



Case No. 2020-00717-FOIA-OS
American Oversight v. HHS, Civil No. 20-1169

June 7, 2021

Austin Evers
Executive Director
American Oversight
Sent via email: foia@americanoversight.org

Dear Mr. Evers:

This letter is the first interim response to your March 18, 2020, Freedom of Information Act (FOIA) request.

American Oversight requests that HHS produce the following records as soon as practicable, and at least within twenty business days:

All email communications (including email messages, complete email chains, email attachments, calendar invitations) sent by the government officials specified below containing any of the following key terms:

- | | |
|------------------------------|-------------------------|
| 1. Coronavirus | 23. Hubei |
| 2. Corona | 24. Princess |
| 3. Virus | 25. Cruise |
| 4. Disease | 26. Kirkland |
| 5. Pandemic | 27. Seattle |
| 6. Epidemic | 28. "New Rochelle" |
| 7. Outbreak | 29. "BioGen Conference" |
| 8. containment | 30. CPAC |
| 9. "public health emergency" | 31. AIPAC |
| 10. "COVID-19" | 32. RNA |
| 11. "COVID 19" | 33. "Extraction kits" |
| 12. COVID19 | 34. Roche |
| 13. SARS | 35. Vaccine |
| 14. "2019-nCoV" | 36. Antiviral |
| 15. POTUS | 37. Antiretroviral |
| 16. Test | 38. Quarantine |
| 17. Tests | 39. Distancing |
| 18. Testing | 40. Isolation |
| 19. EUA | 41. N95 |
| 20. Emergency | 42. Mask |
| 21. Wuhan | 43. Respirator |
| 22. Hoax | |

Government Officials

1. Alex Azar, Secretary
2. Brian Harrison, Chief of Staff
3. Eric Hargan, Deputy Secretary
4. Jerome Adams, Surgeon General
5. Robert Kadlec, Assistant Secretary for Preparedness and Response
6. John Brooks, Senior Advisor to the Secretary for Drug Pricing Reform

The Department processed **479 pages** of potentially responsive records captured in the agency's search for FOIA request 2020-00717-FOIA-OS. After a careful review of these pages, I have determined to release **186 pages** to you in their entirety, withheld **18 pages**, and I am further releasing **177 pages** in part, with portions redacted, pursuant to Exemptions (b)(3), (b)(4), (b)(5), and (b)(6) of the FOIA (5 U.S.C. §552 (b)(5) and (b)(6)). Furthermore, I have determined that **98 pages** should be sent for consultation to others and returned to this Department for final disposition.

FOIA exemption (b)(3) permits the withholding of records which are specifically prohibited from disclosure by statutes other than the FOIA (Sec. 702 of the Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019).

FOIA exemption (b)(4) permits agencies, as a matter of discretion, to withhold trade secrets and commercial or financial information obtained from a person which is privileged or confidential.

FOIA exemption (b)(5) protects inter-agency or intra-agency memoranda or letters which would not be available by law to a party other than an agency in litigation with the agency. This exemption protects documents that would be covered by any privilege an agency could assert in a civil proceeding. These privileges include, among others, the deliberative process privilege, the attorney-client privilege, the attorney work-product privilege and the presidential communications privilege.

FOIA exemption (b)(6) permits a Federal agency to withhold information and records about individuals in "personnel and medical files and similar files, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy." The definition of "similar files" has historically been broadly interpreted to include a wide variety of files, and the United States Supreme Court has held that Congress intended the term "similar files" to be interpreted broadly, rather than narrowly. I have analyzed these records and find they meet the threshold requirement of this exemption. Additionally, I have reviewed and weighed the public interest in disclosure of this information against the privacy interest in nondisclosure, and found that the privacy interest outweighs the public's interest in disclosure.

We will continue to review the remaining records as efficiently and expeditiously as possible, consistent with our available resources. Should you have questions or concerns regarding the Department's response and/or the processing of your request, any such issues should be communicated to your legal counsel and Department of Justice Attorney representing the Department in this matter.

Sincerely yours,



Alesia Y. Williams
Director, FOIA Appeals and Litigations
FOI/Privacy Act Division

Enclosure(s)

From:	OS Secretarys Operations Center </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=32B1F28D808B43B6903C00083291303E-SECRETARYS>
To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	HHS Executive Summary 21Mar20
Date:	2020/03/21 07:09:31
Priority:	Normal
Type:	Note

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HHS Executive Summary: Saturday, 21Mar20

1. HHS

Today's Noteworthy Topics:

COVID-19 (Novel Coronavirus)

As of 20Mar20, 1700ET, the CDC confirmed and presumptive positive U.S. cases of COVID-19 have reached 14,086 across 50 states and D.C. Guam, PR and USVI; Deaths: 199; Combined CDC and WHO reported global cases: 209,839; global deaths: 8771; Countries with cases: 172. The FEMA NRCC is operating at Level 1, in a unified effort with the HHS SOC. FEMA and HHS Regions have integrated to joint operations and continue to work requirements in support of state, tribal, and territorial requests. A joint campaign plan was developed to focus the efforts of the multiple task forces established to facilitate the overall COVID-19 response. Primary efforts are on providing resources to the states in greatest need while researching capacity across the private sector. Multiple jurisdictions, including California and New York, have announced "Stay at Home" orders.

Daily Operational Schedule:

0830 – FEMA Daily Operations Briefing
 1100 – Grand Princess Call
 1230 – Joint HHS/FEMA Interagency VTC
 1300 – IMD Sync Call for COVID-19 and Repatriation
 1400 – COVID-19 Resource Coordination Call

Public Health Emergency of National Significance:

Puerto Rico (Earthquake): 08Jan20
 Opioid Crisis, Nationwide: 24Jan20
 Novel Coronavirus (COVID-19): 31Jan20

HHS Response Status Summary:

HHS SOC: Level I (Full Activation)
 CDC EOC: Level III (Polio/Ebola)
 CDC EOC: COVID-19 (Agency-Wide Response)
 FDA EOC: Level II (Vape Product Response, COVID-19)

Emergency Support Function (ESF) Activation:

ESF – 8: Activated
ESF – 6: Not Activated

Recovery Support Function (RSF) Activation:

H&SS RSF: Activated Region II (2017 Irma/Maria, Puerto Rico projected end date of 30Jun20). Activated Region IX (2018 California Wildfires projected end date of 31Mar20).

HHS Deployments: (Total = 1,462)

ASPR: 1,196 – (9) Earthquake Puerto Rico, (1,173) COVID-19, (5) Irma/Maria Recovery, (3) Irma, (2) FY Funded Training Q1, (2) FY Non-Funded Training Q1, (1) California Wildfires, (1) California Wildfires Recovery

CDC: 266 – (234) COVID-19, (8) Polio, (24) Ebola

FMS Status:

- • * 32 (250 Bed) FMS sets are deployable
- • * 9 (50 Bed) FMS sets are deployable

New Mission Assignments (MA): NSTR

Active Situations (7):

- • * Influenza Season
- • * Irma/Maria, Puerto Rico, & USVI (Recovery)
- • * Ebola in Eastern Democratic Republic of the Congo
- • * California Wildfires (Recovery)
- • * Novel Coronavirus (COVID-19)
- • * Bravo Response
- • * Earthquake, Puerto Rico

U.S. International Health Regulation National Focal Point Status: NSTR

2. FEMA:

Interagency Response Status Summary:

NWC: Monitoring

NRCC: Level I

National IMATs: Red – Fully Mission Capable; Blue – Fully Mission Capable; Gold – Fully Mission Capable

Regional IMATs: Region II, NY; Region IV-2, TN; Region IX-2, RRCC; Region X, RRCC

Significant National Weather:

A weather system will bring the potential for strong thunderstorms, heavy rainfall, and localized flooding from the Texas South Plains to the lower Mississippi Valley on Saturday. A coastal storm will develop off the Mid Atlantic coast and intensify early next week. Rain and gusty winds will be common for the I-95 corridor. Interior sections including New England may see wintry precipitation.

3. OPDIV/STAFFDIV Overnight Reports:

CDC:

- • * COVID-19 – 161 Locations (including countries, territories, and areas) – Update
- • * Dengue – Marshall Islands – Update
- • * Measles (Rubeola) – Democratic Republic of the Congo – Update
- • * Polio (Wild Type) – Pakistan – Update
- • * Polio (Vaccine-derived) – Angola – Update
- • * Polio (Vaccine-derived) – Chad – Update
- • * Polio (Vaccine-derived) – Côte d'Ivoire – Update
- • * Polio (Vaccine-derived) – Malaysia – Update
- • * Polio (Vaccine-derived) – Pakistan – Update
- • * Lassa Fever - Nigeria – Update

FDA:

- Adverse Events Possibly Linked to Vaping Products/Unknown/ML/Aug 2019
- Coronavirus Disease 2019 (COVID-19)/ML/2019
- *Salmonella* Braenderup/Fruit (suspect)/Dec 2019
- *E. coli* O103:H2/Produce (Suspect)/Feb 2020
- Hepatitis A Virus/Fresh Fruit (Suspect)/Jan 2020
- *Listeria monocytogenes*/Produce (Suspect)/Feb 2020

Prepared by:

Secretary's Operations Center

U.S. Department of Health and Human Services (HHS)
 Assistant Secretary for Preparedness and Response (ASPR)
 200 Independence Ave., S.W.
 Washington, D.C. 20201
 Office: (202) 619 – 7800
 Fax: 1-800-514-4256
 Email: hhs.soc@hhs.gov



cid:image001.png@01D5F637.9AFA0B50

Data enclosed in this email are subject to the Privacy Act of 1974, as amended. Contents shall not be disclosed, discussed, or shared with individuals unless they have a direct need-to-know in the performance of their official duties. Unauthorized disclosure of this information may result in civil or criminal penalties.

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Sender: OS Secretarys Operations Center </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=32B1F28D808B43B6903C00083291303E-SECRETARYS>

Recipient:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Sent Date:	2020/03/21 07:09:25
Delivered Date:	2020/03/21 07:09:31

From:	Debra Peterson <(b)(6)@sbcglobal.net>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 07:10:58
Priority:	Normal
Type:	Note

Debra Peterson

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

The federal Clinical Laboratory Improvement Advisory Committee recently recommended allowing qualified professionals to review and interpret digital images remotely when data is exchanged via a secure connection but CMS has not yet authorized this policy. Many U.S. laboratories have well-validated digital systems to allow for quality remote diagnosis using secure virtual personal networks (VPNs). Given dire shortages of pathologists and laboratory personnel at many laboratories and the need to follow the President's call for social distancing, CLIA is unnecessarily putting our work force at risk and imposing barriers to optimal patient care.

Given that HHS just provided other physician specialties with the flexibility to provide telemedicine services, pathologists and laboratory professionals should also be allowed the same flexibility. I request expedited consideration of this request to ensure laboratories can promptly respond to our patients' needs now.

Sincerely,

Debra Peterson

Sender:	Debra Peterson <(b)(6)@sbcglobal.net>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 07:09:53
Delivered Date:	2020/03/21 07:10:58
Message Flags:	Unread

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D145EFC9C35C4865ACA6E9D47786B204-HARRISON, B>
To:	Jim O'Neill <(b)(6)@gmail.com>
CC:	Demetrios L. Kouzoukas <(b)(6)@gmail.com>
Subject:	Re: FDA inspectors
Date:	2020/03/21 07:25:46
Priority:	Normal
Type:	Note

Thanks for sharing.

On Mar 21, 2020, at 12:25 AM, Jim O'Neill <(b)(6)@gmail.com> wrote:

<https://www.washingtonexaminer.com/opinion/fda-inspections-craziness-preventing-coronavirus-response>

If this is true, please get FDA out of the way. Hospitals are going berserk because they don't have enough PPE.

Sender:	Harrison, Brian (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D145EFC9C35C4865ACA6E9D47786B204-HARRISON, B>
Recipient:	Demetrios L. Kouzoukas <(b)(6)@gmail.com>; Jim O'Neill <(b)(6)@gmail.com>
Sent Date:	2020/03/21 07:25:46

From:	J mark Tuthill <(b)(6)@hfhhs.org>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 07:30:25
Priority:	Normal
Type:	Note

J mark Tuthill

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

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Sincerely,

J mark Tuthill

Sender:	J mark Tuthill <(b)(6)@hfhhs.org>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 07:29:54
Delivered Date:	2020/03/21 07:30:25
Message Flags:	Unread

From:	Denise Cosgrove <(b)(6)@gmail.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 07:31:33
Priority:	Normal
Type:	Note

Denise Cosgrove

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

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Sincerely,

Denise Cosgrove

Sender:	Denise Cosgrove <(b)(6)@gmail.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 07:29:54
Delivered Date:	2020/03/21 07:31:33
Message Flags:	Unread

From:	Sharpless, Norman (NIH/NCI) [E] <norman.sharpless@nih.gov>
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.SPDLT)/cn=Recipients/cn=c145629cc8ac4858bf1f0ce5dd0461dc-AMA2!>
CC:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	RE: Email to Secretary Azar re: Genentech Actemra Donation
Date:	2020/03/21 07:57:05
Priority:	Normal
Type:	Note

(b)(5)

Pre-decisional / FOUO / Deliberative

From: AMA2 (OS/IOS) (b)(6)@HHS.GOV>
Sent: Friday, March 20, 2020 8:53 PM
To: Sharpless, Norman (NIH/NCI) [E] <norman.sharpless@nih.gov>
Cc: Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>
Subject: Fwd: Email to Secretary Azar re: Genentech Actemra Donation

What a coincidence!

Begin forwarded message:

From: "Harrison, Brian (HHS/IOS)" <Brian.Harrison@hhs.gov>
Date: March 20, 2020 at 8:47:12 PM EDT
To: "AMA2 (OS/IOS)" (b)(6)@HHS.GOV>
Cc: "Charrow, Robert (HHS/OGC)" <Robert.Charrow@hhs.gov>, "Kadlec, Robert (OS/ASPR/IO)" <Robert.Kadlec@hhs.gov>, "Giroir, Brett (HHS/OASH)" <Brett.Giroir@hhs.gov>, "Stecker, Judy (OS/IOS)" <Judy.Stecker@hhs.gov>, "Mango, Paul (HHS/IOS)" <Paul.Mango@hhs.gov>
Subject: Fwd: Email to Secretary Azar re: Genentech Actemra Donation

Begin forwarded message:

From: Jennifer Young <jyoung@tdyllc.com>

Date: March 20, 2020 at 8:43:30 PM EDT

To: "Harrison, Brian (HHS/IOS)" <Brian.Harrison@hhs.gov>, "Stecker, Judy (OS/IOS)" <Judy.Stecker@hhs.gov>, "Steele, Danielle (HHS/IOS)" <Danielle.Steele@hhs.gov>

Subject: Email to Secretary Azar re: Genentech Actemra Donation

Please see below from the CEO of Genentech, announcing a donation to the stockpile of one of their medicines that has been helpful in China and Italy. We will work directly with ASPR, but we wanted you all to know as well. Please share with the Secretary as you deem appropriate.

With thanks,
Jennifer

Dear Secretary Azar:

As part of Genentech and the Roche Group's ongoing commitment to support the United States Government's (USG) response to the COVID-19 pandemic, I am writing to inform you of our intent to donate 10,000 vials of Actemra (tocilizumab) to the Strategic National Stockpile (SNS) to support future use at the discretion of the USG. I plan to follow-up directly with HHS Assistant Secretary for Preparedness and Response Dr. Robert Kadlec, BARDA Director Dr. Rick Bright, and SNS Head Victor Harper to formally offer the donation for virtual stockpile in the SNS. We greatly appreciate the partnership with HHS, and given the importance of activities around this pandemic, I will make myself or others on my team available to you or members of your team, as needed.

Sincerely,



image.png

Alexander Hardy
CEO Genentech, Inc.

(b)(6) mobile
hardy.alexander@gene.com

Background

Actemra, an FDA-approved immunosuppressant biologic drug that targets the interleukin 6 (IL-6) receptor, has been used to treat severely ill COVID-19 patients with trouble breathing and elevated IL-6 levels in China, Italy, Switzerland, and other nations. Despite anecdotal reports from China and Italy, there are no robust, well-controlled studies showing safety and efficacy of Actemra in the clinical treatment of patients with COVID-19 pneumonia. Today, we received approval from the FDA Division of Antivirals (DAV) related to an Investigational New Drug Application (IND) to investigate the use of Actemra for the treatment of hospitalized patients with severe COVID-19 pneumonia in collaboration with Biomedical Advanced Research and Development Authority (BARDA).

We are committed to investigating this use of Actemra, but given our global experience, we also believe there will be a more acute need to ensure availability of treatment in certain immediate cases deemed clinically appropriate. We have seen a sharp increase in the number of inquiries from government entities in many countries about the availability of Actemra for the treatment of patients with severe COVID-19 pneumonia, and we believe this donation to the USG is a critical step in preparing for expected future demand for emergency treatment in the United States. This donation will be made to backfill supply from our clinical study and to support future use at the discretion of the USG.

Sender:	Sharpless, Norman (NIH/NCI) [E] <norman.sharpless@nih.gov>
Recipient:	AMA2 (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c145629cc8ac4858bf1f0ce5dd0461dc-AMA2!>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Sent Date:	2020/03/21 07:56:57
Delivered Date:	2020/03/21 07:57:05

From:	Maria Blackwell <(b)(6)@ymail.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 08:01:22
Priority:	Normal
Type:	Note

Maria Blackwell

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

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Sincerely,

Maria Blackwell

Sender:	Maria Blackwell <(b)(6)@ymail.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 08:01:07
Delivered Date:	2020/03/21 08:01:22
Message Flags:	Unread

From:	Thornton, Cody R CDR USPHS OSD OUSD POLICY (USA) <cody.r.thornton2.mil@mail.mil>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	Regulatory issues inhibitions retrospective testing of samples
Date:	2020/03/21 08:07:18
Priority:	Normal
Type:	Note

Dr Kadlec,

(b)(5)

Respectfully,
Cody Thornton
CDR, USPHS
HHS/ASPR Senior Advisor to DoD/OASD (HD&GS)
Pentagon

Unclassified: cody.thornton@hhs.gov < Caution-<mailto:cody.thornton@hhs.gov> >
NIPR: cody.r.thornton2.mil@mail.mil < Caution-
<mailto:cody.r.thornton2.mil@mail.mil> >
SIPR: cody.r.thornton2.mil@mail.mil.mil < Caution-
<mailto:cody.r.thornton2.mil@mail.mil.mil> >
HSDN: cody.thornton@dhs.sgov.gov < Caution-<mailto:cody.thornton@dhs.sgov.gov> >
Office: 571.256.8394 < <tel:571.256.8394> >
Cell: (b)(6)

"Fortune favors the prepared mind" – Louis Pasteur

NOTICE: This communication contains information intended for the addressees only, in the conduct of official business of the federal government, and which may be exempt from mandatory disclosure under the Freedom of Information Act U.S.C 552.

Sender:	Thornton, Cody R CDR USPHS OSD OUSD POLICY (USA) <cody.r.thornton2.mil@mail.mil>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Sent Date:	2020/03/21 08:07:02

Delivered Date:	2020/03/21 08:07:18
Message Flags:	Unread

From:	OS Secretarys Operations Center </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=32B1F28D808B43B6903C00083291303E-SECRETARYS>
To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	COVID-19 Morning CDC Update 21Mar20
Date:	2020/03/21 08:23:52
Priority:	Normal
Type:	Note

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COVID-19 Response update Mar 21, 2020

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Domestic Updates – Case Counts

The official case counts for the response are posted daily at noon on [CDC's website](#). The numbers below are tentative and may change up until the official update.

Counts by Jurisdiction (Confirmed Cases)

(Data as of 03:00 ET 21 Mar)

55 Jurisdictions: 50 states + DC, NYC, Guam, PR, and USVI	Total Cases*	Total Deaths**	New Cases**	New Deaths**
Alabama	106	0	28	0
Alaska	12	0	3	0
Arizona	82	1	38	1
Arkansas	100	0	38	0
California	1304	24	259	5
Colorado	363	4	86	1
Connecticut	194	4	35	1
Delaware	39	0	9	0
Florida	510	11	117	2
Georgia	485	14	198	4
Hawaii	37	0	11	0
Idaho	31	0	8	0
Illinois	585	5	163	1
Indiana	79	3	23	1
Iowa	45	0	1	0
Kansas	44	1	9	0
Kentucky	48	2	5	0
Louisiana	537	14	145	4
Maine	56	0	4	0
Maryland	149	2	42	1
Massachusetts	413	1	85	1

55 Jurisdictions: 50 states + DC, NYC, Guam, PR, and USVI	Total Cases*	Total Deaths**	New Cases**	New Deaths**
Michigan	549	3	215	2
Minnesota	115	0	26	0
Mississippi	80	1	30	0
Missouri	73	3	45	2
Montana	21	0	6	0
Nebraska	38	0	11	0
Nevada	109	2	14	1
New Hampshire	55	0	11	0
New Jersey	890	11	148	2
New Mexico	43	0	8	0
New York (excluding NYC)	2694	15	925	10
New York City ¹	5683	43	1729	17
North Carolina	164	0	32	0
North Dakota	26	1	7	0
Ohio	169	1	50	1
Oklahoma	53	1	9	0
Oregon	114	3	26	0
Pennsylvania	310	1	124	0
Rhode Island	54	0	10	0
South Carolina	125	3	44	2
South Dakota	14	1	0	0
Tennessee	228	1	74	1
Texas	401	5	116	0
Utah	102	0	34	0
Vermont	29	2	7	0
Virginia	114	2	20	0
Washington	1524	83	148	9
West Virginia	8	0	3	0
Wisconsin	206	3	51	3
Wyoming	22	0	4	0
American Samoa	0	0	0	0
District of Columbia	77	1	6	1
Guam	14	0	2	0
Northern Mariana Islands	0	0	0	0
Palau	0	0	0	0
Puerto Rico	14	0	12	0
U.S. Virgin Islands	6	0	3	0
Federated States of Micronesia	0	0	0	0
Republic of Marshall Islands	0	0	0	0
Total	19343	272	5257	73

*State and local public health departments are now testing and publicly reporting their cases. In the event of a discrepancy between CDC cases and cases reported by state and local public health officials, data reported by states should be considered the most up to date.

**These data represent cases detected and tested in the United States through U.S. public health surveillance systems 21 Jan, 2020.

***New cases and new deaths represent change from prior morning sitrep. Numbers of new cases and new deaths are included in total case numbers. Jurisdictions may have negative numbers for various reasons, including reclassification to another state since the prior report.

† For numbers of cases and deaths in NYC, numbers shown here are from press releases and can't currently be verified by other sources.

Repatriation cases have been recategorized based on their home state, and jurisdiction-based reporting

Grand Princess cases have or will be incorporated into numbers reported by state of residence. Cases as of 16 Mar: 37 total cases

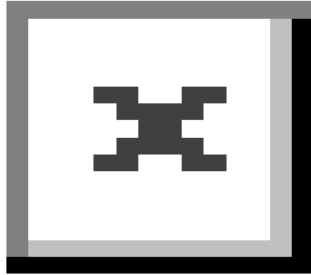
Other U.S. cases not included in table:

- **DOD active-duty servicemembers and dependents outside U.S. with positive tests not included in case-count (N=5)**

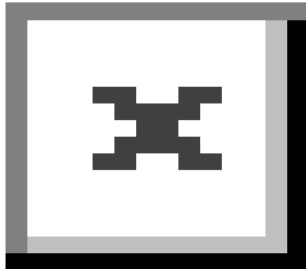
Other Situational Awareness

Healthcare workers in U.S. Case-Count (N=238)

- 19 Travel-related
- 48 Close contact with known case
- 171 Under investigation

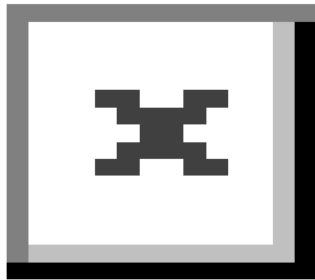


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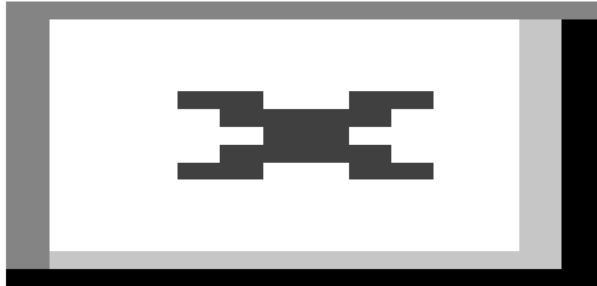
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Data source: USAFacts.org; numbers are from various sources and have been validated against numbers reported from states when possible.

Domestic Updates – Notes from the Field



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Source: Preparedness Workforce Management System (PWMS)

* CERT – CDC Emergency Response Team

(b)(5)

Withheld pursuant to exemption

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of the Freedom of Information Act

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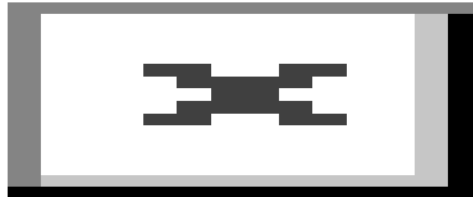
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Domestic Updates – Laboratory

Data as of 20 Mar (unless otherwise specified)

- 91 public-health labs now up and running with CDC assay (50 states plus DC, Guam and Puerto Rico)
- • Large commercial laboratories – continuing to hear reports of long turn-around-times



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Partial count for 20 Mar: 22,029

Status of commercial laboratory reporting to CDC:

- • LabCorp – HL7 data feeds every 10 min to BioSense platform in AWS cloud
- • Quest – Daily SAS file via Data Hub sFTP; agreed today to send data during weekend
- • ARUP – back online after earthquake; evaluating what data they can send; prefer spreadsheets
- • Mayo – agreed to send data; evaluating what data they can send
- • BioReference – agreed to send; completing the “gift” paperwork and DUA; may use HL7 feeds

	Cutoff time	Total Ordered (or Accessioned)	Total with Results	Positive
Selected Commercial Labs [†]	20 Mar 14:30	251,890	60,240	6,784 (11.2%)
State/Local Public Health Labs*	20 Mar 16:00	N/A	62,036	6057 (9.8%)

* Since 14 Mar, FDA has no longer been requiring confirmatory testing at CDC for specimens tested at state PHLs; for that reason, CDC testing numbers largely represent the situation earlier in the pandemic rather than the current situation and for the time-being are not included in the table. CDC labs have redirect towards other urgent COVID-19 priorities, including testing alternative extraction methods. As of 20 March, CDC had tested 4811 (1169, or 24% positive) samples.

[†] ACLA also receives, through a 3rd party, summary statistics on lab testing. Their latest report (with a report date of 19 March) shows a cumulative 88,000 “tests per date” and 25,000 tests completed.

(b)(5); (b)(3); 42 U.S.C. § 247d-6b(d)

(b)(5); (b)(3):42 U.S.C. § 247d-6b(d)

Travel/Migration Updates

Data as of 19 Mar

Airport Entry Screening

- 58,832* air travelers screened to date
- Total confirmed cases to date from airport hospital referrals: 5
 - o 1 ill traveler from MIA on 15 Mar. Travel history to Paris.
 - o 2 ill travelers from IAD on 12 Mar. Travel history to France and Spain.
 - o 1 ill traveler from Iran at LAX on 8 Mar, recent hospitalization
 - o 1 ill traveler from Hubei at LAX on 22 Jan
- Daily for 19 Mar
 - Air travelers screened: 208
 - Illness Response: 4
 - Hospital Referrals: 1
 - Q-orders Issued: 0

*Cumulative numbers reported each day may vary because of data entry delays or data scrubbing.

F11 Quarantine Orders

- Under quarantine as of 19 Mar: 0
- Cumulative to date: 18

Travel Health Notices*

Level 3: Widespread ongoing spread
• China (Level 3)[†] • Iran (Level 3)[†] • Schengen Countries** (Level 3)[†] • UK and Ireland (Level 3)[†] • South Korea (Level 3) • Malaysia (Level 3) • Cruise Ship Travel(Level 3)
Level 2: Ongoing community spread
• Global (Level 2)
Level 1: Limited community spread
• Not Applicable

*See CDC's [COVID-19 Travel Website](#) for more information

[†]Restrictions on entry to the United States

**Countries include: Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, Monaco, San Marino, Vatican City

Other

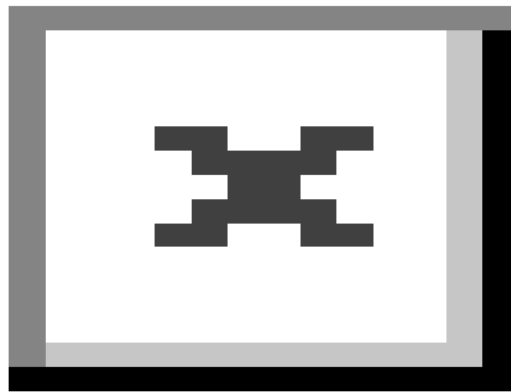
- ATL Q Station responded to private charter plane with reportedly positive COVID-19 cases on board
- Continuing issuance of legal quarantine orders for Grand Princess passengers

Cruise Ship Updates

Data as of 20 Mar

Remaining domestic and international cruise ships of interest

- An estimated 11,000 passengers (AMCITS + others) remain on 8 ships planning to disembark at domestic ports
- An estimated 6,600 AMCITS remain on 20 ships planning to disembark at international ports



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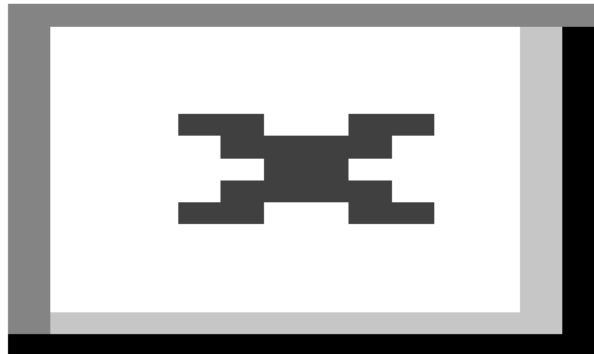
Cruise Ships of Interest

Ship	Number of American Citizens (AMCITS)	Number of Known COVID-19 Cases	Disposition
Silver Shadow	103 asymptomatic	2 (non-AMCIT)	Brazil; charter flight to Dallas planned (21 Mar AM); Governor did not approve
Silver Explorer	8 symptomatic	1 (non-AMCIT)	Medical ambulance needed • Sail to Ecuador 29 Mar, flight from there
Celebrity Eclipse	1165 asymptomatic	unknown	Denied port in Chile; Port in San Diego 28 Mar
Azamara Pursuit	265 asymptomatic	unknown	Denied port in Chile; Port in Miami 28 Mar

Ship	Number of American Citizens (AMCITS)	Number of Known COVID-19 Cases	Disposition
Costa Luminosa (new)	246 (3 positive)	3 (non-AMCIT) in San Juan	Arrangements being made to air ambulance to MA and FL for 3 positives; 1 with other non COVID-19 condition eval at Atlanta-area hospital

International Updates

Note: Numbers in this report may vary slightly from the current WHO sitrep online as corrections are published



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Global Summary* – Total and new cases in the last 24 hours.

Data as of 23:59 CET, 19 Mar 2020 [Source: WHO SitRep - 60]

WHO Region	Confirmed Cases	New Cases	Deaths	New Deaths
Western Pacific (WPRO)	93,349	1,016	3,405	28
European (EURO)	104,591	17,506	4,899	816
South-East Asia (SEARO)	918	261	31	8
Eastern Mediterranean (EMRO)	20,759	1,254	1,312	151
Americas (PAHO)	13,271	4,104	178	57
African (AFRO)	473	106	8	1
Subtotal for all regions	233,361	24,247	9,833	1,061
International Conveyance (Diamond Princess)	712	0	7	0
Total	234,073	24,247	9,840	1,061

*Starting 17 Mar, WHO stopped reporting cases by 'China' and 'Outside of China' and began reporting cases by WHO Regions. The China NHC Update reports Hong Kong has 256 cases (48 new) and 4 deaths (0 new) as of 23:59 local time on 20 Mar 2020.

Countries, territories or areas with reported laboratory-confirmed COVID-19 cases and deaths.

Data as of 23:59 CET, 19 Mar 2020* [Source: [WHO SitRep - 60](#)]

Reporting Country/ Territory/ Area [†]	Total confirmed [‡] cases	Total confirmed new cases ¹	Total deaths	Total new deaths ¹	Transmission classification [§]	Days since last reported case
Western Pacific Region						
China	81300	126	3253	11	Local transmission	0
Republic of Korea	8652	239	94	10	Local transmission	0
Japan	950	77	33	4	Local transmission	0
Malaysia	900	227	2	0	Local transmission	0
Australia	709	199	6	0	Local transmission	0
Singapore	345	32	0	0	Local transmission	0
Philippines	217	30	17	3	Local transmission	0
Viet Nam	85	19	0	0	Local transmission	0
Brunei Darussalam	73	17	0	0	Local transmission	0
Cambodia	47	12	0	0	Local transmission	0
New Zealand	39	19	0	0	Local transmission	0
Mongolia	6	1	0	0	Imported cases only	0
Fiji	1	1	0	0	Imported cases only	0
Territories**						
Guam	12	7	0	0	Local transmission	0
French Polynesia	11	8	0	0	Imported cases only	0
New Caledonia	2	2	0	0	Imported cases only	0
European Region						
Italy	41035	5322	3407	429	Local transmission	0
Spain	17147	3431	767	169	Local transmission	0
Germany	10999	2801	20	8	Local transmission	0
France	10877	1834	372	128	Local transmission	0
Switzerland	3863	853	33	12	Local transmission	0
The United Kingdom	3277	647	144	41	Local transmission	0
Netherlands	2460	409	76	18	Local transmission	0
Austria	1843	197	5	1	Local transmission	0
Belgium	1795	309	14	0	Local transmission	0
Norway	1552	129	6	3	Local transmission	0
Sweden	1423	144	3	0	Local transmission	0
Denmark	1132	88	6	2	Local transmission	0
Portugal	785	143	3	1	Local transmission	0
Czechia	694	172	0	0	Local transmission	0
Ireland	557	265	3	1	Local transmission	0
Israel	529	102	0	0	Local transmission	0

Reporting Country/ Territory/ Area [†]	Total confirmed [‡] cases	Total confirmed new cases ¹	Total deaths	Total new deaths ¹	Transmission classification [§]	Days since last reported case
Greece	418	0	5	0	Local transmission	1
Finland	369	10	0	0	Local transmission	0
Luxembourg	345	135	4	2	Local transmission	0
Iceland	330	80	0	0	Local transmission	0
Poland	325	38	5	0	Local transmission	0
Slovenia	319	33	1	0	Local transmission	0
Estonia	267	9	0	0	Local transmission	0
Romania	260	14	0	0	Local transmission	0
Russian Federation	199	52	0	0	Imported cases only	0
Turkey	191	0	2	0	Local transmission	1
San Marino	126	17	14	0	Local transmission	0
Serbia ^{††}	123	41	0	0	Local transmission	0
Slovakia	123	18	0	0	Local transmission	0
Armenia	122	38	0	0	Local transmission	0
Bulgaria	94	2	3	1	Local transmission	0
Latvia	86	15	0	0	Imported cases only	0
Croatia	81	0	0	0	Local transmission	1
Hungary	73	15	1	0	Local transmission	0
Albania	70	11	2	0	Local transmission	0
Cyprus	58	0	0	0	Local transmission	1
Malta	53	5	0	0	Imported cases only	0
Republic of Moldova	49	13	0	0	Local transmission	0
North Macedonia	48	17	0	0	Local transmission	0
Belarus	46	0	0	0	Local transmission	1
Kazakhstan	46	10	0	0	Imported cases only	0
Bosnia and Herzegovina	44	8	0	0	Local transmission	0
Georgia	38	4	0	0	Imported cases only	0
Lithuania	36	10	0	0	Imported cases only	0
Azerbaijan	34	0	1	0	Imported cases only	1
Liechtenstein	25	0	0	0	Imported cases only	1
Uzbekistan	21	5	0	0	Local transmission	0
Ukraine	16	0	2	0	Local transmission	1
Montenegro	10	8	0	0	Imported cases only	0
Monaco	9	0	0	0	Under investigation	3
Kyrgyzstan	3	0	0	0	Under investigation	1
Holy See	1	0	0	0	Under investigation	13
Territories ^{**}						
Andorra	75	36	0	0	Imported cases only	0
Faroe Islands	72	14	0	0	Imported cases only	0
Gibraltar	10	2	0	0	Under investigation	0

Reporting Country/ Territory/ Area [†]	Total confirmed [‡] cases	Total confirmed new cases ¹	Total deaths	Total new deaths ¹	Transmission classification [§]	Days since last reported case
Jersey	5	0	0	0	Imported cases only	2
Greenland	2	0	0	0	Under investigation	1
Guernsey	1	0	0	0	Imported cases only	10
South-East Asia Region						
Thailand	322	110	1	0	Local transmission	0
Indonesia	309	82	25	6	Local transmission	0
India	195	44	4	1	Local transmission	0
Sri Lanka	59	17	0	0	Local transmission	0
Bangladesh	17	7	1	1	Local transmission	0
Maldives	13	0	0	0	Local transmission	4
Bhutan	2	1	0	0	Imported cases only	0
Nepal	1	0	0	0	Imported cases only	56
Eastern Mediterranean Region						
Iran (Islamic Republic of)	18407	1046	1284	149	Local transmission	0
Qatar	452	10	0	0	Local transmission	0
Pakistan	302	61	2	2	Imported cases only	0
Bahrain	269	13	1	0	Local transmission	0
Saudi Arabia	238	0	0	0	Local transmission	1
Egypt	210	14	6	0	Local transmission	0
Iraq	177	13	12	0	Local transmission	0
Lebanon	149	29	4	0	Local transmission	0
Kuwait	148	6	0	0	Local transmission	0
United Arab Emirates	140	27	0	0	Local transmission	0
Morocco	61	12	2	0	Local transmission	0
Jordan	56	4	0	0	Imported cases only	0
Oman	39	6	0	0	Imported cases only	0
Tunisia	39	10	0	0	Local transmission	0
Afghanistan	22	0	0	0	Imported cases only	2
Djibouti	1	0	0	0	Under investigation	1
Somalia	1	0	0	0	Imported cases only	3
Sudan	1	0	1	0	Imported cases only	5
Territories**						
occupied Palestinian territory	47	3	0	0	Local transmission	0
Region of the Americas						
United States of America	10442	3355	150	50	Local transmission	0
Canada	736	167	9	0	Local transmission	0
Brazil	428	137	4	3	Local transmission	0
Chile	342	104	0	0	Local transmission	0
Peru	234	89	0	0	Local transmission	0
Ecuador	199	44	3	1	Local transmission	0

Reporting Country/ Territory/ Area [†]	Total confirmed [‡] cases	Total confirmed new cases ¹	Total deaths	Total new deaths ¹	Transmission classification [§]	Days since last reported case
Mexico	118	25	1	1	Imported cases only	0
Panama	109	23	1	0	Local transmission	0
Colombia	108	15	0	0	Local transmission	0
Argentina	97	0	2	0	Local transmission	1
Costa Rica	87	37	1	0	Local transmission	0
Uruguay	79	50	0	0	Imported cases only	0
Venezuela (Bolivarian Republic of)	36	0	0	0	Imported cases only	1
Dominican Republic	34	13	2	1	Local transmission	0
Bolivia (Plurinational State of)	15	3	0	0	Imported cases only	0
Jamaica	15	2	1	1	Local transmission	0
Honduras	12	3	0	0	Imported cases only	0
Cuba	11	1	1	0	Local transmission	0
Paraguay	11	0	0	0	Local transmission	1
Guatemala	9	3	1	0	Imported cases only	0
Trinidad and Tobago	9	2	0	0	Imported cases only	0
Guyana	5	0	1	0	Local transmission	1
Bahamas	3	0	0	0	Local transmission	1
Barbados	2	0	0	0	Imported cases only	1
Bermuda	2	0	0	0	Imported cases only	1
Saint Lucia	2	0	0	0	Imported cases only	4
Antigua and Barbuda	1	0	0	0	Imported cases only	6
El Salvador	1	1	0	0	Imported cases only	0
Montserrat	1	0	0	0	Imported cases only	1
Nicaragua	1	1	0	0	Under investigation	0
Suriname	1	0	0	0	Imported cases only	4
Territories**						
Guadeloupe	45	12	0	0	Imported cases only	0
Martinique	32	9	0	0	Imported cases only	0
French Guiana	15	4	0	0	Local transmission	0
Puerto Rico	6	1	0	0	Imported cases only	0
Aruba	5	1	0	0	Imported cases only	0
Saint Martin	4	0	0	0	Under investigation	1
Cayman Islands	3	2	1	0	Imported cases only	0
Curaçao	3	0	0	0	Imported cases only	2
Saint Barthélemy	3	0	0	0	Under investigation	4
United States Virgin Islands	3	0	0	0	Imported cases only	1
Sint Maarten	1	0	0	0	Imported cases only	1
African Region						
South Africa	150	34	0	0	Local transmission	0
Algeria	82	10	7	1	Local transmission	0

Reporting Country/ Territory/ Area [†]	Total confirmed [‡] cases	Total confirmed new cases ¹	Total deaths	Total new deaths ¹	Transmission classification [§]	Days since last reported case
Burkina Faso	40	14	1	0	Imported cases only	0
Senegal	38	2	0	0	Local transmission	0
Cameroon	15	5	0	0	Local transmission	0
Democratic Republic of the Congo	14	7	0	0	Local transmission	0
Nigeria	12	4	0	0	Imported cases only	0
Ghana	11	2	0	0	Local transmission	0
Rwanda	11	0	0	0	Local transmission	1
Cote d'Ivoire	9	0	0	0	Imported cases only	1
Ethiopia	9	3	0	0	Imported cases only	0
Togo	9	8	0	0	Imported cases only	0
Kenya	7	0	0	0	Local transmission	1
Mauritius	7	4	0	0	Under investigation	0
Seychelles	6	0	0	0	Imported cases only	1
United Republic of Tanzania	6	3	0	0	Imported cases only	0
Equatorial Guinea	4	1	0	0	Imported cases only	0
Congo	3	0	0	0	Imported cases only	1
Gabon	3	0	0	0	Imported cases only	1
Namibia	3	1	0	0	Imported cases only	0
Benin	2	1	0	0	Imported cases only	0
Guinea	2	1	0	0	Imported cases only	0
Liberia	2	0	0	0	Local transmission	1
Mauritania	2	0	0	0	Imported cases only	1
Zambia	2	0	0	0	Imported cases only	1
Central African Republic	1	0	0	0	Imported cases only	5
Chad	1	1	0	0	Imported cases only	0
Eswatini	1	0	0	0	Imported cases only	5
Gambia	1	0	0	0	Imported cases only	1
Niger	1	1	0	0	Imported cases only	0
Territories**						
Réunion	15	3	0	0	Imported cases only	0
Mayotte	4	1	0	0	Imported cases only	0
Subtotal for all regions	233,361	24,247	9,833	1,061		
International conveyance (Diamond Princess)	712	0	7	0	Local transmission	4
Grand total	234,074	24,247	9,840	1,061		

*Numbers include both domestic and repatriated cases

†The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

‡Case classifications are based on [WHO case definitions](#) for COVID-19.

§Transmission classification is based on WHO analysis of available official data and may be subject to reclassification as additional data become available. Countries/territories/areas experiencing multiple types of transmission are classified in the highest category for which there is

evidence; they may be removed from a given category if interruption of transmission can be demonstrated. It should be noted that even within categories, different countries/territories/areas may have differing degrees of transmission as indicated by the differing numbers of cases and other factors. Not all locations within a given country/territory/area are equally affected.

Terms:

- Community transmission is evidenced by the inability to relate confirmed cases through chains of transmission for a large number of cases, or by increasing positive tests through sentinel samples (routine systematic testing of respiratory samples from established laboratories).
- Local transmission indicates locations where the source of infection is within the reporting location.
- Imported cases only indicates locations where all cases have been acquired outside the location of reporting.
- Under investigation indicates locations where type of transmission has not been determined for any cases.
- Interrupted transmission indicates locations where interruption of transmission has been demonstrated (details to be determined)

** "Territories" include territories, areas, overseas dependencies and other jurisdictions of similar status

††Including 21 (8 new) cases from Kosovo[1]

[1] All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Due to differences in reporting methods, retrospective data consolidation, and reporting delays, the number of new cases may not always reflect the exact difference between yesterday's and today's totals. WHO COVID-19 Situation Reports present official counts of confirmed COVID-19 cases, thus differences between WHO reports and other sources of COVID-19 data using different inclusion criteria and different data cutoff times are to be expected.

New countries/territories/areas are shown in red.

New countries with confirmed cases not yet reflected in WHO SitRep:

- Cabo Verde
- Zimbabwe
- Haiti
- North Korea

Additional International Updates

(note updated case counts since last WHO SitRep, subject to adjustment in official case counts in next SitRep)

234,073 cases and 9,840 deaths in 177 WHO countries/territories/areas

Over previous 24 hours:

- 24,247 new cases and 1061 deaths globally (EURO 72% and PAHO 17% of new cases)
- 6 new countries/territories/areas reporting cases; of note, Fiji and New Caledonia become first remote, low population Pacific Islands to report cases
- Most countries in WPRO (85%), EURO (77%), SEARO (75%), EMRO, (61%), PAHO (52%) have reported local transmission
- African countries predominantly reporting imported cases (67%), but seeing more local transmission; to date, AFRO has reported 0.2% of cases and <0.1% of deaths, of global total; limitations in surveillance and laboratory capacity
- EURO surpassed WPRO for greatest number of cases and deaths; to date, EURO has reported 45% of cases and 50% of deaths, of the global total

Total (new) cases and deaths by region:

	Global	WPRO	EURO	SEARO	EMRO	PAHO	AFRO
Total (new) cases	234,073 (24,247)	93,349 (1016)	104,591 (17,506)	918 (261)	20,759 (1254)	13,271 (4,104)	473 (106)
Total (new) deaths	9,840 (1061)	3405 (28)	4,899 (816)	31 (8)	1,312 (151)	178 (57)	8 (1)

Countries Reporting >1,000 New Cases

Country	Cases		Deaths	
	New	Total	New	Total
Italy	5,322	41,035	429	3,407
Spain	3,431	17,147	169	767
U.S.	3,355	10,442	50	150
Germany	2,801	10,999	8	20
France	1,834	10,877	128	372
Iran	1,046	18,407	149	1,284

Additional Countries Reporting >100 New Cases

Country	Cases		Deaths	
	New	Total	New	Total

Additional Countries Reporting >100 New Cases				
	Cases		Deaths	
Country	New	Total	New	Total
Switzerland	853	3,863	12	33
United Kingdom	647	3,277	41	144
Netherlands	409	2,460	18	76
Belgium	309	1,795	0	14
Ireland	265	557	1	3
Korea	239	8,652	10	94
Malaysia	227	900	0	2
Australia	199	709	0	6
Czech Republic	172	694	0	0
Canada	167	736	0	9
Sweden	144	1,423	0	3
Portugal	143	785	1	3
Brazil	137	428	3	4
Luxembourg	135	345	2	4
Norway	129	1,552	3	6
China	126	81,300	11	3,253
Thailand	110	322	0	1
Chile	104	342	0	0
Israel	102	529	0	0

Top countries reporting cases:

Italy – since last Sit Rep, 47,021 (+5,986) cases, 4,032 deaths

- Italy reporting highest number of deaths in the world from Coronavirus; reported record-breaking death toll Friday, 627 deaths reported, up from 427 the previous day (media)
- More men are dying than women from COVID-19 (media)
- 17 doctors have died and 3,654 medical staff are infected (media)

Spain – since last Sit Rep, 19,980 cases (+2,833), 1,002 deaths

Iran –since last Sit Rep, 19,644 cases (+1,237), 1,433 deaths

Germany – since last Sit Rep 13,957 (+2,958) cases, 31 deaths

France – since last Sit Rep, 12,612 cases (+1,617), 450 deaths

South Korea – since last Sit rep, 8,652 cases, 94 deaths

- Less than 100 cases reported in 4 of 5 previous days

Switzerland – since last Sit Rep, 4,840 cases, 43 deaths

UK – since last Sit Rep, 3,983 cases, 177 deaths

- Pubs, cafes, restaurants, nightclubs, theaters, gyms, movie theaters, and sport facilities ordered closed Friday night

Other:

- Cuba will be closing its borders; Colombia and Argentina have announced nationwide “lockdowns”; more PAHO countries leaning into additional community measures as border closures were not enough
- Singapore: two months after first cases detected, country reported its first deaths in 75y female in ICU for 26 days and 64y male Indonesian with history of heart disease

Border Country Information

- Canada – 1,042 cases; 12 deaths
 - British Colombia (348 cases); Ontario (318 cases); Alberta (195 cases); Quebec (139 cases); Manitoba (17); Saskatchewan (8); New Brunswick (7); Nova Scotia (5); Newfoundland and Labrador (3); Prince Edward Island (2); Repatriations (13) [repatriations not included in total]
 - Canada will return “irregular migrants” who attempt to cross the Canada-US border to the US
- Mexico – 205 cases (states ordered by # of cases)
 - CD MX (31); Nuevo León (29); Jalisco (28); Puebla (14); State Of México (14); Yucatán (13); Queretaro (11); Quintana Roo (11); San Luis Potosí (7); Guanajuato (4); Veracruz (4); Guerrero (4); Durango (4); Baja California (4); Aguascalientes (4); Sinaloa (3); Tamaulipas (2); Tabasco (2); Hidalgo (2); Oaxaca (2); Chiapas (2); Chihuahua (2); Sonora (2); Morelos (2); Colima (1); Coahuila (1)
 - Number of cases in border states: 40

Prepared by:

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Subject:	COVID-19 Morning CDC Update 21Mar20
Date:	2020/03/21 08:23:49
Priority:	Normal
Type:	Note

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COVID-19 Response update Mar 21, 2020

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Domestic Updates – Case Counts

The official case counts for the response are posted daily at noon on [CDC's website](#). The numbers below are tentative and may change up until the official update.

Counts by Jurisdiction (Confirmed Cases)

(Data as of 03:00 ET 21 Mar)

55 Jurisdictions: 50 states + DC, NYC, Guam, PR, and USVI	Total Cases*	Total Deaths**	New Cases**	New Deaths**
Alabama	106	0	28	0
Alaska	12	0	3	0
Arizona	82	1	38	1
Arkansas	100	0	38	0
California	1304	24	259	5
Colorado	363	4	86	1
Connecticut	194	4	35	1
Delaware	39	0	9	0
Florida	510	11	117	2
Georgia	485	14	198	4
Hawaii	37	0	11	0
Idaho	31	0	8	0
Illinois	585	5	163	1
Indiana	79	3	23	1
Iowa	45	0	1	0
Kansas	44	1	9	0
Kentucky	48	2	5	0
Louisiana	537	14	145	4
Maine	56	0	4	0
Maryland	149	2	42	1
Massachusetts	413	1	85	1

55 Jurisdictions: 50 states + DC, NYC, Guam, PR, and USVI	Total Cases*	Total Deaths**	New Cases**	New Deaths**
Michigan	549	3	215	2
Minnesota	115	0	26	0
Mississippi	80	1	30	0
Missouri	73	3	45	2
Montana	21	0	6	0
Nebraska	38	0	11	0
Nevada	109	2	14	1
New Hampshire	55	0	11	0
New Jersey	890	11	148	2
New Mexico	43	0	8	0
New York (excluding NYC)	2694	15	925	10
New York City ¹	5683	43	1729	17
North Carolina	164	0	32	0
North Dakota	26	1	7	0
Ohio	169	1	50	1
Oklahoma	53	1	9	0
Oregon	114	3	26	0
Pennsylvania	310	1	124	0
Rhode Island	54	0	10	0
South Carolina	125	3	44	2
South Dakota	14	1	0	0
Tennessee	228	1	74	1
Texas	401	5	116	0
Utah	102	0	34	0
Vermont	29	2	7	0
Virginia	114	2	20	0
Washington	1524	83	148	9
West Virginia	8	0	3	0
Wisconsin	206	3	51	3
Wyoming	22	0	4	0
American Samoa	0	0	0	0
District of Columbia	77	1	6	1
Guam	14	0	2	0
Northern Mariana Islands	0	0	0	0
Palau	0	0	0	0
Puerto Rico	14	0	12	0
U.S. Virgin Islands	6	0	3	0
Federated States of Micronesia	0	0	0	0
Republic of Marshall Islands	0	0	0	0
Total	19343	272	5257	73

*State and local public health departments are now testing and publicly reporting their cases. In the event of a discrepancy between CDC cases and cases reported by state and local public health officials, data reported by states should be considered the most up to date.

**These data represent cases detected and tested in the United States through U.S. public health surveillance systems 21 Jan, 2020.

***New cases and new deaths represent change from prior morning sitrep. Numbers of new cases and new deaths are included in total case numbers. Jurisdictions may have negative numbers for various reasons, including reclassification to another state since the prior report.

† For numbers of cases and deaths in NYC, numbers shown here are from press releases and can't currently be verified by other sources.

Repatriation cases have been recategorized based on their home state, and jurisdiction-based reporting

Grand Princess cases have or will be incorporated into numbers reported by state of residence. Cases as of 16 Mar: 37 total cases

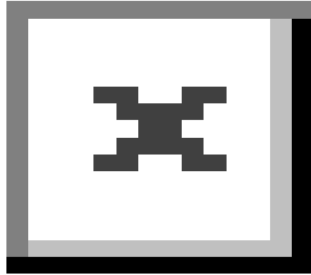
Other U.S. cases not included in table:

- **DOD active-duty servicemembers and dependents outside U.S. with positive tests not included in case-count (N=5)**

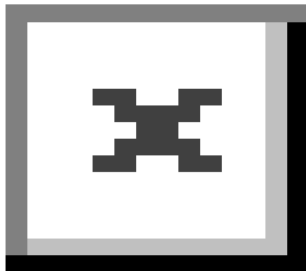
Other Situational Awareness

Healthcare workers in U.S. Case-Count (N=238)

- 19 Travel-related
- 48 Close contact with known case
- 171 Under investigation

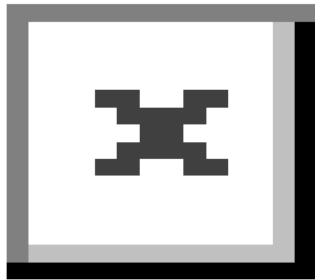


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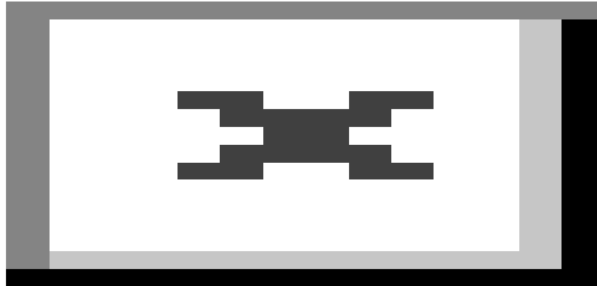
A close up of a map Description automatically



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Data source: USAFacts.org; numbers are from various sources and have been validated against numbers reported from states when possible.

Domestic Updates – Notes from the Field



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Source: Preparedness Workforce Management System (PWMS)

* CERT – CDC Emergency Response Team

(b)(5)

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of the Freedom of Information Act

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of the Freedom of Information Act

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(b)(5); (b)(3):42 U.S.C. § 247d-6b(d)

(b)(5); (b)(3); 42 U.S.C. § 247d-6b(d)

Travel/Migration Updates

Data as of 19 Mar

Airport Entry Screening

- 58,832* air travelers screened to date
- Total confirmed cases to date from airport hospital referrals: 5
 - o 1 ill traveler from MIA on 15 Mar. Travel history to Paris.
 - o 2 ill travelers from IAD on 12 Mar. Travel history to France and Spain.
 - o 1 ill traveler from Iran at LAX on 8 Mar, recent hospitalization
 - o 1 ill traveler from Hubei at LAX on 22 Jan
- Daily for 19 Mar
 - Air travelers screened: 208
 - Illness Response: 4
 - Hospital Referrals: 1
 - Q-orders Issued: 0

*Cumulative numbers reported each day may vary because of data entry delays or data scrubbing.

F11 Quarantine Orders

- Under quarantine as of 19 Mar: 0
- Cumulative to date: 18

Travel Health Notices*

Level 3: Widespread ongoing spread
• China (Level 3)[†] • Iran (Level 3)[†] • Schengen Countries** (Level 3)[†] • UK and Ireland (Level 3)[†] • South Korea (Level 3) • Malaysia (Level 3) • Cruise Ship Travel(Level 3)
Level 2: Ongoing community spread
• Global (Level 2)
Level 1: Limited community spread
• Not Applicable

*See CDC's [COVID-19 Travel Website](#) for more information

[†]Restrictions on entry to the United States

**Countries include: Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, Monaco, San Marino, Vatican City

Other

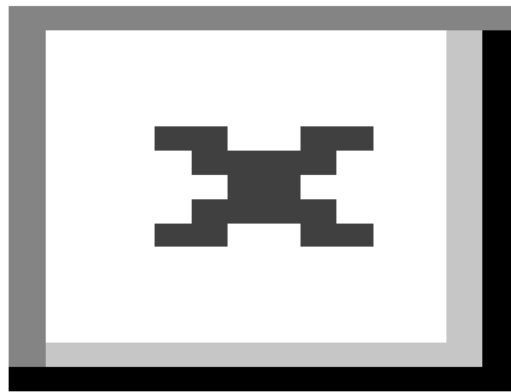
- ATL Q Station responded to private charter plane with reportedly positive COVID-19 cases on board
- Continuing issuance of legal quarantine orders for Grand Princess passengers

Cruise Ship Updates

Data as of 20 Mar

Remaining domestic and international cruise ships of interest

- An estimated 11,000 passengers (AMCITS + others) remain on 8 ships planning to disembark at domestic ports
- An estimated 6,600 AMCITS remain on 20 ships planning to disembark at international ports



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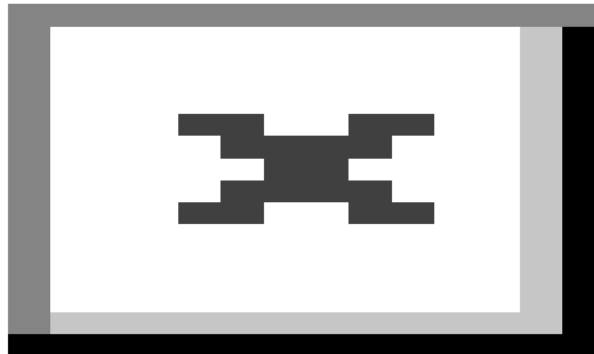
Cruise Ships of Interest

Ship	Number of American Citizens (AMCITS)	Number of Known COVID-19 Cases	Disposition
Silver Shadow	103 asymptomatic	2 (non-AMCIT)	Brazil; charter flight to Dallas planned (21 Mar AM); Governor did not approve
Silver Explorer	8 symptomatic	1 (non-AMCIT)	Medical ambulance needed • Sail to Ecuador 29 Mar, flight from there
Celebrity Eclipse	1165 asymptomatic	unknown	Denied port in Chile; Port in San Diego 28 Mar
Azamara Pursuit	265 asymptomatic	unknown	Denied port in Chile; Port in Miami 28 Mar

Ship	Number of American Citizens (AMCITS)	Number of Known COVID-19 Cases	Disposition
Costa Luminosa (new)	246 (3 positive)	3 (non-AMCIT) in San Juan	Arrangements being made to air ambulance to MA and FL for 3 positives; 1 with other non COVID-19 condition eval at Atlanta-area hospital

International Updates

Note: Numbers in this report may vary slightly from the current WHO sitrep online as corrections are published



A close up of a map Description automatically generated

Global Summary* – Total and new cases in the last 24 hours.

Data as of 23:59 CET, 19 Mar 2020 [Source: WHO SitRep - 60]

WHO Region	Confirmed Cases	New Cases	Deaths	New Deaths
Western Pacific (WPRO)	93,349	1,016	3,405	28
European (EURO)	104,591	17,506	4,899	816
South-East Asia (SEARO)	918	261	31	8
Eastern Mediterranean (EMRO)	20,759	1,254	1,312	151
Americas (PAHO)	13,271	4,104	178	57
African (AFRO)	473	106	8	1
Subtotal for all regions	233,361	24,247	9,833	1,061
International Conveyance (Diamond Princess)	712	0	7	0
Total	234,073	24,247	9,840	1,061

*Starting 17 Mar, WHO stopped reporting cases by 'China' and 'Outside of China' and began reporting cases by WHO Regions. [The China NHC Update](#) reports Hong Kong has 256 cases (48 new) and 4 deaths (0 new) as of 23:59 local time on 20 Mar 2020.

Countries, territories or areas with reported laboratory-confirmed COVID-19 cases and deaths.

Data as of 23:59 CET, 19 Mar 2020* [Source: [WHO SitRep - 60](#)]

Reporting Country/ Territory/ Area [†]	Total confirmed [‡] cases	Total confirmed new cases ¹	Total deaths	Total new deaths ¹	Transmission classification [§]	Days since last reported case
Western Pacific Region						
China	81300	126	3253	11	Local transmission	0
Republic of Korea	8652	239	94	10	Local transmission	0
Japan	950	77	33	4	Local transmission	0
Malaysia	900	227	2	0	Local transmission	0
Australia	709	199	6	0	Local transmission	0
Singapore	345	32	0	0	Local transmission	0
Philippines	217	30	17	3	Local transmission	0
Viet Nam	85	19	0	0	Local transmission	0
Brunei Darussalam	73	17	0	0	Local transmission	0
Cambodia	47	12	0	0	Local transmission	0
New Zealand	39	19	0	0	Local transmission	0
Mongolia	6	1	0	0	Imported cases only	0
Fiji	1	1	0	0	Imported cases only	0
Territories**						
Guam	12	7	0	0	Local transmission	0
French Polynesia	11	8	0	0	Imported cases only	0
New Caledonia	2	2	0	0	Imported cases only	0
European Region						
Italy	41035	5322	3407	429	Local transmission	0
Spain	17147	3431	767	169	Local transmission	0
Germany	10999	2801	20	8	Local transmission	0
France	10877	1834	372	128	Local transmission	0
Switzerland	3863	853	33	12	Local transmission	0
The United Kingdom	3277	647	144	41	Local transmission	0
Netherlands	2460	409	76	18	Local transmission	0
Austria	1843	197	5	1	Local transmission	0
Belgium	1795	309	14	0	Local transmission	0
Norway	1552	129	6	3	Local transmission	0
Sweden	1423	144	3	0	Local transmission	0
Denmark	1132	88	6	2	Local transmission	0
Portugal	785	143	3	1	Local transmission	0
Czechia	694	172	0	0	Local transmission	0
Ireland	557	265	3	1	Local transmission	0
Israel	529	102	0	0	Local transmission	0

Reporting Country/ Territory/ Area [†]	Total confirmed [‡] cases	Total confirmed new cases ¹	Total deaths	Total new deaths ¹	Transmission classification [§]	Days since last reported case
Greece	418	0	5	0	Local transmission	1
Finland	369	10	0	0	Local transmission	0
Luxembourg	345	135	4	2	Local transmission	0
Iceland	330	80	0	0	Local transmission	0
Poland	325	38	5	0	Local transmission	0
Slovenia	319	33	1	0	Local transmission	0
Estonia	267	9	0	0	Local transmission	0
Romania	260	14	0	0	Local transmission	0
Russian Federation	199	52	0	0	Imported cases only	0
Turkey	191	0	2	0	Local transmission	1
San Marino	126	17	14	0	Local transmission	0
Serbia ^{††}	123	41	0	0	Local transmission	0
Slovakia	123	18	0	0	Local transmission	0
Armenia	122	38	0	0	Local transmission	0
Bulgaria	94	2	3	1	Local transmission	0
Latvia	86	15	0	0	Imported cases only	0
Croatia	81	0	0	0	Local transmission	1
Hungary	73	15	1	0	Local transmission	0
Albania	70	11	2	0	Local transmission	0
Cyprus	58	0	0	0	Local transmission	1
Malta	53	5	0	0	Imported cases only	0
Republic of Moldova	49	13	0	0	Local transmission	0
North Macedonia	48	17	0	0	Local transmission	0
Belarus	46	0	0	0	Local transmission	1
Kazakhstan	46	10	0	0	Imported cases only	0
Bosnia and Herzegovina	44	8	0	0	Local transmission	0
Georgia	38	4	0	0	Imported cases only	0
Lithuania	36	10	0	0	Imported cases only	0
Azerbaijan	34	0	1	0	Imported cases only	1
Liechtenstein	25	0	0	0	Imported cases only	1
Uzbekistan	21	5	0	0	Local transmission	0
Ukraine	16	0	2	0	Local transmission	1
Montenegro	10	8	0	0	Imported cases only	0
Monaco	9	0	0	0	Under investigation	3
Kyrgyzstan	3	0	0	0	Under investigation	1
Holy See	1	0	0	0	Under investigation	13
Territories ^{**}						
Andorra	75	36	0	0	Imported cases only	0
Faroe Islands	72	14	0	0	Imported cases only	0
Gibraltar	10	2	0	0	Under investigation	0

Reporting Country/ Territory/ Area [†]	Total confirmed [‡] cases	Total confirmed new cases ¹	Total deaths	Total new deaths ¹	Transmission classification [§]	Days since last reported case
Jersey	5	0	0	0	Imported cases only	2
Greenland	2	0	0	0	Under investigation	1
Guernsey	1	0	0	0	Imported cases only	10
South-East Asia Region						
Thailand	322	110	1	0	Local transmission	0
Indonesia	309	82	25	6	Local transmission	0
India	195	44	4	1	Local transmission	0
Sri Lanka	59	17	0	0	Local transmission	0
Bangladesh	17	7	1	1	Local transmission	0
Maldives	13	0	0	0	Local transmission	4
Bhutan	2	1	0	0	Imported cases only	0
Nepal	1	0	0	0	Imported cases only	56
Eastern Mediterranean Region						
Iran (Islamic Republic of)	18407	1046	1284	149	Local transmission	0
Qatar	452	10	0	0	Local transmission	0
Pakistan	302	61	2	2	Imported cases only	0
Bahrain	269	13	1	0	Local transmission	0
Saudi Arabia	238	0	0	0	Local transmission	1
Egypt	210	14	6	0	Local transmission	0
Iraq	177	13	12	0	Local transmission	0
Lebanon	149	29	4	0	Local transmission	0
Kuwait	148	6	0	0	Local transmission	0
United Arab Emirates	140	27	0	0	Local transmission	0
Morocco	61	12	2	0	Local transmission	0
Jordan	56	4	0	0	Imported cases only	0
Oman	39	6	0	0	Imported cases only	0
Tunisia	39	10	0	0	Local transmission	0
Afghanistan	22	0	0	0	Imported cases only	2
Djibouti	1	0	0	0	Under investigation	1
Somalia	1	0	0	0	Imported cases only	3
Sudan	1	0	1	0	Imported cases only	5
Territories**						
occupied Palestinian territory	47	3	0	0	Local transmission	0
Region of the Americas						
United States of America	10442	3355	150	50	Local transmission	0
Canada	736	167	9	0	Local transmission	0
Brazil	428	137	4	3	Local transmission	0
Chile	342	104	0	0	Local transmission	0
Peru	234	89	0	0	Local transmission	0
Ecuador	199	44	3	1	Local transmission	0

Reporting Country/ Territory/ Area [†]	Total confirmed [‡] cases	Total confirmed new cases ¹	Total deaths	Total new deaths ¹	Transmission classification [§]	Days since last reported case
Mexico	118	25	1	1	Imported cases only	0
Panama	109	23	1	0	Local transmission	0
Colombia	108	15	0	0	Local transmission	0
Argentina	97	0	2	0	Local transmission	1
Costa Rica	87	37	1	0	Local transmission	0
Uruguay	79	50	0	0	Imported cases only	0
Venezuela (Bolivarian Republic of)	36	0	0	0	Imported cases only	1
Dominican Republic	34	13	2	1	Local transmission	0
Bolivia (Plurinational State of)	15	3	0	0	Imported cases only	0
Jamaica	15	2	1	1	Local transmission	0
Honduras	12	3	0	0	Imported cases only	0
Cuba	11	1	1	0	Local transmission	0
Paraguay	11	0	0	0	Local transmission	1
Guatemala	9	3	1	0	Imported cases only	0
Trinidad and Tobago	9	2	0	0	Imported cases only	0
Guyana	5	0	1	0	Local transmission	1
Bahamas	3	0	0	0	Local transmission	1
Barbados	2	0	0	0	Imported cases only	1
Bermuda	2	0	0	0	Imported cases only	1
Saint Lucia	2	0	0	0	Imported cases only	4
Antigua and Barbuda	1	0	0	0	Imported cases only	6
El Salvador	1	1	0	0	Imported cases only	0
Montserrat	1	0	0	0	Imported cases only	1
Nicaragua	1	1	0	0	Under investigation	0
Suriname	1	0	0	0	Imported cases only	4
Territories**						
Guadeloupe	45	12	0	0	Imported cases only	0
Martinique	32	9	0	0	Imported cases only	0
French Guiana	15	4	0	0	Local transmission	0
Puerto Rico	6	1	0	0	Imported cases only	0
Aruba	5	1	0	0	Imported cases only	0
Saint Martin	4	0	0	0	Under investigation	1
Cayman Islands	3	2	1	0	Imported cases only	0
Curaçao	3	0	0	0	Imported cases only	2
Saint Barthélemy	3	0	0	0	Under investigation	4
United States Virgin Islands	3	0	0	0	Imported cases only	1
Sint Maarten	1	0	0	0	Imported cases only	1
African Region						
South Africa	150	34	0	0	Local transmission	0
Algeria	82	10	7	1	Local transmission	0

Reporting Country/ Territory/ Area [†]	Total confirmed [‡] cases	Total confirmed new cases ¹	Total deaths	Total new deaths ¹	Transmission classification [§]	Days since last reported case
Burkina Faso	40	14	1	0	Imported cases only	0
Senegal	38	2	0	0	Local transmission	0
Cameroon	15	5	0	0	Local transmission	0
Democratic Republic of the Congo	14	7	0	0	Local transmission	0
Nigeria	12	4	0	0	Imported cases only	0
Ghana	11	2	0	0	Local transmission	0
Rwanda	11	0	0	0	Local transmission	1
Cote d'Ivoire	9	0	0	0	Imported cases only	1
Ethiopia	9	3	0	0	Imported cases only	0
Togo	9	8	0	0	Imported cases only	0
Kenya	7	0	0	0	Local transmission	1
Mauritius	7	4	0	0	Under investigation	0
Seychelles	6	0	0	0	Imported cases only	1
United Republic of Tanzania	6	3	0	0	Imported cases only	0
Equatorial Guinea	4	1	0	0	Imported cases only	0
Congo	3	0	0	0	Imported cases only	1
Gabon	3	0	0	0	Imported cases only	1
Namibia	3	1	0	0	Imported cases only	0
Benin	2	1	0	0	Imported cases only	0
Guinea	2	1	0	0	Imported cases only	0
Liberia	2	0	0	0	Local transmission	1
Mauritania	2	0	0	0	Imported cases only	1
Zambia	2	0	0	0	Imported cases only	1
Central African Republic	1	0	0	0	Imported cases only	5
Chad	1	1	0	0	Imported cases only	0
Eswatini	1	0	0	0	Imported cases only	5
Gambia	1	0	0	0	Imported cases only	1
Niger	1	1	0	0	Imported cases only	0
Territories**						
Réunion	15	3	0	0	Imported cases only	0
Mayotte	4	1	0	0	Imported cases only	0
Subtotal for all regions	233,361	24,247	9,833	1,061		
International conveyance (Diamond Princess)	712	0	7	0	Local transmission	4
Grand total	234,074	24,247	9,840	1,061		

*Numbers include both domestic and repatriated cases

†The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

‡Case classifications are based on [WHO case definitions](#) for COVID-19.

§Transmission classification is based on WHO analysis of available official data and may be subject to reclassification as additional data become available. Countries/territories/areas experiencing multiple types of transmission are classified in the highest category for which there is

evidence; they may be removed from a given category if interruption of transmission can be demonstrated. It should be noted that even within categories, different countries/territories/areas may have differing degrees of transmission as indicated by the differing numbers of cases and other factors. Not all locations within a given country/territory/area are equally affected.

Terms:

- Community transmission is evidenced by the inability to relate confirmed cases through chains of transmission for a large number of cases, or by increasing positive tests through sentinel samples (routine systematic testing of respiratory samples from established laboratories).
- Local transmission indicates locations where the source of infection is within the reporting location.
- Imported cases only indicates locations where all cases have been acquired outside the location of reporting.
- Under investigation indicates locations where type of transmission has not been determined for any cases.
- Interrupted transmission indicates locations where interruption of transmission has been demonstrated (details to be determined)

** "Territories" include territories, areas, overseas dependencies and other jurisdictions of similar status

††Including 21 (8 new) cases from Kosovo[1]

[1] All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Due to differences in reporting methods, retrospective data consolidation, and reporting delays, the number of new cases may not always reflect the exact difference between yesterday's and today's totals. WHO COVID-19 Situation Reports present official counts of confirmed COVID-19 cases, thus differences between WHO reports and other sources of COVID-19 data using different inclusion criteria and different data cutoff times are to be expected.

New countries/territories/areas are shown in red.

New countries with confirmed cases not yet reflected in WHO SitRep:

- Cabo Verde
- Zimbabwe
- Haiti
- North Korea

Additional International Updates

(note updated case counts since last WHO SitRep, subject to adjustment in official case counts in next SitRep)

234,073 cases and 9,840 deaths in 177 WHO countries/territories/areas

Over previous 24 hours:

- 24,247 new cases and 1061 deaths globally (EURO 72% and PAHO 17% of new cases)
- 6 new countries/territories/areas reporting cases; of note, Fiji and New Caledonia become first remote, low population Pacific Islands to report cases
- Most countries in WPRO (85%), EURO (77%), SEARO (75%), EMRO, (61%), PAHO (52%) have reported local transmission
- African countries predominantly reporting imported cases (67%), but seeing more local transmission; to date, AFRO has reported 0.2% of cases and <0.1% of deaths, of global total; limitations in surveillance and laboratory capacity
- EURO surpassed WPRO for greatest number of cases and deaths; to date, EURO has reported 45% of cases and 50% of deaths, of the global total

Total (new) cases and deaths by region:

	Global	WPRO	EURO	SEARO	EMRO	PAHO	AFRO
Total (new) cases	234,073 (24,247)	93,349 (1016)	104,591 (17,506)	918 (261)	20,759 (1254)	13,271 (4,104)	473 (106)
Total (new) deaths	9,840 (1061)	3405 (28)	4,899 (816)	31 (8)	1,312 (151)	178 (57)	8 (1)

Countries Reporting >1,000 New Cases

Country	Cases		Deaths	
	New	Total	New	Total
Italy	5,322	41,035	429	3,407
Spain	3,431	17,147	169	767
U.S.	3,355	10,442	50	150
Germany	2,801	10,999	8	20
France	1,834	10,877	128	372
Iran	1,046	18,407	149	1,284

Additional Countries Reporting >100 New Cases

Country	Cases		Deaths	
	New	Total	New	Total

Additional Countries Reporting >100 New Cases				
	Cases		Deaths	
Country	New	Total	New	Total
Switzerland	853	3,863	12	33
United Kingdom	647	3,277	41	144
Netherlands	409	2,460	18	76
Belgium	309	1,795	0	14
Ireland	265	557	1	3
Korea	239	8,652	10	94
Malaysia	227	900	0	2
Australia	199	709	0	6
Czech Republic	172	694	0	0
Canada	167	736	0	9
Sweden	144	1,423	0	3
Portugal	143	785	1	3
Brazil	137	428	3	4
Luxembourg	135	345	2	4
Norway	129	1,552	3	6
China	126	81,300	11	3,253
Thailand	110	322	0	1
Chile	104	342	0	0
Israel	102	529	0	0

Top countries reporting cases:

Italy – since last Sit Rep, 47,021 (+5,986) cases, 4,032 deaths

- Italy reporting highest number of deaths in the world from Coronavirus; reported record-breaking death toll Friday, 627 deaths reported, up from 427 the previous day (media)
- More men are dying than women from COVID-19 (media)
- 17 doctors have died and 3,654 medical staff are infected (media)

Spain – since last Sit Rep, 19,980 cases (+2,833), 1,002 deaths

Iran –since last Sit Rep, 19,644 cases (+1,237), 1,433 deaths

Germany – since last Sit Rep 13,957 (+2,958) cases, 31 deaths

France – since last Sit Rep, 12,612 cases (+1,617), 450 deaths

South Korea – since last Sit rep, 8,652 cases, 94 deaths

- Less than 100 cases reported in 4 of 5 previous days

Switzerland – since last Sit Rep, 4,840 cases, 43 deaths

UK – since last Sit Rep, 3,983 cases, 177 deaths

- Pubs, cafes, restaurants, nightclubs, theaters, gyms, movie theaters, and sport facilities ordered closed Friday night

Other:

- Cuba will be closing its borders; Colombia and Argentina have announced nationwide “lockdowns”; more PAHO countries leaning into additional community measures as border closures were not enough
- Singapore: two months after first cases detected, country reported its first deaths in 75y female in ICU for 26 days and 64y male Indonesian with history of heart disease

Border Country Information

- Canada – 1,042 cases; 12 deaths
 - British Colombia (348 cases); Ontario (318 cases); Alberta (195 cases); Quebec (139 cases); Manitoba (17); Saskatchewan (8); New Brunswick (7); Nova Scotia (5); Newfoundland and Labrador (3); Prince Edward Island (2); Repatriations (13) [repatriations not included in total]
 - Canada will return “irregular migrants” who attempt to cross the Canada-US border to the US
- Mexico – 205 cases (states ordered by # of cases)
 - CD MX (31); Nuevo León (29); Jalisco (28); Puebla (14); State Of México (14); Yucatán (13); Queretaro (11); Quintana Roo (11); San Luis Potosí (7); Guanajuato (4); Veracruz (4); Guerrero (4); Durango (4); Baja California (4); Aguascalientes (4); Sinaloa (3); Tamaulipas (2); Tabasco (2); Hidalgo (2); Oaxaca (2); Chiapas (2); Chihuahua (2); Sonora (2); Morelos (2); Colima (1); Coahuila (1)
 - Number of cases in border states: 40

Prepared by:

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Subject:	COVID-19 Morning CDC Update 21Mar20
Date:	2020/03/21 08:23:50
Priority:	Normal
Type:	Note

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COVID-19 Response update Mar 21, 2020

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Domestic Updates – Case Counts

The official case counts for the response are posted daily at noon on [CDC's website](#). The numbers below are tentative and may change up until the official update.

Counts by Jurisdiction (Confirmed Cases)

(Data as of 03:00 ET 21 Mar)

55 Jurisdictions: 50 states + DC, NYC, Guam, PR, and USVI	Total Cases*	Total Deaths**	New Cases**	New Deaths**
Alabama	106	0	28	0
Alaska	12	0	3	0
Arizona	82	1	38	1
Arkansas	100	0	38	0
California	1304	24	259	5
Colorado	363	4	86	1
Connecticut	194	4	35	1
Delaware	39	0	9	0
Florida	510	11	117	2
Georgia	485	14	198	4
Hawaii	37	0	11	0
Idaho	31	0	8	0
Illinois	585	5	163	1
Indiana	79	3	23	1
Iowa	45	0	1	0
Kansas	44	1	9	0
Kentucky	48	2	5	0
Louisiana	537	14	145	4
Maine	56	0	4	0
Maryland	149	2	42	1
Massachusetts	413	1	85	1

55 Jurisdictions: 50 states + DC, NYC, Guam, PR, and USVI	Total Cases*	Total Deaths**	New Cases**	New Deaths**
Michigan	549	3	215	2
Minnesota	115	0	26	0
Mississippi	80	1	30	0
Missouri	73	3	45	2
Montana	21	0	6	0
Nebraska	38	0	11	0
Nevada	109	2	14	1
New Hampshire	55	0	11	0
New Jersey	890	11	148	2
New Mexico	43	0	8	0
New York (excluding NYC)	2694	15	925	10
New York City ¹	5683	43	1729	17
North Carolina	164	0	32	0
North Dakota	26	1	7	0
Ohio	169	1	50	1
Oklahoma	53	1	9	0
Oregon	114	3	26	0
Pennsylvania	310	1	124	0
Rhode Island	54	0	10	0
South Carolina	125	3	44	2
South Dakota	14	1	0	0
Tennessee	228	1	74	1
Texas	401	5	116	0
Utah	102	0	34	0
Vermont	29	2	7	0
Virginia	114	2	20	0
Washington	1524	83	148	9
West Virginia	8	0	3	0
Wisconsin	206	3	51	3
Wyoming	22	0	4	0
American Samoa	0	0	0	0
District of Columbia	77	1	6	1
Guam	14	0	2	0
Northern Mariana Islands	0	0	0	0
Palau	0	0	0	0
Puerto Rico	14	0	12	0
U.S. Virgin Islands	6	0	3	0
Federated States of Micronesia	0	0	0	0
Republic of Marshall Islands	0	0	0	0
Total	19343	272	5257	73

*State and local public health departments are now testing and publicly reporting their cases. In the event of a discrepancy between CDC cases and cases reported by state and local public health officials, data reported by states should be considered the most up to date.

**These data represent cases detected and tested in the United States through U.S. public health surveillance systems 21 Jan, 2020.

***New cases and new deaths represent change from prior morning sitrep. Numbers of new cases and new deaths are included in total case numbers. Jurisdictions may have negative numbers for various reasons, including reclassification to another state since the prior report.

† For numbers of cases and deaths in NYC, numbers shown here are from press releases and can't currently be verified by other sources.

Repatriation cases have been recategorized based on their home state, and jurisdiction-based reporting

Grand Princess cases have or will be incorporated into numbers reported by state of residence. Cases as of 16 Mar: 37 total cases

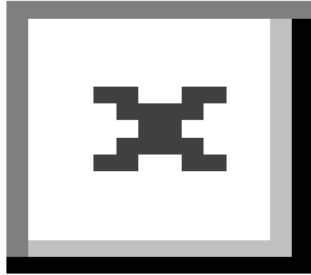
Other U.S. cases not included in table:

- **DOD active-duty servicemembers and dependents outside U.S. with positive tests not included in case-count (N=5)**

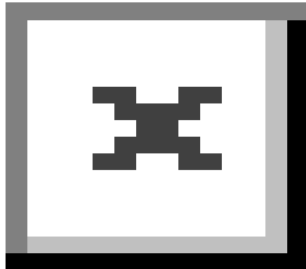
Other Situational Awareness

Healthcare workers in U.S. Case-Count (N=238)

- 19 Travel-related
- 48 Close contact with known case
- 171 Under investigation

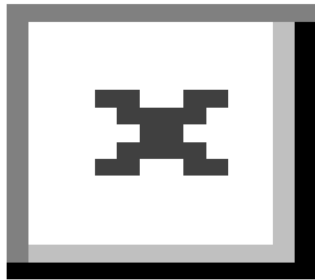


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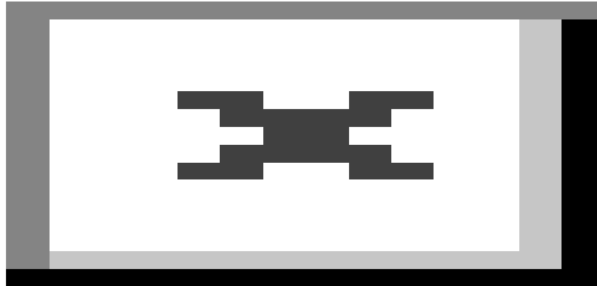
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Data source: USAFacts.org; numbers are from various sources and have been validated against numbers reported from states when possible.

Domestic Updates – Notes from the Field



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Source: Preparedness Workforce Management System (PWMS)

* CERT – CDC Emergency Response Team

(b)(5)

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of the Freedom of Information Act

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of the Freedom of Information Act

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(b)(5); (b)(3):42 U.S.C. § 247d-6b(d)

(b)(5); (b)(3); 42 U.S.C. § 247d-6b(d)



Travel/Migration Updates

Data as of 19 Mar

Airport Entry Screening

- 58,832* air travelers screened to date
- Total confirmed cases to date from airport hospital referrals: 5
 - o 1 ill traveler from MIA on 15 Mar. Travel history to Paris.
 - o 2 ill travelers from IAD on 12 Mar. Travel history to France and Spain.
 - o 1 ill traveler from Iran at LAX on 8 Mar, recent hospitalization
 - o 1 ill traveler from Hubei at LAX on 22 Jan
- Daily for 19 Mar
 - Air travelers screened: 208
 - Illness Response: 4
 - Hospital Referrals: 1
 - Q-orders Issued: 0

*Cumulative numbers reported each day may vary because of data entry delays or data scrubbing.

F11 Quarantine Orders

- Under quarantine as of 19 Mar: 0
- Cumulative to date: 18

Travel Health Notices*

Level 3: Widespread ongoing spread
• China (Level 3)[†] • Iran (Level 3)[†] • Schengen Countries** (Level 3)[†] • UK and Ireland (Level 3)[†] • South Korea (Level 3) • Malaysia (Level 3) • Cruise Ship Travel(Level 3)
Level 2: Ongoing community spread
• Global (Level 2)
Level 1: Limited community spread
• Not Applicable

*See CDC's [COVID-19 Travel Website](#) for more information

[†]Restrictions on entry to the United States

**Countries include: Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, Monaco, San Marino, Vatican City

Other

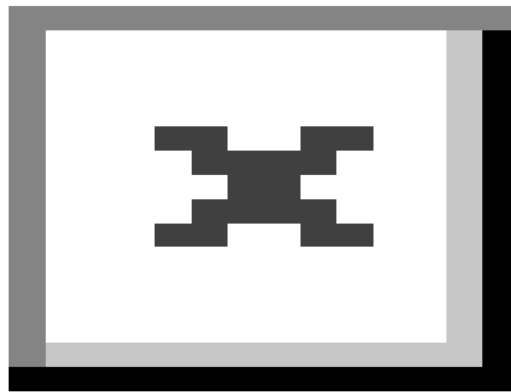
- ATL Q Station responded to private charter plane with reportedly positive COVID-19 cases on board
- Continuing issuance of legal quarantine orders for Grand Princess passengers

Cruise Ship Updates

Data as of 20 Mar

Remaining domestic and international cruise ships of interest

- An estimated 11,000 passengers (AMCITS + others) remain on 8 ships planning to disembark at domestic ports
- An estimated 6,600 AMCITS remain on 20 ships planning to disembark at international ports



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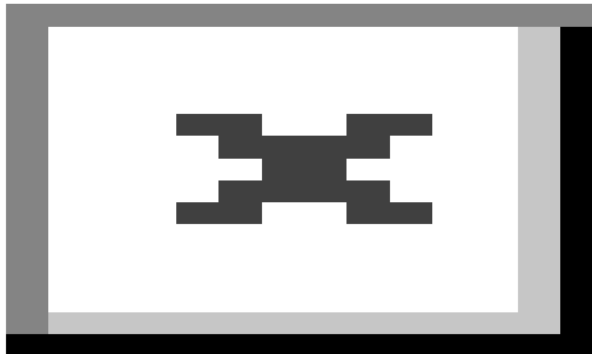
Cruise Ships of Interest

Ship	Number of American Citizens (AMCITS)	Number of Known COVID-19 Cases	Disposition
Silver Shadow	103 asymptomatic	2 (non-AMCIT)	Brazil; charter flight to Dallas planned (21 Mar AM); Governor did not approve
Silver Explorer	8 symptomatic	1 (non-AMCIT)	Medical ambulance needed • Sail to Ecuador 29 Mar, flight from there
Celebrity Eclipse	1165 asymptomatic	unknown	Denied port in Chile; Port in San Diego 28 Mar
Azamara Pursuit	265 asymptomatic	unknown	Denied port in Chile; Port in Miami 28 Mar

Ship	Number of American Citizens (AMCITS)	Number of Known COVID-19 Cases	Disposition
Costa Luminosa (new)	246 (3 positive)	3 (non-AMCIT) in San Juan	Arrangements being made to air ambulance to MA and FL for 3 positives; 1 with other non COVID-19 condition eval at Atlanta-area hospital

International Updates

Note: Numbers in this report may vary slightly from the current WHO sitrep online as corrections are published



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Global Summary* – Total and new cases in the last 24 hours.

Data as of 23:59 CET, 19 Mar 2020 [Source: WHO SitRep - 60]

WHO Region	Confirmed Cases	New Cases	Deaths	New Deaths
Western Pacific (WPRO)	93,349	1,016	3,405	28
European (EURO)	104,591	17,506	4,899	816
South-East Asia (SEARO)	918	261	31	8
Eastern Mediterranean (EMRO)	20,759	1,254	1,312	151
Americas (PAHO)	13,271	4,104	178	57
African (AFRO)	473	106	8	1
Subtotal for all regions	233,361	24,247	9,833	1,061
International Conveyance (Diamond Princess)	712	0	7	0
Total	234,073	24,247	9,840	1,061

*Starting 17 Mar, WHO stopped reporting cases by 'China' and 'Outside of China' and began reporting cases by WHO Regions. [The China NHC Update](#) reports Hong Kong has 256 cases (48 new) and 4 deaths (0 new) as of 23:59 local time on 20 Mar 2020.

Countries, territories or areas with reported laboratory-confirmed COVID-19 cases and deaths.

Data as of 23:59 CET, 19 Mar 2020* [Source: [WHO SitRep - 60](#)]

Reporting Country/ Territory/ Area [†]	Total confirmed cases [‡]	Total confirmed new cases ¹	Total deaths	Total new deaths ¹	Transmission classification [§]	Days since last reported case
Western Pacific Region						
China	81300	126	3253	11	Local transmission	0
Republic of Korea	8652	239	94	10	Local transmission	0
Japan	950	77	33	4	Local transmission	0
Malaysia	900	227	2	0	Local transmission	0
Australia	709	199	6	0	Local transmission	0
Singapore	345	32	0	0	Local transmission	0
Philippines	217	30	17	3	Local transmission	0
Viet Nam	85	19	0	0	Local transmission	0
Brunei Darussalam	73	17	0	0	Local transmission	0
Cambodia	47	12	0	0	Local transmission	0
New Zealand	39	19	0	0	Local transmission	0
Mongolia	6	1	0	0	Imported cases only	0
Fiji	1	1	0	0	Imported cases only	0
Territories**						
Guam	12	7	0	0	Local transmission	0
French Polynesia	11	8	0	0	Imported cases only	0
New Caledonia	2	2	0	0	Imported cases only	0
European Region						
Italy	41035	5322	3407	429	Local transmission	0
Spain	17147	3431	767	169	Local transmission	0
Germany	10999	2801	20	8	Local transmission	0
France	10877	1834	372	128	Local transmission	0
Switzerland	3863	853	33	12	Local transmission	0
The United Kingdom	3277	647	144	41	Local transmission	0
Netherlands	2460	409	76	18	Local transmission	0
Austria	1843	197	5	1	Local transmission	0
Belgium	1795	309	14	0	Local transmission	0
Norway	1552	129	6	3	Local transmission	0
Sweden	1423	144	3	0	Local transmission	0
Denmark	1132	88	6	2	Local transmission	0
Portugal	785	143	3	1	Local transmission	0
Czechia	694	172	0	0	Local transmission	0
Ireland	557	265	3	1	Local transmission	0
Israel	529	102	0	0	Local transmission	0

Reporting Country/ Territory/ Area [†]	Total confirmed [‡] cases	Total confirmed new cases ¹	Total deaths	Total new deaths ¹	Transmission classification [§]	Days since last reported case
Greece	418	0	5	0	Local transmission	1
Finland	369	10	0	0	Local transmission	0
Luxembourg	345	135	4	2	Local transmission	0
Iceland	330	80	0	0	Local transmission	0
Poland	325	38	5	0	Local transmission	0
Slovenia	319	33	1	0	Local transmission	0
Estonia	267	9	0	0	Local transmission	0
Romania	260	14	0	0	Local transmission	0
Russian Federation	199	52	0	0	Imported cases only	0
Turkey	191	0	2	0	Local transmission	1
San Marino	126	17	14	0	Local transmission	0
Serbia ^{††}	123	41	0	0	Local transmission	0
Slovakia	123	18	0	0	Local transmission	0
Armenia	122	38	0	0	Local transmission	0
Bulgaria	94	2	3	1	Local transmission	0
Latvia	86	15	0	0	Imported cases only	0
Croatia	81	0	0	0	Local transmission	1
Hungary	73	15	1	0	Local transmission	0
Albania	70	11	2	0	Local transmission	0
Cyprus	58	0	0	0	Local transmission	1
Malta	53	5	0	0	Imported cases only	0
Republic of Moldova	49	13	0	0	Local transmission	0
North Macedonia	48	17	0	0	Local transmission	0
Belarus	46	0	0	0	Local transmission	1
Kazakhstan	46	10	0	0	Imported cases only	0
Bosnia and Herzegovina	44	8	0	0	Local transmission	0
Georgia	38	4	0	0	Imported cases only	0
Lithuania	36	10	0	0	Imported cases only	0
Azerbaijan	34	0	1	0	Imported cases only	1
Liechtenstein	25	0	0	0	Imported cases only	1
Uzbekistan	21	5	0	0	Local transmission	0
Ukraine	16	0	2	0	Local transmission	1
Montenegro	10	8	0	0	Imported cases only	0
Monaco	9	0	0	0	Under investigation	3
Kyrgyzstan	3	0	0	0	Under investigation	1
Holy See	1	0	0	0	Under investigation	13
Territories ^{**}						
Andorra	75	36	0	0	Imported cases only	0
Faroe Islands	72	14	0	0	Imported cases only	0
Gibraltar	10	2	0	0	Under investigation	0

Reporting Country/ Territory/ Area [†]	Total confirmed [‡] cases	Total confirmed new cases ¹	Total deaths	Total new deaths ¹	Transmission classification [§]	Days since last reported case
Jersey	5	0	0	0	Imported cases only	2
Greenland	2	0	0	0	Under investigation	1
Guernsey	1	0	0	0	Imported cases only	10
South-East Asia Region						
Thailand	322	110	1	0	Local transmission	0
Indonesia	309	82	25	6	Local transmission	0
India	195	44	4	1	Local transmission	0
Sri Lanka	59	17	0	0	Local transmission	0
Bangladesh	17	7	1	1	Local transmission	0
Maldives	13	0	0	0	Local transmission	4
Bhutan	2	1	0	0	Imported cases only	0
Nepal	1	0	0	0	Imported cases only	56
Eastern Mediterranean Region						
Iran (Islamic Republic of)	18407	1046	1284	149	Local transmission	0
Qatar	452	10	0	0	Local transmission	0
Pakistan	302	61	2	2	Imported cases only	0
Bahrain	269	13	1	0	Local transmission	0
Saudi Arabia	238	0	0	0	Local transmission	1
Egypt	210	14	6	0	Local transmission	0
Iraq	177	13	12	0	Local transmission	0
Lebanon	149	29	4	0	Local transmission	0
Kuwait	148	6	0	0	Local transmission	0
United Arab Emirates	140	27	0	0	Local transmission	0
Morocco	61	12	2	0	Local transmission	0
Jordan	56	4	0	0	Imported cases only	0
Oman	39	6	0	0	Imported cases only	0
Tunisia	39	10	0	0	Local transmission	0
Afghanistan	22	0	0	0	Imported cases only	2
Djibouti	1	0	0	0	Under investigation	1
Somalia	1	0	0	0	Imported cases only	3
Sudan	1	0	1	0	Imported cases only	5
Territories**						
occupied Palestinian territory	47	3	0	0	Local transmission	0
Region of the Americas						
United States of America	10442	3355	150	50	Local transmission	0
Canada	736	167	9	0	Local transmission	0
Brazil	428	137	4	3	Local transmission	0
Chile	342	104	0	0	Local transmission	0
Peru	234	89	0	0	Local transmission	0
Ecuador	199	44	3	1	Local transmission	0

Reporting Country/ Territory/ Area [†]	Total confirmed [‡] cases	Total confirmed new cases ¹	Total deaths	Total new deaths ¹	Transmission classification [§]	Days since last reported case
Mexico	118	25	1	1	Imported cases only	0
Panama	109	23	1	0	Local transmission	0
Colombia	108	15	0	0	Local transmission	0
Argentina	97	0	2	0	Local transmission	1
Costa Rica	87	37	1	0	Local transmission	0
Uruguay	79	50	0	0	Imported cases only	0
Venezuela (Bolivarian Republic of)	36	0	0	0	Imported cases only	1
Dominican Republic	34	13	2	1	Local transmission	0
Bolivia (Plurinational State of)	15	3	0	0	Imported cases only	0
Jamaica	15	2	1	1	Local transmission	0
Honduras	12	3	0	0	Imported cases only	0
Cuba	11	1	1	0	Local transmission	0
Paraguay	11	0	0	0	Local transmission	1
Guatemala	9	3	1	0	Imported cases only	0
Trinidad and Tobago	9	2	0	0	Imported cases only	0
Guyana	5	0	1	0	Local transmission	1
Bahamas	3	0	0	0	Local transmission	1
Barbados	2	0	0	0	Imported cases only	1
Bermuda	2	0	0	0	Imported cases only	1
Saint Lucia	2	0	0	0	Imported cases only	4
Antigua and Barbuda	1	0	0	0	Imported cases only	6
El Salvador	1	1	0	0	Imported cases only	0
Montserrat	1	0	0	0	Imported cases only	1
Nicaragua	1	1	0	0	Under investigation	0
Suriname	1	0	0	0	Imported cases only	4
Territories**						
Guadeloupe	45	12	0	0	Imported cases only	0
Martinique	32	9	0	0	Imported cases only	0
French Guiana	15	4	0	0	Local transmission	0
Puerto Rico	6	1	0	0	Imported cases only	0
Aruba	5	1	0	0	Imported cases only	0
Saint Martin	4	0	0	0	Under investigation	1
Cayman Islands	3	2	1	0	Imported cases only	0
Curaçao	3	0	0	0	Imported cases only	2
Saint Barthélemy	3	0	0	0	Under investigation	4
United States Virgin Islands	3	0	0	0	Imported cases only	1
Sint Maarten	1	0	0	0	Imported cases only	1
African Region						
South Africa	150	34	0	0	Local transmission	0
Algeria	82	10	7	1	Local transmission	0

Reporting Country/ Territory/ Area [†]	Total confirmed [‡] cases	Total confirmed new cases ¹	Total deaths	Total new deaths ¹	Transmission classification [§]	Days since last reported case
Burkina Faso	40	14	1	0	Imported cases only	0
Senegal	38	2	0	0	Local transmission	0
Cameroon	15	5	0	0	Local transmission	0
Democratic Republic of the Congo	14	7	0	0	Local transmission	0
Nigeria	12	4	0	0	Imported cases only	0
Ghana	11	2	0	0	Local transmission	0
Rwanda	11	0	0	0	Local transmission	1
Cote d'Ivoire	9	0	0	0	Imported cases only	1
Ethiopia	9	3	0	0	Imported cases only	0
Togo	9	8	0	0	Imported cases only	0
Kenya	7	0	0	0	Local transmission	1
Mauritius	7	4	0	0	Under investigation	0
Seychelles	6	0	0	0	Imported cases only	1
United Republic of Tanzania	6	3	0	0	Imported cases only	0
Equatorial Guinea	4	1	0	0	Imported cases only	0
Congo	3	0	0	0	Imported cases only	1
Gabon	3	0	0	0	Imported cases only	1
Namibia	3	1	0	0	Imported cases only	0
Benin	2	1	0	0	Imported cases only	0
Guinea	2	1	0	0	Imported cases only	0
Liberia	2	0	0	0	Local transmission	1
Mauritania	2	0	0	0	Imported cases only	1
Zambia	2	0	0	0	Imported cases only	1
Central African Republic	1	0	0	0	Imported cases only	5
Chad	1	1	0	0	Imported cases only	0
Eswatini	1	0	0	0	Imported cases only	5
Gambia	1	0	0	0	Imported cases only	1
Niger	1	1	0	0	Imported cases only	0
Territories**						
Réunion	15	3	0	0	Imported cases only	0
Mayotte	4	1	0	0	Imported cases only	0
Subtotal for all regions	233,361	24,247	9,833	1,061		
International conveyance (Diamond Princess)	712	0	7	0	Local transmission	4
Grand total	234,074	24,247	9,840	1,061		

*Numbers include both domestic and repatriated cases

†The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

‡Case classifications are based on [WHO case definitions](#) for COVID-19.

§Transmission classification is based on WHO analysis of available official data and may be subject to reclassification as additional data become available. Countries/territories/areas experiencing multiple types of transmission are classified in the highest category for which there is

evidence; they may be removed from a given category if interruption of transmission can be demonstrated. It should be noted that even within categories, different countries/territories/areas may have differing degrees of transmission as indicated by the differing numbers of cases and other factors. Not all locations within a given country/territory/area are equally affected.

Terms:

- Community transmission is evidenced by the inability to relate confirmed cases through chains of transmission for a large number of cases, or by increasing positive tests through sentinel samples (routine systematic testing of respiratory samples from established laboratories).
- Local transmission indicates locations where the source of infection is within the reporting location.
- Imported cases only indicates locations where all cases have been acquired outside the location of reporting.
- Under investigation indicates locations where type of transmission has not been determined for any cases.
- Interrupted transmission indicates locations where interruption of transmission has been demonstrated (details to be determined)

** "Territories" include territories, areas, overseas dependencies and other jurisdictions of similar status

††Including 21 (8 new) cases from Kosovo[1]

[1] All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Due to differences in reporting methods, retrospective data consolidation, and reporting delays, the number of new cases may not always reflect the exact difference between yesterday's and today's totals. WHO COVID-19 Situation Reports present official counts of confirmed COVID-19 cases, thus differences between WHO reports and other sources of COVID-19 data using different inclusion criteria and different data cutoff times are to be expected.

New countries/territories/areas are shown in red.

New countries with confirmed cases not yet reflected in WHO SitRep:

- Cabo Verde
- Zimbabwe
- Haiti
- North Korea

Additional International Updates

(note updated case counts since last WHO SitRep, subject to adjustment in official case counts in next SitRep)

234,073 cases and 9,840 deaths in 177 WHO countries/territories/areas

Over previous 24 hours:

- 24,247 new cases and 1061 deaths globally (EURO 72% and PAHO 17% of new cases)
- 6 new countries/territories/areas reporting cases; of note, Fiji and New Caledonia become first remote, low population Pacific Islands to report cases
- Most countries in WPRO (85%), EURO (77%), SEARO (75%), EMRO, (61%), PAHO (52%) have reported local transmission
- African countries predominantly reporting imported cases (67%), but seeing more local transmission; to date, AFRO has reported 0.2% of cases and <0.1% of deaths, of global total; limitations in surveillance and laboratory capacity
- EURO surpassed WPRO for greatest number of cases and deaths; to date, EURO has reported 45% of cases and 50% of deaths, of the global total

Total (new) cases and deaths by region:

	Global	WPRO	EURO	SEARO	EMRO	PAHO	AFRO
Total (new) cases	234,073 (24,247)	93,349 (1016)	104,591 (17,506)	918 (261)	20,759 (1254)	13,271 (4,104)	473 (106)
Total (new) deaths	9,840 (1061)	3405 (28)	4,899 (816)	31 (8)	1,312 (151)	178 (57)	8 (1)

Countries Reporting >1,000 New Cases

Country	Cases		Deaths	
	New	Total	New	Total
Italy	5,322	41,035	429	3,407
Spain	3,431	17,147	169	767
U.S.	3,355	10,442	50	150
Germany	2,801	10,999	8	20
France	1,834	10,877	128	372
Iran	1,046	18,407	149	1,284

Additional Countries Reporting >100 New Cases

Country	Cases		Deaths	
	New	Total	New	Total

Additional Countries Reporting >100 New Cases				
	Cases		Deaths	
Country	New	Total	New	Total
Switzerland	853	3,863	12	33
United Kingdom	647	3,277	41	144
Netherlands	409	2,460	18	76
Belgium	309	1,795	0	14
Ireland	265	557	1	3
Korea	239	8,652	10	94
Malaysia	227	900	0	2
Australia	199	709	0	6
Czech Republic	172	694	0	0
Canada	167	736	0	9
Sweden	144	1,423	0	3
Portugal	143	785	1	3
Brazil	137	428	3	4
Luxembourg	135	345	2	4
Norway	129	1,552	3	6
China	126	81,300	11	3,253
Thailand	110	322	0	1
Chile	104	342	0	0
Israel	102	529	0	0

Top countries reporting cases:

Italy – since last Sit Rep, 47,021 (+5,986) cases, 4,032 deaths

- Italy reporting highest number of deaths in the world from Coronavirus; reported record-breaking death toll Friday, 627 deaths reported, up from 427 the previous day (media)
- More men are dying than women from COVID-19 (media)
- 17 doctors have died and 3,654 medical staff are infected (media)

Spain – since last Sit Rep, 19,980 cases (+2,833), 1,002 deaths

Iran –since last Sit Rep, 19,644 cases (+1,237), 1,433 deaths

Germany – since last Sit Rep 13,957 (+2,958) cases, 31 deaths

France – since last Sit Rep, 12,612 cases (+1,617), 450 deaths

South Korea – since last Sit rep, 8,652 cases, 94 deaths

- Less than 100 cases reported in 4 of 5 previous days

Switzerland – since last Sit Rep, 4,840 cases, 43 deaths

UK – since last Sit Rep, 3,983 cases, 177 deaths

- Pubs, cafes, restaurants, nightclubs, theaters, gyms, movie theaters, and sport facilities ordered closed Friday night

Other:

- Cuba will be closing its borders; Colombia and Argentina have announced nationwide “lockdowns”; more PAHO countries leaning into additional community measures as border closures were not enough
- Singapore: two months after first cases detected, country reported its first deaths in 75y female in ICU for 26 days and 64y male Indonesian with history of heart disease

Border Country Information

- Canada – 1,042 cases; 12 deaths
 - British Colombia (348 cases); Ontario (318 cases); Alberta (195 cases); Quebec (139 cases); Manitoba (17); Saskatchewan (8); New Brunswick (7); Nova Scotia (5); Newfoundland and Labrador (3); Prince Edward Island (2); Repatriations (13) [repatriations not included in total]
 - Canada will return “irregular migrants” who attempt to cross the Canada-US border to the US
- Mexico – 205 cases (states ordered by # of cases)
 - CD MX (31); Nuevo León (29); Jalisco (28); Puebla (14); State Of México (14); Yucatán (13); Queretaro (11); Quintana Roo (11); San Luis Potosí (7); Guanajuato (4); Veracruz (4); Guerrero (4); Durango (4); Baja California (4); Aguascalientes (4); Sinaloa (3); Tamaulipas (2); Tabasco (2); Hidalgo (2); Oaxaca (2); Chiapas (2); Chihuahua (2); Sonora (2); Morelos (2); Colima (1); Coahuila (1)
 - Number of cases in border states: 40

Prepared by:

Secretary’s Operations Center

U.S. Department of Health and Human Services (HHS)
Assistant Secretary for Preparedness and Response (ASPR)
200 Independence Ave. S.W.
Washington D.C. 20201
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Sender:	OS Secretarys Operations Center </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=32B1F28D808B43B6903C00083291303E-SECRETARYS>
Recipient:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Sent Date:	2020/03/21 08:23:29
Delivered Date:	2020/03/21 08:23:50
Message Flags:	Unread

From:	Sara Yoder (b)(6)@comcast.net>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Production of PPE
Date:	2020/03/21 08:32:40
Priority:	Normal
Type:	Note

Good morning Secretary Azar,

I am a healthcare worker and mother of 2 awesome boys, sister to 3 siblings, daughter of an incredible mother and friend to everyone I meet.

I am writing to ask you to direct companies to start mass producing the much needed PPE for our hospitals which protects us health care workers and reduces the spread of COVID-19 virus, along with other contagious conditions. This is a national emergency. Please put production at top capacity to help all of us on the front lines.

This nation needs your help!

Best,

Sara Yoder

Sent from my iPhone

Sender:	Sara Yoder (b)(6)@comcast.net>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 08:32:19
Delivered Date:	2020/03/21 08:32:40

From:	Yolanda Schuman (b)(6)@comcast.net>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 08:51:17
Priority:	Normal
Type:	Note

Yolanda Schuman

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

The federal Clinical Laboratory Improvement Advisory Committee recently recommended allowing qualified professionals to review and interpret digital images remotely when data is exchanged via a secure connection but CMS has not yet authorized this policy. Many U.S. laboratories have well-validated digital systems to allow for quality remote diagnosis using secure virtual personal networks (VPNs). Given dire shortages of pathologists and laboratory personnel at many laboratories and the need to follow the President's call for social distancing, CLIA is unnecessarily putting our work force at risk and imposing barriers to optimal patient care.

Given that HHS just provided other physician specialties with the flexibility to provide telemedicine services, pathologists and laboratory professionals should also be allowed the same flexibility. I request expedited consideration of this request to ensure laboratories can promptly respond to our patients' needs now.

Sincerely,

Yolanda Schuman

Sender:	Yolanda Schuman (b)(6)@comcast.net>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 08:51:13
Delivered Date:	2020/03/21 08:51:17
Message Flags:	Unread

From:	Robert Riggs (b)(6)@comcast.net>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 08:51:18
Priority:	Normal
Type:	Note

Robert Riggs

(b)(6)

March 21, 2020

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Robert Riggs

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Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 08:51:13
Delivered Date:	2020/03/21 08:51:18
Message Flags:	Unread

From:	Janine Burr (b)(6)@aol.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 08:51:20
Priority:	Normal
Type:	Note

Janine Burr

(b)(6)

March 21, 2020

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Dear Administrator Verma:

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Sincerely,
Janine Burr

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Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 08:51:13
Delivered Date:	2020/03/21 08:51:20
Message Flags:	Unread

From:	Oakley, Caitlin B. (OS/ASPA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=E5EE4C35534C4AF9BDAC46789C034790-OAKLEY, CAI>
To:	Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Murphy, Ryan (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; McKeogh, Katherine (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c652f2c415b44dff8369dd7f4596f030-McKeogh, Ka>
Subject:	WaPo: U.S. intelligence reports from January and February warned about a likely pandemic
Date:	2020/03/21 08:52:22
Priority:	Normal
Type:	Note

U.S. intelligence reports from January and February warned about a likely pandemic

By

Shane Harris,

Greg Miller,

Josh Dawsey and

Ellen Nakashima

March 20, 2020 at 8:10 p.m. EDT

U.S. intelligence agencies were issuing ominous, classified warnings in January and February about the global danger posed by the coronavirus while President Trump and lawmakers played down the threat and failed to take action that might have slowed the spread of the pathogen, according to U.S. officials familiar with spy agency reporting.

The intelligence reports didn't predict when the virus might land on U.S. shores or recommend particular steps that public health officials should take, issues outside the purview of the intelligence agencies. But they did track the spread of the virus in China, and later in other countries, and warned that Chinese officials appeared to be minimizing the severity of the outbreak.

Taken together, the reports and warnings painted an early picture of a virus that showed the characteristics of a globe-encircling pandemic that could require governments to take swift actions to contain it. But despite that constant flow of reporting, Trump continued publicly and privately to play down the threat the virus posed to Americans. Lawmakers, too, did not grapple with the virus in earnest until this month, as officials scrambled to keep citizens in their homes and hospitals braced for a surge in patients suffering from covid-19, the disease caused by the coronavirus.

Intelligence agencies “have been warning on this since January,” said a U.S. official who had access to intelligence reporting that was disseminated to members of Congress and their staffs as well as to officials in the Trump administration, and who, along with others, spoke on the condition of anonymity to describe sensitive information.

“Donald Trump may not have been expecting this, but a lot of other people in the government were — they just couldn’t get him to do anything about it,” this official said. “The system was blinking red.”

Spokespeople for the CIA and the Office of the Director of National Intelligence declined to comment, and a White House spokesman rebutted criticism of Trump’s response.

“President Trump has taken historic, aggressive measures to protect the health, wealth and safety of the American people — and did so, while the media and Democrats chose to only focus on the stupid politics of a sham illegitimate impeachment,” Hogan Gidley said in a statement. “It’s more than disgusting, despicable and disgraceful for cowardly unnamed sources to attempt to rewrite history — it’s a clear threat to this great country.”

Public health experts have criticized China for being slow to respond to the coronavirus outbreak, which originated in Wuhan, and have said precious time was lost in the effort to slow the spread. At a White House briefing Friday, Health and Human Services Secretary Alex Azar said officials had been alerted to the initial reports of the virus by discussions that the director of the Centers for Disease Control and Prevention had with Chinese colleagues on Jan. 3.

The warnings from U.S. intelligence agencies increased in volume toward the end of January and into early February, said officials familiar with the reports. By then, a majority of the intelligence reporting included in daily briefing papers and digests from the Office of the Director of National Intelligence and the CIA was about covid-19, said officials who have read the reports.

The surge in warnings coincided with a move by Sen. Richard Burr (R-N.C.) to sell dozens of stocks worth between \$628,033 and \$1.72 million. As chairman of the Senate Intelligence Committee, Burr was privy to virtually all of the highly classified reporting on the coronavirus. Burr issued a statement Friday defending his sell-off, saying he sold based entirely on publicly available information, and he called for the Senate Ethics Committee to investigate.

A key task for analysts during disease outbreaks is to determine whether foreign officials are trying to minimize the effects of an outbreak or take steps to hide a public health crisis, according to current and former officials familiar with the process.

At the State Department, personnel had been nervously tracking early reports about the virus. One official noted that it was discussed at a meeting in the third week of January, around the time that cable traffic showed that U.S. diplomats in Wuhan were being brought home on chartered planes — a sign that the public health risk was significant. A

colleague at the White House mentioned how concerned he was about the transmissibility of the virus.

“In January, there was obviously a lot of chatter,” the official said.

Inside the White House, Trump’s advisers struggled to get him to take the virus seriously, according to multiple officials with knowledge of meetings among those advisers and with the president.

Azar couldn’t get through to Trump to speak with him about the virus until Jan. 18, according to two senior administration officials. When he reached Trump by phone, the president interjected to ask about vaping and when flavored vaping products would be back on the market, the senior administration officials said.

On Jan. 27, White House aides huddled with then-acting chief of staff Mick Mulvaney in his office, trying to get senior officials to pay more attention to the virus, according to people briefed on the meeting. Joe Grogan, the head of the White House Domestic Policy Council, argued that the administration needed to take the virus seriously or it could cost the president his reelection, and that dealing with the virus was likely to dominate life in the United States for many months.

Mulvaney then began convening more regular meetings. In early briefings, however, officials said Trump was dismissive because he did not believe that the virus had spread widely throughout the United States.

By early February, Grogan and others worried that there weren’t enough tests to determine the rate of infection, according to people who spoke directly to Grogan. Other officials, including Matthew Pottinger, the president’s deputy national security adviser, began calling for a more forceful response, according to people briefed on White House meetings.

But Trump resisted and continued to assure Americans that the coronavirus would never run rampant as it had in other countries.

“I think it’s going to work out fine,” Trump said on Feb. 19. “I think when we get into April, in the warmer weather, that has a very negative effect on that and that type of a virus.”

“The Coronavirus is very much under control in the USA,” Trump tweeted five days later. “Stock Market starting to look very good to me!”

But earlier that month, a senior official in the Department of Health and Human Services delivered a starkly different message to the Senate Intelligence Committee, in a classified briefing that four U.S. officials said covered the coronavirus and its global health implications.

Robert Kadlec, the assistant secretary for preparedness and response — who was joined by intelligence officials, including from the CIA — told committee members that the virus posed a “serious” threat, one of those officials said.

Kadlec didn’t provide specific recommendations, but he said that to get ahead of the virus and blunt its effects, Americans would need to take actions that could disrupt their daily lives, the official said. “It was very alarming.”

Trump’s insistence on the contrary seemed to rest in his relationship with China’s President Xi Jinping, whom Trump believed was providing him with reliable information about how the virus was spreading in China, despite reports from intelligence agencies that Chinese officials were not being candid about the true scale of the crisis.

Some of Trump’s advisers told him that Beijing was not providing accurate numbers of people who were infected or who had died, according to administration officials. Rather than press China to be more forthcoming, Trump publicly praised its response.

“China has been working very hard to contain the Coronavirus,” Trump tweeted Jan. 24. “The United States greatly appreciates their efforts and transparency. It will all work out well. In particular, on behalf of the American People, I want to thank President Xi!”

Some of Trump’s advisers encouraged him to be tougher on China over its decision not to allow teams from the CDC into the country, administration officials said.

In one February meeting, the president said that if he struck a tougher tone against Xi, the Chinese would be less willing to give the Americans information about how they were tackling the outbreak.

Trump on Feb. 3 banned foreigners who had been in China in the previous 14 days from entering the United States, a step he often credits for helping to protect Americans against the virus. He has also said publicly that the Chinese weren’t honest about the effects of the virus. But that travel ban wasn’t accompanied by additional significant steps to prepare for when the virus eventually infected people in the United States in great numbers.

As the disease spread beyond China, U.S. spy agencies tracked outbreaks in Iran, South Korea, Taiwan, Italy and elsewhere in Europe, the officials familiar with those reports said. The majority of the information came from public sources, including news reports and official statements, but a significant portion also came from classified intelligence sources. As new cases popped up, the volume of reporting spiked.

As the first cases of infection were confirmed in the United States, Trump continued to insist that the risk to Americans was small.

“I think the virus is going to be — it’s going to be fine,” he said on Feb. 10.

“We have a very small number of people in the country, right now, with it,” he said four days later. “It’s like around 12. Many of them are getting better. Some are fully recovered already. So we’re in very good shape.”

On Feb. 25, Nancy Messonnier, a senior CDC official, sounded perhaps the most significant public alarm to that point, when she told reporters that the coronavirus was likely to spread within communities in the United States and that disruptions to daily life could be “severe.” Trump called Azar on his way back from a trip to India and complained that Messonnier was scaring the stock markets, according to two senior administration officials.

Trump eventually changed his tone after being shown statistical models about the spread of the virus from other countries and hearing directly from Deborah Birx, the coordinator of the White House coronavirus task force, as well as from chief executives last week rattled by a plunge in the stock market, said people familiar with Trump’s conversations.

But by then, the signs pointing to a major outbreak in the United States were everywhere.

Yasmeen Abutaleb contributed to this report.

Sender:	Oakley, Caitlin B. (OS/ASPA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=E5EE4C35534C4AF9BDAC46789C034790-OAKLEY, CAI>
Recipient:	Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Murphy, Ryan (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; McKeogh, Katherine (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c652f2c415b44dff8369dd7f4596f030-McKeogh, Ka>
Sent Date:	2020/03/21 08:52:21
Delivered Date:	2020/03/21 08:52:22

From:	Devereaux Sellers <(b)(6)@gmail.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 09:02:18
Priority:	Normal
Type:	Note

Devereaux Sellers

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

The federal Clinical Laboratory Improvement Advisory Committee recently recommended allowing qualified professionals to review and interpret digital images remotely when data is exchanged via a secure connection but CMS has not yet authorized this policy. Many U.S. laboratories have well-validated digital systems to allow for quality remote diagnosis using secure virtual personal networks (VPNs). Given dire shortages of pathologists and laboratory personnel at many laboratories and the need to follow the President's call for social distancing, CLIA is unnecessarily putting our work force at risk and imposing barriers to optimal patient care.

Given that HHS just provided other physician specialties with the flexibility to provide telemedicine services, pathologists and laboratory professionals should also be allowed the same flexibility. I request expedited consideration of this request to ensure laboratories can promptly respond to our patients' needs now.

Sincerely,

Devereaux Sellers, M.D., M.B.A.

Sender:	Devereaux Sellers <(b)(6)@gmail.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 09:01:13
Delivered Date:	2020/03/21 09:02:18
Message Flags:	Unread

From:	James Madory <(b)(6)@muscul.edu>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 09:02:18
Priority:	Normal
Type:	Note

James Madory

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March 21, 2020

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Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 09:01:13
Delivered Date:	2020/03/21 09:02:18
Message Flags:	Unread

From:	Lunette Bordonaro <(b)(6)@yahoo.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 09:02:25
Priority:	Normal
Type:	Note

Lunette Bordonaro

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

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Sincerely,
Lunette Bordonaro

Sender:	Lunette Bordonaro <(b)(6)@yahoo.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 09:01:13
Delivered Date:	2020/03/21 09:02:25
Message Flags:	Unread

From:	Elizabeth Dellers <(b)(6)@man.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 09:03:28
Priority:	Normal
Type:	Note

Elizabeth Dellers

(b)(6)

March 21, 2020

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Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

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Sender:	Elizabeth Dellers <(b)(6)@man.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 09:01:13
Delivered Date:	2020/03/21 09:03:28
Message Flags:	Unread

From:	Sheila Davis <s.davis@christushealth.org>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 09:12:25
Priority:	Normal
Type:	Note

Sheila Davis
638 Moak Ln
Orange, TX 77632

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

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Sincerely,
Sheila Davis

Sender:	Sheila Davis <s.davis@christushealth.org>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 09:11:13
Delivered Date:	2020/03/21 09:12:25
Message Flags:	Unread

From:	Hui Wen Wang <(b)(6)@rush.edu>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 09:13:45
Priority:	Normal
Type:	Note

Hui Wen Wang

(b)(6)

March 21, 2020

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Sincerely,

Hui Wen Wang

Sender:	Hui Wen Wang <(b)(6)@rush.edu>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 09:11:14
Delivered Date:	2020/03/21 09:13:45
Message Flags:	Unread

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=41F672E2527B4F44891FB4FBE08CDFDF-WRIGHT, JAN>
To:	Sherman, Jennifer (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f30fe7fae664419fa654b20edccb1e78-Sherman, Je>
CC:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Subject:	RE: Invitation to speak virtually
Date:	2020/03/21 09:11:36
Priority:	Normal
Type:	Note

Thx. On it

From: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Sent: Saturday, March 21, 2020 9:11 AM
To: Wright, Janet (HHS/OASH) <Janet.Wright@HHS.GOV>
Cc: Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>
Subject: Re: Invitation to speak virtually

I have not heard either.

Sent from my iPhone

On Mar 21, 2020, at 9:09 AM, Wright, Janet (HHS/OASH) <Janet.Wright@hhs.gov>wrote:

Have not heard back from IEA.
Jenn, if you have not heard, I will re-ping.

From: Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>
Sent: Saturday, March 21, 2020 9:03 AM
To: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>; Wright, Janet (HHS/OASH) <Janet.Wright@HHS.GOV>
Subject: Fwd: Invitation to speak virtually

VADM Jerome Adams
20th US Surgeon General

Begin forwarded message:

From: Randi Weingarten <(b)(6)@gmail.com>
Date: March 21, 2020 at 8:23:26 AM EDT
To: "Adams, Jerome (HHS/OASH)" <Jerome.Adams@hhs.gov>
Subject: Re: Invitation to speak virtually

Thanks
Just checking back.

Randi

Sent from my iPhone

On Mar 17, 2020, at 9:06 PM, Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>wrote:

Received. Will run it through my chain of command and get back to you as soon as possible.
Thank you!

VADM Jerome Adams
20th US Surgeon General

On Mar 17, 2020, at 4:16 PM, Randi Weingarten <(b)(6)@gmail.com>wrote:

Surgeon General Adams,

Dr Adams. Your voice is one of the most important for health care workers to hear from in the midst of this uncharted and unprecedented coronavirus pandemic.

As we represent 1.7 million members nationally, including almost 300,000 health care workers by this email I am asking if you can participate in a telephone town hall with our members, each of whom would benefit deeply with having the opportunity to hear advice from you as a frontline leader.

Our healthcare professionals in numerous COVID-19 hotspots including Washington State and New York . They are extremely worried about their ability to perform their jobs, while staying safe. Our members in Washington have run out of both N-95 and surgical masks and are on the verge of running out surgical gowns – despite receiving some supplies from the national stockpile. Our K-12, Higher Education and in public service members are deeply concerned about the questions others are asking: the basics of the virus from prevention to transmission and treatment and what we can do to help maintain their and their communities health, safety and well being.

This can't be a partisan fight. We must be all in on fighting coronavirus. . Even if you're not able to provide all of the answers, having our members know that the nation's chief health official is willing to take the time to hear their concerns is an important step in alleviating anxiety and helping to ensure that frontline workers are able to address this crisis as effectively as possible.

I look forward to arranging a time to host a town-hall that is convenient for your full schedule and thank you for considering this invitation.

Very truly yours,

Randi Weingarten

Sent from my iPhone

Sender:	Wright, Janet (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=41F672E2527B4F44891FB4FBE08CDFDF-WRIGHT, JAN>
Recipient:	Sherman, Jennifer (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f30fe7fae664419fa654b20edccb1e78-Sherman, Je>; Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Sent Date:	2020/03/21 09:11:35
Delivered Date:	2020/03/21 09:11:36
Message Flags:	Unread

From:	Sharpless, Norman (NIH/NCI) [E] <norman.sharpless@nih.gov>
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.SPDLT)/cn=Recipients/cn=c145629cc8ac4858bf1f0ce5dd0461dc-AMA2!>
CC:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	Re: Email to Secretary Azar re: Genentech Actemra Donation
Date:	2020/03/21 09:11:44
Priority:	Normal
Type:	Note

Will do

Norman E. Sharpless MD
Director, the National Cancer Institute

On Mar 21, 2020, at 8:24 AM, AMA2 (OS/IOS) <(b)(6)>@hhs.gov>wrote:

Absolutely. (b)(5)

On Mar 21, 2020, at 7:57 AM, Sharpless, Norman (NIH/NCI) [E]
<norman.sharpless@nih.gov>wrote:

(b)(5), (b)(3):42 U.S.C. § 247d-6b(d)

Pre-decisional / FOUO / Deliberative

From: AMA2 (OS/IOS) <(b)(6)>@HHS.GOV>
Sent: Friday, March 20, 2020 8:53 PM
To: Sharpless, Norman (NIH/NCI) [E] <norman.sharpless@nih.gov>
Cc: Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>
Subject: Fwd: Email to Secretary Azar re: Genentech Actemra Donation

What a coincidence!

Begin forwarded message:

From: "Harrison, Brian (HHS/IOS)" <Brian.Harrison@hhs.gov>
Date: March 20, 2020 at 8:47:12 PM EDT
To: "AMA2 (OS/IOS)" <(b)(6)@HHS.GOV>
Cc: "Charrow, Robert (HHS/OGC)" <Robert.Charrow@hhs.gov>, "Kadlec, Robert (OS/ASPR/IO)" <Robert.Kadlec@hhs.gov>, "Giroir, Brett (HHS/OASH)" <Brett.Giroir@hhs.gov>, "Stecker, Judy (OS/IOS)" <Judy.Stecker@hhs.gov>, "Mango, Paul (HHS/IOS)" <Paul.Mango@hhs.gov>
Subject: Fwd: Email to Secretary Azar re: Genentech Actemra Donation

Begin forwarded message:

From: Jennifer Young <jyoung@tdyllc.com>
Date: March 20, 2020 at 8:43:30 PM EDT
To: "Harrison, Brian (HHS/IOS)" <Brian.Harrison@hhs.gov>, "Stecker, Judy (OS/IOS)" <Judy.Stecker@hhs.gov>, "Steele, Danielle (HHS/IOS)" <Danielle.Steele@hhs.gov>
Subject: Email to Secretary Azar re: Genentech Actemra Donation

(b)(3):42 U.S.C. § 247d-6b(d)

With thanks,
Jennifer

Dear Secretary Azar:

(b)(3):42 U.S.C. § 247d-6b(d)

Sincerely,
<image001.png>

Alexander Hardy
CEO Genentech, Inc.
(b)(6) - mobile

hardy.alexander@gene.com

(b)(3):42 U.S.C. § 247d-6b(d)

Sender:	Sharpless, Norman (NIH/NCI) [E] <norman.sharpless@nih.gov>
Recipient:	AMA2 (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c145629cc8ac4858bf1f0ce5dd0461dc-AMA2!>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Sent Date:	2020/03/21 09:11:38
Delivered Date:	2020/03/21 09:11:44

From:	<j.arteaga@netzero.net>
	GOP/RNC (Grand Olde Party/Republican National Committee) <contact@mccconnell.senate.gov>; GOP/RNC (Grand Olde Party/Republican National Committee) <ecampaign@gop.com>; Nellwyn Thomas <nellwny.thomas@democrats.org>; Nellwyn Thomas <Stenyhoyer@mail.house.gov>; Nellwyn Thomas <Nancypelosi@mail.house.gov>; Morgan Reed <Morgan.Reed@azdoa.gov>; Morgan Reed <sosadmin@azsos.gov>; Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>; Andrew Wheeler <Wheeler.andrew@Epa.gov>; Ben Carson <ben.carson@hud.gov>; Chad Wolf <dhsexecsec@hq.dhs.gov>; Dan Brouillette <dan.brouillette@energy.gov>; David Bernhardt <david.berhardt@ios.doi.gov>; Elaine Chao <elaine.chao@dot.gov>; Elisabeth "Betsy" Prince DeVos <betsy.devos@ed.gov>; Eugene Scalia <executivesecretariat@dol.gov>; Federal Whistleblower <'DHSOIGHOTLINE@dhs.gov'>; Gina Haspel, Director of CIA <gina.haspel@cia.gov>; John Edwards <john.edwards@cia.gov>; Joseph Maguire <joseph.maguire@dni.gov>; Jovita Carranza (SBA) <jovita.carranza@sba.gov>; Kelly Craft <kelly.craft@un.org>; To: Kevin Hassett <kevin.hassett@whitehouse.gov>; Mark Esper <mark.esper@defense.gov>; Matthew Whitaker <matthew.whitaker@justice.gov>; Megan Smith <(b)(6)@ostp.eop.gov>; Mick Mulvaney <info@mickmulvaney.gov>; Mike Pence <info@mike.pence.com>; Mike Pompeo <mike.pompeo@state.gov>; Peter Navarro <peter.navarro@whitehouse.gov>; President Donald Trump <info@donaldtrump.com>; Robert E. Lighthizer <(b)(6)@ustr.eop.gov>; Robert Wilkie <robert.wilkie@va.gov>; Russ Vought <(b)(6)@omb.eop.gov>; Sonny Perdue <sonny.perdue@usda.gov>; Steve Mnuchin <steve.mnuchin@treasury.gov>; Wilbur Ross <wilbur.ross@commerce.gov>; William Barr, Attorney General <william.barr@justice.gov>; Governor Doug Ducey <engage@az.gov>; Krysten Sinema <contact@sinema.senate.gov>; Lupe Contreras <DEspinoza@azleg.gov>; Lupe Contreras <lcontreras@azleg.gov>; Lupe Contreras <LSierra@azleg.gov>; Mark Brnovich <Mark.Brnovich@azag.gov>; Martha McSally <Senator_McSally@McSally.senate.gov>; Ruben Gallego <'Rubengallego@mail.house.gov'>
CC:	<'tima@kxly.com'>; <'info@kxly.com'>; <'News4@kxly.com'>; <'contact@embtv.com'>; <'elizabeth.burns@morganmurphymedia.com'>; <'jill.shiroma@morganmurphymedia.com'>
Subject:	Demonstrating WNS cyber security effectiveness
Date:	2020/03/21 09:14:31
Priority:	Normal
Type:	Note

Póngase en contacto con Servicio Comercial de EE.UU. <https://2016.export.gov/usoffices/index.asp> o *Web Network Shield* (WNS) 480-318-8020 o 418-271-6176 para una traducción en su idioma de elección.

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(March 17, 2020) <https://www.kxly.com/i/the-coronavirus-is-creating-an-enormous-stress-test-of-americas-internet/>

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- Provides a browser speed not throttled by spyware and/or extensions used to track user activity;
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The WNS web browser is free to download.¹ Contact your Representative <https://www.house.gov/representatives/find-your-representative>, Senator https://www.senate.gov/general/contact_information/senators_cfm.cfm, U. S. Commercial Service <https://2016.export.gov/usoffices/index.asp> or Web Network Shield 480-318-8020 to protect your devices and information.

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01010111 01001110 01010011 00100000 01100101 01100001 01110010 01101100 01101001
01100101 01110010 00101110

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Recipient:	GOP/RNC (Grand Olde Party/Republican National Committee) <contact@mccconnell.senate.gov>; GOP/RNC (Grand Olde Party/Republican National Committee) <ecampaign@gop.com>; Nellwyn Thomas <nellwny.thomas@democrats.org>; Nellwyn Thomas <Stenyhoyer@mail.house.gov>; Nellwyn Thomas <Nancypelosi@mail.house.gov>; Morgan Reed <Morgan.Reed@azdoa.gov>; Morgan Reed <sosadmin@azsos.gov>; Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>; Andrew Wheeler <Wheeler.andrew@Epa.gov>; Ben Carson <ben.carson@hud.gov>; Chad Wolf <dhsexecsec@hq.dhs.gov>; Dan Brouillette <dan.brouillette@energy.gov>; David Bernhardt <david.berhardt@ios.doi.gov>; Elaine Chao <elaine.chao@dot.gov>; Elisabeth "Betsy" Prince DeVos <betsy.devos@ed.gov>; Eugene Scalia <executivesecretariat@dol.gov>; Federal Whistleblower <'DHSOIGHOTLINE@dhs.gov'>; Gina Haspel, Director of CIA <gina.haspel@cia.gov>; John Edwards <john.edwards@cia.gov>; Joseph Maguire <joseph.maguire@dni.gov>; Jovita Carranza (SBA) <jovita.carranza@sba.gov>; Kelly Craft <kelly.craft@un.org>; Kevin Hassett <kevin.hassett@whitehouse.gov>; Mark Esper <mark.esper@defense.gov>; Matthew Whitaker <matthew.whitaker@justice.gov>; Megan Smith <(b)(6)@postp.eop.gov>; Mick Mulvaney <info@mickmulvaney.gov>; Mike Pence <info@mike.pence.com>; Mike Pompeo <mike.pompeo@state.gov>; Peter Navarro <peter.navarro@whitehouse.gov>; President Donald Trump <info@donaldtrump.com>; Robert E. Lighthizer <(b)(6)@ustr.eop.gov>; Robert Wilkie <robert.wilkie@va.gov>; Russ Vought <(b)(6)@omb.eop.gov>; Sonny Perdue <sonny.perdue@usda.gov>; Steve Mnuchin <steve.mnuchin@treasury.gov>; Wilbur Ross <wilbur.ross@commerce.gov>;

William Barr, Attorney General <william.barr@justice.gov>;
Governor Doug Ducey <engage@az.gov>;
Krysten Sinema <contact@sinema.senate.gov>;
Lupe Contreras <DEspinoza@azleg.gov>;
Lupe Contreras <lcontreras@azleg.gov>;
Lupe Contreras <LSierra@azleg.gov>;
Mark Brnovich <Mark.Brnovich@azag.gov>;
Martha McSally <Senator_McSalley@McSally.senate.gov>;
Ruben Gallego <'Rubengallego@mail.house.gov'>;
<'tima@kxly.com'>;
<'info@kxly.com'>;
<'News4@kxly.com'>;
<'contact@embtv.com'>;
<'elizabeth.burns@morganmurphymedia.com'>;
<'jill.shiroma@morganmurphymedia.com'>

Sent Date: 2020/03/21 09:12:25

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CC:	<'tima@kxly.com'>; <'info@kxly.com'>; <'News4@kxly.com'>; <'contact@embtv.com'>; <'elizabeth.burns@morganmurphymedia.com'>; <'jill.shiroma@morganmurphymedia.com'>
Subject:	Demonstrating WNS cyber security effectiveness
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William Barr, Attorney General <william.barr@justice.gov>;
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Lupe Contreras <lcontreras@azleg.gov>;
Lupe Contreras <LSierra@azleg.gov>;
Mark Brnovich <Mark.Brnovich@azag.gov>;
Martha McSally <Senator_McSalley@McSally.senate.gov>;
Ruben Gallego <'Rubengallego@mail.house.gov'>;
<'tima@kxly.com'>;
<'info@kxly.com'>;
<'News4@kxly.com'>;
<'contact@embtv.com'>;
<'elizabeth.burns@morganmurphymedia.com'>;
<'jill.shiroma@morganmurphymedia.com'>

Sent Date: 2020/03/21 09:12:25

Delivered Date: 2020/03/21 09:14:31

From:	marcia gray (b)(6)@gmail.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 09:21:22
Priority:	Normal
Type:	Note

marcia gray

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

The federal Clinical Laboratory Improvement Advisory Committee recently recommended allowing qualified professionals to review and interpret digital images remotely when data is exchanged via a secure connection but CMS has not yet authorized this policy. Many U.S. laboratories have well-validated digital systems to allow for quality remote diagnosis using secure virtual personal networks (VPNs). Given dire shortages of pathologists and laboratory personnel at many laboratories and the need to follow the President's call for social distancing, CLIA is unnecessarily putting our work force at risk and imposing barriers to optimal patient care.

Given that HHS just provided other physician specialties with the flexibility to provide telemedicine services, pathologists and laboratory professionals should also be allowed the same flexibility. I request expedited consideration of this request to ensure laboratories can promptly respond to our patients' needs now.

Sincerely,
marcia gray

Sender:	marcia gray (b)(6)@gmail.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 09:21:14
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From:	Becky Dean (b)(6)@vumc.org>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 09:33:20
Priority:	Normal
Type:	Note

Becky Dean

(b)(6)

March 21, 2020

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To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 09:34:01
Priority:	Normal
Type:	Note

Tarah Ranke

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

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Given that HHS just provided other physician specialties with the flexibility to provide telemedicine services, pathologists and laboratory professionals should also be allowed the same flexibility. I request expedited consideration of this request to ensure laboratories can promptly respond to our patients' needs now.

Sincerely,
Tarah Ranke

Sender:	Tarah Ranke (b)(6)@gmail.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 09:31:15
Delivered Date:	2020/03/21 09:34:01
Message Flags:	Unread

From:	Lori Kihm (b)(6) @gmail.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 09:34:02
Priority:	Normal
Type:	Note

Lori Kihm

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

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Sincerely,
Lori Kihm

Sender:	Lori Kihm (b)(6) @gmail.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 09:31:15
Delivered Date:	2020/03/21 09:34:02
Message Flags:	Unread

From:	David Park (b)(6) @GMAIL.COM>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 09:36:01
Priority:	Normal
Type:	Note

David Park

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

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Sincerely,
David Park

Sender:	David Park (b)(6) @GMAIL.COM>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 09:31:15
Delivered Date:	2020/03/21 09:36:01
Message Flags:	Unread

From:	Pence, Laura (HHS/ASL) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D1027E80D2334093870FDB436C5576CD-PENCE, LAUR>
To:	Jaime <jaime@votejaime.com>
CC:	Jordan Evich <Jordan.Evich@mail.house.gov>; Pam Peiper <Pam.Peiper@mail.house.gov>
Subject:	RE: Thank you
Date:	2020/03/21 09:35:56
Priority:	Normal
Type:	Note

Hi Congresswoman Herrera Beutler,

Thank you for following up with this information. I'm moving Dr. Kadlec to bcc to hopefully help with his inbox. We will follow up on the PPE issue, but in the meantime I wanted to make sure you and your constituents have some resources for testing supplies and viral transport media. The companies listed below are able to provide swabs, and I've also included an FDA hotline and FAQ below that addresses the transport medium issue you raised. In short, providers or labs can call the FDA hotline regarding any testing issues, but the FAQ also has suggestions for labs having difficulty obtaining viral transport media (<https://www.fda.gov/medical-devices/emergency-situations-medical-devices/faqs-diagnostic-testing-sars-cov-2#troubleobtainingviraltransport>).

Companies Providing Swabs:

Copan Diagnostics
26055 Jefferson Avenue Murrieta, CA 92562
800-216-4016

Becton, Dickinson and Company
1 Becton Drive
Franklin Lakes, NJ 07417-1880
Phone: 201.847.6800

Thermo Fisher Scientific
168 Third Avenue | Waltham, MA 02451
781-622-1000
800-678-5599

Princeton BioMeditech Corporation
P.O. Box 7139, Princeton, New Jersey 08543-7139 U.S.A. Tel: (732) 274-1000
4242 U.S. Route 1, Monmouth Junction, New Jersey 08852-1905 U.S.A. Fax: (732) 274-1010
Internet E-mail: info@pbmc.com
World Wide Web: <https://protect2.fireeye.com/url?k=838eecb0-dfdaf5cc-838edd8f-0cc47adc5fa2-982196ed5078e706&u=https://protect2.fireeye.com/url?k=8ce4f646-d0b0ef3a-8ce4c779-0cc47adc5fa2-6d424e887a2fb0e6&u=http://www.pbmc.com/>

Lastly, FDA's hotline (1-888-INFO-FDA) is available 24 hours a day for labs to call regarding difficulties obtaining supplies for collecting patient samples for COVID-19 testing, including swabs, media needed for transport, and conservation of the samples. with any questions related to diagnostic development. FDA also has an FAQ that might be helpful: <https://www.fda.gov/medical-devices/emergency-situations-medical-devices/faqs-diagnostic-testing-sars-cov-2>

Best,

Laura Pence
Deputy Assistant Secretary for Legislation, Discretionary Health
U.S. Department of Health and Human Services
(202) 690-7538

-----Original Message-----

From: Jaime <jaime@votejaime.com>
Sent: Saturday, March 21, 2020 3:31 AM
To: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>

Cc: Pence, Laura (HHS/ASL) <Laura.Pence@hhs.gov>; Jordan Evich <Jordan.Evich@mail.house.gov>; Pam Peiper <Pam.Peiper@mail.house.gov>
Subject: Thank you

Dr Kadlec,

I really appreciate you making WA State a priority and for taking the time to personally brief us. Even though some seemed to be speaking for the entire WA delegation, they were not. Some of us are grateful for your leadership and effort.

You mentioned putting me in touch with someone who could help us get some of the PPE and test kits that are being sent to the state from the stockpile. To date, we have received NONE of the federal supplies (or whatever the state had for that matter) and we are two days from running out completely (our biggest hospital is fashioning their own PPE).

I have asked John Weisman for tests and I've asked the Governor for a higher priority designation - both to no avail.

Also, I have identified a lab in district that can run tests but does not have transport mediums.

Can you please assist us with getting 500 tests out of the 4,000 you are sending to the state? We have the second highest population of seniors in the state and have had three deaths and more are, unfortunately, coming. We have been distancing - but I have nursing homes that have had positive patients (who died) and the other patients have not been tested. I also have health staff who think they are exposed but are not able to be tested. I think we could be the next 'house on fire' if we are not able to identify our hotspots.

Any help you can provide is most appreciated!

Thank you again,

- Jaime Herrera Beutler

C: (b)(6)

Misspellings sent from my iPhone

Sender:	Pence, Laura (HHS/ASL) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D1027E80D2334093870FDB436C5576CD-PENCE, LAUR>
Recipient:	Jaime <jaime@votejaime.com>; Jordan Evich <Jordan.Evich@mail.house.gov>; Pam Peiper <Pam.Peiper@mail.house.gov>
Sent Date:	2020/03/21 09:35:54
Delivered Date:	2020/03/21 09:35:56
Message Flags:	Unread

From:	Rita Eckes <(b)(6)@aol.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 09:42:29
Priority:	Normal
Type:	Note

Rita Eckes

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

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Sincerely,
Rita Eckes

Sender:	Rita Eckes <(b)(6)@aol.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 09:41:16
Delivered Date:	2020/03/21 09:42:29
Message Flags:	Unread

From:	Kim Morere <(b)(6)@gmail.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 09:42:30
Priority:	Normal
Type:	Note

Kim Morere

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

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Sender:	Kim Morere <(b)(6)@gmail.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 09:41:16
Delivered Date:	2020/03/21 09:42:30
Message Flags:	Unread

From:	Jenny Beckman <(b)(6)@hotmail.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 09:42:44
Priority:	Normal
Type:	Note

Jenny Beckman

(b)(6)

March 21, 2020

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Jenny Beckman

Sender:	Jenny Beckman <(b)(6)@hotmail.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 09:41:16
Delivered Date:	2020/03/21 09:42:44
Message Flags:	Unread

From:	Indu Agarwal <(b)(6)@yahoo.co.in>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 09:51:21
Priority:	Normal
Type:	Note

Indu Agarwal
Department of Pathology, Northwestern Memorial hospital
Chicago, IL 60611

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

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Sincerely,
Indu Agarwal

Sender:	Indu Agarwal <(b)(6)@yahoo.co.in>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 09:51:17
Delivered Date:	2020/03/21 09:51:21
Message Flags:	Unread

From:	Rosanne Lesh (b)(6)@gmail.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 09:51:24
Priority:	Normal
Type:	Note

Rosanne Lesh

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

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Sincerely,

Rosanne Lesh

Sender:	Rosanne Lesh (b)(6)@gmail.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 09:51:17
Delivered Date:	2020/03/21 09:51:24
Message Flags:	Unread

From:	Alyssa Kinney <(b)(6)@gmail.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 10:11:24
Priority:	Normal
Type:	Note

Alyssa Kinney

(b)(6)

March 21, 2020

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Dear Administrator Verma:

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Sincerely,
Alyssa Kinney

Sender:	Alyssa Kinney <(b)(6)@gmail.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 10:11:19
Delivered Date:	2020/03/21 10:11:24
Message Flags:	Unread

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F0892A057F83497E9390288C813B61D9-STANNARD, P>
To:	Bird, Catherine (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb9d9180497c49c4a06a0dd1f6043dc7-Bird, Cathe>; Charrow, Robert (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00531138af454ce3ac0b5885bead345f-Charrow, Ro>
CC:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Puesan, Cesar (HHS/OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1704b662180d4631b7b64cb17de301cd-Puesan Juar>; Apple, Matthew (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b2d31099399446eab9bff69d52880932-Apple, Matt>
Subject:	RE: Quick Review: COVID-19 Anti-hoarding EO
Date:	2020/03/21 10:19:08
Priority:	Normal
Type:	Note

I have reviewed and don't have any comments or suggested edits at this point.

Paula

From: Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>
Sent: Saturday, March 21, 2020 9:53 AM
To: Charrow, Robert (HHS/OGC) <Robert.Charrow@hhs.gov>; Stannard, Paula (HHS/IOS) <Paula.Stannard@hhs.gov>
Cc: Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Puesan, Cesar (HHS/OS/IOS) <Cesar.Puesan@hhs.gov>; Apple, Matthew (HHS/IOS) <Matthew.Apple@hhs.gov>
Subject: FW: Quick Review: COVID-19 Anti-hoarding EO
Importance: High

Bob/Paula,

(b)(5)

Thank you,
Catherine

From: Puesan, Cesar (HHS/OS/IOS) <Cesar.Puesan@hhs.gov>
Sent: Saturday, March 21, 2020 9:46 AM
To: OS OGC-IO ControlDesk (HHS/OS/OGC) <ControlDesk.OGCIO@hhs.gov>; Barry, Daniel J (HHS/OGC) <daniel.barry@hhs.gov>; Keveney, Sean (HHS/OGC) <Sean.Keveney@hhs.gov>; Chang, William (HHS/OGC) <William.Chang@hhs.gov>; Strom, John (HHS/OGC) <John.Strom@hhs.gov>; Hecht, Jonah (HHS/OGC) <Jonah.Hecht@hhs.gov>; ASPR Exec Sec (OS/ASPR) <ASPRExecSec@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; OASHIO

Control Desk (OS/OASH) <OASHIOControlDesk@hhs.gov>; Campbell, Taylor (OS/OASH) <Taylor.Campbell@hhs.gov>; Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Stannard, Paula (HHS/IOS) <Paula.Stannard@hhs.gov>; Horska, Katerina (HHS/IOS) <Katerina.Horska@hhs.gov>
Cc: Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>; Agnew, Ann (HHS/IOS) <Ann.Agnew@hhs.gov>; Brennan, Patrick (OS/ASPA) <Patrick.Brennan@hhs.gov>; Foster, Timothy (OS/ASPA) <Timothy.Foster@hhs.gov>
Subject: Re: Quick Review: COVID-19 Anti-hoarding EO

Following up on this— please let met know if you have any comments or edits.

Thanks

Sent from my iPhone

On Mar 20, 2020, at 7:29 PM, Puesan, Cesar (HHS/OS/IOS) <Cesar.Puesan@hhs.gov>wrote:

All,

(b)(5)

Thank you,

<COVID-19 DPA Hoarding DRAFT 3.20.2020 1853.docx>

Sender:	Stannard, Paula (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F0892A057F83497E9390288C813B61D9-STANNARD, P>
Recipient:	Bird, Catherine (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb9d9180497c49c4a06a0dd1f6043dc7-Bird, Cathe>; Charrow, Robert (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00531138af454ce3ac0b5885bead345f-Charrow, Ro>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Puesan, Cesar (HHS/OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1704b662180d4631b7b64cb17de301cd-Puesan Juar>; Apple, Matthew (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b2d31099399446eab9bfff69d52880932-Apple, Matt>
Sent Date:	2020/03/21 10:19:06
Delivered Date:	2020/03/21 10:19:08

From:	Robin McClanathan (b)(6)@aol.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 10:21:35
Priority:	Normal
Type:	Note

Robin McClanathan

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

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Sincerely,
Robin McClanathan

Sender:	Robin McClanathan (b)(6)@aol.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 10:21:19
Delivered Date:	2020/03/21 10:21:35
Message Flags:	Unread

From:	Linda Roney <(b)(6)@triad.rr.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 10:31:27
Priority:	Normal
Type:	Note

Linda Roney
7125 Chapsworth Dr
Trinity, NC 27370

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

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Sender:	Linda Roney <(b)(6)@triad.rr.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 10:31:20
Delivered Date:	2020/03/21 10:31:27
Message Flags:	Unread

From:	Lynh Rowe (b)(6)@gmail.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 10:41:27
Priority:	Normal
Type:	Note

Lynh Rowe

(b)(6)

March 21, 2020

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Dear Administrator Verma:

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Lynh Rowe

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Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 10:41:21
Delivered Date:	2020/03/21 10:41:27
Message Flags:	Unread

From:	Sherman, Jennifer (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F30FE7FAE664419FA654B20EDCCB1E78-SHERMAN, JE>
To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Wright, Janet (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=41f672e2527b4f44891fb4f4be08cdfd-Wright, Jan>; Kotwicki, Lauren (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=54d62ddb3fc4b358ab573ccc13fbbb7-Kotwicki, L>
Subject:	FW: GM joins with Ventec to produce ventilators
Date:	2020/03/21 10:49:07
Priority:	Normal
Type:	Note

FYI

From: POLITICO Pro <politicoemail@politicopro.com>
Sent: Saturday, March 21, 2020 10:48 AM
To: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Subject: GM joins with Ventec to produce ventilators

GM joins with Ventec to produce ventilators

By Tanya Snyder

03/21/2020 10:47 AM EDT

General Motors has entered into a partnership with Ventec Life Systems and a private-sector coronavirus initiative to manufacture ventilators.

The idea for GM to shift to manufacturing medical supplies initially came up during a call with the administration earlier this week when GM officials acknowledged that the company, along with Ford Motor Co. and Fiat Chrysler, would be closing its North American plants because of plummeting sales and employees' health concerns, a company spokesperson said.

“Ventec will leverage GM’s logistics, purchasing and manufacturing expertise to build more of their critically important ventilators,” the three entities said in a statement. They added that the third partner, StopTheSpread.org, “will continue to unite business leaders across the country to collect resources to complement and support government efforts.”

Ventec CEO Chris Kiple said GM’s assistance would help it get “more ventilators to more hospitals much faster.”

The companies did not say whether GM factories or employees would be put to work on ventilator production. They also did not offer any numbers to illustrate the scale of production they expect to be able to achieve.

Separately, Volkswagen said it is also ready to help produce ventilators and other medical

equipment as soon as it receives a directive. The company says it has more than 125 industrial 3D printers that could be used to make medical parts.

“Medical equipment is of course new to us,” a spokesperson said, “but as soon as we know the requirements and receive the corresponding blueprint, we can start.”

Gavin Bade contributed to this report.

To view online:

<https://protect2.fireeye.com/url?k=e03ab76c-bc6e9e47-e03a8653-0cc47a6d17cc-c9245b4f98af21fa&u=https://subscriber.politicopro.com/health-care/whiteboard/2020/03/gm-joins-with-ventec-to-produce-ventilators-3978292>

You received this POLITICO Pro content because your customized settings include: Biotechnology. To change your alert settings, please go to <https://protect2.fireeye.com/url?k=f04439d3-ac1010f8-f04408ec-0cc47a6d17cc-91f51d55597577b7&u=https://subscriber.politicopro.com/settings>.

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This email was sent to jennifer.sherman@hhs.gov by:
POLITICO, LLC
1000 Wilson Blvd.
Arlington, VA 22209
USA

Sender:	Sherman, Jennifer (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F30FE7FAE664419FA654B20EDCCB1E78-SHERMAN, JE>
Recipient:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Wright, Janet (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=41f672e2527b4f44891fb4fbe08cdfd-Wright, Jan>; Kotwicki, Lauren (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=54d62ddb3fc4b358ab573ccc13fbbb7-Kotwicki, L>
Sent Date:	2020/03/21 10:49:06
Delivered Date:	2020/03/21 10:49:07
Message Flags:	Unread

From:	(b)(6)@gmail.com>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	RE: Generex COVID-19 Vaccine - 3 Months to Human Trial
Date:	2020/03/21 10:58:52
Priority:	Normal
Type:	Note

Bob,

I don't know if you made a call or not, but we did hear back from Armen at BARDA. Thanks!

(b)(4)

Kind Regards,

Mike

From: (b)(6)@gmail.com <(b)(6)@gmail.com>
Sent: Friday, March 20, 2020 5:02 PM
To: robert.kadlec@hhs.gov
Subject: FW: Generex COVID-19 Vaccine - 3 Months to Human Trial

Bob,

(b)(4)

(b)(4)

Thank you,

Mike

Kind Regards,

Mike Wernicke
Managing Director
VivAegis Health

M: (b)(6)

From: (b)(6)@gmail.com (b)(6)@gmail.com>

Sent: Thursday, March 19, 2020 2:07 PM

To: rick.bright@hhs.gov

Subject: Generex COVID-19 Vaccine - 3 Months to Human Trial

Rick,

(b)(4)

(b)(4)

(b)(4)

Kind Regards,

Mike Wernicke
Managing Director
VivAegis Health

M: (b)(6)

Sender:	(b)(6)@gmail.com>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Sent Date:	2020/03/21 10:58:34
Delivered Date:	2020/03/21 10:58:52

From:	Jenny Sanchez (b)(6)@hotmail.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 11:11:32
Priority:	Normal
Type:	Note

Jenny Sanchez

(b)(6)

March 21, 2020

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Dear Administrator Verma:

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Sincerely,

Jenny Sanchez

Sender:	Jenny Sanchez (b)(6)@hotmail.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 11:11:23
Delivered Date:	2020/03/21 11:11:32
Message Flags:	Unread

From:	Shaun Feerick <(b)(6)@gmail.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 11:11:32
Priority:	Normal
Type:	Note

Shaun Feerick

(b)(6)

March 21, 2020

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Sender:	Shaun Feerick <(b)(6)@gmail.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 11:11:24
Delivered Date:	2020/03/21 11:11:32
Message Flags:	Unread

From:	Sharpless, Norman (NIH/NCI) [E] <norman.sharpless@nih.gov>
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>
Subject:	FW: Email to Secretary Azar re: Genentech Actemra Donation
Date:	2020/03/21 11:20:00
Priority:	Normal
Type:	Note

Dear Rick and Dr. B

(b)(5); (b)(3):42 U.S.C. § 247d-6b(d)

Happy to discuss by phone if needed.

Thanks

Ned

PS I have attached a manuscript from a Chinese pre-print server on this topic in case you have not seen it. Obviously, this work is not peer-reviewed and should be handled with skepticism.

Norman E. Sharpless, MD
Director, The National Cancer Institute



Pre-decisional / FOUO / Deliberative

From: AMA2 (OS/IOS) <(b)(6)@HHS.GOV>
Sent: Saturday, March 21, 2020 8:24 AM
To: Sharpless, Norman (NIH/NCI) [E] <norman.sharpless@nih.gov>
Cc: Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>
Subject: Re: Email to Secretary Azar re: Genentech Actemra Donation

Absolutely. (b)(5)

On Mar 21, 2020, at 7:57 AM, Sharpless, Norman (NIH/NCI) [E] <norman.sharpless@nih.gov> wrote:

(b)(5); (b)(3); 42 U.S.C. § 247d-6b(d)

Pre-decisional / FOUO / Deliberative

From: AMA2 (OS/IOS) <(b)(6)@HHS.GOV>
Sent: Friday, March 20, 2020 8:53 PM
To: Sharpless, Norman (NIH/NCI) [E] <norman.sharpless@nih.gov>
Cc: Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>
Subject: Fwd: Email to Secretary Azar re: Genentech Actemra Donation

What a coincidence!

Begin forwarded message:

From: "Harrison, Brian (HHS/IOS)" <Brian.Harrison@hhs.gov>
Date: March 20, 2020 at 8:47:12 PM EDT
To: "AMA2 (OS/IOS)" <(b)(6)@HHS.GOV>
Cc: "Charrow, Robert (HHS/OGC)" <Robert.Charrow@hhs.gov>, "Kadlec, Robert (OS/ASPR/IO)" <Robert.Kadlec@hhs.gov>, "Giroir, Brett (HHS/OASH)" <Brett.Giroir@hhs.gov>, "Stecker, Judy (OS/IOS)"

<Judy.Stecker@hhs.gov>, "Mango, Paul (HHS/IOS)" <Paul.Mango@hhs.gov>
Subject: Fwd: Email to Secretary Azar re: Genentech Actemra Donation

Begin forwarded message:

From: Jennifer Young <jyoung@tdyllc.com>
Date: March 20, 2020 at 8:43:30 PM EDT
To: "Harrison, Brian (HHS/IOS)" <Brian.Harrison@hhs.gov>, "Stecker, Judy (OS/IOS)" <Judy.Stecker@hhs.gov>, "Steele, Danielle (HHS/IOS)" <Danielle.Steele@hhs.gov>
Subject: Email to Secretary Azar re: Genentech Actemra Donation

(b)(3):42 U.S.C. § 247d-6b(d)

With thanks,
Jennifer

Dear Secretary Azar:

(b)(3):42 U.S.C. § 247d-6b(d)

Sincerely,
<image001.png>
Alexander Hardy
CEO Genentech, Inc.
(b)(6) - mobile
hardy.alexander@gene.com

(b)(3):42 U.S.C. § 247d-6b(d)

(b)(3)-42 U.S.C. § 247d-6b(d)

Sender:	Sharpless, Norman (NIH/NCI) [E] <norman.sharpless@nih.gov>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>
Sent Date:	2020/03/21 11:19:38
Delivered Date:	2020/03/21 11:20:00
Message Flags:	Unread

From:	Linda Wilson <(b)(6)@hotmail.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 11:23:40
Priority:	Normal
Type:	Note

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(b)(6)

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Sender:	Linda Wilson <(b)(6)@hotmail.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 11:21:24
Delivered Date:	2020/03/21 11:23:40
Message Flags:	Unread

From:	Stacy Harvey (b)(6)@gmail.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 11:23:43
Priority:	Normal
Type:	Note

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(b)(6)

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Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 11:21:24
Delivered Date:	2020/03/21 11:23:43
Message Flags:	Unread

From:	Jahazania Rios (b)(6)@gmail.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 11:25:36
Priority:	Normal
Type:	Note

Jahazania Rios

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

The federal Clinical Laboratory Improvement Advisory Committee recently recommended allowing qualified professionals to review and interpret digital images remotely when data is exchanged via a secure connection but CMS has not yet authorized this policy. Many U.S. laboratories have well-validated digital systems to allow for quality remote diagnosis using secure virtual personal networks (VPNs). Given dire shortages of pathologists and laboratory personnel at many laboratories and the need to follow the President's call for social distancing, CLIA is unnecessarily putting our work force at risk and imposing barriers to optimal patient care.

Given that HHS just provided other physician specialties with the flexibility to provide telemedicine services, pathologists and laboratory professionals should also be allowed the same flexibility. I request expedited consideration of this request to ensure laboratories can promptly respond to our patients' needs now.

Sincerely,

Jahazania Rios

Sender:	Jahazania Rios (b)(6)@gmail.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 11:21:24
Delivered Date:	2020/03/21 11:25:36
Message Flags:	Unread

From:	Sarah Berberich (b)(6)@yahoo.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 11:25:37
Priority:	Normal
Type:	Note

Sarah Berberich

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

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Sent Date:	2020/03/21 11:21:24
Delivered Date:	2020/03/21 11:25:37
Message Flags:	Unread

From:	Harrison, Brian (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D145EFC9C35C4865ACA6E9D47786B204-HARRISON, B>
To:	Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>
Subject:	FW: Roche Diagnostics/COVID-19 test kit manufacture and supply chain (b)(3):42 U.S.C. § 247d-6b(d)
Date:	2020/03/21 11:59:00
Priority:	Normal
Type:	Note

From: Blackwood, Kristine <Kristine.Blackwood@arnoldporter.com>

Sent: Friday, March 20, 2020 5:23 PM

To: Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Kendall, Damaris (HHS/OS) <Damaris.Kendall@HHS.GOV>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Wolf, Laura (OS/ASPR/SIIM) <Laura.Wolf@hhs.gov>

Cc: Kirberger, Marcela <marcela.kirberger@roche.com>; McSorley, Tom <Tom.McSorley@arnoldporter.com>; ann.oleary@gov.ca.gov; george.helmy@nj.gov; egoode@gov.in.gov; Blanchard, Charles <Charles.Blanchard@arnoldporter.com>

Subject: Roche Diagnostics/COVID-19 test kit manufacture and supply chain (b)(3):42 U.S.C. § 247d-6b(d)

(b)(3):42 U.S.C. § 247d-6b(d)

Dear Secretary Azar and Assistant Secretary Kadlec,

(b)(3):42 U.S.C. § 247d-6b(d)

Thank you,

Kristine Blackwood

Kristine Blackwood
Arnold & Porter
601 Massachusetts Ave. N.W.

Washington, DC 20001

O: 202.942.6565

M: (b)(6)

Kristine.Blackwood@arnoldporter.com

<https://protect2.fireeye.com/url?k=0ea28d66-52f6a44d-0ea2bc59-0cc47a6d17cc-4317061394fa7db0&u=http://www.arnoldporter.com/>

To help our clients navigate the coronavirus (COVID-19) crisis, Arnold &Porter has established a Task Force covering a wide range of issues and challenges. Subscribe to our "Coronavirus (COVID-19)" mailing list to receive our latest client Advisories and Webinars on the topic.

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Sent Date:	2020/03/21 11:59:29
Delivered Date:	2020/03/21 11:59:00

From:	Giroir, Brett (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A56FCE4755704C4CA031D621B46FD6F7-GIRORI, BRE>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>
CC:	Redfield, Robert R. (CDC/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ab74a26317547b8a754285d9eaa847c-robert.redf>; Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>
Subject:	FW: Roche Diagnostics/COVID-19 test kit manufacture and supply chain - (b)(3):42 U.S.C. § 247d-6b(d) (b)(3):42 U.S.C. § 247d-6b(d)
Date:	2020/03/21 12:03:44
Priority:	Normal
Type:	Note

Bob, or R3,
I am going to assume you guys have this unless I am told otherwise

Brett P. Giroir, MD

ADM, US Public Health Service
Assistant Secretary for Health (ASH)
200 Independence Avenue, SW
Washington, DC 20201
Office Phone: 202-690-7694

From: Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>
Sent: Saturday, March 21, 2020 11:59 AM
To: Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>
Subject: FW: Roche Diagnostics/COVID-19 test kit manufacture and supply chain - (b)(3):42 U.S.C. § 247d-6b(d)
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From: Blackwood, Kristine <Kristine.Blackwood@arnoldporter.com>
Sent: Friday, March 20, 2020 5:23 PM
To: Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Kendall, Damaris (HHS/OS) <Damaris.Kendall@HHS.GOV>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Wolf, Laura (OS/ASPR/SIIM) <Laura.Wolf@hhs.gov>
Cc: Kirberger, Marcela <marcela.kirberger@roche.com>; McSorley, Tom <Tom.McSorley@arnoldporter.com>; ann.oleary@gov.ca.gov; george.helmy@nj.gov; egoode@gov.in.gov; Blanchard, Charles <Charles.Blanchard@arnoldporter.com>
Subject: Roche Diagnostics/COVID-19 test kit manufacture and supply chain - (b)(3):42 U.S.C. § 247d-6b(d)
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(b)(3):42 U.S.C. § 247d-6b(d)

Thank you,

Kristine Blackwood

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Arnold & Porter

601 Massachusetts Ave. N.W.

Washington, DC 20001

O: 202.942.6565

M: (b)(6)

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[https://protect2.fireeye.com/url?k=0ea28d66-52f6a44d-0ea2bc59-0cc47a6d17cc-](https://protect2.fireeye.com/url?k=0ea28d66-52f6a44d-0ea2bc59-0cc47a6d17cc-4317061394fa7db0&u=http://www.arnoldporter.com/)

[4317061394fa7db0&u=http://www.arnoldporter.com/](https://protect2.fireeye.com/url?k=0ea28d66-52f6a44d-0ea2bc59-0cc47a6d17cc-4317061394fa7db0&u=http://www.arnoldporter.com/)

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Sent Date:	2020/03/21 12:03:42
Delivered Date:	2020/03/21 12:03:44

Message Flags: Unread

From:	CAROLINE LANE (b)(6)@gmail.com>
To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Subject:	United States
Date:	2020/03/21 12:04:49
Priority:	Normal
Type:	Note

Dear Members of the Coronavirus Task Force:

As members of President Trump's Coronavirus Task Force, I urge you to exercise your authority to ensure that the administration protects the human rights of all people, including the right to health, as governmental authorities at the federal, state, tribal, and local level respond to the humanitarian and public health challenges presented by the COVID-19 pandemic.

The response to COVID-19 has the potential to affect the human rights of millions of people, and human rights must be centered at all stages of the crisis – prevention, preparedness, containment, and treatment – in order to best protect public health and support people who are most at risk of adverse impacts.

Respecting human rights is not a luxury that can only be afforded once the threat to public health has been minimized. Human rights violations hinder, rather than facilitate, responses to public health emergencies, and undercut their efficiency.

I call on the U.S. government to ensure that all responses to the COVID-19 pandemic are compliant with international human rights law and standards, taking into account the specific needs of marginalized groups and people and those most at risk, and to address and mitigate the specific human rights risks associated with any particular response.

Specifically, I urge you to ensure that the U.S. government:

- Provides accurate, timely, and science-based information about how people can protect themselves, and acts aggressively to correct misinformation;
- Provides free testing for all persons who request it, and that any goods and services necessary for prevention, diagnosis, care, vaccines, and cures are available, affordable, and accessible to all persons without discrimination;
- Ensures that psychosocial support is available for potential mental health consequences of the COVID-19 pandemic and the subsequent containment measures;
- Fully accounts in its plans and strategies for the needs of people adversely impacted and marginalized groups – including, but not limited to, migrant workers, people in precarious or insecure employment including in the "gig" economy, undocumented immigrants, persons with disabilities, people who are incarcerated or held in immigration detention, Indigenous and tribal persons, people working in the informal sector, people living in poverty, people who are homeless, people without access to adequate water and safe sanitation, people with chronic health conditions, older persons, and people who are pregnant;
- Includes a gender analysis in all response efforts to ensure that the rights of women, girls, and gender non-conforming people are protected and that they receive appropriate support;
- Ensures that all people have access to social support that enables security and dignity, including through paid sick leave, health care, and parental leave where people are unable to work because of the COVID-19 pandemic;
- Ensures that a person's race, ethnicity, nationality, immigration status, or actual or perceived health status is not a barrier to accessing care or subjects them to harassment, ostracism, racism, or other stigmatization;
- Takes concrete, deliberate, and targeted measures to address and prevent discrimination and stigma, protect all individuals from mistreatment, and prevent scapegoating of individuals or groups; and
- Ensures there is adequate equipment, training, and support for health workers and other workers facing a higher risk of exposure, as well as mechanisms in place to guarantee support for the families of health workers and others who have died or become ill as a consequence of exposure to COVID-19.

At this time of great uncertainty, I call on THE administration to lead by protecting the health, safety, security, and other human rights of all people.

Respectfully,

CAROLINE LANE

Sender: CAROLINE LANE (b)(6)@gmail.com>
--

Recipient:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Sent Date:	2020/03/21 12:04:00
Delivered Date:	2020/03/21 12:04:49

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D145EFC9C35C4865ACA6E9D47786B204-HARRISON, B>
To:	Jennifer Young <jyoung@tdyllc.com>
CC:	Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Steele, Danielle (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=38849c1f1ea74f2eb9eff75b531a9544-Steele, Dan>
Subject:	RE: Email to Secretary Azar re: Genentech Actemra Donation
Date:	2020/03/21 12:08:00
Priority:	Normal
Type:	Note

Will do. Thanks again.

BH

From: Jennifer Young <jyoung@tdyllc.com>
Sent: Friday, March 20, 2020 9:26 PM
To: Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>
Cc: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>
Subject: Re: Email to Secretary Azar re: Genentech Actemra Donation

If you have any interest in hearing more about the drug and their experience with it in Italy, the link below is a 4 minute video by an Italian doc talking abt what they've seen when they have dosed patients:

<https://protect2.fireeye.com/url?k=0fc8d5c3-539cfce8-0fc8e4fc-0cc47a6d17cc-f15741b7fcb3254d&u=https://www.dropbox.com/s/4fz9ajkh6vvtqc/VIDEO-2020-03-15-10-23-56.mp4?dl=0>

Sent from my iPhone

On Mar 20, 2020, at 8:47 PM, Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov> wrote:

Great. Thank you for passing this along, Jennifer.

Brian Harrison
Chief of Staff
U.S. Department of Health and Human Services
202.690.7000
brian.harrison@hhs.gov

On Mar 20, 2020, at 8:43 PM, Jennifer Young <jyoung@tdyllc.com> wrote:

(b)(3):42 U.S.C. § 247d-6b(d)

With thanks,
Jennifer

Dear Secretary Azar:

(b)(3):42 U.S.C. § 247d-6b(d)

Sincerely,
<image.png>

Alexander Hardy
CEO Genentech, Inc.
(b)(6) mobile
hardy.alexander@gene.com

Background

(b)(3):42 U.S.C. § 247d-6b(d)

(b)(3):42 U.S.C. § 247d-6b(d)

Sender:	Harrison, Brian (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D145EFC9C35C4865ACA6E9D47786B204-HARRISON, B>
Recipient:	Jennifer Young <jyoung@tdyllc.com>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Steele, Danielle (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=38849c1f1ea74f2eb9eff75b531a9544-Steele, Dan>
Sent Date:	2020/03/21 12:08:28
Delivered Date:	2020/03/21 12:08:00

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D145EFC9C35C4865ACA6E9D47786B204-HARRISON, B>
To:	AMA2 (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c145629cc8ac4858bf1f0ce5dd0461dc-AMA2!>; Sharpless, Norman (NIH/NCI) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d07fb29292b342f78be09a6f02b2ed6a-norman.shar>
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Subject:	FW: Email to Secretary Azar re: Genentech Actemra Donation
Date:	2020/03/21 12:08:36
Priority:	Normal
Type:	Note

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Cc: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>
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(b)(3):42 U.S.C. § 247d-6b(d)

Sincerely,
<image.png>

Alexander Hardy
CEO Genentech, Inc.

(b)(6) - mobile
hardy.alexander@gene.com

Background

(b)(3):42 U.S.C. § 247d-6b(d)

(b)(3):42 U.S.C. § 247d-6b(d)

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Sent Date:	2020/03/21 12:08:35
Delivered Date:	2020/03/21 12:08:36

From:	Casey Nickerson (b)(6)@gmail.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 12:13:11
Priority:	Normal
Type:	Note

Casey Nickerson

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

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Casey Nickerson

Sender:	Casey Nickerson (b)(6)@gmail.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 12:11:23
Delivered Date:	2020/03/21 12:13:11
Message Flags:	Unread

From:	Sharon Gadomski (b)(6)@aol.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 12:13:30
Priority:	Normal
Type:	Note

Sharon Gadomski

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

The federal Clinical Laboratory Improvement Advisory Committee recently recommended allowing qualified professionals to review and interpret digital images remotely when data is exchanged via a secure connection but CMS has not yet authorized this policy. Many U.S. laboratories have well-validated digital systems to allow for quality remote diagnosis using secure virtual personal networks (VPNs). Given dire shortages of pathologists and laboratory personnel at many laboratories and the need to follow the President's call for social distancing, CLIA is unnecessarily putting our work force at risk and imposing barriers to optimal patient care.

Given that HHS just provided other physician specialties with the flexibility to provide telemedicine services, pathologists and laboratory professionals should also be allowed the same flexibility. I request expedited consideration of this request to ensure laboratories can promptly respond to our patients' needs now.

Sincerely,
Sharon Gadomski

Sender:	Sharon Gadomski (b)(6)@aol.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 12:11:23
Delivered Date:	2020/03/21 12:13:30
Message Flags:	Unread

From:	Tiimothy Acker <(b)(6)@att.net>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 12:14:23
Priority:	Normal
Type:	Note

Tiimothy Acker

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

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Sincerely,
Tiimothy Acker

Sender:	Tiimothy Acker <(b)(6)@att.net>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 12:11:23
Delivered Date:	2020/03/21 12:14:23
Message Flags:	Unread

From:	Dean Sorenmann (b)(6)@gmail.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 12:21:32
Priority:	Normal
Type:	Note

Dean Sorenmann

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

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Sincerely,

Dean Sorenmann

Sender:	Dean Sorenmann (b)(6)@gmail.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 12:21:24
Delivered Date:	2020/03/21 12:21:32
Message Flags:	Unread

From:	Valentina McCammish (b)(6)@gmail.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 12:21:34
Priority:	Normal
Type:	Note

Valentina McCammish

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

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Valentina McCammish

Sender:	Valentina McCammish (b)(6)@gmail.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 12:21:24
Delivered Date:	2020/03/21 12:21:34
Message Flags:	Unread

From:	Kerry Councilman (b)(6)@GMAIL.COM>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 12:21:39
Priority:	Normal
Type:	Note

Kerry Councilman

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

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Sincerely,

Kerry Councilman, M.D.

Sender:	Kerry Councilman (b)(6)@GMAIL.COM>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 12:21:24
Delivered Date:	2020/03/21 12:21:39
Message Flags:	Unread

From:	Filiz Sen (b)(6)@mskcc.org>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 12:21:41
Priority:	Normal
Type:	Note

Filiz Sen

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

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Sincerely,
Filiz Sen

Sender:	Filiz Sen (b)(6)@mskcc.org>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 12:21:24
Delivered Date:	2020/03/21 12:21:41
Message Flags:	Unread

From:	Trueman, Laura (HHS/IEA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=99DCBA4C6EA342C08D58F63E37D997E7-TRUEMAN, LA>
To:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Hayes, Jonathan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8cdfb7232de4428794f2901218bc1360-Hayes, Jona>
Subject:	Re: HHS-Thomson Reuters COVID-19 Free Critical Resources & Assistance for Telehealth
Date:	2020/03/21 12:31:23
Priority:	Normal
Type:	Note

I don't feel that you are forwarding too much and welcome continuation.

On: 21 March 2020 12:28,
 "Harrison, Brian (HHS/IOS)" <Brian.Harrison@hhs.gov>wrote:

Should I limit my forwards to you (not wanting to send to too many inboxes).

From: Pittman, Brian (Government) <Brian.Pittman@thomsonreuters.com>
Sent: Thursday, March 19, 2020 12:37 PM
To: Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>
Subject: HHS-Thomson Reuters COVID-19 Free Critical Resources & Assistance for Telehealth

Good Afternoon Mr. Harrison, I am the Thomson Reuters representative working with HHS and I wanted to forward along this information that we've made available to the agency regarding the COVID-19 outbreak. Please feel free to forward to anyone you think might benefit from this content. We are here to assist however we can.

Thomson Reuters is offering free access to our Global Coronavirus toolkit. This resource is designed to assist legal counsel working across jurisdictions through Practical Law's global coronavirus, COVID-19, pandemics and business interruption content.

- [Global Coronavirus Toolkit](#)

Additionally, we are here to help you contact, trace and locate people, in particular your Medicare and Medicaid beneficiaries.

In your evolving effort to quickly identify and locate people for the prevention, preparedness and response to COVID-19, we are here to help. Thomson Reuters can provide a secure, entity resolved search across

public and private databases for locating people and have access to information on more than 250 million adults in the United States to help you quickly answer questions such as:

- • Is the contact information on file correct and complete?
- • Where is this person?
- • What is their Address, Mobile Phone, Email?
- • What else do I need to know about this person?
- • What connections or associations does this person have?

CMS recently chose Thomson Reuters to assist with validating the data for over 60 million Americans who are Medicare beneficiaries. Thomson Reuters was able to assist CMS with a validation and scrub of the data in support of their requirement to mail new Medicare cards to all Medicare beneficiaries. By performing on this project, Thomson Reuters was able to quickly and accurately help CMS assure that the new Medicare cards went to the right address and not fall into the wrong hands preventing billions of dollars of potential fraud, waste and abuse.

[Read more](#) about our work with CMS here.

[See a quick video](#) on what CLEAR Batch Person Search can do for you right now.

We're committed to supporting our customers and our communities. Please reach out to me directly with any questions about accessing this critical information

Brian Pittman

Investigative & Legal Data Solutions
Federal - Fraud, Waste & Abuse

Thomson Reuters
the answer company

Direct: 703-786-7970
brian.pittman@tr.com

This e-mail is for the sole use of the intended recipient and contains information that may be privileged and/or confidential. If you are not an intended recipient, please notify the sender by return e-mail and delete this e-mail and any attachments. Certain required legal entity disclosures can be accessed on our website: <https://www.thomsonreuters.com/en/resources/disclosures.html>

Sender:	Trueman, Laura (HHS/IEA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=99DCBA4C6EA342C08D58F63E37D997E7-TRUEMAN, LA>
Recipient:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Hayes, Jonathan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8cdfb7232de4428794f2901218bc1360-Hayes, Jona>
Sent Date:	2020/03/21 12:31:21

Delivered Date: 2020/03/21 12:31:23

From:	joanna love <(b)(6)@bvhealthsystem.org>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 12:31:31
Priority:	Normal
Type:	Note

joanna love

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

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Sincerely,
joanna love

Sender:	joanna love <(b)(6)@bvhealthsystem.org>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 12:31:25
Delivered Date:	2020/03/21 12:31:31
Message Flags:	Unread

From:	Liron Pantanowitz (b)(6) @gmail.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 12:41:30
Priority:	Normal
Type:	Note

Liron Pantanowitz

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

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Sincerely,

Liron Pantanowitz

Sender:	Liron Pantanowitz (b)(6) @gmail.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 12:41:25
Delivered Date:	2020/03/21 12:41:30
Message Flags:	Unread

From:	Harrison, Brian (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D145EFC9C35C4865ACA6E9D47786B204-HARRISON, B>
To:	Howard, Jack <jhoward@USChamber.com>
Subject:	RE: Essential services letter to POTUS
Date:	2020/03/21 12:46:00
Priority:	Normal
Type:	Note

Thank you for sharing, Jack.

Brian

Brian Harrison
Chief of Staff
U.S. Department of Health and Human Services
202.260.6465
brian.harrison@hhs.gov

From: Howard, Jack <jhoward@USChamber.com>
Sent: Wednesday, March 18, 2020 1:53 PM
To: Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>
Subject: Essential services letter to POTUS

From Tom Donohue. The Secretary is cc'd. Wanted to be sure you guys got this. Excerpt:

As our nation continues to labor in halting the spread of the coronavirus, states and local governments are promulgating quarantine orders and mandatory business closures. These are important public health measures that will help limit the spread of the virus. However, it is important that these orders do not inadvertently harm businesses and services that support the essential infrastructure needed to successfully combat this pandemic.

Therefore, we recommend that your administration issue guidance on these orders to clarify "essential infrastructure" and "essential businesses and services." Several counties have promulgated mandatory quarantines that include specific exceptions for "essential infrastructure" and "essential business" that our members find strike the right balance and we recommend these examples as a model for any state or local government issuing similar directives.

Sender:	Harrison, Brian (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D145EFC9C35C4865ACA6E9D47786B204-HARRISON, B>
Recipient:	Howard, Jack <jhoward@USChamber.com>
Sent Date:	2020/03/21 12:46:47
Delivered Date:	2020/03/21 12:46:00

From:	Kristal McCraw <(b)(6)@gmail.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 12:51:39
Priority:	Normal
Type:	Note

Kristal McCraw

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

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Kristal McCraw

Sender:	Kristal McCraw <(b)(6)@gmail.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 12:51:26
Delivered Date:	2020/03/21 12:51:39
Message Flags:	Unread

From:	Mitchell Telega (b)(6)@yahoo.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 12:52:07
Priority:	Normal
Type:	Note

Mitchell Telega

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

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Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 12:51:26
Delivered Date:	2020/03/21 12:52:07
Message Flags:	Unread

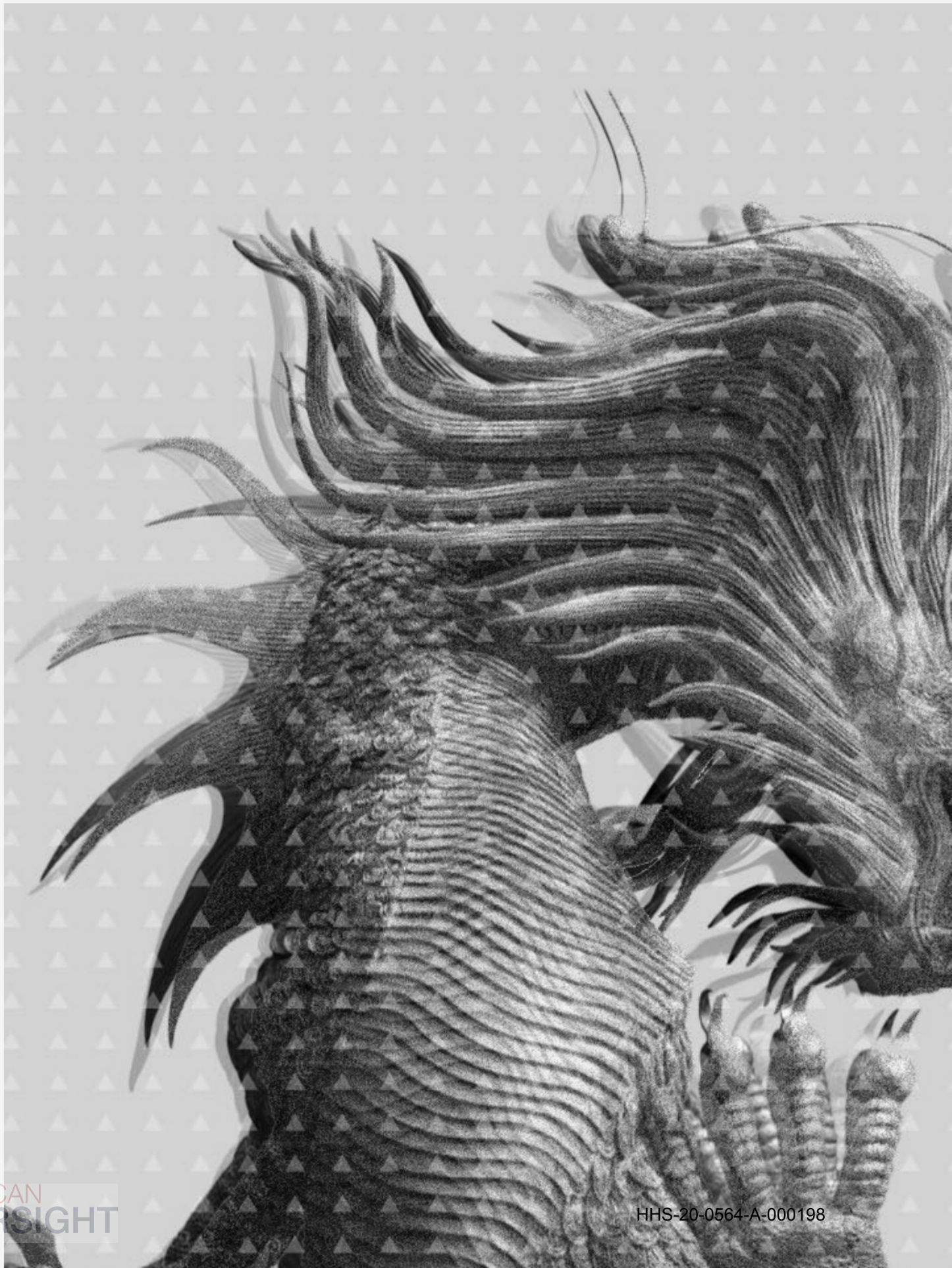
From:	Mike Allen <mike@axios.com>
To:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	Axios AM: Mike's Great 8 — Pictures of the week — Local news in times of virus — Drive-in boom
Date:	2020/03/21 13:04:28
Priority:	Normal
Type:	Note



 **Sneak peek** at “Axios on HBO,” tomorrow at 6 p.m. ET/PT: A rare interview with China's a Breyer.

- • *See a clip.*

1 big thing: U.S.-China tensions hit dangerous new high



Sender:	Mike Allen <mike@axios.com>
Recipient:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Sent Date:	2020/03/21 13:04:10
Delivered Date:	2020/03/21 13:04:28

From:	Sherman, Jennifer (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F30FE7FAE664419FA654B20EDCCB1E78-SHERMAN, JE>
To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
CC:	Wright, Janet (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=41f672e2527b4f44891fb4fbe08cdfd-Wright, Jan>
Subject:	USA Today - elective surgeries
Date:	2020/03/21 13:10:55
Priority:	Normal
Type:	Note

(b)(5)

Elective surgeries continue at some US hospitals during coronavirus outbreak despite supply and safety worries

Jayne O'Donnell

USA TODAY

U.S. hospitals face a critical shortage of protective equipment and top federal officials have called for a halt to non-emergency surgeries amid the coronavirus pandemic. But some hospitals are ignoring the directive, raising concerns that patients and medical staff are at risk.

Hospitals including University of Pittsburgh Medical Center, Virginia Hospital Center in Arlington and Jackson Memorial Hospital in Miami as of Friday afternoon were still performing elective surgeries, such as for orthopedic problems, cataracts and other non-essential medical issues.

Elective surgery is a medical procedure scheduled in advance because it does not involve an emergency. Frequently, they are not a medical necessity.

Examples include knee replacements or nose jobs.

Dr. Linda Alvarez, secretary-treasurer of the Service Employees International Union Committee on Interns and Residents, said medical residents across the country have contacted her with complaints that their hospitals are still performing procedures that aren't essential.

"What is crazy too is that these same residents are saying there is limited availability of N95 masks," said Alvarez, referring to the special masks that can

protect against contracting COVID-19, the illness caused by the virus. "To be using this personal protection equipment in ways that are not judicious or addressing the concerns of the general public safety is appalling."

The U.S. reached more than 260 deaths and over 19,600 confirmed cases Saturday, according to the [Johns Hopkins University data dashboard](#). The global death toll now exceeds 11,400, with more than 275,400 confirmed cases.

Pennsylvania, which [announced its second death Saturday, had 371 confirmed COVID-19 cases, 31 of them in Pittsburgh's Allegheny County](#). When asked Friday about performing elective surgeries, University of Pittsburgh Medical Center's Dr. Graham Snyder told reporters his area is one of "relative calm." "The health center's job is to take care of patients, not to put them at risk," said Snyder, UPMC's medical director for infection prevention and hospital epidemiology. "We are not northern Italy. We are not Wuhan right now. Taking the level of risk in our community, we have to balance that while still providing care."

Some states have reported few cases, but that's because of the slow pace of testing, experts say, and many more are thought to be infected. Federal officials say masks, gowns and other protective equipment, along with ventilators, should be conserved for medical staff and an expected onslaught of coronavirus patients.

[Hospitals already are reporting supply shortages](#). Space also is a looming issue. While many elective surgeries don't require overnight stays, many do, especially if there are complications.

[Nearly two out of three of U.S. hospital beds](#) may already be in use, a report out Friday from the Urban Institute and Robert Wood Johnson Foundation found. The analysis of the country's 728,000 hospital beds also showed availability of unoccupied beds per 1,000 people varied significantly across urban and rural areas, states and counties across the country.

A USA TODAY analysis out last week showed if the nation sees a major spike in COVID-19 patients, there could be almost [six seriously ill patients for every existing hospital bed](#).

Vice President Mike Pence, who heads the White House's Coronavirus Task Force, asked hospitals last week to stop doing elective surgeries and reiterated the call Wednesday at a White House news conference. The same day, the Centers for Medicare & Medicaid Services issued "voluntary recommendations" for elective surgeries to encourage cancellation of non-essential procedures until the COVID-19 outbreak is past.

"We're asking every American, and our medical community leaders, and hospitals to partner with us in delaying elective procedures across the country and our healthcare system to ensure that medical supplies and medical capacity go where they're needed," said Pence.

In addition to those concerns, Alvarez noted the procedures create yet another patient who is at higher risk for contracting COVID-19 because having surgery suppresses the immune system. (People with chronic health conditions and those older than 60 also are at higher risk of contracting the illness with serious symptoms.)

Surgeon General Dr. Jerome Adams and the American College of Surgeons also have asked hospitals to stop elective procedures. Adams' office issued a statement to USA TODAY saying its request was "in sync with current CDC recommendations for healthcare facilities."

"Dr. Adams and the President's Coronavirus Task Force have encouraged healthcare facilities to consider rescheduling non-urgent outpatient visits and elective surgeries, as necessary, due to the demands on our healthcare system during the COVID-19 pandemic," said the statement. "We're facing an unprecedented threat and it's important we preserve critical hospital resources, like PPE and staff to ensure an adequate response to the COVID-19 outbreak."

Hospital associations have pushed back against blanket recommendations. The American Hospital Association said such decisions "should be determined at the local, community level in consultation with hospitals and the clinical recommendations of physicians and nurses."

"It is important to recognize the definition of 'elective' procedures includes important life saving measures that will continue to be necessary," AHA said in a statement.

University of Southern California Medical Center in Los Angeles, one of the last major hospitals in the state still doing elective procedures, announced Thursday "many elective inpatient and outpatient surgeries will be rescheduled on a case-by-case basis." Spokeswoman Meg Aldrich said that means no elective procedures will be performed, but did not know when the policy was effective.

Jimmy Lewis, CEO of the rural hospital group Hometown Health based in Georgia, said less than 5% of his members are still doing elective surgeries, though he added most are acute care hospitals that do few such procedures.

"They stopped doing it unless they looked at a facility to see if a certain operation could be fit in without exposing other patients," Lewis said. "If you decide to do one \$5,000 surgery, you have to do an analysis of having a contaminated patient come into the hospital versus the \$5,000."

Lewis tells members it isn't worth it because of the "obvious ethical" issues, along with the "fear of liability." If hospitals decide to do an elective surgery, and a patient dies of coronavirus, plaintiff attorneys will come in later.

"They're going to ask, 'Why did you do an elective surgery that killed momma?'"

Five people who work at hospitals spoke on condition their names and employers not be used, but USA TODAY confirmed with hospitals the status of their elective surgeries.

Hospitals still performing elective surgeries as of Friday included:

•**University of Pittsburgh Medical Center.** Some facilities had busy elective schedules Friday and physicians were performing hernia repairs, cataract surgeries and orthopedic procedures known as scopes that involve small incisions to view and repair joint problems, according to two health care workers at the health system.

"Balancing our patients' ongoing clinical needs with the avoidance of unnecessary exposure requires a nuanced approach – not an across-the-board cancelling of clinics and procedures," UPMC said in a statement Friday.

"We continue to serve our patients whose procedures our clinicians believe are not medically responsible to delay. Our careful triaging of upcoming elective procedures on a case-by-case basis meets the Centers for Medicare & Medicaid Services guidance.

"We have a multidisciplinary team of experts closely monitoring the situation and will adjust accordingly."

UPMC's Children's Hospital was doing elective dental procedures on Friday. CMS targeted dental procedures in its recommendations Wednesday because they always require "personal protective equipment" that's in short supply and because they "have one of the highest risks of transmission due to the close proximity of the healthcare provider to the patient."

•**Jackson Memorial Hospital.** The trauma hospital is based in Florida's Miami-Dade County, which now has the highest number of deaths in the state, with more than 100. The hospital said in a statement to USA TODAY Friday afternoon that "physicians have been given some discretion as to whether to cancel or proceed."

The hospital was "continuing to perform all emergent and urgent surgeries, procedures, and clinic appointments for now," the statement said.

At 7 p.m., more than three hours after Gov. Ron DeSantis issued an executive order requiring all "nonessential medical procedures be postponed," the hospital said it was "immediately complying with this order."

Jackson also said it has "sufficient PPE on hand for current and anticipated volumes," and "have enough ventilators and have rented additional to be prepared for future demand. We also have open orders to secure even more."

•**Virginia Hospital Center.** The Arlington-based hospital on Friday had many patients recovering after elective surgeries, according to a physician who asked to remain anonymous. Every other hospital in the Washington, D.C area had stopped the procedures, a USA TODAY review found.

"Virginia Hospital Center is still performing elective surgeries," said spokeswoman Anne Kelsey. "While nationwide shortages exist, we have not had any reason to deviate outside of those guidelines."

Kelsey added the hospital is being "cautious and mindful about the allocation of all of our resources."

Alvarez said hospitals that have so much protective gear that they can afford to do elective surgeries should consider sharing with less well supplied hospitals.

"I think hospitals should assess their communities, and the impact they are expecting to face not only in their area but in the surrounding areas as well, and use this to appropriately plan their need for PPE," said Alvarez. "It is also important now, more than ever, we come together in the medical community to promote patient and worker safety."

<https://www.usatoday.com/story/news/health/2020/03/21/hospitals-doing-elective-surgery-despite-covid-19-risk-short-supplies/2881141001/>

Jenn Sherman

Director of Public Affairs

Office of the Surgeon General

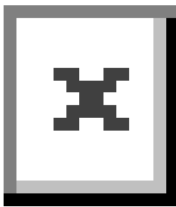
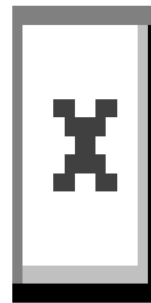
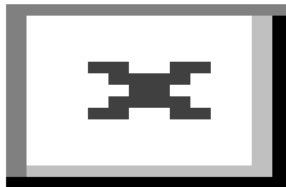
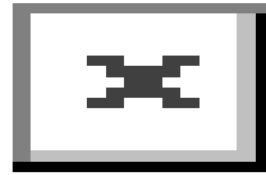
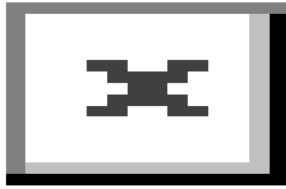
Department of Health and Human Services (HHS)

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Recipient:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Wright, Janet (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=41f672e2527b4f44891fb4fbe08cdfd-Wright, Jan>
Sent Date:	2020/03/21 13:10:54
Delivered Date:	2020/03/21 13:10:55

From:	(b)(6)@verizon.net>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	flu
Date:	2020/03/21 14:09:16
Priority:	Normal
Type:	Note

Dear Alex

The American people demand Trump to remove ALL tariffs on medical supplies from China or elsewhere to address a shortage of masks, ventilators, drugs, equipment, pharmaceutical ingredients, and other tools needed to subdue coronavirus, which Trump must call kung flu and not the very racist term Chinese virus since we all know it originated in US Army lab Ft Detrick. Trump must stop racism against Asian Americans NOW because many idiots think anyone who looks Asian is Chinese.



Everybody in the Trump administration should be kung flu fighting, and not intentionally set up Asians including millions of non-Chinese like George Conway for attacks, bias, abuse, hatred, or discrimination. We demand mass arrests of ALL Zionists, Deep State, pedophiles like Spielberg, Oprah, military tribunals, Nuremberg 2.0, global currency reset, gold-backed dollar, quantum financial system, replace income tax with 1% Wall St sales tax on all financial transactions, and shut down of the Fed, IRS, TSA, Real ID NOW!

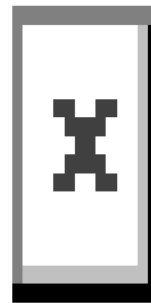
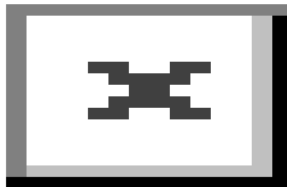
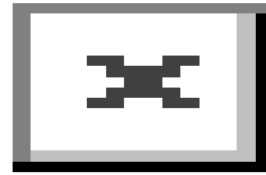
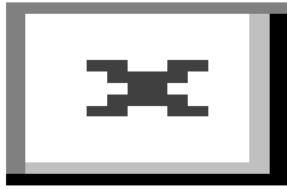
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Delivered Date:	2020/03/21 14:09:16

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To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Subject:	flu
Date:	2020/03/21 14:11:07
Priority:	Normal
Type:	Note

Dear Jerome

The American people demand Trump to remove ALL tariffs on medical supplies from China or elsewhere to address a shortage of masks, ventilators, drugs, equipment, pharmaceutical ingredients, and other tools needed to subdue coronavirus, which Trump must call kung flu and not the very racist term Chinese virus since we all know it originated in US Army lab Ft Detrick. Trump must stop racism against Asian Americans NOW because many idiots think anyone who looks Asian is Chinese.



Everybody in the Trump administration should be kung flu fighting, and not intentionally set up Asians including millions of non-Chinese like George Conway for attacks, bias, abuse, hatred, or discrimination. We demand mass arrests of ALL Zionists, Deep State, pedophiles like Spielberg, Oprah, military tribunals, Nuremberg 2.0, global currency reset, gold-backed dollar, quantum financial system, replace income tax with 1% Wall St sales tax on all financial transactions, and shut down of the Fed, IRS, TSA, Real ID NOW!

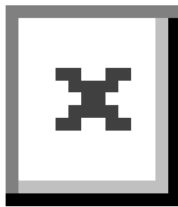
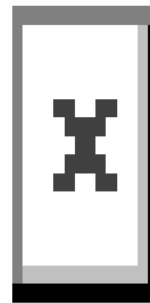
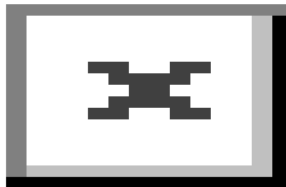
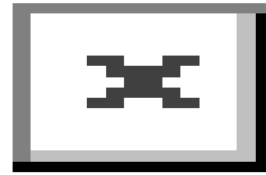
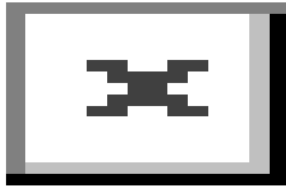
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Delivered Date:	2020/03/21 14:11:07

From:	(b)(6)@verizon.net>
To:	Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>
Subject:	flu
Date:	2020/03/21 14:11:19
Priority:	Normal
Type:	Note

Dear Eric

The American people demand Trump to remove ALL tariffs on medical supplies from China or elsewhere to address a shortage of masks, ventilators, drugs, equipment, pharmaceutical ingredients, and other tools needed to subdue coronavirus, which Trump must call kung flu and not the very racist term Chinese virus since we all know it originated in US Army lab Ft Detrick. Trump must stop racism against Asian Americans NOW because many idiots think anyone who looks Asian is Chinese.



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Subject:	Re: Acumen request from CEA
Date:	2020/03/21 14:23:12
Priority:	Normal
Type:	Note

Yes, Paul approved. Thanks Paul!

Sent from my iPhone

On Mar 21, 2020, at 12:34 PM, Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>wrote:

This handled?

From: Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>
Sent: Thursday, March 19, 2020 10:10 AM
To: Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Mango, Paul (HHS/IOS) <Paul.Mango@hhs.gov>
Subject: FW: Acumen request from CEA
Importance: High

From: Destro, Brenda (HHS/ASPE) <Brenda.Destro@hhs.gov>
Sent: Thursday, March 19, 2020 8:56 AM
To: Pollard, Ashton (OS/IOS) <Ashton.Pollard@hhs.gov>; Dareshori, Zack (HHS/IOS) <Zachary.Dareshori@hhs.gov>
Subject: FW: Acumen request from CEA
Importance: High

Ashton and Zack,

(b)(5)

Brenda

From: Destro, Brenda (HHS/ASPE)
Sent: Wednesday, March 18, 2020 8:16 PM
To: Mango, Paul (HHS/IOS) <Paul.Mango@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Hargan, Eric (OS/IOS) <Eric.Hargan@hhs.gov>
Subject: Acumen request from CEA
Importance: High

All –

(b)(5)

And please let me know if you have questions/concerns.

Brenda

From: Delew, Nancy (HHS/ASPE) <Nancy.Delew@hhs.gov>
Sent: Wednesday, March 18, 2020 7:05 PM
To: Destro, Brenda (HHS/ASPE) <Brenda.Destro@hhs.gov>; Kiley, Matthew (HHS/ASPE) <Matthew.Kiley@hhs.gov>
Subject: Acumen request from CEA

Brenda,

This is a heads up.

(b)(5)

(b)(5)

Thank you

Nancy De Lew
Associate Deputy Assistant Secretary, Office of Health Policy
Assistant Secretary for Planning and Evaluation / US Dept. of Health and Human Services
200 Independence Avenue, SW Washington, DC 20201
Personal Line: 202-260-6810/ Cell: (b)(6)

For appointment and other requests, please contact Rosemary Casarez at 202-260-1741 or rosemary.casarez@hhs.gov

Sender:	Bird, Catherine (OS/OGC) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=BB9D9180497C49C4A06A0DD1F6043DC7-BIRD, CATHE>
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Sent Date:	2020/03/21 14:23:11
Delivered Date:	2020/03/21 14:23:12

From:	Lee Cooper (b)(6)@northwestern.edu>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 14:27:07
Priority:	Normal
Type:	Note

Lee Cooper

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

The federal Clinical Laboratory Improvement Advisory Committee recently recommended allowing qualified professionals to review and interpret digital images remotely when data is exchanged via a secure connection but CMS has not yet authorized this policy. Many U.S. laboratories have well-validated digital systems to allow for quality remote diagnosis using secure virtual personal networks (VPNs). Given dire shortages of pathologists and laboratory personnel at many laboratories and the need to follow the President's call for social distancing, CLIA is unnecessarily putting our work force at risk and imposing barriers to optimal patient care.

Given that HHS just provided other physician specialties with the flexibility to provide telemedicine services, pathologists and laboratory professionals should also be allowed the same flexibility. I request expedited consideration of this request to ensure laboratories can promptly respond to our patients' needs now.

Sincerely,
Lee Cooper

Sender:	Lee Cooper (b)(6)@northwestern.edu>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
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Message Flags:	Unread

From:	Erin Baker (b)(6) @atriumhealth.org>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
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Priority:	Normal
Type:	Note

Erin Baker

(b)(6)

March 21, 2020

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Dear Administrator Verma:

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Given that HHS just provided other physician specialties with the flexibility to provide telemedicine services, pathologists and laboratory professionals should also be allowed the same flexibility. I request expedited consideration of this request to ensure laboratories can promptly respond to our patients' needs now.

Sincerely,
Erin Baker

Sender:	Erin Baker (b)(6) @atriumhealth.org>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 14:27:01
Delivered Date:	2020/03/21 14:27:17
Message Flags:	Unread

From:	Andrew deLemos <(b)(6)@carolinashealthcare.org>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 14:27:07
Priority:	Normal
Type:	Note

Andrew deLemos

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

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Sincerely,

Dr. Andrew deLemos

Sender:	Andrew deLemos <(b)(6)@carolinashealthcare.org>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 14:27:01
Delivered Date:	2020/03/21 14:27:07
Message Flags:	Unread

From:	Marlene Hintz <(b)(6)@cox.net>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 14:27:16
Priority:	Normal
Type:	Note

Marlene Hintz

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

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Sincerely,
Marlene Hintz

Sender:	Marlene Hintz <(b)(6)@cox.net>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 14:27:01
Delivered Date:	2020/03/21 14:27:16
Message Flags:	Unread

From:	Jared Block (b)(6)@me.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 14:27:16
Priority:	Normal
Type:	Note

Jared Block

(b)(6)

March 21, 2020

Dear Alex Azar,

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Sincerely,
Jared Block

Sender:	Jared Block (b)(6)@me.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 14:27:02
Delivered Date:	2020/03/21 14:27:16
Message Flags:	Unread

From:	James McDermott (b)(6)@aol.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 14:27:20
Priority:	Normal
Type:	Note

James McDermott

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

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Sincerely,

James McDermott

Sender:	James McDermott (b)(6)@aol.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 14:27:02
Delivered Date:	2020/03/21 14:27:20
Message Flags:	Unread

From:	Gloria Lee <(b)(6)@gmail.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 14:27:14
Priority:	Normal
Type:	Note

Gloria Lee

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

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Sincerely,
Gloria Lee

Sender:	Gloria Lee <(b)(6)@gmail.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 14:27:02
Delivered Date:	2020/03/21 14:27:14
Message Flags:	Unread

From:	Janet Vonsalzen (b)(6)@gmail.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 14:27:23
Priority:	Normal
Type:	Note

Janet Vonsalzen

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

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Sincerely,

Janet Vonsalzen

Sender:	Janet Vonsalzen (b)(6)@gmail.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 14:27:03
Delivered Date:	2020/03/21 14:27:23
Message Flags:	Unread

From:	Amanda McGraw (b)(6)@hotmail.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 14:27:23
Priority:	Normal
Type:	Note

Amanda McGraw

(b)(6)

March 21, 2020

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Sincerely,

Amanda McGraw

Sender:	Amanda McGraw (b)(6)@hotmail.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 14:27:03
Delivered Date:	2020/03/21 14:27:23
Message Flags:	Unread

From:	Vicky DeVaughn <(b)(6)@yahoo.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 14:27:24
Priority:	Normal
Type:	Note

Vicky DeVaughn

(b)(6)

March 21, 2020

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Sincerely,

Vicky DeVaughn

Sender:	Vicky DeVaughn <(b)(6)@yahoo.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 14:27:03
Delivered Date:	2020/03/21 14:27:24
Message Flags:	Unread

From:	Fermin Fatalla (b)(6)@yahoo.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 14:27:26
Priority:	Normal
Type:	Note

Fermin Fatalla

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

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Sincerely,
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Sender:	Fermin Fatalla (b)(6)@yahoo.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 14:27:03
Delivered Date:	2020/03/21 14:27:26
Message Flags:	Unread

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.YDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0280B227911B40B6B30A81B8574EDE6B-STECKER, JU>
To:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	Fwd: Azar quote for point of care release
Date:	2020/03/21 14:29:44
Priority:	Normal
Type:	Note

It's going through clearance and adding ama quote

Sent from my iPhone

Begin forwarded message:

From: "Brennan, Patrick (OS/ASPA)" <Patrick.Brennan@hhs.gov>
Date: March 21, 2020 at 10:37:32 AM EDT
To: "Caccommo, Stephanie (FDA/OC)" <Stephanie.Caccommo@fda.hhs.gov>, "Caliguiri, Laura (FDA/OC)" <Laura.Caliguiri@fda.hhs.gov>
Cc: "Lenihan, Keagan (FDA/OC)" <Keagan.Lenihan@fda.hhs.gov>, ASPA-Deputies <ASPA-Deputies@hhs.gov>, "Robinson, Michael J (HHS/ASPA)" <michael.robinson@hhs.gov>
Subject: Azar quote for point of care release

Stephanie and Laura,

(b)(5)

- Patrick

From: OS HHSPress (HHS/ASPA) <HHSPress@hhs.gov>
Sent: Saturday, March 21, 2020 9:39 AM
To: Campbell, Taylor (OS/OASH) <Taylor.Campbell@hhs.gov>; OS - ASPA - Clearance <OS.ASPA-Clearance@hhs.gov>; OS OGC-IO ControlDesk (HHS/OS/OGC) <ControlDesk.OCIO@hhs.gov>; Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Caliguiri, Laura (FDA/OC) <Laura.Caliguiri@fda.hhs.gov>; Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>; White, Caroline (HHS/OGC)

<Caroline.White@hhs.gov>; Stimson, Brian (HHS/OGC) <Brian.Stimson@hhs.gov>; Charrow, Robert (HHS/OGC) <Robert.Charrow@hhs.gov>; Keveney, Sean (HHS/OGC) <Sean.Keveney@hhs.gov>; Chang, William (HHS/OGC) <William.Chang@hhs.gov>; Barry, Daniel J (HHS/OGC) <daniel.barry@hhs.gov>; Amin, Stacy (FDA/OC) <Stacy.Amin@fda.hhs.gov>; ASPRCOMMS <ASPRCOMMS@hhs.gov>; ASPRMEDIA (OS/ASPR/COO) <ASPRMEDIA@hhs.gov>; Routh, Jennifer (NIH/NIAID) [E] <jennifer.routh@nih.gov>; Conrad, Patricia (NIH/NIAID) [E] <conradpa@niaid.nih.gov>; Billet, Courtney (NIH/NIAID) [E] <billetc@niaid.nih.gov>; Wojtowicz, Emma (NIH/OD) [E] <emma.wojtowicz@nih.gov>; Akinso, Woleola (NIH/OD) [E] <akinsow@od.nih.gov>; Fine, Amanda (NIH/OD) [E] <amanda.fine@nih.gov>; Fritz, Craig (NIH/OD) [E] <craig.fritz@nih.gov>; Myles, Renate (NIH/OD) [E] <mylesr@mail.nih.gov>; Broido, Tara (HHS/OASH) <Tara.Broido@hhs.gov>; Channer, Amber (OS/OASH) <Amber.Channer@hhs.gov>; Heck, Mia (HHS/OASH) <Mia.Heck@hhs.gov>; Kotwicki, Lauren (HHS/OASH) <Lauren.Kotwicki@hhs.gov>; Migliaccio-Grabill, Kate (HHS/OASH) <Kate.Migliaccio-Grabill@hhs.gov>; Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>; Bonds, Michelle E. (CDC/OD/OADC) <meb0@cdc.gov>; Galatas, Kate (CDC/OD/OADC) <kkg2@cdc.gov>; Heldman, Amy B. (CDC/OD/OADC) <evd4@cdc.gov>; Patrick, Kera (CDC/OD/OADC) <ihn7@cdc.gov>; CDC OADC ASPA Clearance <OADCASPAclearance@cdc.gov>
Cc: Caccamo, Stephanie (FDA/OC) <Stephanie.Caccamo@fda.hhs.gov>; Finnen, April (FDA/OC) <April.Finnen@fda.hhs.gov>; OCOEAOMA-Press (FDA) <OCOEAOAOMA-Press@fda.hhs.gov>; OS HHSPress (HHS/ASPA) <HHSPress@hhs.gov>
Subject: CLEARANCE_0302: FDA "Coronavirus (COVID-19) Update: FDA Issues first Emergency Use Authorization for Point of Care Diagnostic"

URGENT

Agency/Office: FDA

Subject: *Coronavirus (COVID-19) Update: FDA Issues first Emergency Use Authorization for Point of Care Diagnostic*

Material: Draft statement (cleared for FDA by FDD's Claire Dennis)

Deadline for comments: Before 11 a.m. today Saturday, March 21

Planned release date: Saturday, March 21

Driving event: COVID-19 pandemic; EUA for diagnostic

V/r,

Mike Robinson
Strategic Planning, ASPA

202-690-6885 –desk

(b)(6) –mobile

***INTERNAL HHS USE ONLY! INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS
AUTHORIZED BY LAW:***

This information has not been publically disclosed and may be privileged and confidential. This document must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

Sender:	Stecker, Judy (OS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0280B227911B40B6B30A81B8574EDE6B-STECKER, JU>
Recipient:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Sent Date:	2020/03/21 14:29:43
Delivered Date:	2020/03/21 14:29:44

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.UP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=2E1240D1D62D49B3BA2E4E51C0920908-CALLAHAN, K>
To:	Young, Mark (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=55e06195ad5f4b1f8d0ca7408e453bad-Young, Mark>
CC:	Hurley, Michael <michael.hurley@fema.dhs.gov>; Austin, Brad (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5daa376fbdec43dcb81955ae13a4d740-Austin, Bra>; ASPR Region 9 (HHS/ASPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=201a570f8510492f958d075cc4362303-IRCT.COPSGS>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; EDH (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=393ceddbc5fa4d44a9734e20f54c8146-EDH6886>
Subject:	Re: Testing Kits
Date:	2020/03/21 14:30:09
Priority:	Normal
Type:	Note

Great thank you.

Sent from my iPhone

On Mar 21, 2020, at 1:51 PM, Young, Mark (OS/ASPR/EMMO) <Mark.Young@hhs.gov> wrote:

(b)(5); (b)(3):42 U.S.C. § 247d-6b(d)

Very Respectfully,
Mark D.Young
Regional Administrator
ASPR/Region IX
(AZ, CA, HI, NV, Am. Samoa, Guam, CNMI, RMI, FSM, Palau)
202-754-1560
mark.young@hhs.gov

On: 21 March 2020 10:12, "Callahan, Kenneth (HHS/IOS)" <Kenneth.Callahan@hhs.gov> wrote:

(b)(5); (b)(3):42 U.S.C. § 247d-6b(d)

Ken

Sent from my iPhone

On Mar 20, 2020, at 6:01 PM, Young, Mark (OS/ASPR/EMMO)
<Mark.Young@hhs.gov>wrote:

Sir,

(b)(5); (b)(3); 42 U.S.C. § 247d-6b(d)

Very Respectfully,

Mark D. Young
Regional Administrator
Assistant Secretary for Preparedness and Response, Region IX
(AZ, CA, HI, NV, AM. Samoa, Guam, CNMI, RMI, FSM, Palau)
202-754-1560
Duty Officer Line: 602-603-8700
mark.young@hhs.gov
ASPR.R9@hhs.gov

From: Callahan, Kenneth (HHS/IOS) <Kenneth.Callahan@hhs.gov>
Sent: Friday, March 20, 2020 2:18 PM
To: Young, Mark (OS/ASPR/EMMO) <Mark.Young@hhs.gov>; Austin, Brad (OS/ASPR/EMMO)
<Brad.Austin@hhs.gov>
Cc: ASPR Region 9 (HHS/ASPR) <ASPR.R9@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>
Subject: FW: Testing Kits

Mark and Brad,

(b)(5); (b)(3); 42 U.S.C. § 247d-6b(d)

Ken Callahan
Office of the Deputy Secretary
U.S. Department of Health & Human Services

C: (b)(6)

Pre-decisional, Confidential and Deliberative

From: Fine, Peter <Peter.Fine@bannerhealth.com>
Sent: Friday, March 20, 2020 3:35 PM
To: Hargan, Eric (OS/IOS) <Eric.Hargan@hhs.gov>
Subject: Fwd: Testing Kits

Dear Deputy Secretary Hargan,

Banner Health opened several COVID-19 testing collection sites in drive-thru tents in the Phoenix and Tucson markets with the support of the state health department. This was desperately needed due to very limited testing capacity in this state. Sonora Quest Laboratories, which is a joint venture between Banner and Quest Diagnostics, purchased a Roche 8800 testing machine and has another coming on 4/3 to increase testing capacity significantly to about 4000/day. However, we are almost out of kits. We were working with the Adjunct General (who is a Major General in the AZ National Guard) who was working directly with FEMA to get us kits (20,000 were promised to us last week for delivery two days ago and we received 500). No one is responding to the commitment made. We can sustain our Phoenix sites through Saturday. After that we will have used our supply of 500. Our Tucson site only has 20 kits to use today; the same number of kits we used down there yesterday. Sonora Quest currently has the testing capacity to do 1,000 tests per day (this will more than triple by the beginning of April) but we need kits now. Is there anything you can do to help us obtain more testing kits so that we can help the state increase the number of community tests that are being performed in this state and keep these patients out of our emergency rooms where they infect others. I greatly appreciate any assistance you can provide during this crisis.

Sincerely,

Peter S. Fine
President & CEO
Banner Health

Sender:	Callahan, Kenneth (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=2E1240D1D62D49B3BA2E4E51C0920908-CALLAHAN, K>
Recipient:	Young, Mark (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=55e06195ad5f4b1f8d0ca7408e453bad-Young, Mark>; Hurley, Michael <michael.hurley@fema.dhs.gov>; Austin, Brad (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5daa376fbdec43dcb81955ae13a4d740-Austin, Bra>; ASPR Region 9 (HHS/ASPR) </o=ExchangeLabs/ou=Exchange Administrative Group

	(FYDIBOHF23SPDLT)/cn=Recipients/cn=201a570f8510492f958d075cc4362303-IRCT.COPSGS>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; EDH (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=393ceddbc5fa4d44a9734e20f54c8146-EDH6886>
Sent Date:	2020/03/21 14:30:08
Delivered Date:	2020/03/21 14:30:09

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=184FE51F7350400B8A99DABD65AC0DB5-ADAMS, JERO>
To:	Sherman, Jennifer (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f30fe7fae664419fa654b20edccb1e78-Sherman, Je>
CC:	Wright, Janet (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=41f672e2527b4f44891fb4fbe08cdfd-Wright, Jan>
Subject:	Re: FYI - The Daily Beast profile
Date:	2020/03/21 14:31:32
Priority:	Normal
Type:	Note

They (accidentally I'm sure) left all the positive remarks and stories about me till the end- but unlike the AP, at least they included them. Hopefully this is the end of the stories about the SG.

VADM Jerome Adams
20th US Surgeon General

On Mar 21, 2020, at 1:20 PM, Sherman, Jennifer (HHS/OASH)
<Jennifer.Sherman@hhs.gov>wrote:

FYI – Here is the profile by The Daily Beast.

Has the U.S. Surgeon General Caught a Bad Case of Trumpism?

Dr. Jerome Adams had a sterling reputation owing to the work he did in Indiana. Which has led friends to wonder: What's going on with him now?

By Adam Wren

In normal times, the average American's experience with the U.S. surgeon general amounts to reading the warnings on a packet of cigarettes or a bottle of alcohol. But in the age of the novel coronavirus, Surgeon General Dr. Jerome Adams has become a regular presence in living rooms—and, recently, not always the most reassuring one.

On March 8, the first time many Americans saw Adams, the 45-year-old sat for an interview with CNN's Jake Tapper. Adams, who holds the rank of vice admiral in the U.S. Public Health Service Commissioned Corps and oversees 6,500 public health officers, explained the nature of coronavirus to Tapper as if he was one of his anesthesiology patients. But

as Tapper pressed on to more political ground—whether the age of former Vice President Joe Biden, Sen. Bernie Sanders (I-VT), and President Donald Trump meant they should stop campaigning in person—Adams careened off message.

“Speaking of being at risk, the president, he sleeps less than I do, and he’s healthier than what I am,” responded Adams, 46, who cuts a trim and athletic figure and runs 5Ks.

His claim did not pass the eye test.

Back in Indiana, where Adams served as public health commissioner under then-Gov. Mike Pence during some of the state’s most tumultuous health crises, at least one former aide arched his eyebrow when he watched the interview, texting Adams to see if he was serious.

He was.

“He realized that it came off poorly, but the president’s doctor came out and said he’s on one medication,” said the friend and former aide, who requested anonymity because he wasn’t authorized to speak on behalf of the surgeon general. “Adams is on six medications for chronic conditions—pre-diabetes, asthma, for example. From just a burden of chronic disease standpoint, it was accurate.”

But if Adams realized he had stumbled, it didn’t seem to alter his approach in subsequent media appearances. More than a week later, in an interview with *Fox and Friends*, Adams wrongly suggested that South Korea was an authoritarian nation. “We are not an authoritarian nation, so we have to be careful when we say, ‘Let’s do what China did. Let’s do what South Korea did,’” Adams said of the U.S. ally. (South Korea is a democratic republic.)

On Wednesday, he was asked by NBC’s Savannah Guthrie whether the U.S. could meet the demand for ventilators. “The best way to not run out of ventilators or [personal protective equipment] is to make sure you drive down demand,” Adams responded, discussing the virus in terms that implied people were pursuing—not avoiding—it.

And that’s not to mention a discordant chiding he gave reporters in a March 14 briefing: “No more criticism or finger-pointing,” Adams told

the assembled press, playing media critic instead of the anesthesiologist he is.

Has Trumpism infected his own surgeon general's brain?

“In a few sentences, that took away so much of his credibility,” said Leslie Dach, who helped run Barack Obama’s response to the Ebola crisis while at the Department of Health and Human Services. “It shows how much this president can corrupt the integrity of people when they choose to be part of his political strategy instead of doing the job they took an oath to do. To be up there in that uniform is a disgrace.”

Dach pointed to Adams’ comments on March 8 in a CNN interview during which Adams said he felt good “pretty good that some parts of the country have contained” the virus. “It was unknowable at the time,” Dach said. “He gave people information that made more people more sick.”

“The surgeon general is a revered person for the truth in health care,” said Dach, who worked with Adams’ predecessor, Dr. Vivek Murthy. “Here we have someone who both politicizes the role and allows himself to be seen that way.”

A spokesperson for Adams was not available for comment. But for half a dozen friends, public officials and top aides who worked with Adams in Indiana when he was health commissioner something certainly seems off.

In their telling, Adams is an affable and intelligent political operator with a doctor’s bedside manner—a conservative who isn’t afraid to go where the science points. The recent high-profile missteps, they say, are uncharacteristic of the brilliant and poised anesthesiologist with degrees from the University of Maryland, the University of California at Berkeley, and a medical degree from the Indiana University School of Medicine.

But even then, they’re willing to cut him some slack. After all, the job that Adams is now assuming is of a different magnitude than anything a surgeon general has confronted before.

“If those are the worst examples that you got then he certainly continues to earn my respect,” said Dr. Woody Myers, a Democratic gubernatorial candidate in the Hoosier state who also served as public health commissioner during the 1980s. Myers, a former member of President Ronald Reagan’s Commission on the HIV Epidemic who as public health

commissioner supported Ryan White, the Indiana teenager and AIDS victim, counseled Adams during the 2015 HIV outbreak in Scott County, Indiana. “I listen to what he says. I know that what he's tried to do is right for the people. He's the nation's top clinical doctor. I think that he's an exceptionally bright physician who understands the pivotal role that he plays.”

Joey Fox, Adams' former legislative director in Indiana, chalked up Adams' lecturing the media to frustration. “My guess is that as the public health official he was frustrated by what he was seeing,” Fox said. “He wasn't making a blanket statement on all the media.”

An HHS spokesperson Secretary Alex Azar believes the surgeon general plays an important role in “communicating with the American people, educating them on appropriate measures to protect against viral infections, and calming fears.” Adams, the spokesperson said, “has been involved with the Secretary's briefings for weeks and the Secretary has always been supportive of the Surgeon General's advisories and initiatives.”

Adams grew up on a farm in Mechanicsville, Maryland. His younger brother, Phillip, would go on to develop substance use disorders, which Adams has said led him to make the opioid crisis—and the use of naloxone, a drug that can reverse an overdose—a defining agenda item of his time in office. In the rural county where he was raised, there were few doctors, and the profession appealed to him. He won a Meyerhoff Scholarship, a grant for minority students interested in the sciences that paid for his undergraduate tuition. Before medical school, he applied for a job at Eli Lilly, the Indianapolis-based pharmaceutical giant where Health and Human Services Secretary Alex Azar was once a senior executive.

In 2014, then-Gov. Pence appointed the oft-bowtied Adams—who at the time was only 40—as the state's health commissioner. Adams would later say he had reservations about taking the role. “The rumor was he was old school—and not like the pop culture old school that the kids talk about, but older-super-conservative-from-southern-Indiana old school,” Adams said during his swearing-in ceremony in the vice president's ceremonial office. The two went on to build a solid rapport, aides to both say.

On his first day in office in Indiana, Adams found himself thrust into the middle of efforts to prevent the spread of Ebola (there were no cases in Indiana, but Adams coordinated the state's preparedness program, including ensuring the state had enough personal protective equipment

and helping Indiana University Health to build an Ebola room to treat potential victims). He often worked 90 hours a week in Indianapolis, taking shifts at Eskenazi Hospital in addition to his duties as the state's top doctor. He also served as a clinical associate professor of anesthesiology at Indiana University. On Saturdays, it was not uncommon for him to come into the office toting his three children—Caden, Eli, and Millie—who drew on the office whiteboard.

His tenure would be marked by two other public health crises. The first was dealing with the aftermath of the East Chicago lead crisis,—an EPA Superfund site was contaminating young children. Adams made numerous visits to both East Chicago and Scott County from Indianapolis to visit with Hoosiers, often having aides tune the radio to country music while talking Colts football. “He has really good small ‘p’ political skills—how to message things and get things done,” Fox said.

Once, Eric Miller, his chief of staff, recalls Adams encountering a young boy in East Chicago who was afraid of a blood draw a nurse was trying to administer. Adams intervened, entertaining the kid, gaining his trust, and drew the blood himself.

The second crisis that landed on Adams' lap drew national attention. Under Pence's governorship, Indiana witnessed a spike in HIV diagnoses following the decision to end needle exchanges. Adams worked to convince Pence that establishing a syringe exchange was necessary to prevent the diseases' spread in rural Indiana where injection drug use of the prescription painkiller Opana—and needle sharing—had led to a cluster of more than 200 infections in the spring of 2015.

The job presented its share of tricky political and racial hurdles. Pence was steadfast in his religious beliefs and they often could present complications for public health policy.

“There were others in the administration who said we couldn't even talk about [a needle exchange] because Gov. Pence wouldn't even allow it,” said Art Logsdon, a former newspaper reporter who became the assistant commissioner of public health under Adams. But Adams and his deputy, Jennifer Sullivan, made the case. “They were the white knights,” Logsdon said.

There was also Indiana's history that Adams had to confront. On one trip together, Fox was sitting shotgun when they passed a Confederate flag—not an unusual sight in Southern Indiana. Those in the car grew quiet as Adams looked out the window. “They are still our people that I’m in charge of taking care of,” Adams said.

In making the case for a needle exchange and earning opioid users' trust, Adams often shook hands with and hugged the people of Scott County. “A black guy in a largely rural community, all white, first of all being willing to communicate? He would dive in,” Logsdon said. “He’s not an officious kind of guy.”

When the White House needed to fill the surgeon general's post, Adams was a logical option, owing to the relationship he had developed with Pence.

Inside the vice president's ceremonial office on Sept. 5, 2017, Pence swore in Adams as the 20th surgeon general. In his remarks, Pence cited his experience as an anesthesiologist at Eskenazi Hospital in Indianapolis, and his time as a clinical associate professor of anesthesiology at IU, calling him “highly qualified not just to serve, but to succeed on behalf of the American people.” Pence also extolled Adams' work on everything from Indiana's infant mortality rate to prepping for the Ebola virus, saying Adams “calmed the waters in Indiana.”

Adams' relationship with Pence—and their experience working together in Indiana—also made him an obvious addition to the coronavirus task force. As the surgeon general, his purview extends to infectious diseases, and allies say his bedside manner could ease an anxious nation. “It makes me feel a lot better when I go to sleep at night knowing that Dr. Adams is on the coronavirus task force,” said Miller, his former chief of staff at the Indiana State Department of Health. “Because if there's somebody who is going to do the right thing, no matter what, it's Dr. Adams.”

Adams hadn't been central to the administration's response to the coronavirus until late February, when Vice President Pence added him to the task force the same day he tapped Treasury Secretary Steven Mnuchin and Director of the National Economic Council Larry Kudlow.

“He’s a no-drama, team player,” says a former Trump administration official who worked with Adams both in Indiana and D.C. “Humble, still a regular guy who is helping out because it’s the right thing to do. He’s not out for personal glory.”

But the challenge Adams faces now, guiding a worried nation through the throes of a pandemic, is unlike anything he’s faced before. And some of his friends and former aides can see the stress showing.

“No longer is he just in Indiana doing a press conference with Gov. Holcomb or Gov. Pence,” Logsdon said. “Now, the whole wide world is watching him. I watch him on T.V. He has a very serious demeanor about him. But I don’t know exactly what’s going on. He’s not nearly as serious of a guy, normally. I don’t know if he’s tired, or what. Between you and me, when you’re in those jobs, you can’t be 100 percent candid. You have to adapt. You’re expected to adopt a certain line. But you’ve still got your own conscience.”

Trump has praised Adams’ turn as a new messenger for the administration on the coronavirus. “We’ve created a number of new stars, including the gentleman right behind me. I watched him the other day. It was such a fantastic job you did, and I really appreciate it,” Trump said of Adams at the March 14 White House news conference.

To Logsdon, Adams comes across as the same guy he worked with for three years in Indianapolis. “The Jerome Adams of 2014 to 2017 is pretty much the Jerome Adams of 2020—to the extent he chooses to be and to the extent he’s allowed to be,” Logsdon said.

<https://www.thedailybeast.com/has-the-us-surgeon-general-caught-a-bad-case-of-trumpism?ref=scroll>

Jenn Sherman

Director of Public Affairs
Office of the Surgeon General
Department of Health and Human Services (HHS)

Sender: Adams, Jerome (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=184FE51F7350400B8A99DABD65AC0DB5-ADAMS, JERO>

Recipient:	Wright, Janet (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=41f672e2527b4f44891fb4fbe08cdfd-Wright, Jan>; Sherman, Jennifer (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f30fe7fae664419fa654b20edccb1e78-Sherman, Je>
Sent Date:	2020/03/21 14:31:31
Delivered Date:	2020/03/21 14:31:32

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To:	Murphy, Ryan (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya>
CC:	Brennan, Patrick (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b51c3d9a49fd4882951eca2417c19dcf-Brennan, Pa>; Caccomo, Stephanie (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3b415b3f6cff4b18980c5f723fad2ce0-stephanie.c>; Caliguiri, Laura (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=40352e099c9a46dca3310df0ac5afd0e-laura.calig>; Lenihan, Keagan (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3cd1b7aba9034ddb936017780583af7d-keagan.leni>; ASPA-Deputies </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=884d75c735db47cca76a4c0fc74a06b8-ASPA-Deputi>; Robinson, Michael J (HHS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user6f4e0ecd>
Subject:	Re: Azar quote for point of care release
Date:	2020/03/21 14:36:00
Priority:	Normal
Type:	Note

Thanks Ryan. Let me know if I need to call someone. Don't know who at this point . . .

The stories are happening so we want to make sure we get in them.

Sent from my iPhone

On Mar 21, 2020, at 2:30 PM, Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>wrote:

I'm asking them AGAIN.

From: Brennan, Patrick (OS/ASPA) <Patrick.Brennan@hhs.gov>
Sent: Saturday, March 21, 2020 2:30 PM
To: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Caccomo, Stephanie (FDA/OC) <Stephanie.Caccomo@fda.hhs.gov>
Cc: Caliguiri, Laura (FDA/OC) <Laura.Caliguiri@fda.hhs.gov>; Lenihan, Keagan (FDA/OC) <Keagan.Lenihan@fda.hhs.gov>; ASPA-Deputies <ASPA-Deputies@hhs.gov>; Robinson, Michael J (HHS/ASPA) <michael.robinson@hhs.gov>
Subject: RE: Azar quote for point of care release

Ryan is clearing the new version with OVP

From: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>
Sent: Saturday, March 21, 2020 2:29 PM
To: Caccomo, Stephanie (FDA/OC) <Stephanie.Caccomo@fda.hhs.gov>
Cc: Brennan, Patrick (OS/ASPA) <Patrick.Brennan@hhs.gov>; Caliguiri, Laura (FDA/OC)

<Laura.Caliguiri@fda.hhs.gov>; Lenihan, Keagan (FDA/OC) <Keagan.Lenihan@fda.hhs.gov>; ASPA-Deputies <ASPA-Deputies@hhs.gov>; Robinson, Michael J (HHS/ASPA) <michael.robinson@hhs.gov>
Subject: Re: Azar quote for point of care release

(b)(5)

Sent from my iPhone

On Mar 21, 2020, at 10:53 AM, Caccomo, Stephanie <Stephanie.Caccommo@fda.hhs.gov>wrote:

Just cleared attorneys no edits. Thanks!

Stephanie Caccomo

Press Officer

Office of Media Affairs
Office of External Affairs
U.S. Food and Drug Administration
Desk: 301.348.1956
Cell: (b)(6)
stephanie.caccommo@fda.hhs.gov

From: Brennan, Patrick (OS/ASPA) <Patrick.Brennan@hhs.gov>

Sent: Saturday, March 21, 2020 10:38 AM

To: Caccomo, Stephanie <Stephanie.Caccommo@fda.hhs.gov>; Caliguiri, Laura <Laura.Caliguiri@fda.hhs.gov>

Cc: Lenihan, Keagan <Keagan.Lenihan@fda.hhs.gov>; ASPA-Deputies <ASPA-Deputies@hhs.gov>; Robinson, Michael J (OS) <michael.robinson@hhs.gov>

Subject: Azar quote for point of care release

Stephanie and Laura,

(b)(5)

- Patrick

From: OS HHSPress (HHS/ASPA) <HHSPress@hhs.gov>

Sent: Saturday, March 21, 2020 9:39 AM

To: Campbell, Taylor (OS/OASH) <Taylor.Campbell@hhs.gov>; OS - ASPA - Clearance <OS.ASPA-Clearance@hhs.gov>; OS OGC-IO ControlDesk (HHS/OS/OGC) <ControlDesk.OGCIO@hhs.gov>; Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Caliguiri, Laura (FDA/OC) <Laura.Caliguiri@fda.hhs.gov>; Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>; White, Caroline (HHS/OGC) <Caroline.White@hhs.gov>; Stimson, Brian (HHS/OGC) <Brian.Stimson@hhs.gov>; Charrow, Robert (HHS/OGC) <Robert.Charrow@hhs.gov>; Keveney, Sean (HHS/OGC) <Sean.Keveney@hhs.gov>; Chang, William (HHS/OGC) <William.Chang@hhs.gov>; Barry, Daniel J (HHS/OGC) <daniel.barry@hhs.gov>; Amin, Stacy (FDA/OC) <Stacy.Amin@fda.hhs.gov>; ASPRCOMMS <ASPRCOMMS@hhs.gov>; ASPRMEDIA (OS/ASPR/COO) <ASPRMEDIA@hhs.gov>; Routh, Jennifer (NIH/NIAID) [E] <jennifer.routh@nih.gov>; Conrad, Patricia (NIH/NIAID) [E] <conradpa@niaid.nih.gov>; Billet, Courtney (NIH/NIAID) [E] <billetc@niaid.nih.gov>; Wojtowicz, Emma (NIH/OD) [E] <emma.wojtowicz@nih.gov>; Akinso, Woleola (NIH/OD) [E] <akinsow@od.nih.gov>; Fine, Amanda (NIH/OD) [E] <amanda.fine@nih.gov>; Fritz, Craig (NIH/OD) [E] <craig.fritz@nih.gov>; Myles, Renate (NIH/OD) [E] <mylesr@mail.nih.gov>; Broido, Tara (HHS/OASH) <Tara.Broido@hhs.gov>; Channer, Amber (OS/OASH) <Amber.Channer@hhs.gov>; Heck, Mia (HHS/OASH) <Mia.Heck@hhs.gov>; Kotwicki, Lauren (HHS/OASH) <Lauren.Kotwicki@hhs.gov>; Migliaccio-Grabill, Kate (HHS/OASH) <Kate.Migliaccio-Grabill@hhs.gov>; Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>; Bonds, Michelle E. (CDC/OD/OADC) <meb0@cdc.gov>; Galatas, Kate (CDC/OD/OADC) <kkg2@cdc.gov>; Heldman, Amy B. (CDC/OD/OADC) <evd4@cdc.gov>; Patrick, Kera (CDC/OD/OADC) <ihn7@cdc.gov>; CDC OADC ASPA Clearance <OADCASPAClearance@cdc.gov>

Cc: Caccamo, Stephanie (FDA/OC) <Stephanie.Caccamo@fda.hhs.gov>; Finnen, April (FDA/OC) <April.Finnen@fda.hhs.gov>; OCOEAOMA-Press (FDA) <OCOEAOOMA-Press@fda.hhs.gov>; OS HHSPress (HHS/ASPA) <HHSPress@hhs.gov>

Subject: CLEARANCE_0302: FDA "Coronavirus (COVID-19) Update: FDA Issues first Emergency Use Authorization for Point of Care Diagnostic"

URGENT

Agency/Office: FDA

Subject: *Coronavirus (COVID-19) Update: FDA Issues first Emergency Use Authorization for Point of Care Diagnostic*

Material: Draft statement (cleared for FDA by FDD's Claire Dennis)

Deadline for comments: Before 11 a.m. today Saturday, March 21

Planned release date: Saturday, March 21

Driving event: COVID-19 pandemic; EUA for diagnostic

V/r,

Mike Robinson
Strategic Planning, ASPA

202-690-6885 –desk

(b)(6) –mobile

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Recipient:	Murphy, Ryan (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya>; Brennan, Patrick (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b51c3d9a49fd4882951eca2417c19dcf-Brennan, Pa>; Caccamo, Stephanie (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3b415b3f6cff4b18980c5f723fad2ce0-stephanie.c>; Caliguiri, Laura (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=40352e099c9a46dca3310df0ac5afd0e-laura.calig>; Lenihan, Keagan (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3cd1b7aba9034ddb936017780583af7d-keagan.leni>; ASPA-Deputies </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=884d75c735db47cca76a4c0fc74a06b8-ASPA-Deputi>; Robinson, Michael J (HHS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user6f4e0ecd>
Sent Date:	2020/03/21 14:35:59
Delivered Date:	2020/03/21 14:36:00

From:	Melissa Gill (b)(6)@hotmail.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 14:37:53
Priority:	Normal
Type:	Note

Melissa Gill

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

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Sincerely,
Melissa Gill

Sender:	Melissa Gill (b)(6)@hotmail.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 14:37:04
Delivered Date:	2020/03/21 14:37:53
Message Flags:	Unread

From:	Whitaker, Scott <SWhitaker@AdvaMed.org>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Fwd: BD Sterilization Situation in Georgia
Date:	2020/03/21 14:42:45
Priority:	Normal
Type:	Note

Secretary Azar, attached and below is additional information on product backlog at the BD sterilization facility in Georgia as well as Sterigenics facility.

The FDA has been diligently working on this but the issue has not yet been resolved in GA. This additional backlog at the BD plant has resulted from actions by the State of Georgia.

In addition to the challenges at BD, the backlog created by the Georgia's shutdown of the Sterigenics facility has created a major problem for critical medical products in the US. An attached document gives an overview of Sterigenics facilities.

Thank you for consideration of this request.

Scott Whitaker

Get [Outlook for iOS](#)

From: Elizabeth Woody <elizabeth_woody@bd.com>

Sent: Saturday, March 21, 2020 2:13 PM

To: Whitaker, Scott

Cc: Crist, Greg

Subject: BD Sterilization Situation in Georgia

(b)(4)

IMPORTANT MESSAGE FOR RECIPIENTS IN THE U.S.A.:

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Corporate Headquarters Mailing Address: BD (Becton, Dickinson and Company) 1 Becton Drive
Franklin Lakes, NJ 07417 U.S.A.

Sender:	Whitaker, Scott <SWhitaker@AdvaMed.org>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 14:42:16
Delivered Date:	2020/03/21 14:42:45

From:	Whitney Cato (b)(6)@gmail.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 14:47:09
Priority:	Normal
Type:	Note

Whitney Cato

(b)(6)

March 21, 2020

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Dear Administrator Verma:

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Sincerely,
Whitney Cato

Sender:	Whitney Cato (b)(6)@gmail.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 14:47:05
Delivered Date:	2020/03/21 14:47:09
Message Flags:	Unread

From:	Traci McKee <(b)(6)@gmail.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 14:47:11
Priority:	Normal
Type:	Note

Traci McKee

(b)(6)

March 21, 2020

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Sincerely,
Traci McKee

Sender:	Traci McKee <(b)(6)@gmail.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 14:47:05
Delivered Date:	2020/03/21 14:47:11
Message Flags:	Unread

From:	Robert Levitt (b)(6)@hotmail.com>
To:	Robert Levitt (b)(6)@hotmail.com>
Subject:	Dr. Levitt's COVID-19 Update for NOON 21 March 2020/MY STAY IN PLACE STARTS MONDAY PER ST. LOUIS ORDER
Date:	2020/03/21 14:56:05
Priority:	Normal
Type:	Note

Dear All,

Below are short takes on Gov. Cuomo's and the President's Task Force press briefings today and **some very discouraging news articles:**

Gov. Cuomo uses PowerPoint slides to speak from and to display to TV audiences. He keeps his colleagues and press 6 feet apart from one another. This social distancing is what the President's 15 Day Guidelines say to do. Why doesn't the Task Force and the President do the same for his press briefings? **Mr. Trump is saying: 'Ignore my Guidelines' by ignoring the 6 foot social distancing rule himself.**

I thank the President for asking why the N95 industrial masks cannot be sanitized. Mr. Trump may not understand virology but he has surrounded himself with experts and knows to ask questions. I thank Secretary Carson for not touching his face or the microphone at this press briefing.

Gov. Cuomo listed the Johns Hopkins COVID-19 data for the world: 284,000 infected; 11,868 dead; 89,891 recovered; and 183,000 pending. Seventy five percent of COVID-19 patients dying are over 65 y.o.

Actions taken by Gov. Cuomo include 4 field hospitals by FEMA, 4 tent hospitals by Corps of Engineers, protocol testing of Chloroquine + Azithromycin for 10,000 COVID-19 patients, increasing NY hospital beds by 50,000-75,000, obtaining 2 million N95 masks for NY (1 million to go to NYC), obtaining ventilators from all over the world, **Cuomo expects 40-80% of NY citizens for be infected before this is over; 23% of his tests on New Yorkers are positive to date.**

VP Pence said the U.S. has tested 195,000 persons excluding some private labs and community testing. The positive rate is 8.7% for this denominator which is **not all tested persons in U.S.**

Becker's... today summarized a Harvard study on the **effects of COVID-19 on hospitals in large urban centers:** https://www.beckershospitalreview.com/patient-flow/are-hospitals-in-your-city-ready-for-a-surge-of-covid-19-patients-a-look-at-4-scenarios.html?origin=BHRE&utm_source=BHRE&utm_medium=email&oly_enc_id=0573J6191345F3O

As I look at the scenarios, it looks like **hospital systems will need four times as many beds, ICU beds, equipment, staff as they have now.**

For the Task Force, here is the original paper from the Harvard Chan School of Public Health: <https://protect2.fireeye.com/url?k=e1b30013-bde7196f-e1b3312c-0cc47adc5fa2->

53a660cda9fb3318&u=https://globalepidemics.org/2020/03/17/caring-for-covid-19-patients/

The reason for Gov. Cuomo's bold action plan and the **coming stay-in-place order for Saint Louis County and City on Monday** is that we are behind the curve. If you look at the graph in the **Vox** article: <https://www.vox.com/future-perfect/2020/3/20/21179040/coronavirus-us-italy-not-overreacting>



you will see that the U.S. curve of cases of COVID-19 is exponential as was the Italian curve. All these NY and St. Louis actions are being taken to avoid the same Italian disaster. Local leaders and state leaders are taking appropriate action while the federal government lags behind. The federal government will catch up, but each day is precious now in stopping this miserable virus in its tracks. Later I will post articles on COVID-19 for all readers of this COVID-19 Update. The sun is finally out in Saint Louis and I need the Vitamin D if it continues to rain in April.

Be well,
RGL, M.D

If you wish to unsubscribe to this email service, please contact Dr. Robert Levitt at (b)(6)@hotmail.com and include in the subject line: Unsubscribe.

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Sender:	Robert Levitt (b)(6)@hotmail.com>
Recipient:	Robert Levitt (b)(6)@hotmail.com>
Sent Date:	2020/03/21 14:55:10
Delivered Date:	2020/03/21 14:56:05
Message Flags:	Unread

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To:	Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; Trent-Adams, Sylvia (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=650dc3276414421693345147bfafd132-Trent-Adams>; Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Schwartz, Erica (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=603e84a0e3744a5d8dcdb759f5dcad91-Schwartz, E>
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Subject:	COVID-19 Mission Update 20 MAR 2020 2000
Date:	2020/03/21 15:01:51
Priority:	Normal
Type:	Note

Sirs and Ma'ams

(b)(5); (b)(3); 42 U.S.C. § 247d-6b(d)

Rear Admiral Susan M. Orsega, FNP-BC, FAAN, FAANP

Director, Commissioned Corps Headquarters
Office of the Surgeon General
United States Public Health Service
U.S. Department of Health and Human Services
1101 Wooten Parkway
Rockville, Maryland 20852
Office Phone: 240-453-6080
Cell phone: (b)(6)
Email: susan.orsega@hhs.gov

Sender:	Orsega, Susan (OS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D8171C34A0CD4581A49F33CB8F60F684-ORSEGA, SUS>
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	Schwartz, Erica (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=603e84a0e3744a5d8dcdbd759f5dcad91-Schwartz, E>; Valentine, Steven (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fd508090f8984b1caf04069bc6000dc2-Valentine,>; Haddad, Carla (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a0345ed373884c068792954d8f18aa54-Haddad, Car>
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Delivered Date:	2020/03/21 15:01:51
Message Flags:	Unread

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To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>; Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>
Subject:	Fwd: GM joins with Ventec to produce ventilators
Date:	2020/03/21 15:12:51
Priority:	Normal
Type:	Note

Flagging the offer from volkswagon who is willing to start if given directive

Sent from my iPhone

Begin forwarded message:

From: "Pratt, Michael (OS/ASPA)" <Michael.Pratt@hhs.gov>
Date: March 21, 2020 at 10:54:28 AM EDT
To: ASPA-Deputies <ASPA-Deputies@hhs.gov>
Subject: Fwd: GM joins with Ventec to produce ventilators

GM joins with Ventec to produce ventilators

By Tanya Snyder

03/21/2020 10:47 AM EDT

General Motors has entered into a partnership with Ventec Life Systems and a private-sector coronavirus initiative to manufacture ventilators.

The idea for GM to shift to manufacturing medical supplies initially came up during a call with the administration earlier this week when GM officials acknowledged that the company, along with Ford Motor Co. and Fiat Chrysler, would be closing its North American plants because of plummeting sales and employees' health concerns, a company spokesperson said.

“Ventec will leverage GM’s logistics, purchasing and manufacturing expertise to build more of their critically important ventilators,” the three entities said in a statement. They added that the third partner, StopTheSpread.org, “will continue to unite business leaders across the country to collect resources to complement and support government efforts.”

Ventec CEO Chris Kiple said GM’s assistance would help it get “more ventilators to more

hospitals much faster.”

The companies did not say whether GM factories or employees would be put to work on ventilator production. They also did not offer any numbers to illustrate the scale of production they expect to be able to achieve.

Separately, Volkswagen said it is also ready to help produce ventilators and other medical equipment as soon as it receives a directive. The company says it has more than 125 industrial 3D printers that could be used to make medical parts.

“Medical equipment is of course new to us,” a spokesperson said, “but as soon as we know the requirements and receive the corresponding blueprint, we can st

Sender:	Stecker, Judy (OS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0280B227911B40B6B30A81B8574EDE6B-STECKER, JU>
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Sent Date:	2020/03/21 15:12:50
Delivered Date:	2020/03/21 15:12:51

From:	Mike Allen <mike@axios.com>
To:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	Axios AM Deep Dive: Coronavirus — The optimist's scenario
Date:	2020/03/21 15:32:43
Priority:	Normal
Type:	Note



Welcome to our first bonus Deep Dive as we work through this pandemic together.

- • **To stay on top of what matters**, sign up for Vitals, our daily health care newsletter.
- • ***Smart Brevity count: 1,502 words, <6 minutes.***

1 big thing: The optimist's scenario



Sender:	Mike Allen <mike@axios.com>
Recipient:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Sent Date:	2020/03/21 15:32:25
Delivered Date:	2020/03/21 15:32:43

From:	Stephen Moellering <(b)(6)@gmail.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 15:47:15
Priority:	Normal
Type:	Note

Stephen Moellering

(b)(6)

March 21, 2020

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Sent Date:	2020/03/21 15:47:08
Delivered Date:	2020/03/21 15:47:15
Message Flags:	Unread

From:	Amanda Oporto <(b)(6)@yahoo.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 15:47:14
Priority:	Normal
Type:	Note

Amanda Oporto

(b)(6)

March 21, 2020

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Amanda Oporto

Sender:	Amanda Oporto <(b)(6)@yahoo.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
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Message Flags:	Unread

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.UP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=2E1240D1D62D49B3BA2E4E51C0920908-CALLAHAN, K>
To:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
CC:	EDH (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=393ceddbc5fa4d44a9734e20f54c8146-EDH6886>; Dareshori, Zack (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a4e07b941ed04118ab39d2f6e3f2392c-Dareshori,>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>; Brady, Will (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fa197652dadf4048ad6764b3f9d4a528-Brady, Will>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Stimson, Brian (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=338aa495176d4c92bb314f8f3f51d118-Stimson, Br>; Chang, William (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3cf70c842da144ab9bee61f353d932a0-Chang, Will>; Stannard, Paula (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f0892a057f83497e9390288c813b61d9-Stannard, P>; Bird, Catherine (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb9d9180497c49c4a06a0dd1f6043dc7-Bird, Cathe>
Subject:	RE: Call on draft DPA anti-hoarding executive order
Date:	2020/03/21 16:22:15
Priority:	Normal
Type:	Note

Copy - re-adding attachment for Catherine's awareness.

From: Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>
Sent: Saturday, March 21, 2020 4:21 PM
To: Callahan, Kenneth (HHS/IOS) <Kenneth.Callahan@hhs.gov>
Cc: EDH (OS/IOS) <(b)(6)@HHS.GOV>; Dareshori, Zack (HHS/IOS) <Zachary.Dareshori@hhs.gov>; Mango, Paul (HHS/IOS) <Paul.Mango@hhs.gov>; Brady, Will (HHS/IOS) <William.Brady@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Stimson, Brian (HHS/OGC) <Brian.Stimson@hhs.gov>; Chang, William (HHS/OGC) <William.Chang@hhs.gov>; Stannard, Paula (HHS/IOS) <Paula.Stannard@hhs.gov>; Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>
Subject: Re: Call on draft DPA anti-hoarding executive order

+Catherine

Brian Harrison
Chief of Staff
U.S. Department of Health and Human Services
202.690.7000
brian.harrison@hhs.gov

On Mar 21, 2020, at 4:19 PM, Callahan, Kenneth (HHS/IOS)
<Kenneth.Callahan@hhs.gov> wrote:

Sir,

You and Brian Harrison have just been added to a call hosted by Theo Merkel at 5:30 PM today (see attachment with more information)– please let me know if you would like a pre-brief call on this and who else should be on this call.

Ken Callahan
Office of the Deputy Secretary
U.S. Department of Health & Human Services
C: (b)(6)

Pre-decisional, Confidential and Deliberative

<COVID-19 DPA Hoarding DRAFT 3.20.2020 1853.docx>

Sender:	Callahan, Kenneth (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=2E1240D1D62D49B3BA2E4E51C0920908-CALLAHAN, K>
Recipient:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; EDH (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=393ceddbc5fa4d44a9734e20f54c8146-EDH6886>; Dareshori, Zack (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a4e07b941ed04118ab39d2f6e3f2392c-Dareshori,>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>; Brady, Will (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fa197652dadf4048ad6764b3f9d4a528-Brady, Will>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Stimson, Brian (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=338aa495176d4c92bb314f8f3f51d118-Stimson, Br>; Chang, William (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3cf70c842da144ab9bee61f353d932a0-Chang, Will>; Stannard, Paula (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f0892a057f83497e9390288c813b61d9-Stannard, P>; Bird, Catherine (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb9d9180497c49c4a06a0dd1f6043dc7-Bird, Cathe>
Sent Date:	2020/03/21 16:22:14
Delivered Date:	2020/03/21 16:22:15

From:	Callahan, Kenneth (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=2E1240D1D62D49B3BA2E4E51C0920908-CALLAHAN, K>
To:	Barry, Daniel J (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user3e449ce0>; DeputySecretary (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fcecd65e1c64f8f9f53d7347e916aa4-DeputySecre>; EDH (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=393ceddbbc5fa4d44a9734e20f54c8146-EDH6886>; Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>; Charrow, Robert (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00531138af454ce3ac0b5885bead345f-Charrow, Ro>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Moughalian, Jen (HHS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a1ec840c6a2d4adbbbc91e420a23c7eaf-Moughalian,>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Bird, Catherine (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb9d9180497c49c4a06a0dd1f6043dc7-Bird, Cathe>; Dareshori, Zack (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a4e07b941ed04118ab39d2f6e3f2392c-Dareshori,>; Brady, Will (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fa197652dadf4048ad6764b3f9d4a528-Brady, Will>; Ezernack, Paige (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0174777a449342bb811d7eefb0a92eec-Rogers, Pai>; Rowell, Scott (OS/ASA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c03a4628049a421e875ddb3479bf3609-Rowell, Sco>; Stannard, Paula (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f0892a057f83497e9390288c813b61d9-Stannard, P>
Subject:	RE: EOP/DOJ Pre-Brief
Date:	2020/03/21 17:01:29
Priority:	Normal
Type:	Note

(b)(6)

From: Barry, Daniel J (HHS/OGC) <daniel.barry@hhs.gov>

Sent: Saturday, March 21, 2020 5:01 PM

To: DeputySecretary (OS/IOS) <DeputySecretary@hhs.gov>; EDH (OS/IOS) <(b)(6)@HHS.GOV>; Hargan, Eric (OS/IOS) <Eric.Hargan@hhs.gov>; Callahan, Kenneth (HHS/IOS) <Kenneth.Callahan@hhs.gov>; Charrow, Robert (HHS/OGC) <Robert.Charrow@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Moughalian, Jen (HHS/ASFR) <Jen.Moughalian@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>; Dareshori, Zack (HHS/IOS) <Zachary.Dareshori@hhs.gov>; Brady, Will (HHS/IOS) <William.Brady@hhs.gov>; Ezernack, Paige (OS/ASPR/SPPR) <Paige.Ezernack@hhs.gov>; Rowell, Scott (OS/ASA) <Scott.Rowell@hhs.gov>; Stannard, Paula (HHS/IOS) <Paula.Stannard@hhs.gov>

Subject: RE: EOP/DOJ Pre-Brief

Is there a call in number for this?

Thanks,
Dan

-----Original Appointment-----

From: DeputySecretary (OS/IOS) <DeputySecretary@hhs.gov>

Sent: Saturday, March 21, 2020 4:46 PM

To: DeputySecretary (OS/IOS); EDH (OS/IOS); Hargan, Eric (OS/IOS); Callahan, Kenneth (HHS/IOS); Barry, Daniel J (HHS/OGC); Charrow, Robert (HHS/OGC); Shuy, Bryan (OS/ASPR/IO); Moughalian, Jen (HHS/ASFR); Harrison, Brian (HHS/IOS); Bird, Catherine (OS/OGC); Dareshori, Zack (HHS/IOS); Brady, Will (HHS/IOS); Ezernack, Paige (OS/ASPR/SPPR); Rowell, Scott (OS/ASA); Stannard, Paula (HHS/IOS)

Subject: EOP/DOJ Pre-Brief

When: Saturday, March 21, 2020 5:00 PM-5:30 PM (UTC-05:00) Eastern Time (US & Canada).

Where: 607-G

Good afternoon, NEC would like to host a call at 5:30 today on the (b)(5)

(b)(5)

Theo

<< File: (b)(5) >>

(b)(5)

Sender:	Callahan, Kenneth (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=2E1240D1D62D49B3BA2E4E51C0920908-CALLAHAN, K>
Recipient:	Barry, Daniel J (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user3e449ce0>; DeputySecretary (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fcecd65e1c64f8f9f53d7347e916aa4-DeputySecre>; EDH (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=393ceddbc5fa4d44a9734e20f54c8146-EDH6886>; Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>; Charrow, Robert (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00531138af454ce3ac0b5885bead345f-Charrow, Ro>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Moughalian, Jen (HHS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a1ec840c6a2d4adbbc91e420a23c7eaf-Moughalian,>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Bird, Catherine (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb9d9180497c49c4a06a0dd1f6043dc7-Bird, Cathe>; Dares hori, Zack (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a4e07b941ed04118ab39d2f6e3f2392c-Dares hori,>; Brady, Will (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fa197652dadf4048ad6764b3f9d4a528-Brady, Will>; Ezernack, Paige (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0174777a449342bb811d7eefb0a92eec-Rogers, Pai>; Rowell, Scott (OS/ASA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c03a4628049a421e875ddb3479bf3609-Rowell, Sco>; Stannard, Paula (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f0892a057f83497e9390288c813b61d9-Stannard, P>
Sent Date:	2020/03/21 17:01:29

From:	Callahan, Kenneth (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=2E1240D1D62D49B3BA2E4E51C0920908-CALLAHAN, K>
To:	Barry, Daniel J (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user3e449ce0>; DeputySecretary (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fcecd65e1c64f8f9f53d7347e916aa4-DeputySecre>; EDH (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=393ceddbbc5fa4d44a9734e20f54c8146-EDH6886>; Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>; Charrow, Robert (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00531138af454ce3ac0b5885bead345f-Charrow, Ro>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Moughalian, Jen (HHS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a1ec840c6a2d4adbb91e420a23c7eaf-Moughalian,>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Bird, Catherine (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb9d9180497c49c4a06a0dd1f6043dc7-Bird, Cathe>; Dareshori, Zack (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a4e07b941ed04118ab39d2f6e3f2392c-Dareshori,>; Brady, Will (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fa197652dadf4048ad6764b3f9d4a528-Brady, Will>; Ezernack, Paige (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0174777a449342bb811d7eefb0a92eec-Rogers, Pai>; Rowell, Scott (OS/ASA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c03a4628049a421e875ddb3479bf3609-Rowell, Sco>; Stannard, Paula (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f0892a057f83497e9390288c813b61d9-Stannard, P>
Subject:	RE: EOP/DOJ Pre-Brief
Date:	2020/03/21 17:01:29
Priority:	Normal
Type:	Note

(b)(6)

From: Barry, Daniel J (HHS/OGC) <daniel.barry@hhs.gov>

Sent: Saturday, March 21, 2020 5:01 PM

To: DeputySecretary (OS/IOS) <DeputySecretary@hhs.gov>; EDH (OS/IOS) <(b)(6)@HHS.GOV>; Hargan, Eric (OS/IOS) <Eric.Hargan@hhs.gov>; Callahan, Kenneth (HHS/IOS) <Kenneth.Callahan@hhs.gov>; Charrow, Robert (HHS/OGC) <Robert.Charrow@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Moughalian, Jen (HHS/ASFR) <Jen.Moughalian@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>; Dareshori, Zack (HHS/IOS) <Zachary.Dareshori@hhs.gov>; Brady, Will (HHS/IOS) <William.Brady@hhs.gov>; Ezernack, Paige (OS/ASPR/SPPR) <Paige.Ezernack@hhs.gov>; Rowell, Scott (OS/ASA) <Scott.Rowell@hhs.gov>; Stannard, Paula (HHS/IOS) <Paula.Stannard@hhs.gov>

Subject: RE: EOP/DOJ Pre-Brief

Is there a call in number for this?

Thanks,
Dan

-----Original Appointment-----

From: DeputySecretary (OS/IOS) <DeputySecretary@hhs.gov>

Sent: Saturday, March 21, 2020 4:46 PM

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Subject: EOP/DOJ Pre-Brief

When: Saturday, March 21, 2020 5:00 PM-5:30 PM (UTC-05:00) Eastern Time (US & Canada).

Where: 607-G

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(b)(5)

Theo

<< File: (b)(5) >>

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Sent Date:	2020/03/21 17:01:29

From:	Joline Wendt <(b)(6)@gmail.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 17:17:18
Priority:	Normal
Type:	Note

Joline Wendt

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

The federal Clinical Laboratory Improvement Advisory Committee recently recommended allowing qualified professionals to review and interpret digital images remotely when data is exchanged via a secure connection but CMS has not yet authorized this policy. Many U.S. laboratories have well-validated digital systems to allow for quality remote diagnosis using secure virtual personal networks (VPNs). Given dire shortages of pathologists and laboratory personnel at many laboratories and the need to follow the President's call for social distancing, CLIA is unnecessarily putting our work force at risk and imposing barriers to optimal patient care.

Given that HHS just provided other physician specialties with the flexibility to provide telemedicine services, pathologists and laboratory professionals should also be allowed the same flexibility. I request expedited consideration of this request to ensure laboratories can promptly respond to our patients' needs now.

Sincerely,
Joline Wendt

Sender:	Joline Wendt <(b)(6)@gmail.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 17:17:13
Delivered Date:	2020/03/21 17:17:18
Message Flags:	Unread

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=USER3E449CE0>
To:	Chang, William (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3cf70c842da144ab9bee61f353d932a0-Chang, Will>; Puesan, Cesar (HHS/OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1704b662180d4631b7b64cb17de301cd-Puesan Juar>; OS OGC-IO ControlDesk (HHS/OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8c9f99a0b2364cb5bd1b739db7851e43-controldesk>; Keveney, Sean (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2e13823250af4ccf93b3de562380e78e-Keveney, Se>; Strom, John (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=087650d67a204508963541a6eba69ea5-Strom, John>; Hecht, Jonah (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=de0acd2f82294cd7befc09c5444f616c-Hecht, Jona>; ASPR Exec Sec (OS/ASPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8e561b3f0bfd4331bc7c93e4419316ae-ASPRExecSec>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; OASHIO Control Desk (OS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8407017e8889478bbd764b389bdcd6ac-OASHIOContr>; Campbell, Taylor (OS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9cca29818d7440d8a21b2c349f2e4f6a-Campbell, T>; Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; Stannard, Paula (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f0892a057f83497e9390288c813b61d9-Stannard, P>
CC:	Bird, Catherine (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb9d9180497c49c4a06a0dd1f6043dc7-Bird, Cathe>; Agnew, Ann (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e5174d56b97948d0820e90e8d8136ee5-Agnew, Ann>; Brennan, Patrick (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b51c3d9a49fd4882951eca2417c19dcf-Brennan, Pa>; Foster, Timothy (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2265a29a6468468397bae80a642620fc-Foster, Tim>
Subject:	RE: Quick Review: COVID-19 Anti-hoarding EO
Date:	2020/03/21 17:20:02
Priority:	Normal
Type:	Note

Please hold. I am on a call about this now.

From: Chang, William (HHS/OGC) <William.Chang@hhs.gov>

Sent: Saturday, March 21, 2020 5:19 PM

To: Puesan, Cesar (HHS/OS/IOS) <Cesar.Puesan@hhs.gov>; OS OGC-IO ControlDesk (HHS/OS/OGC) <ControlDesk.OCIO@hhs.gov>; Barry, Daniel J (HHS/OGC) <daniel.barry@hhs.gov>; Keveney, Sean (HHS/OGC) <Sean.Keveney@hhs.gov>; Strom, John (HHS/OGC) <John.Strom@hhs.gov>; Hecht, Jonah (HHS/OGC) <Jonah.Hecht@hhs.gov>; ASPR Exec Sec (OS/ASPR) <ASPRExecSec@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; OASHIO Control Desk (OS/OASH) <OASHIOControlDesk@hhs.gov>; Campbell, Taylor (OS/OASH) <Taylor.Campbell@hhs.gov>; Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Stannard, Paula (HHS/IOS) <Paula.Stannard@hhs.gov>

Cc: Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>; Agnew, Ann (HHS/IOS)

<Ann.Agnew@hhs.gov>; Brennan, Patrick (OS/ASPA) <Patrick.Brennan@hhs.gov>; Foster, Timothy (OS/ASPA) <Timothy.Foster@hhs.gov>

Subject: RE: Quick Review: COVID-19 Anti-hoarding EO

Cleared for OGC IO

Office of the General Counsel
U.S. Department of Health and Human Services
202-690-7741 (o)

(b)(6) (c)

From: Puesan, Cesar (HHS/OS/IOS) <Cesar.Puesan@hhs.gov>

Sent: Saturday, March 21, 2020 4:23 PM

To: OS OGC-IO ControlDesk (HHS/OS/OGC) <ControlDesk.OCGIO@hhs.gov>; Barry, Daniel J (HHS/OGC) <daniel.barry@hhs.gov>; Keveney, Sean (HHS/OGC) <Sean.Keveney@hhs.gov>; Chang, William (HHS/OGC) <William.Chang@hhs.gov>; Strom, John (HHS/OGC) <John.Strom@hhs.gov>; Hecht, Jonah (HHS/OGC) <Jonah.Hecht@hhs.gov>; ASPR Exec Sec (OS/ASPR) <ASPRExecSec@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; OASHIO Control Desk (OS/OASH) <OASHIOControlDesk@hhs.gov>; Campbell, Taylor (OS/OASH) <Taylor.Campbell@hhs.gov>; Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Stannard, Paula (HHS/IOS) <Paula.Stannard@hhs.gov>

Cc: Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>; Agnew, Ann (HHS/IOS) <Ann.Agnew@hhs.gov>; Brennan, Patrick (OS/ASPA) <Patrick.Brennan@hhs.gov>; Foster, Timothy (OS/ASPA) <Timothy.Foster@hhs.gov>

Subject: RE: Quick Review: COVID-19 Anti-hoarding EO

All,

Please see an updated draft attached, and send any critical edits or feedback by **10 AM tomorrow, March 22.**

From: Puesan, Cesar (HHS/OS/IOS)

Sent: Saturday, March 21, 2020 9:46 AM

To: OS OGC-IO ControlDesk (HHS/OS/OGC) <ControlDesk.OCGIO@hhs.gov>; Barry, Daniel J (HHS/OGC) <daniel.barry@hhs.gov>; Keveney, Sean (HHS/OGC) <Sean.Keveney@hhs.gov>; Chang, William (HHS/OGC) <William.Chang@hhs.gov>; Strom, John (HHS/OGC) <John.Strom@hhs.gov>; Hecht, Jonah (HHS/OGC) <Jonah.Hecht@hhs.gov>; ASPR Exec Sec (OS/ASPR) <ASPRExecSec@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; OASHIO Control Desk (OS/OASH) <OASHIOControlDesk@hhs.gov>; Campbell, Taylor (OS/OASH) <Taylor.Campbell@hhs.gov>; Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Stannard, Paula (HHS/IOS) <Paula.Stannard@hhs.gov>; Horska, Katerina (HHS/IOS) <Katerina.Horska@hhs.gov>

Cc: Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>; Agnew, Ann (HHS/IOS) <Ann.Agnew@hhs.gov>; Brennan, Patrick (OS/ASPA) <Patrick.Brennan@hhs.gov>; Foster, Timothy (OS/ASPA) <Timothy.Foster@hhs.gov>

Subject: Re: Quick Review: COVID-19 Anti-hoarding EO

Following up on this— please let me know if you have any comments or edits.

Thanks

Sent from my iPhone

On Mar 20, 2020, at 7:29 PM, Puesan, Cesar (HHS/OS/IOS) <Cesar.Puesan@hhs.gov>wrote:

All,

Attached for your quick review is a draft EO drafted by WHCO (b)(5)

(b)(5) Affirmative clearance is requested from HHS.

Please send all comments and clearances by **9 AM tomorrow, Saturday, March 21.**

Thank you,

<COVID-19 DPA Hoarding DRAFT 3.20.2020 1853.docx>

Sender:	Barry, Daniel J (HHS/OGC) </o=EXCHANGELABS/ou=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/cn=RECIPIENTS/cn=USER3E449CE0>
Recipient:	Chang, William (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3cf70c842da144ab9bee61f353d932a0-Chang, Will>; Puesan, Cesar (HHS/OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1704b662180d4631b7b64cb17de301cd-Puesan Juan>; OS OGC-IO ControlDesk (HHS/OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8c9f99a0b2364cb5bd1b739db7851e43-controldesk>; Keveney, Sean (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2e13823250af4ccf93b3de562380e78e-Keveney, Se>; Strom, John (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=087650d67a204508963541a6eba69ea5-Strom, John>; Hecht, Jonah (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=de0acd2f82294cd7befc09c5444f616c-Hecht, Jona>; ASPR Exec Sec (OS/ASPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8e561b3f0bfd4331bc7c93e4419316ae-ASPRExecSec>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; OASHIO Control Desk (OS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8407017e8889478bbd764b389bdc6ac-OASHIOContr>; Campbell, Taylor (OS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9cca29818d7440d8a21b2c349f2e4f6a-Campbell, T>; Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; Stannard, Paula (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f0892a057f83497e9390288c813b61d9-Stannard, P>; Bird, Catherine (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb9d9180497c49c4a06a0dd1f6043dc7-Bird, Cathe>; Agnew, Ann (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e5174d56b97948d0820e90e8d8136ee5-Agnew, Ann>; Brennan, Patrick (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b51c3d9a49fd4882951eca2417c19dcf-Brennan, Pa>; Foster, Timothy (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2265a29a6468468397bae80a642620fc-Foster, Tim>

Sent Date:	2020/03/21 17:19:58
Delivered Date:	2020/03/21 17:20:02
Message Flags:	Unread

From:	Judy Lyzak (b)(6)@franciscanAlliance.org>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 17:28:31
Priority:	Normal
Type:	Note

Judy Lyzak

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

The federal Clinical Laboratory Improvement Advisory Committee recently recommended allowing qualified professionals to review and interpret digital images remotely when data is exchanged via a secure connection but CMS has not yet authorized this policy. Many U.S. laboratories have well-validated digital systems to allow for quality remote diagnosis using secure virtual personal networks (VPNs). Given dire shortages of pathologists and laboratory personnel at many laboratories and the need to follow the President's call for social distancing, CLIA is unnecessarily putting our work force at risk and imposing barriers to optimal patient care.

Given that HHS just provided other physician specialties with the flexibility to provide telemedicine services, pathologists and laboratory professionals should also be allowed the same flexibility. I request expedited consideration of this request to ensure laboratories can promptly respond to our patients' needs now.

Sincerely,
Judy Lyzak

Sender:	Judy Lyzak (b)(6)@franciscanAlliance.org>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 17:27:14
Delivered Date:	2020/03/21 17:28:31
Message Flags:	Unread

From:	Cherri Gregoire (b)(6)@aol.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 17:47:19
Priority:	Normal
Type:	Note

Cherri Gregoire

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

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Sincerely,
Cherri Gregoire

Sender:	Cherri Gregoire (b)(6)@aol.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 17:47:15
Delivered Date:	2020/03/21 17:47:19
Message Flags:	Unread

From:	Kristen Martin (b)(6)@gmail.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 17:47:21
Priority:	Normal
Type:	Note

Kristen Martin

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

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Sincerely,

Kristen Martin

Sender:	Kristen Martin (b)(6)@gmail.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 17:47:15
Delivered Date:	2020/03/21 17:47:21
Message Flags:	Unread

From:	Karla Hathorn <(b)(6)@gmh.edu>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 17:59:34
Priority:	Normal
Type:	Note

Karla Hathorn

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

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Sincerely,

Karla Hathorn

Sender:	Karla Hathorn <(b)(6)@gmh.edu>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 17:57:16
Delivered Date:	2020/03/21 17:59:34
Message Flags:	Unread

From:	HHS Office of Public Affairs <hhsopa@hhs.gov>
To:	Brooks, John (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=646c7a34da9148189df0d76a885388b9-Brooks, Joh>
Subject:	HHS funds Phase 2/3 clinical trial for potential treatment for COVID-19
Date:	2020/03/21 18:28:20
Priority:	Normal
Type:	Note



U.S. Department of Health and
Human Services

News Release

202-205-8117
asprmedia@hhs.gov
www.hhs.gov/news
 Twitter [@SpoxHHS](https://twitter.com/SpoxHHS)

FOR IMMEDIATE RELEASE
 Saturday, March 21, 2020

HHS funds Phase 2/3 clinical trial for potential treatment for COVID-19

An antibody medicine being evaluated to treat severe cases of coronavirus disease 2019 (COVID-19) will receive additional support from the U.S. Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response (ASPR) under an existing partnership with Regeneron Pharmaceuticals of Tarrytown, New York.

The Biomedical Advanced Research and Development Authority ([BARDA](#)) within ASPR will provide support for a U.S. Phase 2/3 clinical trial to evaluate Kevzara as a potential treatment for severely ill COVID-19 patients. Currently, Kevzara is approved by the U.S. Food and Drug Administration for the treatment of rheumatoid arthritis. Kevzara was developed under a collaboration between Regeneron and Sanofi; the companies continue to collaborate on studying Kevzara for COVID-19, with Regeneron leading U.S.-based trials and Sanofi leading trials outside the U.S.

“We are working at a record pace with our private sector partners to speed development of therapeutic treatments for people with COVID-19,” said BARDA Director Rick A. Bright,

PhD. “By repurposing a currently approved product, we may be able to expedite development and make treatments available quickly.”

Patients with COVID-19 are at risk of developing life-threatening respiratory failure, which may be mediated in part by elevated levels of a series of pro-inflammatory molecules, including interleukin-6 (IL-6). Kevzara is a fully-human monoclonal antibody that binds to the IL-6 receptor on normal cells and may improve patient outcomes by decreasing the severe inflammatory response.

The role of IL-6 is supported by preliminary uncontrolled data from a Chinese trial of a different IL-6 agent, which showed rapid reductions in fever in all patients and improvements in oxygenation. The Phase 2/3 clinical trial will determine if Kevzara can be used as a safe and effective therapy to reduce the amount of time that a person infected with the novel coronavirus remains ill. The first part of the trial will evaluate the impact of Kevzara on fever and patients' need for supplemental oxygen. The second, larger part of the trial will evaluate the improvement in longer-term outcomes, including whether it can prevent death and reduce the need for mechanical ventilation, supplemental oxygen, and/or hospitalization.

This partnership with Regeneron is among the first to be issued by BARDA with funding from the H.R.6074 – Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 that was passed by the U.S. Congress and signed by President Trump on March 6, 2020.

HHS continues to work across the U.S. government, including with the Department of Defense, to review potential products from public and private sectors to identify promising candidates that could detect, protect against, or treat COVID-19 for development and FDA approval/clearance.

In addition to this adaptive Phase 2/3 clinical trial with Kevzara, one other HHS-funded trial of an investigational COVID-19 treatment is ongoing. The National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health (NIH), is sponsoring a randomized controlled clinical trial to evaluate the safety and efficacy of the investigational antiviral remdesivir in hospitalized adults.

“Proven treatment options for COVID-19 are urgently needed. This trial of Kevzara is critical to inform doctors on treatment options for COVID-19,” said HHS Secretary Alex Azar. “The close collaboration between BARDA, the FDA, and Regeneron to initiate this trial as soon as possible again demonstrates the speed at which we are responding to this pandemic.”

HHS divisions, including NIH and ASPR, are supporting the development of multiple diagnostic tests, vaccines, and potential therapeutic treatments for COVID-19. BARDA continues to seek partners for COVID-19 medical countermeasures, and offers multiple ways to submit proposals for potential new products or technologies.

About HHS, ASPR, and BARDA

HHS works to enhance and protect the health and well-being of all Americans, providing for effective health and human services and fostering advances in medicine, public health, and social services. The mission of ASPR is to save lives and protect Americans from 21st century health security threats. Within ASPR, BARDA invests in the innovation, advanced research and development, acquisition, and manufacturing of medical countermeasures – vaccines, drugs, therapeutics, diagnostic tools, and non-pharmaceutical products needed to combat health security threats. To date, 54 BARDA-supported products have achieved regulatory approval, licensure or clearance.

###

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U.S. Department of Health and Human Services (HHS), 200 Independence Avenue, SW 6th Floor Room 647-D, Washington, DC 20201 United States

Sender:	HHS Office of Public Affairs <hhsopa@hhs.gov>
Recipient:	Brooks, John (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=646c7a34da9148189df0d76a885388b9-Brooks, Joh>
Sent Date:	2020/03/21 18:27:49
Delivered Date:	2020/03/21 18:28:20
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From:	HHS Office of Public Affairs <hhsopa@hhs.gov>
To:	Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>
Subject:	HHS funds Phase 2/3 clinical trial for potential treatment for COVID-19
Date:	2020/03/21 18:28:13
Priority:	Normal
Type:	Note



U.S. Department of Health and
Human Services

News Release

202-205-8117
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FOR IMMEDIATE RELEASE
 Saturday, March 21, 2020

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Subject:	HHS funds Phase 2/3 clinical trial for potential treatment for COVID-19
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Priority:	Normal
Type:	Note



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Sent Date:	2020/03/21 18:27:52
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From:	Laurie Ann Smillie (b)(6)@comcast.net>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 18:34:02
Priority:	Normal
Type:	Note

Laurie Ann Smillie

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

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Laurie Ann Smillie

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Sent Date:	2020/03/21 18:31:50
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From:	Elizabeth Morgan (b)(6)@gmail.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
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From:	Mandy Adams <(b)(6)@yahoo.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 18:42:05
Priority:	Normal
Type:	Note

Mandy Adams

(b)(6)

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From:	Raeann Thomas (b)(6)@yahoo.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
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To:	AMA2 (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c145629cc8ac4858bf1f0ce5dd0461dc-AMA2!>
CC:	Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>
Subject:	Fwd: HHS funds Phase 2/3 clinical trial for potential treatment for COVID-19
Date:	2020/03/21 18:47:57
Priority:	Normal
Type:	Note

Brian Harrison
Chief of Staff
U.S. Department of Health and Human Services
202.690.7000
brian.harrison@hhs.gov

Begin forwarded message:

From: HHS Office of Public Affairs <hhsopa@hhs.gov>
Date: March 21, 2020 at 6:28:55 PM EDT
To: "Harrison, Brian (HHS/IOS)" <Brian.Harrison@hhs.gov>
Subject: HHS funds Phase 2/3 clinical trial for potential treatment for COVID-19
Reply-To: hhsopa@hhs.gov



U.S. Department of Health and
Human Services

News Release

202-205-8117
asprmedia@hhs.gov
www.hhs.gov/news
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FOR IMMEDIATE RELEASE
Saturday, March 21, 2020

HHS funds Phase 2/3 clinical trial for potential treatment for COVID-19

An antibody medicine being evaluated to treat severe cases of coronavirus disease 2019 (COVID-19) will receive additional support from the U.S. Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response (ASPR) under an existing partnership with Regeneron Pharmaceuticals of Tarrytown, New York.

The Biomedical Advanced Research and Development Authority (BARDA) within ASPR will provide support for a U.S. Phase 2/3 clinical trial to evaluate Kevzara as a potential treatment for severely ill COVID-19 patients. Currently, Kevzara is approved by the U.S. Food and Drug Administration for the treatment of rheumatoid arthritis. Kevzara was developed under a collaboration between Regeneron and Sanofi; the companies continue to collaborate on studying Kevzara for COVID-19, with Regeneron leading U.S.-based trials and Sanofi leading trials outside the U.S.

“We are working at a record pace with our private sector partners to speed development of therapeutic treatments for people with COVID-19,” said BARDA Director Rick A. Bright, PhD. “By repurposing a currently approved product, we may be able to expedite development and make treatments available quickly.”

Patients with COVID-19 are at risk of developing life-threatening respiratory failure, which may be mediated in part by elevated levels of a series of pro-inflammatory molecules, including interleukin-6 (IL-6). Kevzara is a fully-human monoclonal antibody that binds to the IL-6 receptor on normal cells and may improve patient outcomes by decreasing the severe inflammatory response.

The role of IL-6 is supported by preliminary uncontrolled data from a Chinese trial of a different IL-6 agent, which showed rapid reductions in fever in all patients and improvements in oxygenation. The Phase 2/3 clinical trial will determine if Kevzara can be used as a safe and effective therapy to reduce the amount of time that a person infected with the novel coronavirus remains ill. The first part of the trial will evaluate the impact of Kevzara on fever and patients' need for supplemental oxygen. The second, larger part of the trial will evaluate the improvement in longer-term outcomes, including whether it can prevent death and reduce the need for mechanical ventilation, supplemental oxygen, and/or hospitalization.

This partnership with Regeneron is among the first to be issued by BARDA with funding from the H.R.6074 – Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 that was passed by the U.S. Congress and signed by President Trump on March 6, 2020.

HHS continues to work across the U.S. government, including with the Department of Defense, to review potential products from public and private sectors to identify promising candidates that could detect, protect against, or treat COVID-19 for development and FDA

approval/clearance.

In addition to this adaptive Phase 2/3 clinical trial with Kevzara, one other HHS-funded trial of an investigational COVID-19 treatment is ongoing. The National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health (NIH), is sponsoring a randomized controlled clinical trial to evaluate the safety and efficacy of the investigational antiviral remdesivir in hospitalized adults.

“Proven treatment options for COVID-19 are urgently needed. This trial of Kevzara is critical to inform doctors on treatment options for COVID-19,” said HHS Secretary Alex Azar. “The close collaboration between BARDA, the FDA, and Regeneron to initiate this trial as soon as possible again demonstrates the speed at which we are responding to this pandemic.”

HHS divisions, including NIH and ASPR, are supporting the development of multiple diagnostic tests, vaccines, and potential therapeutic treatments for COVID-19. BARDA continues to seek partners for COVID-19 medical countermeasures, and offers multiple ways to submit proposals for potential new products or technologies.

About HHS, ASPR, and BARDA

HHS works to enhance and protect the health and well-being of all Americans, providing for effective health and human services and fostering advances in medicine, public health, and social services. The mission of ASPR is to save lives and protect Americans from 21st century health security threats. Within ASPR, BARDA invests in the innovation, advanced research and development, acquisition, and manufacturing of medical countermeasures – vaccines, drugs, therapeutics, diagnostic tools, and non-pharmaceutical products needed to combat health security threats. To date, 54 BARDA-supported products have achieved regulatory approval, licensure or clearance.

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U.S. Department of Health and Human Services (HHS), 200 Independence Avenue, SW 6th Floor Room 647-D, Washington, DC 20201 United States

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Subject:	Fwd: HHS funds Phase 2/3 clinical trial for potential treatment for COVID-19
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Priority:	Normal
Type:	Note

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Sent Date:	2020/03/21 18:47:57
Delivered Date:	2020/03/21 18:47:58

From:	Kristin Fedorczyk <(b)(6)@gmail.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 18:52:31
Priority:	Normal
Type:	Note

Kristin Fedorczyk

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

The federal Clinical Laboratory Improvement Advisory Committee recently recommended allowing qualified professionals to review and interpret digital images remotely when data is exchanged via a secure connection but CMS has not yet authorized this policy. Many U.S. laboratories have well-validated digital systems to allow for quality remote diagnosis using secure virtual personal networks (VPNs). Given dire shortages of pathologists and laboratory personnel at many laboratories and the need to follow the President's call for social distancing, CLIA is unnecessarily putting our work force at risk and imposing barriers to optimal patient care.

Given that HHS just provided other physician specialties with the flexibility to provide telemedicine services, pathologists and laboratory professionals should also be allowed the same flexibility. I request expedited consideration of this request to ensure laboratories can promptly respond to our patients' needs now.

Sincerely,

Kristin Fedorczyk

Sender:	Kristin Fedorczyk <(b)(6)@gmail.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 18:51:52
Delivered Date:	2020/03/21 18:52:31
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From:	Marilyn Gadway (b)(6)@aol.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 19:12:21
Priority:	Normal
Type:	Note

Marilyn Gadway

(b)(6)

March 21, 2020

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Sincerely,

Marilyn Gadway

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Sent Date:	2020/03/21 19:11:54
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Message Flags:	Unread

From:	Oakley, Caitlin B. (OS/ASPA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=E5EE4C35534C4AF9BDAC46789C034790-OAKLEY, CAI>
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Subject:	FW: Washington Post Story
Date:	2020/03/21 19:15:27
Priority:	Normal
Type:	Note

From: Migliaccio-Grabill, Kate (HHS/OASH) <Kate.Migliaccio-Grabill@hhs.gov>
Sent: Saturday, March 21, 2020 7:11 PM
To: Hall, Bill (HHS/ASPA) <bill.hall@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Cc: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>; Broido, Tara (HHS/OASH) <Tara.Broido@hhs.gov>; Heck, Mia (HHS/OASH) <Mia.Heck@hhs.gov>
Subject: Washington Post Story

Hi Bill, Caitlin,

The [Washington Post story](#) is out. Copied below is the full story. Yasmine didn't add in the CDC strategies for optimizing the use of eye protection, isolation gowns, facemasks, and N95 respirators. I sent her the link. I'm going to ask her to update her story.

Kate

Government scrambling as hospitals run low on basic supplies for coronavirus

March 21, 2020 at 6:28 p.m. EDT

The government is preparing guidance on how hospitals should function when they run out of supplies and equipment, a precaution and an acknowledgment that some medical facilities could be overwhelmed by the rapidly escalating covid-19 pandemic.

Brett P. Giroir, assistant secretary of health for the Department of Health and Human Services, said Saturday that officials are updating formal guidance issued in November, 2019 on how hospitals should respond if supplies like masks, face shields and other

protective equipment run out. By tapping the strategic national stockpile and ramping up efforts to produce more protective equipment for health care workers, Giroir said, he hopes that day never arrives. But he acknowledged it could and the government needs to be ready.

In recent days officials have solicited advice from emergency physicians, officials in the state of Washington who handled the first deadly outbreak of coronavirus and others about the previously unthinkable prospect of health care workers without masks, eye shields and ventilators, according to seven people inside and outside the administration with knowledge of the discussions.

William Jaquis, president of the American College of Emergency Physicians, said federal officials have asked him and his colleagues to “talk through strategies” for what hospitals could do if faced with total depletion of personal protective equipment such as masks.

“In terms of options, there aren’t good ones,” he told them.

The deliberations reflect desperate reports from health care workers in New York and elsewhere that they are reusing masks, switching to less effective methods, quickly running out of ventilators and barely keeping up with the crush of patients at their doors.

At a Long Island hospital, employees have been instructed that they each will receive one mask and must take care of it themselves because it “will not be replaced on a daily basis,” according to a memo shared with The Washington Post.

“Do not assume a replacement mask will be available and take care of your mask accordingly,” the memo advises.

At a northern Virginia hospital, clinical staff said they are reusing old masks for the day or even the week and storing them in brown paper bags after cleaning them. Several workers said they were threatened with termination if they did not comply.

At Beth Israel Lahey Health, which has several locations in metropolitan Boston, workers were told to wear surgical masks and N95 respirators “for as long as they can tolerate” and to save them in special bins while the hospital system looks at ways to sterilize them.

At Harper Hospital in Detroit, food service workers who bring trays of food to patient rooms said they had been told not to use gloves and masks as they normally do because of the shortage.

Terri Hooks, who works there, said several of her co-workers were told they were in contact with a patient who may have coronavirus. She said people were crying and worried for their families.

“We don’t know who has it or anything. To me I feel that we all have been exposed,” she said.

Giroir said the administration is taking a separate approach to ventilators, the breathing machines that help critically ill patients breathe when their covid-19 disease becomes severe. No hospital, he said, can afford to run out of them or have a shortage of people who know how to use them. “We need to make sure don’t run out,” he said.

He said only New York, currently experiencing the worst of the epidemic in the U.S., is pressing for large numbers of additional ventilators.

Though health care workers always are heavily affected in any outbreak of infectious disease, the coronavirus task force understands that supply shortages are among its biggest problems at the moment, according to two sources. It was discussed in a task force meeting Friday, they said.

The behind-the-scenes scramble over supplies is at odds with the increasingly reassuring posture the coronavirus task force has adopted when it briefs the media and public each day. On Friday, Vice President Pence emphasized efforts to find supplies for hospitals and the workers critical for treating the sick.

“On the subject of medical supplies, we continue, at the president’s direction, to pursue every means to expand the supply of personal protective equipment for the extraordinary and courageous health care workers that are ministering to the needs of people impacted by the coronavirus,” Pence said. “We have a policy of procuring, allocating, as well as conserving the resources that we have in our system.”

The task force has compared the need for ventilators, masks and other protective equipment against the current supply and knows the nation is far short, the sources said. More discussion and efforts to boost supply are expected this weekend.

Most disturbing for some people is the idea that the wealthiest nation in the world is leaving its caregivers unprotected in this crisis because it did not plan for it and wasted precious weeks before responding.

CDC director Robert Redfield heard from Chinese counterparts on Jan. 3 that a spreading respiratory illness could be caused by a novel coronavirus. Redfield told Health and Human Services Secretary Alex Azar, who sought to immediately notify the White House National Security Council, according to four senior administration officials who spoke on the condition of anonymity to discuss internal government actions. Azar briefed Trump on Jan. 18 about the virus, but Trump was quickly disinterested. The CDC, HHS, National Institutes of Health, State Department, the White House National Security Council and other agencies and aides began meeting to discuss the virus in January.

Yet Trump and several of his aides were reluctant to take the virus seriously until the first confirmed U.S. case surfaced on Jan. 21, according to two senior administration officials. Trump continued to downplay the threat of the virus until this month.

Not until the first week of March did the administration and Congress agree to an \$8.3 billion supplemental spending bill to address the growing outbreak, wasting weeks that could have been used to respond to equipment shortages, the four officials said. Some in the White House were hesitant to appropriate significant funding out of fear of spooking the markets or being viewed as alarmist, they said.

Hospitals want advice they can implement, including how to move patients, increase the number of intensive care beds, set up triage space and find resources when supplies are

running out, said Lauren Sauer, director of operations for the Johns Hopkins Office of Critical Event Preparedness and Response.

But ventilators are crucial because hospitals need specially trained health care workers who know how to operate them. “Not any nurse can do it or any respiratory therapist,” she said. “You need critical care nurses with vent management experience.”

Lack of clarity from the White House has been frustrating. “It feels like every decision that is being made from the administration is the first decision they’ve had to make on this,” she said.

Some vendors of equipment such as cleaning supplies and beds critical to accommodating a surge of patients are insisting on cash payments. But with federal recommendations to reduce elective surgeries, some hospitals are reporting they have limited revenue coming in or are unable to pay up front.

Supplies are arriving intermittently. With New York City hospitals possibly in the worst shape of any, New York Gov. Andrew M. Cuomo tweeted Saturday that “we are sending 1 million N95 masks to New York City. 500,000 N95 masks will go to Long Island. We are purchasing 6,000 additional ventilators and gathering supplies from every source we can get.”

And when a small delivery of protective equipment arrived at an Everett, Washington hospital last week, it was “met with elation and joy,” said Ali Santore, group vice president for government affairs for Providence St. Joseph Health in Washington state, where hundreds of suspected coronavirus patients are hospitalized.

The Federal Emergency Management Agency is now leading the response effort, with one group specifically dedicated to supplies. Trump said at Saturday’s briefing that companies, such as clothing manufacturer Hanes, are retrofitting facilities to make masks and other critical material. He pointed repeatedly to efforts underway to obtain more masks, including an order of 500 million HHS placed earlier this month. But even under prodding from Trump, other officials could not say when the masks will reach hospitals.

“They’re out there now. We’re trying to match supply with demand,” said FEMA head Peter Gaynor.

But as the number of infected people expands exponentially in some places, planners everywhere are turning to workarounds that occasionally recall the volunteer efforts of past war efforts.

Pence Saturday called on businesses with masks and N95 respirators in their storage rooms to “load ‘em up and drive them to your local hospital.” He said that is already happening around the country. He also urged dentists to make their supplies of surgical masks available to hospitals.

After Providence St. Joseph fashioned its own protective equipment from hospital surgical wrap and material purchased at fabric and hobby stores, the health system

enlisted the aid of a local furniture store to produce 100,000 kits containing those supplies. Those are being sent to volunteers with sewing machines around the country, who will fashion them into surgical masks and ship them back to the hospital system in prepaid envelopes.

The “million mask challenge” was started “as a grass roots effort and we have been overwhelmed by the support,” Santore said. The system has more volunteers than it needs. “How we were set up was not designed to respond to this public health crisis.” *Shirley Wang in Iowa City contributed to this report.*

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To:	Disbrow, Gary (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0fd5845defda4dc0bb45f8fac629cf09-Disbrow, Ga>
CC:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Johnson, Robert (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0851e89240324306b78740a4a60745e2-Johnson, Ro>; Benford, Joffrey (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=475b27f64a8345d98908051b5f96d1d4-Benford, Jo>; Harris, James (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=72bc577bb4a94dd29acaef880f4411e2-Harris, Jam>; Manan, Enrique (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a97d7188e2e545c4b718608948bef5dd-Manan, Enri>; Angelastro, Michael (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=583e910528e7473d9dcdfce9d1a80b83-Angelastro,>; Daniels, Miles (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fa4ad4decfc84cd59d4b24599425a375-Daniels, Mi>
Subject:	Re: Urgent Funding Request
Date:	2020/03/21 19:18:00
Priority:	Normal
Type:	Note

Finance concurs and recommends ASPR approval for all three funding actions.

On Mar 21, 2020, at 7:02 PM, Disbrow, Gary (OS/ASPR/BARDA)
<Gary.Disbrow@hhs.gov>wrote:

Bob, Bryan and Jay,

(b)(5)

(b)(5)

(b)(5)

Gary L. Disbrow Ph.D.

Deputy Assistant Secretary

Director, Medical Countermeasure Programs

Biomedical Advanced Research and Development Authority

BARDA

Assistant Secretary for Preparedness and Response ASPR

Department of Health and Human Services

330 Independence Avenue, S.W. Room 640 G

Washington, D.C. 20201

Office: 202-260-0899

Mobile: (b)(6)

Fax: 202-205-0873

email: Gary.Disbrow@HHS.gov

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Note to contractors: nothing in this e-mail is intended to constitute contractual direction or to impact cost, price, or schedule contained in the contract. If the contractor believes there is an impact, the contractor must disregard that portion of the communication and contact the Contracting Officer for direction

Sender:	Petillo, Jay (OS/ASPR/MFHC) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=59CE6133DFA14F6D96B9662B7CFDEBC5-PETILLO, JA>
Recipient:	Disbrow, Gary (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0fd5845defda4dc0bb45f8fac629cf09-Disbrow, Ga>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Johnson, Robert (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0851e89240324306b78740a4a60745e2-Johnson, Ro>; Benford, Joffrey (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=475b27f64a8345d98908051b5f96d1d4-Benford, Jo>; Harris, James (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=72bc577bb4a94dd29acaeef880f4411e2-Harris, Jam>; Manan, Enrique (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a97d7188e2e545c4b718608948bef5dd-Manan, Enri>; Angelastro, Michael (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=583e910528e7473d9dcdcfce9d1a80b83-Angelastro, >; Daniels, Miles (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fa4ad4decfc84cd59d4b24599425a375-Daniels, Mi>

Sent Date:	2020/03/21 19:17:59
Delivered Date:	2020/03/21 19:18:00

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To:	Maffia, Anthony <anthony.maffia@sandoz.com>
CC:	Roberts, Rosemary (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4731b25305ad4907aae85267cd9e6822-rosemary.ro>; Lenihan, Keagan (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3cd1b7aba9034ddb936017780583af7d-keagan.leni>; Amin, Stacy (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8575c6e15e234834be21c0f7e315bddc-stacy.amin>; Charrow, Robert (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00531138af454ce3ac0b5885bead345f-Charrow, Ro>; Adams, Steven A. (ASPR/SNS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f98462fe8d124743a437c7a80b3f60dd-Adams, Stev>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Franklin, Joseph (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=43efe3c3e355440ba9edb1a2323c86ea-joseph.fran>; Guram, Jeet (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=58070b0e8ba54df9883afbdab63c6d28-gurjeet.gur>; Cavazzoni, Patrizia (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=41bd389298db4965bf2443225fb2a4ae-patrizia.ca>; Disbrow, Gary (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0fd5845defda4dc0bb45f8fac629cf09-Disbrow, Ga>; Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Gorman, Susan (ASPR/SNS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7141173f78da4e519c35756fbbfb2593-Gorman, Sus>; Ottem, Ronald (Ron) (ASPR/SNS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1aedd8f312d94f81b2449b3d9ceb4add-Ottem, Rona>; Sherman, Susan (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user161a2a33>; Kendris, Thomas <thomas.kendris@novartis.com>; Lynch, Carol <carol.lynch@sandoz.com>; McDonnell, Karen <karen.mcdonnell@sandoz.com>; Casserly, Dan <dan.casserly@novartis.com>; Kowalski, Rob <rob.kowalski@novartis.com>; McGee, Elizabeth <elizabeth.mcgee@novartis.com>
Subject:	Re: Sandoz/Novartis Donation of HydroxyChloroquine
Date:	2020/03/21 19:21:01
Priority:	Normal
Type:	Note

Anthony,

Fantastic. Very much looking forward to working this with you. Thank you again for your generosity during this very trying time.

Best,
Joe

Strategic Innovation and Emerging Technology Manager
Assistant Secretary for Preparedness and Response
Office: 202-969-3852
Cell: (b)(6)

On Mar 21, 2020, at 7:18 PM, Maffia, Anthony <anthony.maffia@sandoz.com>wrote:

Mr. Hamel and Team,

Once again, thanks for helping us getting things moving so quickly. Fortunate we could touch bases this weekend and not lose more time. I had a feeling you would recognize the urgency and get back so quickly.

The teams that are involved at Novartis are all primed to make this happen fast and we are already mapping out the way we can phase this donation.

Sandoz will supply 30 million tablets immediately-an amount we believe can treat nearly 2 million patients under expected regimens. We will supply another 50 million tablets by the end of May and 50 million tablets by end July through additional manufacturing, barring any unexpected issues. Based on our ability to scale up, we will of course discuss additional quantities if possible and/or accelerating the delivery.

We will be allocating a portion of tablets for initiating clinical studies to demonstrate evidence for this therapy for COVID-19.

In observance of requests coming in from multiple countries and entities such as the WHO, Novartis will be utilizing a portion of inventory to fight COVID-19 in other countries around the world (e.g., Italy, Spain) who have also directly requested hydroxychloroquine. We will also assure we maintain sufficient supply to honor existing contractual obligations and not exacerbate shortages.

We are excited to see all the wheels in motion. Please reach out to me to clarify any details or discuss further.

Thank you,
Anthony

Anthony Maffia, III
Vice President, Regulatory Affairs, North America

T +1-609-627-6944
M (b)(6)
F +1-609-395-2792
anthony.maffia@sandoz.com

"If you believe you can, or believe you can't, you are right."-Henry Ford

Sandoz Inc.
Regulatory Affairs
100 College Road West
Princeton, NJ 08540
USA

From: Hamel, Joseph (OS/ASPR/IO) <Joseph.Hamel@hhs.gov>
Sent: Saturday, March 21, 2020 4:01 PM
To: Maffia, Anthony <anthony.maffia@sandoz.com>
Cc: Lenihan, Keagan (FDA/OC) <Keagan.Lenihan@fda.hhs.gov>; Amin, Stacy (FDA/OC)

<Stacy.Amin@fda.hhs.gov>; Charrow, Robert (HHS/OGC) <Robert.Charrow@hhs.gov>; Adams, Steven A. (ASPR/SNS) <saa1@cdc.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Franklin, Joseph (FDA/OC) <Joseph.Franklin@fda.hhs.gov>; Roberts, Rosemary (FDA/CDER) <Rosemary.Roberts@fda.hhs.gov>; Guram, Jeet (FDA/OC) <Jeet.Guram@fda.hhs.gov>; Cavazzoni, Patrizia (FDA/CDER) <Patrizia.Cavazzoni@fda.hhs.gov>; Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>; Bright, Rick (OS/ASPR/BARDA) <Rick.Bright@hhs.gov>; Gorman, Susan (ASPR/SNS) <spg4@cdc.gov>; Ottem, Ronald (Ron) (ASPR/SNS) <rco9@cdc.gov>; Sherman, Susan (HHS/OGC) <Susan.Sherman@HHS.GOV>

Subject: Sandoz/Novartis Donation of HydroxyChloroquine

Importance: High

All,

I was just contacted by Sandoz/Novartis. They are looking to donate as much as 130M tablets of HydroxyChloroquine to the USG.

Anthony, above, has point at Sandoz/Novartis.

Bob Charrow,
Can you send Anthony and his Team a donation agreement?

Team FDA,
Can you please reach out to Anthony to run down regulatory/compliance/acceptance questions?

Anthony,
Please have your team contact Steve Adams, Sue Gorman and Ron Ottem above with pickup locations in NC and PA, and approximate weights and dimensions.

Thank you for reaching out on this, and we very much appreciate your willingness to help in this fight.

Best,
Joe Hamel

Strategic Innovation and Emerging Technology Manager
Assistant Secretary for Preparedness and Response
Office: 202-969-3852
Cell: (b)(6)

Sender:	Hamel, Joseph (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=96D2C1602DFA45E5A5E21452A098B96D-HAMEL, JOSE>
Recipient:	Maffia, Anthony <anthony.maffia@sandoz.com>; Roberts, Rosemary (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4731b25305ad4907aae85267cd9e6822-rosemary.ro>; Lenihan, Keagan (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3cd1b7aba9034ddb936017780583af7d-keagan.leni>; Amin, Stacy (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group

	(FYDIBOHF23SPDLT)/cn=Recipients/cn=8575c6e15e234834be21c0f7e315bddc-stacy.amin.>; Charrow, Robert (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00531138af454ce3ac0b5885bead345f-Charrow, Ro>; Adams, Steven A. (ASPR/SNS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f98462fe8d124743a437c7a80b3f60dd-Adams, Stev>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Franklin, Joseph (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=43efe3c3e355440ba9edb1a2323c86ea-joseph.fran>; Guram, Jeet (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=58070b0e8ba54df9883afbdab63c6d28-gurjeet.gur>; Cavazzoni, Patrizia (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=41bd389298db4965bf2443225fb2a4ae-patrizia.ca>; Disbrow, Gary (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0fd5845defda4dc0bb45f8fac629cf09-Disbrow, Ga>; Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Gorman, Susan (ASPR/SNS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7141173f78da4e519c35756fbbfb2593-Gorman, Sus>; Ottem, Ronald (Ron) (ASPR/SNS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1aedd8f312d94f81b2449b3d9ceb4add-Ottem, Rona>; Sherman, Susan (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user161a2a33>; Kendris, Thomas <thomas.kendris@novartis.com>; Lynch, Carol <carol.lynch@sandoz.com>; McDonnell, Karen <karen.mcdonnell@sandoz.com>; Casserly, Dan <dan.casserly@novartis.com>; Kowalski, Rob <rob.kowalski@novartis.com>; McGee, Elizabeth <elizabeth.mcgee@novartis.com>
Sent Date:	2020/03/21 19:20:58
Delivered Date:	2020/03/21 19:21:01

From:	CHRISTOPHER SALAMI <(b)(6)@bmcc.cuny.edu>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 19:25:17
Priority:	Normal
Type:	Note

CHRISTOPHER SALAMI

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

The federal Clinical Laboratory Improvement Advisory Committee recently recommended allowing qualified professionals to review and interpret digital images remotely when data is exchanged via a secure connection but CMS has not yet authorized this policy. Many U.S. laboratories have well-validated digital systems to allow for quality remote diagnosis using secure virtual personal networks (VPNs). Given dire shortages of pathologists and laboratory personnel at many laboratories and the need to follow the President's call for social distancing, CLIA is unnecessarily putting our work force at risk and imposing barriers to optimal patient care.

Given that HHS just provided other physician specialties with the flexibility to provide telemedicine services, pathologists and laboratory professionals should also be allowed the same flexibility. I request expedited consideration of this request to ensure laboratories can promptly respond to our patients' needs now.

Sincerely,

CHRISTOPHER SALAMI

Sender:	CHRISTOPHER SALAMI <(b)(6)@bmcc.cuny.edu>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 19:21:54
Delivered Date:	2020/03/21 19:25:17
Message Flags:	Unread

From:	Secretary Scheduler (OS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=6801B3307D554C04B245714132602E16-SECRETARY S>
To:	Secretary Scheduler (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6801b3307d554c04b245714132602e16-Secretary S>; AMA2 (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c145629cc8ac4858bf1f0ce5dd0461dc-AMA2!>; Apple, Matthew (HHS/IOS) <Matthew.Apple@hhs.gov>; Arbes, Sarah (HHS/ASL) <Sarah.Arbes@hhs.gov>; Beck, Gary (OS/IEA) <Gary.Beck@hhs.gov>; Blakeman, Scott (OS/ASPA) <Scott.Blakeman@hhs.gov>; Brennan, Patrick (OS/ASPA) <Patrick.Brennan@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Lukens IV, Mel (HHS/IOS) <Mel.Lukens@hhs.gov>; Moughalian, Jen (HHS/ASFR) <Jen.Moughalian@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>; Olson, Carolyn (OS/IOS) <Carolyn.Olson@hhs.gov>; Mango, Paul (HHS/IOS) <paul.mango@hhs.gov>; Pratt, Michael (OS/ASPA) <Michael.Pratt@hhs.gov>; Puesan, Cesar (HHS/OS/IOS) <Cesar.Puesan@hhs.gov>; Schmoyer, Michael (OS/ONS) <Michael.Schmoyer@hhs.gov>; Smith, Christopher (HHS/ASPA) <Christopher.Smith@HHS.GOV>; Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Tignor, Beth (HHS/IOS) <Beth.Tignor@hhs.gov>; Trueman, Laura (HHS/IEA) <Laura.Trueman@hhs.gov>; Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Parker, Jim (HHS/IOS) <Jim.Parker@hhs.gov>; Engels, Thomas (HRSA) <TEngels@hrsa.gov>; Bowers, Tonya (HRSA) <TBowers@hrsa.gov>; Macrae, Jim (HRSA) <JMacrae@hrsa.gov>
Subject:	AMA to join All Programs call with HRSA Community Health Centers (FQHCs)
Date:	2020/03/21 19:27:22
Start Date:	2020/03/24 14:00:00
End Date:	2020/03/24 14:30:00
Priority:	Normal
Type:	Appointment
Location:	615-F // CALL
Attendees:	AMA2 (OS/IOS); Apple, Matthew (HHS/IOS); Arbes, Sarah (HHS/ASL); Beck, Gary (OS/IEA); Blakeman, Scott (OS/ASPA); Brennan, Patrick (OS/ASPA); Harrison, Brian (HHS/IOS); Lukens IV, Mel (HHS/IOS); Moughalian, Jen (HHS/ASFR); Murphy, Ryan (OS/ASPA); Oakley, Caitlin B. (OS/ASPA); Olson, Carolyn (OS/IOS); Paul Mango ; Pratt, Michael (OS/ASPA); Puesan, Cesar (HHS/OS/IOS); Schmoyer, Michael (OS/ONS); Smith, Christopher (HHS/ASPA); Stecker, Judy (OS/IOS); Tignor, Beth (HHS/IOS); Trueman, Laura (HHS/IEA); Zebley, Kyle (HHS/OS/OGA); Jim Parker (HHS/IOS) (Jim.Parker@hhs.gov); Engels, Thomas (HRSA); Bowers, Tonya (HRSA); Macrae, Jim (HRSA)

Presenter Dial In: (b)(6)

Presenter Code: (b)(6)

Tom will dial in at about 1:50pm.

THROUGH: Ann Agnew, Executive Secretary

FROM: Tom Engels, HRSA Administrator

SUBJECT: Cover Memorandum regarding HRSA Health Center Program response to COVID-19

Event Details:

Date: 03/24/2020

Location: Remote

Call: No

HHS Staff:

Tom Engels, HRSA Administrator

Jim Macrae, Associate Administrator, HRSA Bureau of Primary Health Care

Tonya Bowers, Deputy Associate Administrator, HRSA Bureau of Primary Health Care

Press: No

Who requested this event: Tom Engels

Topic: HRSA Health Center Program response to COVID-19

Secretary's Role: Informational Briefing

Objective: Provide a brief update to HRSA Health Center Program grantees on their critical role in addressing COVID-19.

List of Attendees/Participants:

Tom Engels, HRSA Administrator

Jim Macrae, Associate Administrator, HRSA Bureau of Primary Health Care

Tonya Bowers, Deputy Associate Administrator, HRSA Bureau of Primary Health Care

Meeting / Event Agenda:

See attached.

Background:

In response to the current coronavirus national emergency, HRSA is seeking to provide additional information to HRSA-funded health centers nationwide regarding the Federal response and their role during this national public health emergency.

The HRSA Health Center Program provides affordable, accessible, quality, and cost-effective primary health care services by coordinating and integrating a wide range of medical, dental, mental health, substance use disorder (SUD), and patient support services. In 2018, health centers served more than 28.4 million patients across the United States, including:

- 1 in 12 people nationwide;
- 1 in 9 children;
- 1 in 5 rural residents;

- 1 in 3 people living in poverty
- 1 in 5 Medicaid beneficiaries;
- 1 in 20 Medicare beneficiaries; and
- 1 in 5 uninsured individuals.

HRSA-funded health centers are well-positioned to meet the nation's most pressing health care needs, as well as emerging health priorities. The briefing will also share information on how health centers are serving as the first line of care in combatting COVID-19 by serving as a key point of entry for testing, treatment, and mitigation.

Sender:	Secretary Scheduler (OS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=6801B3307D554C04B245714132602E16-SECRETARY S>
Recipient:	Secretary Scheduler (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6801b3307d554c04b245714132602e16-Secretary S>; AMA2 (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c145629cc8ac4858bf1f0ce5dd0461dc-AMA2!>; Apple, Matthew (HHS/IOS) <Matthew.Apple@hhs.gov>; Arbes, Sarah (HHS/ASL) <Sarah.Arbes@hhs.gov>; Beck, Gary (OS/IEA) <Gary.Beck@hhs.gov>; Blakeman, Scott (OS/ASPA) <Scott.Blakeman@hhs.gov>; Brennan, Patrick (OS/ASPA) <Patrick.Brennan@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Lukens IV, Mel (HHS/IOS) <Mel.Lukens@hhs.gov>; Moughalian, Jen (HHS/ASFR) <Jen.Moughalian@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>; Olson, Carolyn (OS/IOS) <Carolyn.Olson@hhs.gov>; Mango, Paul (HHS/IOS) <paul.mango@hhs.gov>; Pratt, Michael (OS/ASPA) <Michael.Pratt@hhs.gov>; Puesan, Cesar (HHS/OS/IOS) <Cesar.Puesan@hhs.gov>; Schmoyer, Michael (OS/ONS) <Michael.Schmoyer@hhs.gov>; Smith, Christopher (HHS/ASPA) <Christopher.Smith@HHS.GOV>; Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Tignor, Beth (HHS/IOS) <Beth.Tignor@hhs.gov>; Trueman, Laura (HHS/IEA) <Laura.Trueman@hhs.gov>; Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Parker, Jim (HHS/IOS) <Jim.Parker@hhs.gov>; Engels, Thomas (HRSA) <TEngels@hrsa.gov>; Bowers, Tonya (HRSA) <TBowers@hrsa.gov>; Macrae, Jim (HRSA) <JMacrae@hrsa.gov>
Sent Date:	2020/03/21 19:27:22

From:	Secretary Scheduler (OS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=6801B3307D554C04B245714132602E16-SECRETARY S>
To:	Secretary Scheduler (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6801b3307d554c04b245714132602e16-Secretary S>; AMA2 (OS/IOS) <(b)(6)@HHS.GOV>; Apple, Matthew (HHS/IOS) <Matthew.Apple@hhs.gov>; Arbes, Sarah (HHS/ASL) <Sarah.Arbes@hhs.gov>; Beck, Gary (OS/IEA) <Gary.Beck@hhs.gov>; Blakeman, Scott (OS/ASPA) <Scott.Blakeman@hhs.gov>; Brennan, Patrick (OS/ASPA) <Patrick.Brennan@hhs.gov>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Lukens IV, Mel (HHS/IOS) <Mel.Lukens@hhs.gov>; Moughalian, Jen (HHS/ASFR) <Jen.Moughalian@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>; Olson, Carolyn (OS/IOS) <Carolyn.Olson@hhs.gov>; Mango, Paul (HHS/IOS) <paul.mango@hhs.gov>; Pratt, Michael (OS/ASPA) <Michael.Pratt@hhs.gov>; Puesan, Cesar (HHS/OS/IOS) <Cesar.Puesan@hhs.gov>; Schmoyer, Michael (OS/ONS) <Michael.Schmoyer@hhs.gov>; Smith, Christopher (HHS/ASPA) <Christopher.Smith@HHS.GOV>; Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Tignor, Beth (HHS/IOS) <Beth.Tignor@hhs.gov>; Trueman, Laura (HHS/IEA) <Laura.Trueman@hhs.gov>; Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Parker, Jim (HHS/IOS) <Jim.Parker@hhs.gov>; Engels, Thomas (HRSA) <TEngels@hrsa.gov>; Bowers, Tonya (HRSA) <TBowers@hrsa.gov>; Macrae, Jim (HRSA) <JMacrae@hrsa.gov>
Subject:	AMA to join All Programs call with HRSA Community Health Centers (FQHCs)
Date:	2020/03/21 19:27:23
Start Date:	2020/03/24 14:00:00
End Date:	2020/03/24 14:30:00
Priority:	Normal
Type:	Appointment
Location:	615-F // CALL
Attendees:	AMA2 (OS/IOS); Apple, Matthew (HHS/IOS); Arbes, Sarah (HHS/ASL); Beck, Gary (OS/IEA); Blakeman, Scott (OS/ASPA); Brennan, Patrick (OS/ASPA); Harrison, Brian (HHS/IOS); Lukens IV, Mel (HHS/IOS); Moughalian, Jen (HHS/ASFR); Murphy, Ryan (OS/ASPA); Oakley, Caitlin B. (OS/ASPA); Olson, Carolyn (OS/IOS); Paul Mango ; Pratt, Michael (OS/ASPA); Puesan, Cesar (HHS/OS/IOS); Schmoyer, Michael (OS/ONS); Smith, Christopher (HHS/ASPA); Stecker, Judy (OS/IOS); Tignor, Beth (HHS/IOS); Trueman, Laura (HHS/IEA); Zebley, Kyle (HHS/OS/OGA); Jim Parker (HHS/IOS) (Jim.Parker@hhs.gov); Engels, Thomas (HRSA); Bowers, Tonya (HRSA); Macrae, Jim (HRSA)

Presenter Dial In (b)(6)

Presenter Code: (b)(6)

Tom will dial in at about 1:50pm.

THROUGH: Ann Agnew, Executive Secretary

FROM: Tom Engels, HRSA Administrator

SUBJECT: Cover Memorandum regarding HRSA Health Center Program response to COVID-19

Event Details:

Date: 03/24/2020

Location: Remote

Call: No

HHS Staff:

Tom Engels, HRSA Administrator

Jim Macrae, Associate Administrator, HRSA Bureau of Primary Health Care

Tonya Bowers, Deputy Associate Administrator, HRSA Bureau of Primary Health Care

Press: No

Who requested this event: Tom Engels

Topic: HRSA Health Center Program response to COVID-19

Secretary's Role: Informational Briefing

Objective: Provide a brief update to HRSA Health Center Program grantees on their critical role in addressing COVID-19.

List of Attendees/Participants:

Tom Engels, HRSA Administrator

Jim Macrae, Associate Administrator, HRSA Bureau of Primary Health Care

Tonya Bowers, Deputy Associate Administrator, HRSA Bureau of Primary Health Care

Meeting / Event Agenda:

See attached.

Background:

In response to the current coronavirus national emergency, HRSA is seeking to provide additional information to HRSA-funded health centers nationwide regarding the Federal response and their role during this national public health emergency.

The HRSA Health Center Program provides affordable, accessible, quality, and cost-effective primary health care services by coordinating and integrating a wide range of medical, dental, mental health, substance use disorder (SUD), and patient support services. In 2018, health centers served more than 28.4 million patients across the United States, including:

- 1 in 12 people nationwide;
- 1 in 9 children;
- 1 in 5 rural residents;

- 1 in 3 people living in poverty
- 1 in 5 Medicaid beneficiaries;
- 1 in 20 Medicare beneficiaries; and
- 1 in 5 uninsured individuals.

HRSA-funded health centers are well-positioned to meet the nation's most pressing health care needs, as well as emerging health priorities. The briefing will also share information on how health centers are serving as the first line of care in combatting COVID-19 by serving as a key point of entry for testing, treatment, and mitigation.

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Recipient:	Secretary Scheduler (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6801b3307d554c04b245714132602e16-Secretary S>; AMA2 (OS/IOS) <AMA2@HHS.GOV>; Apple, Matthew (HHS/IOS) <Matthew.Apple@hhs.gov>; Arbes, Sarah (HHS/ASL) <Sarah.Arbes@hhs.gov>; Beck, Gary (OS/IEA) <Gary.Beck@hhs.gov>; Blakeman, Scott (OS/ASPA) <Scott.Blakeman@hhs.gov>; Brennan, Patrick (OS/ASPA) <Patrick.Brennan@hhs.gov>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Lukens IV, Mel (HHS/IOS) <Mel.Lukens@hhs.gov>; Moughalian, Jen (HHS/ASFR) <Jen.Moughalian@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>; Olson, Carolyn (OS/IOS) <Carolyn.Olson@hhs.gov>; Mango, Paul (HHS/IOS) <paul.mango@hhs.gov>; Pratt, Michael (OS/ASPA) <Michael.Pratt@hhs.gov>; Puesan, Cesar (HHS/OS/IOS) <Cesar.Puesan@hhs.gov>; Schmoyer, Michael (OS/ONS) <Michael.Schmoyer@hhs.gov>; Smith, Christopher (HHS/ASPA) <Christopher.Smith@HHS.GOV>; Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Tignor, Beth (HHS/IOS) <Beth.Tignor@hhs.gov>; Trueman, Laura (HHS/IEA) <Laura.Trueman@hhs.gov>; Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Parker, Jim (HHS/IOS) <Jim.Parker@hhs.gov>; Engels, Thomas (HRSA) <TEngels@hrsa.gov>; Bowers, Tonya (HRSA) <TBowers@hrsa.gov>; Macrae, Jim (HRSA) <JMacrae@hrsa.gov>
Sent Date:	2020/03/21 19:27:23

From:	Gina Quintanilla <(b)(6)@live.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 19:31:58
Priority:	Normal
Type:	Note

Gina Quintanilla

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

The federal Clinical Laboratory Improvement Advisory Committee recently recommended allowing qualified professionals to review and interpret digital images remotely when data is exchanged via a secure connection but CMS has not yet authorized this policy. Many U.S. laboratories have well-validated digital systems to allow for quality remote diagnosis using secure virtual personal networks (VPNs). Given dire shortages of pathologists and laboratory personnel at many laboratories and the need to follow the President's call for social distancing, CLIA is unnecessarily putting our work force at risk and imposing barriers to optimal patient care.

Given that HHS just provided other physician specialties with the flexibility to provide telemedicine services, pathologists and laboratory professionals should also be allowed the same flexibility. I request expedited consideration of this request to ensure laboratories can promptly respond to our patients' needs now.

Sincerely,

Gina Quintanilla

Sender:	Gina Quintanilla <(b)(6)@live.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 19:31:55
Delivered Date:	2020/03/21 19:31:58
Message Flags:	Unread

From:	Wei Chen (b)(6)@osumc.edu>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 19:31:59
Priority:	Normal
Type:	Note

Wei Chen

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

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Given that HHS just provided other physician specialties with the flexibility to provide telemedicine services, pathologists and laboratory professionals should also be allowed the same flexibility. I request expedited consideration of this request to ensure laboratories can promptly respond to our patients' needs now.

Sincerely,
Wei Chen, MD, PhD

Sender:	Wei Chen (b)(6)@osumc.edu>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 19:31:55
Delivered Date:	2020/03/21 19:31:59
Message Flags:	Unread

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.ROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0FD5845DEFDA4DC0BB45F8FAC629CF09-DISBROW, GA>
To:	Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>
CC:	Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Petillo, Jay (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=59ce6133dfa14f6d96b9662b7cfdebc5-Petillo, Ja>; Johnson, Robert (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0851e89240324306b78740a4a60745e2-Johnson, Ro>; Benford, Joffrey (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=475b27f64a8345d98908051b5f96d1d4-Benford, Jo>; Harris, James (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=72bc577bb4a94dd29acaef880f4411e2-Harris, Jam>; Manan, Enrique (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a97d7188e2e545c4b718608948bef5dd-Manan, Enri>; Angelastro, Michael (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=583e910528e7473d9dcdfce9d1a80b83-Angelastro,>
Subject:	RE: Urgent Funding Request
Date:	2020/03/21 19:34:24
Priority:	Normal
Type:	Note

Rick,

(b)(5)

Gary

Gary L. Disbrow Ph.D.

Deputy Assistant Secretary

Director, Medical Countermeasure Programs

Biomedical Advanced Research and Development Authority

BARDA

Assistant Secretary for Preparedness and Response ASPR

Department of Health and Human Services

330 Independence Avenue, S.W. Room 640 G

Washington, D.C. 20201

Office: 202-260-0899

Mobile: (b)(6)

Fax: 202-205-0873

email: Gary.Disbrow@HHS.gov

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From: Bright, Rick (OS/ASPR/BARDA) <Rick.Bright@hhs.gov>
Sent: Saturday, March 21, 2020 7:28 PM
To: Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>
Cc: Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Petillo, Jay (OS/ASPR/MFHC) <Jay.Petillo@HHS.GOV>; Johnson, Robert (OS/ASPR/BARDA) <Robert.Johnson@hhs.gov>; Benford, Joffrey (OS/ASPR/BARDA) <Joffrey.Benford@hhs.gov>; Harris, James (OS/ASPR/BARDA) <James.Harris2@hhs.gov>; Manan, Enrique (OS/ASPR/BARDA) <Enrique.Manan@hhs.gov>; Angelastro, Michael (OS/ASPR/BARDA) <Michael.Angelastro@hhs.gov>
Subject: Re: Urgent Funding Request

(b)(5)

On Mar 21, 2020, at 7:21 PM, Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov> wrote:

Brian,

(b)(5)

Gary

Gary L. Disbrow Ph.D.
Deputy Assistant Secretary
Director, Medical Countermeasure Programs
Biomedical Advanced Research and Development Authority
BARDA
Assistant Secretary for Preparedness and Response ASPR
Department of Health and Human Services
330 Independence Avenue, S.W. Room 640 G
Washington, D.C. 20201
Office: 202-260-0899
Mobile: (b)(6)

Fax: 202-205-0873
email: Gary.Disbrow@HHS.gov

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From: Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>
Sent: Saturday, March 21, 2020 7:15 PM
To: Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>
Cc: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Petillo, Jay (OS/ASPR/MFHC) <Jay.Petillo@HHS.GOV>; Bright, Rick (OS/ASPR/BARDA) <Rick.Bright@hhs.gov>; Johnson, Robert (OS/ASPR/BARDA) <Robert.Johnson@hhs.gov>; Benford, Joffrey (OS/ASPR/BARDA) <Joffrey.Benford@hhs.gov>; Harris, James (OS/ASPR/BARDA) <James.Harris2@hhs.gov>; Manan, Enrique (OS/ASPR/BARDA) <Enrique.Manan@hhs.gov>; Angelastro, Michael (OS/ASPR/BARDA) <Michael.Angelastro@hhs.gov>
Subject: Re: Urgent Funding Request

Hi Gary,

(b)(5)

Best, Bryan

Sent from my iPhone

On Mar 21, 2020, at 7:02 PM, Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov> wrote:

Bob, Bryan and Jay,

(b)(5)

(b)(5)

(b)(5)

Gary L. Disbrow Ph.D.

Deputy Assistant Secretary
Director, Medical Countermeasure Programs
Biomedical Advanced Research and Development Authority

BARDA

Assistant Secretary for Preparedness and Response ASPR
Department of Health and Human Services
330 Independence Avenue, S.W. Room 640 G
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Sender:	Disbrow, Gary (OS/ASPR/BARDA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0FD5845DEFDA4DC0BB45F8FAC629CF09-DISBROW, GA>
Recipient:	Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Petillo, Jay (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=59ce6133dfa14f6d96b9662b7cfdebc5-Petillo, Ja>; Johnson, Robert (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0851e89240324306b78740a4a60745e2-Johnson, Ro>; Benford, Joffrey (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=475b27f64a8345d98908051b5f96d1d4-Benford, Jo>; Harris, James (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=72bc577bb4a94dd29acaef880f4411e2-Harris, Jam>; Manan, Enrique (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a97d7188e2e545c4b718608948bef5dd-Manan, Enri>; Angelastro, Michael (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group

	(FYDIBOHF23SPDLT)/cn=Recipients/cn=583e910528e7473d9dcdfce9d1a80b83-Angelastro,>
Sent Date:	2020/03/21 19:34:23
Delivered Date:	2020/03/21 19:34:24

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To:	Smith, Brad (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d8094af80b6445c2a592223e5c69bd45-SRVN>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>; Fulmer, Brendan (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0228e6e1aa6148dc96d37acf36e4eb90-Fulmer, Bre>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>
CC:	Brady, Will (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fa197652dadf4048ad6764b3f9d4a528-Brady, Will>; Hittle, Taylor (HHS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4a6a08d06d8648fda1e44f515f35eebb-Hittle, Pat>; Arbes, Sarah (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=106db0ac70a241a8b1323647c093d9bf-Arbes, Sara>; Rowell, Scott (OS/ASA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c03a4628049a421e875ddb3479bf3609-Rowell, Sco>
Subject:	FW: COVID-19 Industry Donations and Industry products/services for the market - As of Friday March 20
Date:	2020/03/21 19:37:21
Priority:	Normal
Type:	Note

Sharing the attached list of supplies and donations offered through various Hill offices. It's an awesome list, thank you Sarah and ASL!

From: Arbes, Sarah (HHS/ASL) <Sarah.Arbes@hhs.gov>
Sent: Friday, March 20, 2020 7:57 PM
To: Moughalian, Jen (HHS/ASFR) <Jen.Moughalian@hhs.gov>; Rowell, Scott (OS/ASA) <Scott.Rowell@hhs.gov>
Subject: Fwd: COVID-19 Industry Donations and Industry products/services for the market - As of Friday March 20

ASL has been tracking charitable offers and solicitations to sell us needed supplies. Our lists are attached.

Begin forwarded message:

From: "Bradsher, Kris (HHS/ASL)" <Kris.Bradsher@hhs.gov>
Date: March 20, 2020 at 7:51:28 PM EDT
To: "Uehlecke, Nick (HHS/IOS)" <Nicholas.Uehlecke@hhs.gov>
Cc: "Pence, Laura (HHS/ASL)" <Laura.Pence@hhs.gov>, "Arbes, Sarah (HHS/ASL)" <Sarah.Arbes@hhs.gov>, "Morse, Sara (HHS/ASL)" <Sara.Morse@hhs.gov>, "Twomey, John K. (HHS/ASL)" <John.Twomey@HHS.GOV>
Subject: COVID-19 Industry Donations and Industry products/services for the market - As of Friday March 20

Sender:	Moughalian, Jen (HHS/ASFR) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A1EC840C6A2D4ADBBC91E420A23C7EAF-MOUGHALIAN,>
Recipient:	Smith, Brad (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d8094af80b6445c2a592223e5c69bd45-SRVN>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>; Fulmer, Brendan (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0228e6e1aa6148dc96d37acf36e4eb90-Fulmer, Bre>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; Brady, Will (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fa197652dadf4048ad6764b3f9d4a528-Brady, Will>; Hittle, Taylor (HHS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4a6a08d06d8648fda1e44f515f35eebb-Hittle, Pat>; Arbes, Sarah (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=106db0ac70a241a8b1323647c093d9bf-Arbes, Sara>; Rowell, Scott (OS/ASA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c03a4628049a421e875ddb3479bf3609-Rowell, Sco>
Sent Date:	2020/03/21 19:37:12
Delivered Date:	2020/03/21 19:37:21
Message Flags:	Unread

From:	Wendy Sheets (b)(6)@yahoo.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 19:41:59
Priority:	Normal
Type:	Note

Wendy Sheets

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

The federal Clinical Laboratory Improvement Advisory Committee recently recommended allowing qualified professionals to review and interpret digital images remotely when data is exchanged via a secure connection but CMS has not yet authorized this policy. Many U.S. laboratories have well-validated digital systems to allow for quality remote diagnosis using secure virtual personal networks (VPNs). Given dire shortages of pathologists and laboratory personnel at many laboratories and the need to follow the President's call for social distancing, CLIA is unnecessarily putting our work force at risk and imposing barriers to optimal patient care.

Given that HHS just provided other physician specialties with the flexibility to provide telemedicine services, pathologists and laboratory professionals should also be allowed the same flexibility. I request expedited consideration of this request to ensure laboratories can promptly respond to our patients' needs now.

Sincerely,
Wendy Sheets

Sender:	Wendy Sheets (b)(6)@yahoo.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 19:41:55
Delivered Date:	2020/03/21 19:41:59
Message Flags:	Unread

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0851E89240324306B78740A4A60745E2-JOHNSON, RO>
To:	Petillo, Jay (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=59ce6133dfa14f6d96b9662b7cfdebc5-Petillo, Ja>; Disbrow, Gary (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0fd5845defda4dc0bb45f8fac629cf09-Disbrow, Ga>
CC:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Benford, Joffrey (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=475b27f64a8345d98908051b5f96d1d4-Benford, Jo>; Harris, James (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=72bc577bb4a94dd29acaef880f4411e2-Harris, Jam>; Manan, Enrique (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a97d7188e2e545c4b718608948bef5dd-Manan, Enri>; Angelastro, Michael (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=583e910528e7473d9dcdfce9d1a80b83-Angelastro, >; Daniels, Miles (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fa4ad4decfc84cd59d4b24599425a375-Daniels, Mi>; Eldridge, Schuyler (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=102f8b9575fe4272b3a14d43a5cf3f1a-Eldridge, S>
Subject:	RE: Urgent Funding Request UPDATED
Date:	2020/03/21 19:48:42
Priority:	Normal
Type:	Note

Bryan,

(b)(5)

Thank you very much.

Robert

Robert Johnson, Ph.D.

Director, Influenza and Emerging Infectious Diseases Division
Biomedical Advanced Research and Development Authority

BARDA

Assistant Secretary for Preparedness and Response ASPR

Department of Health and Human Services

330 Independence Avenue, S.W. Room 640 G

Washington, D.C. 20201

Office: 202-401-4680

Cell: (b)(6)

email: Robert.Johnson@HHS.gov

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Note to contractors: nothing in this e-mail is intended to constitute contractual direction or to impact cost, price, or schedule contained in the contract. If the contractor believes there is an impact, the contractor must disregard that portion of the communication and contact the Contracting Officer for direction

From: Petillo, Jay (OS/ASPR/MFHC) <Jay.Petillo@HHS.GOV>

Sent: Saturday, March 21, 2020 7:43 PM

To: Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>

Cc: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Bright, Rick (OS/ASPR/BARDA) <Rick.Bright@hhs.gov>; Johnson, Robert (OS/ASPR/BARDA) <Robert.Johnson@hhs.gov>; Benford, Joffrey (OS/ASPR/BARDA) <Joffrey.Benford@hhs.gov>; Harris, James (OS/ASPR/BARDA) <James.Harris2@hhs.gov>; Manan, Enrique (OS/ASPR/BARDA) <Enrique.Manan@hhs.gov>; Angelastro, Michael (OS/ASPR/BARDA) <Michael.Angelastro@hhs.gov>; Daniels, Miles (OS/ASPR/MFHC) <Miles.Daniels@hhs.gov>; Eldridge, Schuyler (OS/ASPR/MFHC) <schuyler.eldridge@hhs.gov>

Subject: Re: Urgent Funding Request UPDATED

(b)(5)

On Mar 21, 2020, at 7:41 PM, Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov> wrote:

Bob, Bryan and Jay,
Apologies, updated number for Phlow see below in yellow.

Bob, Bryan and Jay,

(b)(5)

(b)(5)

(b)(5)

Gary L. Disbrow Ph.D.

Deputy Assistant Secretary
Director, Medical Countermeasure Programs
Biomedical Advanced Research and Development Authority

BARDA

Assistant Secretary for Preparedness and Response ASPR
Department of Health and Human Services
330 Independence Avenue, S.W. Room 640 G
Washington, D.C. 20201
Office: 202-260-0899
Mobile: (b)(6)
Fax: 202-205-0873
email: Gary.Disbrow@HHS.gov

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From: Disbrow, Gary (OS/ASPR/BARDA)

Sent: Saturday, March 21, 2020 7:02 PM

To: Kadlec, Robert (OS/ASPR/IO) (Robert.Kadlec@hhs.gov) <Robert.Kadlec@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) (Bryan.Shuy@hhs.gov) <Bryan.Shuy@hhs.gov>; Petillo, Jay (OS/ASPR/OFPA) (Jay.Petillo@HHS.GOV) <Jay.Petillo@HHS.GOV>

Cc: Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>; Bright, Rick (OS/ASPR/BARDA) <Rick.Bright@hhs.gov>; Johnson, Robert (OS/ASPR/BARDA) (Robert.Johnson@hhs.gov) <Robert.Johnson@hhs.gov>; Benford, Joffrey (OS/ASPR/AMCG) (Joffrey.Benford@hhs.gov) <Joffrey.Benford@hhs.gov>; Harris, James (OS/ASPR/BARDA) <James.Harris2@hhs.gov>; Manan, Enrique (OS/ASPR/BARDA) <Enrique.Manan@hhs.gov>; Angelastro, Michael (OS/ASPR/BARDA) (Michael.Angelastro@hhs.gov) <Michael.Angelastro@hhs.gov>

Subject: Urgent Funding Request

Bob, Bryan and Jay,

(b)(5)

(b)(5)

Gary L. Disbrow Ph.D.

Deputy Assistant Secretary

Director, Medical Countermeasure Programs

Biomedical Advanced Research and Development Authority

BARDA

Assistant Secretary for Preparedness and Response ASPR

Department of Health and Human Services

330 Independence Avenue, S.W. Room 640 G

Washington, D.C. 20201

Office: 202-260-0899

Mobile: (b)(6)

Fax: 202-205-0873

email: Gary.Disbrow@HHS.gov

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Sender: Johnson, Robert (OS/ASPR/BARDA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0851E89240324306B78740A4A60745E2-JOHNSON, RO>

Recipient:	Petillo, Jay (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=59ce6133dfa14f6d96b9662b7cfdebc5-Petillo, Ja>; Disbrow, Gary (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0fd5845defda4dc0bb45f8fac629cf09-Disbrow, Ga>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Benford, Joffrey (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=475b27f64a8345d98908051b5f96d1d4-Benford, Jo>; Harris, James (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=72bc577bb4a94dd29acaef880f4411e2-Harris, Jam>; Manan, Enrique (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a97d7188e2e545c4b718608948bef5dd-Manan, Enri>; Angelastro, Michael (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=583e910528e7473d9dcdfce9d1a80b83-Angelastro,>; Daniels, Miles (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fa4ad4decfc84cd59d4b24599425a375-Daniels, Mi>; Eldridge, Schuyler (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=102f8b9575fe4272b3a14d43a5cf3f1a-Eldridge, S>
Sent Date:	2020/03/21 19:48:40
Delivered Date:	2020/03/21 19:48:42
Message Flags:	Unread

From:	Emilian Racila <(b)(6)@gmail.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 20:02:01
Priority:	Normal
Type:	Note

Emilian Racila

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

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Given that HHS just provided other physician specialties with the flexibility to provide telemedicine services, pathologists and laboratory professionals should also be allowed the same flexibility. I request expedited consideration of this request to ensure laboratories can promptly respond to our patients' needs now.

Sincerely,

Emilian Racila

Sender:	Emilian Racila <(b)(6)@gmail.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 20:01:57
Delivered Date:	2020/03/21 20:02:01
Message Flags:	Unread

From:	Cheryl Norman Mendoza (b)(6)@gmail.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 20:12:10
Priority:	Normal
Type:	Note

Cheryl Norman Mendoza

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

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Sincerely,

Cheryl Norman Mendoza

Sender:	Cheryl Norman Mendoza (b)(6)@gmail.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 20:11:57
Delivered Date:	2020/03/21 20:12:10
Message Flags:	Unread

From:	Megan Eldridge <(b)(6)@gmail.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 20:42:05
Priority:	Normal
Type:	Note

Megan Eldridge

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

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Sincerely,
Megan Eldridge

Sender:	Megan Eldridge <(b)(6)@gmail.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 20:41:59
Delivered Date:	2020/03/21 20:42:05
Message Flags:	Unread

From:	Julie Tanner (b)(6) @myhph.org>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 20:42:06
Priority:	Normal
Type:	Note

Julie Tanner

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

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Sincerely,
Julie Tanner

Sender:	Julie Tanner (b)(6) @myhph.org>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 20:42:00
Delivered Date:	2020/03/21 20:42:06
Message Flags:	Unread

From:	Kang, Roger <roger.kang@pbmc.com>
To:	Thornborrow, Ed <(b)(6)@ucsf.edu> Hawgood, Sam <(b)(6)@ucsf.edu>; Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.roup
CC:	(FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Laret, Mark <(b)(6)@ucsf.edu>; Pattison, Kevin <(b)(6)@ucsf.edu>
Subject:	Re: address to send 4 cases of swabs
Date:	2020/03/21 20:47:02
Priority:	Normal
Type:	Note

You are all very welcome. Stay healthy.

Kind regards,
Roger

On Sat, Mar 21, 2020 at 5:56 PM Thornborrow, Ed <(b)(6)@ucsf.edu> wrote:

Awesome. Thanks Roger!

Ed Thornborrow, MD, PhD
Sr. Medical Director, UCSF Clinical Labs

On Mar 21, 2020, at 12:57 PM, Kang, Roger <roger.kang@pbmc.com> wrote:

Dear all,

We shipped 4000 to your location for Monday delivery. FedEx tracking is (b)(6)

(b)(6)

However, we were just made aware that the FAA has issued a ground stop to all NY area airports due to staffing issues related to the coronavirus.

It seems to be lifted now but just in case we had 300+ swabs shipped by one of our distributors in San Diego.

Fed Ex First Overnight for delivery Monday 8-10am

Tracking number (b)(6)

I hope this helps.

Kind regards,
Roger

On Sat, Mar 21, 2020 at 12:13 AM Thornborrow, Ed <(b)(6)@ucsf.edu> wrote:

Yes, the address I gave is staffed 24/7, so someone will be guaranteed to receive it.

Thanks again!

Ed

Ed Thornborrow, MD, PhD
Sr. Medical Director, UCSF Clinical Labs

On Mar 20, 2020, at 9:11 PM, Laret, Mark <(b)(6)@ucsf.edu> wrote:

Roger you can use the address Ed have you. Thanks so much. Mark

Sent from my iPhone

On Mar 20, 2020, at 9:06 PM, Kang, Roger <roger.kang@pbmc.com> wrote:

Ed,
Will do!
Mark gave us the address below. Which is better?

UCSF Medical Center

505 Parnassus Avenue

Loading Dock

Room L299

San Francisco, CA 94143

On Sat, Mar 21, 2020 at 12:03 AM Thornborrow, Ed <(b)(6)@ucsf.edu> wrote:
Thanks Roger, that would be great! We are working on the ability to create the media vials ourselves. So, yes, please proceed with shipping. They can go to the following address:

UCSF Clinical Labs

505 Parnassus Ave., M524 (Automation Lab)

SAN Francisco, CA 94143

Contact: Odites Fabroa, 415-353-1747

Thanks so much for this!

Ed

Ed Thornborrow, MD, PhD
Sr. Medical Director, UCSF Clinical Labs

On Mar 20, 2020, at 8:56 PM, Kang, Roger <roger.kang@pbmc.com> wrote:

Ed,

These are nasopharyngeal flocked swabs. Made by Puritan in Maine. They are just the swabs, in sterile packaging, individually wrapped. I do not have the ones with transport media. Just the plain bare swabs. How would you like us to proceed? We were instructed to ship 4000 to you. We are a US manufacturer of rapid POC diagnostics and use these particular flocked swabs in our rapid influenza A&B kits. We are just trying to help out by supplying the swabs during this crisis. (We may come out with a rapid whole blood test for IgM/IgG detection in the coming weeks, but that can be a separate conversation.) Kind regards,
Roger

On Fri, Mar 20, 2020 at 11:41 PM Thornborrow, Ed <(b)(6)@ucsf.edu>wrote:

Hi Roger,

Thanks so much for your help in sourcing these. Just curious if you know if these are nasopharyngeal (thin barrel) swabs or oropharyngeal (thick barrel) swabs? And do they come with universal transport medium (UTM) or viral transport medium (VTM)?

Thanks!

Ed

Ed Thornborrow, MD, PhD
Sr. Medical Director, UCSF Clinical Labs

On Mar 20, 2020, at 7:07 PM, Kang, Roger <roger.kang@pbmc.com>wrote:

Mark,

Certainly. We are now looking to see if one of our partner companies in CA has some extra swabs that they can send your way. (We have some companies that do their own packing of our flu kits and they may have leftover components.)

Kind regards,

Roger

On Fri, Mar 20, 2020 at 9:18 PM Laret, Mark <(b)(6)@ucsf.edu>wrote:

Roger, thank you for trying for Sunday delivery. We can survive to Monday if needed -- we are down to about 225 swabs now, so getting 4000 swabs will be a lifesaver. Let me give you a better address:

UCSF Medical Center

505 Parnassus Avenue

Loading Dock

Room L299

San Francisco, CA 94143

Attn: Ed Thornborrow, MD

I cannot thank you enough. I will tell the Congresswoman what you've done for us.

Also, Bob, can you send the names of the suppliers we should contact for PPE? We are in a bad place there as well.

Call my cell if needed. (b)(6)

Mark

Mark R. Laret

President and CEO

UCSF Health

From: Kang, Roger <roger.kang@pbmc.com>
Sent: Friday, March 20, 2020 6:11 PM
To: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Cc: Laret, Mark <(b)(6)@ucsf.edu>
Subject: Re: address to send 4 cases of swabs

Copying Dr. Mark Laret with hopefully the correct address.

Dr. Laret, we can't seem to find a way to ship for Sunday arrival. UPS and FEDEX tell us Monday.

Still looking for other options.

Kind regards,

Roger

On Fri, Mar 20, 2020 at 8:59 PM Kang, Roger <roger.kang@pbmc.com>wrote:

Bob,

Will do. We will make sure these go out tomorrow.

Kind regards,

Roger

On Fri, Mar 20, 2020 at 8:57 PM Kadlec, Robert (OS/ASPR/IO)
<Robert.Kadlec@hhs.gov>wrote:

Roger please send the cases to the CA and WA State Public Lab express overnight and to the following

UCSF Medical Center

Dr. Mark Laret

505Parasus Ave

San Francisco, CA 94143

Sender:	Kang, Roger < roger.kang@pbmc.com >
Recipient:	Thornborrow, Ed <(b)(6)@ucsf.edu>; Hawgood, Sam <(b)(6)@ucsf.edu>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Laret, Mark <(b)(6)@ucsf.edu>; Pattison, Kevin <(b)(6)@ucsf.edu>
Sent Date:	2020/03/21 20:44:43
Delivered Date:	2020/03/21 20:47:02

From:	POLITICO Pro Health Care <politicoemail@politicopro.com>
To:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	Short-term thinking plagues Trump's coronavirus response
Date:	2020/03/21 20:57:36
Priority:	Normal
Type:	Note

Short-term thinking plagues Trump's coronavirus response

By Dan Diamond

03/21/2020 08:56 PM EDT

After months of minimizing the threat to the United States, President Donald Trump jumped feet-first into the coronavirus fight this week with vows of quick fixes to the testing problem, claims about potential cures, and efforts to rope in agencies that had inexplicably been excluded, like FEMA.

The show of action played well in the White House briefing room and with the public, but has had a different impact behind the scenes. Health-agency officials and outside advisers to the administration, speaking on the condition of anonymity, described a chaotic situation in which leaders rushed to address presidential requests that sometimes seem to come on a whim while losing focus on longer-term challenges.

Trump's drive to announce unfinished initiatives created a "need to make good on half-baked promises," said one senior official — who, like other Americans, learned about some initiatives only when the president announced them at the White House podium.

For instance, no one in the White House had devised a national strategy for obtaining and distributing the necessary supplies in the likely months-long fight against the pandemic that lies ahead, said three people with knowledge of the planning efforts. Those supply-planning efforts are only now underway.

"How is there not a national supply strategy yet?" asked one official involved in the effort, warning that the infamous shortage of coronavirus tests is set to be replicated with other shortages across the health system. "Hospitals are going to run out of basic commodities."

The U.S. health system already has been plagued by shortages of test-kit chemicals, swabs and personal protective equipment for health workers, problems that are set to worsen as coronavirus case numbers rise and demand spikes. A government effort to obtain replacement test swabs required the U.S. military this week to airlift the specialized swabs from a factory located in coronavirus-stricken Italy.

Meanwhile, leaders in coronavirus hot-spots like Seattle and New York City have effectively

abandoned efforts to conduct broad testing on residents, instead urging them to stay home given the shortages — an acknowledgment that efforts to contain coronavirus have failed and they need to prioritize limited supplies. Local officials also are making unusual crowdsourcing appeals.

“We need companies to be creative to supply the crucial gear our healthcare workers need. NY will pay a premium and offer funding,” New York Gov. Andrew Cuomo tweeted on Friday. “If you have any of these unused supplies, please email COVID19supplies@esd.ny.gov.”

A sympathetic HHS staffer compared Cuomo’s plea to an internet auction. “We’re facing a pandemic and the governor has to basically turn to eBay” for supplies, the staffer said.

Trump has worked to tamp down concerns about insufficient tests and supplies, saying that the flurry of federal, state and local efforts will be sufficient. “If California can get a mask sooner than we can get it for them, through all of the things we’re able to do, we’ll end up with a big over-supply,” the president said at a press conference on Saturday. “At some point this is going away.”

Spokespeople for the Trump administration defended its planning and coordination for the coronavirus outbreak. “We’ve been working since January with American manufacturers to prepare for responding to the outbreak and will continue to coordinate closely with private suppliers and our federal partners to ensure that resources are going where they’re needed,” an HHS spokesperson said.

The White House said that Trump’s leadership had sparked an “unprecedented collaboration” of government and private industry to curb the virus’ spread and ramp up the response. “The president has no higher priority than the health and safety of the American people and he is working around the clock to ensure we emerge from this crisis healthy, safe, and strong,” said spokesperson Judd Deere.

Inside the Trump administration, officials are continuing to sort out which teams are responsible for elements of coronavirus response, part of an ever-shifting patchwork of alliances and strategy, while working to manage the president’s unpredictable requests. Five officials said that Trump had grown appropriately concerned about the coronavirus outbreak after weeks of ignoring or playing down the threat, but that the administration is now rushing to solve issues that could have been addressed months ago, like obtaining the necessary supplies for the nation’s emergency stockpile.

Officials also are sniping over whether to institute even more aggressive actions to prevent coronavirus transmission. Health officials are calling for stricter measures that would keep more Americans at home, for longer, but policy officials warn that the resulting economic damage could cause other, long-lasting harms.

FEMA this week took over responsibilities that had rested with HHS, the latest attempt to get a handle on the worsening outbreak.

“FEMA is now leading federal operations for #COVID19 on behalf of the White House,” administrator Pete Gaynor tweeted on Thursday night, as some projects like drive-through test

sites shifted from the health department. The agency is also taking on a larger role handling supply and distribution issues, Gaynor and other officials said at Saturday's briefing.

"The tendency is to think of FEMA as a disaster management agency," said Craig Fugate, who ran FEMA during the Obama administration and said he had no knowledge of the Trump administration's strategy. "It's actually an all-hazards agency ... and FEMA could add structure, planning, location to the coronavirus response," with its regional offices and staff with crisis-management experience.

Some officials and outside advisers have questioned why FEMA had not been given more authority earlier in the response given the agency's operational expertise in responding to disasters. Two individuals said that HHS Secretary Alex Azar had focused on protecting his leadership role, which has shrunk as Vice President Mike Pence took over the broader response and deputies whom Azar had originally sidelined — like Medicare chief Seema Verma and Surgeon General Jerome Adams — have emerged as key figures in White House strategy.

But a person familiar with HHS strategy said that Azar had pushed "weeks ago" for FEMA to be involved. The hold-up was instead linked to the federal response's rotating leadership — as Pence abruptly took over for Azar at the end of February — and administration worries that states would be further confused over who was in charge.

"Secretary Azar and HHS have been and continue to be wholly supportive of a whole-of-government approach and in particular the important role FEMA is playing in coordinating the federal government's response to Covid-19," an HHS spokesperson said.

Meanwhile, a SWAT team of government officials and outside technocrats, backed by White House senior adviser Jared Kushner, spent the week working around-the-clock to deliver the drive-through testing sites that Trump publicly promised, POLITICO first reported.

But the focus on drive-through testing also creates a new problem — draining limited supplies and other resources that could be used for high-priority patients in hospitals.

"It's all short-term thinking right now," said one official involved in the response.

"They're desperate to expand testing — which is a good idea — but I don't know whether the president, the vice president and others at the top understand the trade-offs," added an adviser to the effort. "It feels like each of these problems is a mini-crisis being run by a mini-team in the government."

Trump's own involvement has caused additional headaches. Health department officials were confused on Wednesday after Trump announced that an "exciting FDA announcement" was on the way — particularly because FDA officials had yet to greenlight new drugs that Trump sought to fight the virus, The Wall Street Journal reported.

While Trump did hold a Thursday press conference with FDA Commissioner Steve Hahn and other officials, the event largely rehashed existing policies and work that had already been announced. Trump on Friday also repeatedly made claims about an unproven coronavirus treatment, prompting infectious-disease scientist Anthony Fauci to try and walk back the claims

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Some experts said the president would be better served by developing a national strategy to allocate limited resources to the neediest areas while obtaining new ones, say experts, noting that dozens of individual components in the health system are at risk of being quickly diminished in the initial crush of cases — from the intricate chemicals needed for tests to the basic supplies that could’ve been rapidly produced months ago.

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Tom Inglesby, director of the Johns Hopkins Center for Health Security, listed off the supply shortages that already are plaguing hospitals.

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“I don't think we should see these as spot shortages that will soon be resolved with significant effort,” Inglesby added. “We will be using large amounts of these supplies for a long time. Covid will be with us for a long time — we need a long-term solution.”

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The president declined to detail next steps, saying only that leaders would know more next week.

“We’ll have to see what the result is,” Trump said.

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Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 21:02:08
Priority:	Normal
Type:	Note

Nancy Serna

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

The federal Clinical Laboratory Improvement Advisory Committee recently recommended allowing qualified professionals to review and interpret digital images remotely when data is exchanged via a secure connection but CMS has not yet authorized this policy. Many U.S. laboratories have well-validated digital systems to allow for quality remote diagnosis using secure virtual personal networks (VPNs). Given dire shortages of pathologists and laboratory personnel at many laboratories and the need to follow the President's call for social distancing, CLIA is unnecessarily putting our work force at risk and imposing barriers to optimal patient care.

Given that HHS just provided other physician specialties with the flexibility to provide telemedicine services, pathologists and laboratory professionals should also be allowed the same flexibility. I request expedited consideration of this request to ensure laboratories can promptly respond to our patients' needs now.

Sincerely,
Nancy Serna

Sender:	Nancy Serna (b)(6)@gmail.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
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Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 21:02:10
Priority:	Normal
Type:	Note

Mindy Abraham

(b)(6)

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Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

The federal Clinical Laboratory Improvement Advisory Committee recently recommended allowing qualified professionals to review and interpret digital images remotely when data is exchanged via a secure connection but CMS has not yet authorized this policy. Many U.S. laboratories have well-validated digital systems to allow for quality remote diagnosis using secure virtual personal networks (VPNs). Given dire shortages of pathologists and laboratory personnel at many laboratories and the need to follow the President's call for social distancing, CLIA is unnecessarily putting our work force at risk and imposing barriers to optimal patient care.

Given that HHS just provided other physician specialties with the flexibility to provide telemedicine services, pathologists and laboratory professionals should also be allowed the same flexibility. I request expedited consideration of this request to ensure laboratories can promptly respond to our patients' needs now.

Sincerely,

Mindy Abraham

Sender:	Mindy Abraham (b)(6)@optonline.net>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 21:02:01
Delivered Date:	2020/03/21 21:02:10
Message Flags:	Unread

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To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	Summary: State department Repatriation Task Force summary on incoming international flights
Date:	2020/03/21 21:03:32
Priority:	Normal
Type:	Note

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Good evening Dr. Kadlec,

BLUF: State department Repatriation Task Force summary on incoming international flights.

- South America
 - Peru
 - The flight from Lima, Peru landed at Dulles International Airport at midnight 20Mar20 carrying 264 passengers.
 - A United Airlines flight is scheduled for 23Mar20, with the possibility of a second departing from Houston to Lima. A/LM is coordinating with American Airlines to secure additional flights March 24, 25, and 26.
 - Avianca and Latam are still able to operating and capable of flying private citizens in/out.
 - Guatemala, El Salvador, and Honduras
 - WHA is working with DHS to use the return of DHS repatriation flights to the United States as a backhaul for U.S. citizens.
 - Haiti
 - Port-au-Prince submitted a request for a commercial charter for approximately 1,500 U.S. citizens.
- Africa
 - Morocco
 - Six flights took U.S. citizens out of Morocco 20Mar20. The last three flights departed Marrakesh 21March20, with the final flight departing at 1330ET today. Total number of passengers for the 9 flights was at least 1010
 - Senegal
 - One flight left March 20 carrying 265 U.S. citizens. A second Ethiopian Airlines flight will depart today with USDH and private AmCits.
 - South Africa, Madagascar, and Ghana
 - All will likely request commercial charters.
 - State is sending a COVID-19 positive AMCIT from Africa to UNMC. Due at UNMC Omaha, Nebraska tomorrow night.

The SOC will continue to monitor this incident and report as needed. *This notification is limited distribution and is intended for HHS Senior Leadership Only. **DO NOT FORWARD.** This notification was sent to the COVID-19 Senior Leadership distribution list.*

Very Respectfully,

Secretary's Operations Center

U.S. Department of Health and Human Services (HHS)
Assistant Secretary for Preparedness and Response (ASPR)
200 Independence Ave. S.W.
Washington D.C. 20201
Office (202) 619-7800
Fax: 800-514-4256
Email: hhs.soc@hhs.gov



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Recipient:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Sent Date:	2020/03/21 21:03:28
Delivered Date:	2020/03/21 21:03:32

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200 Independence Ave. S.W.
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Office (202) 619-7800
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Recipient:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Sent Date:	2020/03/21 21:03:28
Delivered Date:	2020/03/21 21:03:32
Message Flags:	Unread

From:	Paari Murugan <(b)(6)@umn.edu>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 21:14:17
Priority:	Normal
Type:	Note

Paari Murugan

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

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Sender:	Paari Murugan <(b)(6)@umn.edu>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
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To:	Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Murphy, Ryan (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; McKeogh, Katherine (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c652f2c415b44dff8369dd7f4596f030-McKeogh, Ka>
Subject:	Fwd: Short-term thinking plagues Trump's coronavirus response
Date:	2020/03/21 21:17:47
Priority:	Normal
Type:	Note

Sent from my iPhone

Begin forwarded message:

From: "POLITICO Pro Health Care" <politicoemail@politicopro.com>
Date: March 21, 2020 at 8:57:51 PM EDT
To: <caitlin.oakley@hhs.gov>
Subject: Short-term thinking plagues Trump's coronavirus response
Reply-To: "POLITICO subscriptions" <reply-fe971c727160017c75-553241_HTML-783024725-1376319-333615@politicoemail.com>

Short-term thinking plagues Trump's coronavirus response

By Dan Diamond

03/21/2020 08:56 PM EDT

After months of minimizing the threat to the United States, President Donald Trump jumped feet-first into the coronavirus fight this week with vows of quick fixes to the testing problem, claims about potential cures, and efforts to rope in agencies that had inexplicably been excluded, like FEMA.

The show of action played well in the White House briefing room and with the public, but has had a different impact behind the scenes. Health-agency officials and outside advisers to the administration, speaking on the condition of anonymity, described a chaotic situation in which leaders rushed to address presidential requests that sometimes seem to come on a whim while losing focus on longer-term challenges.

Trump's drive to announce unfinished initiatives created a "need to make good on half-baked promises," said one senior official — who, like other Americans, learned about some initiatives

only when the president announced them at the White House podium.

For instance, no one in the White House had devised a national strategy for obtaining and distributing the necessary supplies in the likely months-long fight against the pandemic that lies ahead, said three people with knowledge of the planning efforts. Those supply-planning efforts are only now underway.

“How is there not a national supply strategy yet?” asked one official involved in the effort, warning that the infamous shortage of coronavirus tests is set to be replicated with other shortages across the health system. “Hospitals are going to run out of basic commodities.”

The U.S. health system already has been plagued by shortages of test-kit chemicals, swabs and personal protective equipment for health workers, problems that are set to worsen as coronavirus case numbers rise and demand spikes. A government effort to obtain replacement test swabs required the U.S. military this week to airlift the specialized swabs from a factory located in coronavirus-stricken Italy.

Meanwhile, leaders in coronavirus hot-spots like Seattle and New York City have effectively abandoned efforts to conduct broad testing on residents, instead urging them to stay home given the shortages — an acknowledgment that efforts to contain coronavirus have failed and they need to prioritize limited supplies. Local officials also are making unusual crowdsourcing appeals.

“We need companies to be creative to supply the crucial gear our healthcare workers need. NY will pay a premium and offer funding,” New York Gov. Andrew Cuomo tweeted on Friday. “If you have any of these unused supplies, please email COVID19supplies@esd.ny.gov.”

A sympathetic HHS staffer compared Cuomo’s plea to an internet auction. “We’re facing a pandemic and the governor has to basically turn to eBay” for supplies, the staffer said.

Trump has worked to tamp down concerns about insufficient tests and supplies, saying that the flurry of federal, state and local efforts will be sufficient. “If California can get a mask sooner than we can get it for them, through all of the things we’re able to do, we’ll end up with a big over-supply,” the president said at a press conference on Saturday. “At some point this is going away.”

Spokespeople for the Trump administration defended its planning and coordination for the coronavirus outbreak. “We’ve been working since January with American manufacturers to prepare for responding to the outbreak and will continue to coordinate closely with private suppliers and our federal partners to ensure that resources are going where they’re needed,” an HHS spokesperson said.

The White House said that Trump’s leadership had sparked an “unprecedented collaboration” of government and private industry to curb the virus’ spread and ramp up the response. “The president has no higher priority than the health and safety of the American people and he is working around the clock to ensure we emerge from this crisis healthy, safe, and strong,” said spokesperson Judd Deere.

Inside the Trump administration, officials are continuing to sort out which teams are responsible for elements of coronavirus response, part of an ever-shifting patchwork of alliances and strategy, while working to manage the president's unpredictable requests. Five officials said that Trump had grown appropriately concerned about the coronavirus outbreak after weeks of ignoring or playing down the threat, but that the administration is now rushing to solve issues that could have been addressed months ago, like obtaining the necessary supplies for the nation's emergency stockpile.

Officials also are sniping over whether to institute even more aggressive actions to prevent coronavirus transmission. Health officials are calling for stricter measures that would keep more Americans at home, for longer, but policy officials warn that the resulting economic damage could cause other, long-lasting harms.

FEMA this week took over responsibilities that had rested with HHS, the latest attempt to get a handle on the worsening outbreak.

"FEMA is now leading federal operations for #COVID19 on behalf of the White House," administrator Pete Gaynor tweeted on Thursday night, as some projects like drive-through test sites shifted from the health department. The agency is also taking on a larger role handling supply and distribution issues, Gaynor and other officials said at Saturday's briefing.

"The tendency is to think of FEMA as a disaster management agency," said Craig Fugate, who ran FEMA during the Obama administration and said he had no knowledge of the Trump administration's strategy. "It's actually an all-hazards agency ... and FEMA could add structure, planning, location to the coronavirus response," with its regional offices and staff with crisis-management experience.

Some officials and outside advisers have questioned why FEMA had not been given more authority earlier in the response given the agency's operational expertise in responding to disasters. Two individuals said that HHS Secretary Alex Azar had focused on protecting his leadership role, which has shrunk as Vice President Mike Pence took over the broader response and deputies whom Azar had originally sidelined — like Medicare chief Seema Verma and Surgeon General Jerome Adams — have emerged as key figures in White House strategy.

But a person familiar with HHS strategy said that Azar had pushed "weeks ago" for FEMA to be involved. The hold-up was instead linked to the federal response's rotating leadership — as Pence abruptly took over for Azar at the end of February — and administration worries that states would be further confused over who was in charge.

"Secretary Azar and HHS have been and continue to be wholly supportive of a whole-of-government approach and in particular the important role FEMA is playing in coordinating the federal government's response to Covid-19," an HHS spokesperson said.

Meanwhile, a SWAT team of government officials and outside technocrats, backed by White House senior adviser Jared Kushner, spent the week working around-the-clock to deliver the drive-through testing sites that Trump publicly promised, POLITICO first reported.

But the focus on drive-through testing also creates a new problem — draining limited supplies

and other resources that could be used for high-priority patients in hospitals.

“It’s all short-term thinking right now,” said one official involved in the response.

“They’re desperate to expand testing — which is a good idea — but I don’t know whether the president, the vice president and others at the top understand the trade-offs,” added an adviser to the effort. “It feels like each of these problems is a mini-crisis being run by a mini-team in the government.”

Trump’s own involvement has caused additional headaches. Health department officials were confused on Wednesday after Trump announced that an “exciting FDA announcement” was on the way — particularly because FDA officials had yet to greenlight new drugs that Trump sought to fight the virus, *The Wall Street Journal* reported.

While Trump did hold a Thursday press conference with FDA Commissioner Steve Hahn and other officials, the event largely rehashed existing policies and work that had already been announced. Trump on Friday also repeatedly made claims about an unproven coronavirus treatment, prompting infectious-disease scientist Anthony Fauci to try and walk back the claims from the White House podium.

Meanwhile, the president has repeatedly touted unfinished projects, like announcing on March 13 a Google website that he said would help coordinate testing. But the actual site, which rolled out a week later, is instead a collection of information and links. Trump on Friday also claimed that General Motors has “openly stated” it would produce medical supplies. But GM has not publicly committed to producing more supplies, although the company is working with ventilator specialist Ventec to boost its production, according to a joint statement rushed out on Friday after Trump’s remarks.

"All options are on the table on how GM can help Ventec build more ventilators," a GM spokesperson said.

The chaotic response also has trickled down to individual hospitals, clinics and doctors, which have struggled to get answers on supply chains and fought to protect their equipment.

Sen. Bill Cassidy’s office reached out to the White House on Wednesday after learning that University Medical Center in Louisiana was informed that a new lab-testing machine, due to arrive on Monday, had instead been requisitioned by government officials for a “higher priority” coronavirus situation.

“We thought the machine was a high priority in Louisiana given the fast rate that things were spreading,” said a spokesperson for Cassidy’s office, noting that the state has become a hotspot for coronavirus transmission. The White House later assured Cassidy’s office that the machine would go to Louisiana next week, as originally intended.

Meanwhile, the Trump administration has spent weeks competing with states and hospitals to obtain medical supplies and quickly build up national reserves. “Every single governor across the country is looking for the exact same thing,” FEMA’s Gaynor said at Saturday’s White House

press briefing, responding to questions about shortages.

Some experts said the president would be better served by developing a national strategy to allocate limited resources to the neediest areas while obtaining new ones, say experts, noting that dozens of individual components in the health system are at risk of being quickly diminished in the initial crush of cases — from the intricate chemicals needed for tests to the basic supplies that could've been rapidly produced months ago.

“We’re seeing a run on swabs,” said a former official, arguing that the Trump administration should have anticipated the worldwide demand for the specialized, low-cost swabs needed to do the testing. “How on Earth did we let this happen?”

Tom Inglesby, director of the Johns Hopkins Center for Health Security, listed off the supply shortages that already are plaguing hospitals.

“They say they don’t have reagents for the diagnostic kits, they don’t have swabs for the kits, they don’t have the N95 masks, they’re running out of gowns and gloves,” said Inglesby, who’s called on the White House to overhaul its approach and assign specialists, such as the Pentagon’s Defense Logistics Agency, to solve the supply-chain problems.

“I don’t think we should see these as spot shortages that will soon be resolved with significant effort,” Inglesby added. “We will be using large amounts of these supplies for a long time. Covid will be with us for a long time — we need a long-term solution.”

Meanwhile, Trump on Saturday was asked about “the plan” to contain coronavirus as the nation enters day 6 of the White House’s 15-day campaign to slow the virus’ spread, and specifically whether additional measures needed to be taken.

The president declined to detail next steps, saying only that leaders would know more next week.

“We’ll have to see what the result is,” Trump said.

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