore, opponents argue, additional spending is not needed.

PROPOSAL

The federal government should pass into law the Emergency Money for the People Act, which will give every American age 16 and older, who earns less than \$130,000 per year, \$2,000 every month, for at least six months, or up to 12 months total, unless

ARGUMENTS FOR

This program would provide financial support for Americans who were excluded from the CARES Act, such as college students and adults with disabilities who are claimed as dependents, among other excluded groups.⁸⁶

ARGUMENTS AGAINST

As of April 26, 2020 the U.S. government has enacted COVID-19 economic relief packages totaling more than \$2 trillion. Of that aid, the CARES Act itself has provided \$1.8 trillion in direct financial aid to individuals and businesses, making it the largest stimulus package in

⁸² Ibid.

⁸³ Ibid.

⁸⁴ Ibid.

⁸⁵ Romina Boccia and Justin Bogie, The Heritage Foundation, “This Is How Big the COVID-19 CARES Act Relief Bill Is,” April 20, 2020.

<https://www.heritage.org/budget-and-spending/commentary/how-big-the-covid-19-cares-act-relief-bill>

⁸⁶ Congressman Ro Khanna, “RELEASE: REPRESENTATIVES RO KHANNA AND TIM RYAN INTRODUCE LEGISLATION TO SEND AMERICANS ADDITIONAL CASH PAYMENTS,” April 14, 2020.

<https://khanna.house.gov/media/press-releases/release-representatives-ro-khanna-and-tim-ryan-introduce-legislation-send>

employment levels return to pre-COVID-19 levels after the initial six-month period.

The cash grants made available through this program would be larger than the one-time \$1,200 direct payment provided by the CARES Act, and would also be recurring.⁸⁷

Such cash grants would increase consumer spending, which has been greatly curtailed by the economic effects of the COVID-19 pandemic. An increase in consumer spending is crucial as consumer spending comprises 70% of American gross domestic product.

U.S. history.⁸⁸ More spending is not needed.

It is not economically prudent to further increase the national debt, which stands at more than \$24 trillion as of April 2020.⁸⁹

⁸⁷ Congressman Ro Khanna, "RELEASE: REPRESENTATIVES RO KHANNA AND TIM RYAN INTRODUCE LEGISLATION TO SEND AMERICANS ADDITIONAL CASH PAYMENTS," April 14, 2020. <https://khanna.house.gov/media/press-releases/release-representatives-ro-khanna-and-tim-ryan-introduce-legislation-send>

⁸⁸ Romina Boccia and Justin Bogie, The Heritage Foundation, "This Is How Big the COVID-19 CARES Act Relief Bill Is," April 20, 2020. <https://www.heritage.org/budget-and-spending/commentary/how-big-the-covid-19-cares-act-relief-bill>

⁸⁹ Peter G. Peterson Foundation, "THE NATIONAL DEBT IS NOW MORE THAN \$24 TRILLION. WHAT DOES THAT MEAN?" April 8, 2020. <https://www.pgpf.org/infographic/the-national-debt-is-now-more-than-24-trillion-what-does-that-mean>



SHAPING YOUR STANFORD

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