



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

October 7, 2021

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

Dear Mr. Evers:

This letter is the fifth 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
2. Corona
3. Virus
4. Disease
5. Pandemic
6. Epidemic
7. Outbreak
8. containment
9. "public health emergency"
10. "COVID-19"
11. "COVID 19"
12. COVID19
13. SARS
14. "2019-nCoV"
15. POTUS
16. Test
17. Tests
18. Testing
19. EUA
20. Emergency
21. Wuhan
22. Hoax
23. Hubei
24. Princess
25. Cruise
26. Kirkland
27. Seattle
28. "New Rochelle"
29. "BioGen Conference"
30. CPAC
31. AIPAC
32. RNA
33. "Extraction kits"

34. Roche
35. Vaccine
36. Antiviral
37. Antiretroviral
38. Quarantine
39. Distancing
40. Isolation
41. N95
42. Mask
43. Respirator

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

On February 10, 2021, you narrowed your request per the following:

Eliminate attachments, documents regarding “Red Dawn” and obvious marketing and news bulletins

- a. Limit the date range of the following key terms as stand-alone search terms from January 15, 2020 through February 29, 2020. ~~[[Limit responsive records to those that also include: (Test OR Tests OR Vaccine OR EUA OR “Emergency Use” OR Shortage OR Shortages OR Supplies OR “the WHO” OR States OR Governor OR Governors OR PPE OR Ventilators OR Respirators OR Swabs OR DPA OR “Defense Production Act” OR Trump OR Pence OR Jared OR Kushner OR “White House” OR “the WH”)]]~~

- i. Coronavirus
- ii. Corona
- iii. “COVID-19”
- iv. “COVID 19”
- v. COVID19
- vi. “2019-nCoV”

~~vii. SARS~~

~~viii. Epidemic~~

~~ix. Pandemic~~

~~x. Outbreak~~

~~xi. “Public Health Emergency”~~

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- b. After March 1, 2020, for the key terms listed in Column A below (the same search terms as identified above), limit responsive records to those that also include one or more of the terms from Column B:

Column A	Column B
• Coronavirus • Corona • “COVID-19” • “COVID 19” • COVID19 • “2019-nCoV” • SARS • Epidemie • Pandemie • Outbreak • “Public Health Emergency”	• Test • Tests • Vaccine • Antiviral • Antiretroviral • EUA • “Emergency Use” • Shortage • Shortages • Supplies • “Emergency Use” • EUA • “the WHO” • “W.H.O.” • “World Health Organization” • States • Governor • Governors • PPE • Ventilators • Respirators • Swabs • DPA • “Defense Production Act”

- c. For the key terms that are in Column A below, limit responsive records to those that also include one or more of the terms from Column B, for the full time period of the search.

Column A	Column B
• Test • Tests • “Extraction Kits”	• CV19 • “CV-19” • C19 • “C-19” • Roche • RNA • Shortage • Shortages • Supplies • “Emergency Use” • “EUA” • “the WHO” • “W.H.O.” • “World Health Organization” • States • Governor • Governors • Kit • Kits • DPA • “Defense Production Act”

- d. ~~[~500 records] For the key terms that are in Column A below, limit responsive records to those that also include one or more of the terms from Column B, for the full time period of the search.~~

Column A	Column B
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• Vaccine • Antiviral • Antiretroviral	• CV19 • “CV-19” • C19 • “C-19” • “EUA” • “Emergency Use” • “DPA” • “Defense Production Act” • “the WHO” • “W.H.O.” • “World Health Organization”
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e. ~~[<50 records] For the key term “Emergency” limit responsive records to those that also include “DPA” or “Defense Production Act,” for the full time period of the search.~~

f. For the following key terms, please limit the time period as indicated:

i. Princess - February 1, 2020, through March 1, 2020 ~~[[Limit responsive records to those that also include: Trump OR Pence OR Jared OR Kushner OR “White House” OR “the WH”]]]~~

~~ii. [~~150 records~~] Kirkland February 24, 2020, through March 24, 2020~~

~~iii. [~~750 records~~] Seattle February 24, 2020, through March 24, 2020~~

~~iv. [~~200 records~~] “New Rochelle” March 1, 2020, through March 31, 2020~~

~~v. [~~<50 records~~] “BioGen Conference” March 1, 2020, through March 31, 2020~~

~~vi. [~~50 records~~] CPAC February 21, 2020, through March 21, 2020~~

~~vii. [~~<50 records~~] AIPAC February 21, 2020, through March 21, 2020~~

g. For the following key terms, please run the search without any modifiers and using the full date range (i.e., no changes from original search)

i. Wuhan ~~[[Limit responsive records to those that also include: Trump OR Pence OR Jared OR Kushner OR “White House” OR “the WH”]]]~~

ii. Hoax ~~[[no changes]]~~

iii. Hubei ~~[[Limit responsive records to those that also include: Trump OR Pence OR Jared OR Kushner OR “White House” OR “the WH”]]]~~

iv. POTUS ~~[[no changes]]~~

v. Cruise ~~[[Limit responsive records to those that also include: Trump OR Pence OR Jared OR Kushner OR “White House” OR “the WH”]]]~~

vi. Quarantine ~~[[Limit responsive records to those that also include: Trump OR Pence OR Jared OR Kushner OR “White House” OR “the WH”]]]~~

vii. Distancing ~~[[Limit responsive records to those that also include: Trump OR Pence OR Jared OR Kushner OR “White House” OR “the WH”]]]~~

~~viii. Isolation~~

ix. N95 ~~[[Limit responsive records to those that also include: (CV19 OR “CV-19” OR C19 OR “C-19” OR Shortage OR Shortages OR Supplies OR “Emergency Use” OR “EUA” OR “the WHO” OR States OR Governor OR Governors OR DPA OR “Defense Production Act” OR Trump OR Pence OR Jared OR Kushner OR “White House” OR “the WH”]]]~~

x. Mask ~~[[Limit responsive records to those that also include: (CV19 OR “CV-19” OR C19 OR “C-19” OR Shortage OR Shortages OR Supplies OR “Emergency Use” OR “EUA” OR “the WHO” OR States OR Governor OR Governors OR DPA OR “Defense Production Act” OR Trump OR Pence OR Jared OR Kushner OR “White House” OR “the WH”]]]~~

xi. Respirator ~~[[Limit responsive records to those that also include: (CV19 OR “CV-19” OR C19 OR “C-19” OR Shortage OR Shortages OR Supplies OR “Emergency Use” OR “EUA” OR “the WHO” OR States OR Governor OR Governors OR DPA OR “Defense Production Act” OR Trump OR Pence OR Jared OR Kushner OR “White House” OR “the WH”]]]~~

xii. Testing ~~[[Limit responsive records to those that also include: (CV19 OR “CV-19” OR C19 OR “C-19” OR Shortage OR Shortages OR Supplies OR “Emergency Use” OR “EUA” OR “the WHO” OR States OR Governor OR Governors OR DPA OR “Defense Production Act” OR Trump OR Pence OR Jared OR Kushner OR “White House” OR “the WH”]]]~~

~~xiii. Containment~~

h. Cut the following key terms completely: [[no changes]]

i. Disease

ii. Virus

The Department processed **413 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 **236 pages** to you in their entirety and I am further releasing **37 pages** in part, with portions redacted, pursuant to Exemptions (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 **140 pages** should be sent for consultation to others and returned to this Department for final disposition.

FOIA exemption (b)(4) permits the withholding of trade secrets and commercial or financial information that 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>
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'laird@aap.org' <laird@aap.org>;
 'Christine.sullivan2@usda.gov' <Christine.sullivan2@usda.gov>;
 Vineyard, Michael (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group
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 Egan, Sarah (fema.dhs.gov) </o=ExchangeLabs/ou=Exchange Administrative Group
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 'govrelations@aaas.org' <govrelations@aaas.org>;
 'sgautschy@aast.org' <sgautschy@aast.org>;
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 'lmaine@aacp.org' <lmaine@aacp.org>;
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 'NBrown@heart.org' <NBrown@heart.org>;
 rschulman@aha.org </o=ExchangeLabs/ou=Exchange Administrative Group
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 'jgriffith@amssm.org' <jgriffith@amssm.org>;
 'jthayer@amsa.org' <jthayer@amsa.org>;
 'tamara.kear@annanurse.org' <tamara.kear@annanurse.org>;
 'cheryl.peterson@ana.org' <cheryl.peterson@ana.org>;
 'rnaction@ana.org' <rnaction@ana.org>;
 'kklauser@osteopathic.org' <kklauser@osteopathic.org>;
 'ccox@hfap.org' <ccox@hfap.org>;
 'ibernstein@aphanet.org' <ibernstein@aphanet.org>;
 'mandyfrohlichr@apta.org' <mandyfrohlichr@apta.org>;
 'bsmedley@apa.org' <bsmedley@apa.org>;
 'donald.hoppert@apha.org' <donald.hoppert@apha.org>;
 'trevor.riggen@redcross.org' <trevor.riggen@redcross.org>;
 'asegal@asmusa.org' <asegal@asmusa.org>;
 'rmeyer@asn-online.org' <rmeyer@asn-online.org>;
 'swarren@asha.org' <swarren@asha.org>;
 'ann@americantelemed.org' <ann@americantelemed.org>;
 'sprentiss@amtrauma.org' <sprentiss@amtrauma.org>;
 'jdonlin@avma.org' <jdonlin@avma.org>;
 'rsylvester@americasblood.org' <rsylvester@americasblood.org>;
 'bfeldpush@essentialhospitals.org' <bfeldpush@essentialhospitals.org>;
 'doakley@ara.com' <doakley@ara.com>;
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 'tiffany.jungers@bcbsa.com' <tiffany.jungers@bcbsa.com>;
 'kenneth.kik@ky.gov' <kenneth.kik@ky.gov>;
 'jdriskill@buttecounty.net' <jdriskill@buttecounty.net>;
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 'maureen.casale-reidy@health.ny.gov' <maureen.casale-reidy@health.ny.gov>;
 'janisbrown@wakemed.org' <janisbrown@wakemed.org>;
 'gaffney@securefreedom.org' <gaffney@securefreedom.org>;
 'montgomery@csbaonline.org' <montgomery@csbaonline.org>;

'fitzgerald@csbaonline.org' <fitzgerald@csbaonline.org>;
 'RHersman@csis.org' <RHersman@csis.org>;
 'dschmidt@co.fresno.ca.us' <dschmidt@co.fresno.ca.us>;
 'donald.sheldrew@centracare.com' <donald.sheldrew@centracare.com>;
 'hcccm@allclearmg.com' <hcccm@allclearmg.com>;
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Date:	2020/03/02 16:34:36
Start Date:	2020/03/02 18:00:00
End Date:	2020/03/02 19:00:00
Priority:	Normal
Type:	Appointment
Location:	(b)(6)
Attendees:	Smart, DeRamus (OS/ASPR/ORM); Yeskey, Kevin (OS/ASPR/IO); Bratcher-Bowman, Nikki (OS/ASPR/IO); Shuy, Bryan (OS/ASPR/IO); SOC ASPR SLT; 'Linda.Murray@chhi.org'; 'susan.hensley@yolocounty.org'; 'BWood@BGRdc.com'; 'klebryk@bgrdc.com'; Votava, Kathleen (ACL); Phillips, Christine (ACL); Levine, Cheryl (OS/ASPR/EMMO); Williams, Rasheed (ACL); Miskis, Constantinos (ACL); Blackford, Carol W. (CMS/CM); Saxon, Bobby (CMS/CCIIO); Payne, Skip (CMS/OA); Giroir, Brett (FDA); Trueman, Laura (HHS/IEA); Johnston, Darcie (HHS/IEA); Beck, Gary (OS/IEA); Stevens, Lee (OS/IEA); Baker, Michael (OS/IEA); DLGDESK Group; DLGDESK (HHS/ASPR/OPP); Imbriale, Samuel (OS/ASPR/SIIM); Lamana, Joseph (OS/ASPR/EMMO); Finne, Kristen (OS/ASPR/EMMO); Weir, Charles (OS/ASPR/IO); Redd, John (OS/ASPR/SPPR); Scharf-Bell, Helga (OS/ASPR/EMMO); Brannman, Shayne (OS/ASPR/EMMO); Kaul, Rachel (OS/ASPR/EMMO); Coviello, Daniel (HRSA); Dafflitto, Scott (OS/ASPR/EMMO); Waters, Cicely (OS/ASPR/OEA); Spear, Terri (SAMHSA/OPPI); Cooper, Kevin (OS/ASPR/ORM); Perdue, Christopher (OS/ASPR/SPPR); Moreno, Rafael (OS/ASPR); Nicholls, Richard (ACL); Mack, Kelly (ACL); Ryan, Louise (ACL); Dalin, Hilary (ACL); Cronin, Kelly (ACL); Gottlich, Vicki (ACL); Hill, Kristi (ACL); Hocker, Julie (ACL); Moran, Thomas (ACL); Walker, Edwin L. (ACL); DeBord, Kristin (OS/ASPR/SPPR); OSD Wucov WG; OSD DSCA All; Smith, Matthew (OS/ASPR/COOP); Gerzsenye, John A CIV DHA INFO & REQ (USA); Lee, Scott (OS/ASPR/EMMO); Vincent, Erik (OS/ASPR/EMMO); Biggins, Julia (MIL); Stahlman, James (MIL); Farmer, William (OS/ASPR/SPPR); Page, Neil E COL USARMY DHA (USA); Fuchs, Jason B LCDR USN NORAD-USNC SPC

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Office of the Assistant Secretary of Preparedness and Response hosts COVID-19 stakeholder call

The United States is currently responding to an outbreak of respiratory disease caused by a novel (new) coronavirus. Our public health and medical response is aggressive and multi-layered, with the goal of detecting introductions of this virus in the United States, understanding virus transmission, and reducing potential spread and impact.

We know that planning for an emerging infectious disease outbreak, like COVID-19, is critical to protecting the health and welfare of our nation. As such, we invite you to join a call with representatives from the U.S. Department of Health and Human Services to discuss emerging developments in the COVID-19 response and learn about activities your jurisdictions can do now to prepare for, respond to, and be resilient in the face of COVID-19.

Invited participants include Health Care Coalitions; National Hospital Preparedness Program participants; and nongovernmental associations serving the needs of long term care facilities and vulnerable populations.

What: COVID-19 Stakeholder Call to Action

When: Monday, March 2, 2020 (6:00-7:00 pm ET)

Dial-in Number: (b)(6)

Passcode: (b)(6)

Call Agenda: TBD

Very Respectfully,

Secretary's Operations Center

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Assistant Secretary for Preparedness and Response (ASPR)
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Washington D.C. 20201
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By Sarah Oweremohle

03/02/2020 05:33 PM EST

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Delivered Date:	2020/03/02 17:37:05

From:	Sherman, Jennifer (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F30FE7FAE664419FA654B20EDCCB1E78-SHERMAN, JE>
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Subject:	FW: 'You don't want to go to war with a president'
Date:	2020/03/02 17:41:01
Priority:	Normal
Type:	Note

FYI

From: POLITICO Pro Health Care <politicoemail@politicopro.com>
Sent: Monday, March 2, 2020 5:35 PM
To: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Subject: 'You don't want to go to war with a president'

'You don't want to go to war with a president'

By Sarah Oweremohle

03/02/2020 05:33 PM EST

Anthony Fauci might be the one person everyone in Washington trusts right now.

But at 79, the director of the National Institute of Allergy and Infectious Diseases is in the thick of one of the biggest battles of 35 years in the role: The race to contain coronavirus when the nation is deeply polarized and misinformation can spread with one tweet — sometimes, from the president himself.

“You should never destroy your own credibility. And you don't want to go to war with a president,” Fauci, who has been the country’s top infectious diseases expert through a dozen outbreaks and six presidents, told POLITICO in an interview Friday. “But you got to walk the fine balance of making sure you continue to tell the truth.”

And the truth about coronavirus? “I don't think that we are going to get out of this completely unscathed,” he said. “I think that this is going to be one of those things we look back on and say boy, that was bad.”

The plainspoken scientist with a heavy Brooklyn accent has navigated outbreaks from HIV to Ebola, Zika and the anthrax scare with an ability to talk frankly yet reassuringly about threats, to explain science, public health and risk to the public in a way few can match.

But in this outbreak, he's not always the comforting public face amid crisis.

As the Trump administration scrambles to contain the fast-spreading infection and consolidate control under Vice President Mike Pence, Fauci's visibility has been subject to the vagaries of a president who wants to declare the outbreak under control. Over the weekend, Pence and HHS Secretary Alex Azar made the rounds of the Sunday talk shows, not government doctors or scientists.

Fauci sat down with POLITICO in his office Friday, amid dozens of photos of himself with presidents, politicians and celebrities from Magic Johnson to Barbra Streisand. It was just hours after reports that the White House had ordered Fauci off the airwaves sparked a firestorm of protest from senators, former government officials and public health experts.

Fauci denied being muzzled. He did say that Pence's office wanted him to run interviews past it for re-clearance once Pence was named the White House's point person on the virus.

But public health experts and Democrats have slammed President Donald Trump's repeated reassurances about the disease, which has raced across six continents, created economic disruption — and taken 3,000 lives and counting.

Republicans have countered that the left is overstating the risk, spreading panic and trying to take Trump down.

Fauci has openly tempered expectations for a quick coronavirus vaccine — and an end to the epidemic — on the press conference stage with Trump, even as the president promised everything was under control and a vaccine would be ready soon.

Now even some Republicans are concerned that the president is underselling what some health officials have said is an inevitable worsening U.S. outbreak. And Fauci is who they want to hear from.

"If I'm buying real estate in New York, I'll listen to the president of the United States. If I'm asking about infectious diseases, I'm going to listen to Tony Fauci," Rep. Tom Cole (R-Okla.) said recently.

Giving a president advice can be a heady experience. Fauci has done it dozens of times, for four Republicans and two Democrats. "There's a temptation that you have to fight to tell the president what you think he wants to hear. I've seen really good people do that," says Fauci, who took over the agency in 1984, just a few years after switching his professional focus to a fast-emerging and then-mysterious new illness, HIV/AIDS.

Grappling with the AIDS epidemic and the Reagan administration's initial slow-go approach that divided Washington, Fauci became the public face of the response at a time when Ronald Reagan did not even broach the issue until his second term. Fauci often brings that up as a White House failure.

But these days are different. Trump fires off tweets about coronavirus, promising a vaccine will arrive "soon" (Fauci says in a best-case scenario it will be a year — and that might be

optimistic), or says in press conferences that “we are totally prepared” (Fauci and other health officials warn the risk could change in a moment’s notice). The president also referred to a coronavirus “hoax” in a campaign rally — the night before the first death from the virus was reported in the U.S.

And then there is Congress. Fauci likes to say that he has testified before Congress more than anyone in the nation’s history. Over more than three decades he has been called to the Hill a dozen times a year to explain the threat of Ebola, Zika, anthrax or a pandemic flu.

He remembers the days of lawmakers hurling barbs across party lines about the AIDS response. But today, “the degree of divisiveness is one of almost an emotional dislike of the other person,” he said.

Republicans reportedly stormed out of a recent closed-door briefing on the infection after Rep. Rosa DeLauro (D-Conn.) ripped into the administration’s coronavirus response. Democrats have called for the White House to replace Pence as point person on the virus, arguing he has no public health experience.

The truth, Fauci says, is that Democrats and Republicans alike may not appreciate the range of what could happen now.

“It could be really, really bad. I don't think it's gonna be, because I think we'd be able to do the kind of mitigation. It could be mild. I don't think it's going to be that mild either. It's really going to depend on how we mobilize.”

Critics say the administration has already stumbled with a slow rollout of diagnostic tests and narrow guidelines for who uses them, meaning that some patients waited days to find out if they are infected and the virus began spreading. Fauci said that restricted guidance — specifically the idea that someone would not get tested if they had not been in known contact with infected people — was unwise. He predicted more cases would emerge in the coming days — and they have.

There have already been scapegoats for the response. CDC Director Robert Redfield took the blame Saturday when Trump misidentified the gender of the first U.S. death. Sources also pointed to CDC on Sunday over concerns about the cleanliness of labs making diagnostic tests, even as some current and former administration officials blamed Azar for the bungled response. CDC’s respiratory disease lead Nancy Messonnier also took heat from administration officials a week earlier after her statement that a U.S. outbreak was inevitable helped send the stock market tumbling.

“It's really, really tough because you have to be honest with the American public and you don't want to scare the hell out of them,” Fauci said. “And then other times, in attempts to calm people down, [leaders] have had people be complacent about it. This is particularly problematic in a ‘gotcha’ town like Washington.”

And yet, Fauci has not only survived the town for decades but managed to make his priorities those of the presidents, above all HIV. Along with Redfield and HHS Assistant Secretary for Health Brett Giroir, Fauci helped engineer getting the president include a pledge to ending HIV

transmission in his State of the Union address last year.

But many challenges are still ahead, including sometimes contradicting the president he doesn't want to "go to war" with. Fauci says it will be OK: he knows that "even if it's uncomfortable" his years of truth-telling have earned him a backlog of respect.

The 79-year-old also has no plans of retiring anytime soon — not least because one of his top goals, developing an HIV vaccine, remains elusive.

"I feel like I'm 45. And I act like I'm 35," Fauci said. "When I start to feel like I don't have the energy to do the job, whatever my age, I'll walk away and write my book."

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Message Flags:	Unread

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Subject:	Fwd: Meeting Request from HCHS Washington Seminar on Government and Action
Date:	2020/03/02 17:46:25
Priority:	Normal
Type:	Note

Let's discuss

Sent from my iPhone

Begin forwarded message:

From: Sophie Cooper <sophiecooper@hunterschools.org>
Date: March 2, 2020 at 4:44:51 PM EST
To: robert.kadlec@hhs.gov
Subject: Meeting Request from HCHS Washington Seminar on Government and Action

March 2, 2020

Robert Kadlec, M.D.

Assistant Secretary for Preparedness and Response

U.S. Department of Health & Human Services

200 Independence Avenue, S.W.

Washington, D.C. 20201

Dear Assistant Secretary Kadlec;

I am writing to you as a member of a group of thirty-two juniors and seniors at Hunter College High School, a school for the intellectually gifted in New York City. We have been selected by the Social Studies Department to participate in the 68th Annual Washington Seminar on Government in Action on the basis of our academic achievement and interest in government and politics. During the course of the year, members of the Seminar research and brief one another on major domestic and international issues confronting the United States government. The culmination of the Seminar is a trip to Washington, D.C. to discuss these topics with administration officials, members of Congress, scholars, diplomats, and reporters.

We would greatly appreciate an opportunity to meet with you to hear about your work on biodefense and disease preparedness. We are particularly interested in discussing the public health implications of the coronavirus outbreak here in the United States, and the responses so far from governmental agencies such as the Department of Health and Human Services. How has your agency provided logistical support in

efforts to repatriate Americans from China and from the Diamond Princess cruise ship in Japan? Why did you choose to diverge from CDC recommendations and support the return of passengers from the Diamond Princess, including 14 infected passengers, to the United States? We are also intrigued by your role in the passage of the Pandemic and All-Hazards Preparedness Act. Do you envision a role for the Medical Reserve Corps provided for under the PAHPA, should the outbreak intensify? How has the Biomedical Advanced Research and Development Authority leveraged cooperation with private research and development companies to initiate the creation of novel coronavirus vaccines? These are just a few of our questions, as we would be honored to speak with you about all areas of your expertise, including biological warfare and bioweaponry.

Members of the Seminar will be in Washington from May 18-May 20, 2020. We hope that you will be able to find the time in your busy schedule to meet with us. If this is possible, or if you have further questions about the Seminar, please contact us through one of our faculty advisors, Jana Lucash at

(b)(6)@hccs.hunter.cuny.edu or Melissa Chapnick at (b)(6)@hccs.hunter.cuny.edu.

Thank you very much for your consideration. We look forward to hearing from you.

Sincerely,

Sophie Cooper

Sender:	Kadlec, Robert (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A182EDA693D040D3832BAE6EFCF7A255-KADLEC, ROB>
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From:	Parker, Jim (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7F7AC2E66AA043A6B7CB2EAAF967FFA3-PARKER, JAM>
To:	Ceci Connolly <cconnolly@achp.org>; Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
CC:	Michael Bagel <mbagel@achp.org>; Tricia Brooks <tbrooks@achp.org>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>; Beck, Gary (OS/IEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a049f8137013412bbf472fc1833391be-Beck, Miche>; HHS IEA (OS/IEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4c2b7ce07ddf4f9097d038fcaf299c56-OSIGA>; Secretary Scheduler (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6801b3307d554c04b245714132602e16-Secretary S>
Subject:	RE: Meeting request postponement: ACHP CEOs, March 10
Date:	2020/03/02 18:09:39
Priority:	Normal
Type:	Note

Totally get it. Thanks.

Jim

From: Ceci Connolly <cconnolly@achp.org>
Sent: Monday, March 2, 2020 2:04 PM
To: Azar, Alex (OS/IOS) <Alex.Azar@HHS.GOV>
Cc: Michael Bagel <mbagel@achp.org>; Tricia Brooks <tbrooks@achp.org>; Mango, Paul (HHS/IOS) <Paul.Mango@hhs.gov>; Parker, Jim (HHS/IOS) <Jim.Parker@hhs.gov>; Beck, Gary (OS/IEA) <Gary.Beck@hhs.gov>; HHS IEA (OS/IEA) <HHSIEA@hhs.gov>; Secretary Scheduler (OS/IOS) <Secretary.Scheduler@hhs.gov>
Subject: Meeting request postponement: ACHP CEOs, March 10

Dear Secretary Azar,

On February 19, ACHP requested a meeting with our Board of Directors during our annual fly-in. Understanding that your attention is focused on addressing the COVID-19 response, we are writing to postpone the request to a date later in the spring. We will look for an opportunity to have our member CEOs meet with you after this public health emergency has subsided.

For your awareness, ACHP members are taking actions to improve readiness and educate consumers on steps they should undertake to keep themselves healthy and react should they suspect they may have the virus. As you no doubt are aware, at least one of our members is currently providing treatment for an individual who has contracted COVID-19. ACHP stands ready to assist HHS as needed to support the response and care efforts. Already, ACHP members are working with local public health officials to develop contact lists, establish regular communications to educate consumers and coordinate resource use. As further information is released by the CDC and WHO, our members will continue to work across their communities to share updates and best practices to limit spread.

Thank you for all you are doing to combat COVID-19. We look forward to meeting with you in the near future,
Ce

From: Ceci Connolly <cconnolly@achp.org>

Sent: Wednesday, February 19, 2020 4:36 PM

To: Alex.azar@hhs.gov

Cc: Michael Bagel <mbagel@achp.org>; Tricia Brooks <tbrooks@achp.org>; paul.mango@hhs.gov;
Parker, Jim (HHS/IOS) <Jim.Parker@hhs.gov>; Gary.beck@hhs.gov; HHSIEA@hhs.gov

Subject: Meeting Request: ACHP CEOs, March 10



February 19, 2020

The Honorable Alex Michael Azar II
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Azar,

On behalf of the Alliance of Community Health Plans (ACHP), I would like to request a meeting with you and our Board of Directors in DC March 10, and welcome the opportunity to discuss partnering to achieve our common goals for high-value coverage and care.

As you know, ACHP's 25 nonprofit organizations provide coverage and care for millions of Americans in 35 states and the District of Columbia in all lines of business. As an organization, we promote the model of close collaboration between patients, plans and providers as one that consistently produces high quality and coordinated care at an affordable price.

We applaud your recent efforts to push the health care industry towards value-based care and increased transparency. Following discussions with the Administration, ACHP released a Certification of Health Care Digital Tools framework to offer personalized, timely pricing and quality information to guide consumers. ACHP continues to support the Administration's goal of increasing transparency and our Board looks forward to sharing its ideas for an immediate win in this critical space.

We appreciate your ongoing efforts to provide new flexibilities in Medicare Advantage and would welcome the chance to share our experience. Our CEOs also are eager to discuss with you

the evolution of the rapidly growing Medicare Advantage market and their concerns that large, national for-profits may be constraining competition and diminishing innovation that makes care more affordable for seniors.

We look forward to finding a convenient time for a meeting while our CEOs are in town.

If you have any questions or need any additional information, please feel free to contact Michael Bagel, ACHP's Director of Public Policy at mbagel@achp.org or (202) 524-7777.

Sincerely,



Ceci Connolly | President and CEO | Alliance of Community Health Plans
1825 Eye Street, NW, Suite 401, Washington, District of Columbia 20006
Email: cconnolly@achp.org | Ph: 202-584-2247 |
<https://protect2.fireeye.com/url?k=56d0cdfd-0a84d481-56d0fcc2-0cc47adc5fa2-f38c2e6c6413b2e9&u=http://www.achp.org/>



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To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	COVID-19 Open Media Report 02Mar20
Date:	2020/03/02 18:22:26
Priority:	Normal
Type:	Note

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Good evening all,

Attached is the 02Mar20 COVID-19 Open Media Report.

BLUF: New states are reporting new cases of presumptive positive COVID-19 patients. In addition, other states with previous cases are also reporting an increase in the number of COVID-19 positive patients. There are more reports of global economic slowdown due to the virus.

Epidemiology: Official case counts are distributed via the COVID-19 Morning CDC Updates and COVID-19 SLBs.

- • * Traditional news media reports over 90,000 cases globally, and more than 3,000 worldwide deaths. The vast majority of cases remains in mainland China.
- • * Six patients in Washington State have died from COVID-19.
- • * Genomic testing of two Washington State cases of COVID-19 – which occurred weeks apart within the same county– may indicate that the virus spread in the state for a few weeks.
- • * New cases are being reported in Florida, Illinois, and New York, and up to 88 cases are being reported by the media in U.S.

Public Health/Clinical Response:

- • * Florida declared a public health emergency after confirming the state’s first two “presumptive positive” cases in the Tampa area.
- • * FEMA is preparing for the President to declare an emergency. An emergency declaration would allow more money and personnel to be used to help treat patients with COVID-19 and prevent the spread of the virus.
- • * San Antonio mayor declares a public health emergency after a quarantined individual was released, was then determined to be COVID-19 positive, and re-quarantined.

Public Sentiment

- • * There is an increasing volume of discussion among public health experts and citizens who are demanding that COVID-19 tests be conducted at no-cost to the patient, as charging potentially thousands for the test will restrict access and diagnostic capacity.

- • * Several stories of high medical bills for patients who ended up testing negative have been mentioned in the conversation about the high personal cost of COVID19 diagnostics and treatment.
- • * Reports of COVID-19 cases in Florida, New York, California, and Washington have led to a large increase in public conversation there, with many residents fearful of the unknown extent of the virus spread and worried about future impacts in their communities.

Evacuation/Repatriation:

- • * An evacuee from Wuhan, China, who had tested negative twice, is back in quarantine after testing positive for COVID-19. The person in San Antonio, Texas released from the facility and had contact with at least 16 other people while outside of isolation.

Please see the attached Open Media Report for additional information. *This message was distributed to the 2019 nCoV Distribution Lists.*

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: 800-514-4256
 Email: hhs.soc@hhs.gov



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Epidemiology: Official case counts are distributed via the COVID-19 Morning CDC Updates and COVID-19 SLBs.

- • * Traditional news media reports over 90,000 cases globally, and more than 3,000 worldwide deaths. The vast majority of cases remains in mainland China.
- • * Six patients in Washington State have died from COVID-19.
- • * Genomic testing of two Washington State cases of COVID-19 – which occurred weeks apart within the same county– may indicate that the virus spread in the state for a few weeks.
- • * New cases are being reported in Florida, Illinois, and New York, and up to 88 cases are being reported by the media in U.S.

Public Health/Clinical Response:

- • * Florida declared a public health emergency after confirming the state’s first two “presumptive positive” cases in the Tampa area.
- • * FEMA is preparing for the President to declare an emergency. An emergency declaration would allow more money and personnel to be used to help treat patients with COVID-19 and prevent the spread of the virus.
- • * San Antonio mayor declares a public health emergency after a quarantined individual was released, was then determined to be COVID-19 positive, and re-quarantined.

Public Sentiment

- • * There is an increasing volume of discussion among public health experts and citizens who are demanding that COVID-19 tests be conducted at no-cost to the patient, as charging potentially thousands for the test will restrict access and diagnostic capacity.

- • * Several stories of high medical bills for patients who ended up testing negative have been mentioned in the conversation about the high personal cost of COVID19 diagnostics and treatment.
- • * Reports of COVID-19 cases in Florida, New York, California, and Washington have led to a large increase in public conversation there, with many residents fearful of the unknown extent of the virus spread and worried about future impacts in their communities.

Evacuation/Repatriation:

- • * An evacuee from Wuhan, China, who had tested negative twice, is back in quarantine after testing positive for COVID-19. The person in San Antonio, Texas released from the facility and had contact with at least 16 other people while outside of isolation.

Please see the attached Open Media Report for additional information. *This message was distributed to the 2019 nCoV Distribution Lists.*

Prepared by:

Secretary's Operations Center

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Subject:	FDA chief's claim of 1M coronavirus tests by end of week stirs controversy
Date:	2020/03/02 19:36:21
Priority:	Normal
Type:	Note

FDA chief's claim of 1M coronavirus tests by end of week stirs controversy

By David Lim

03/02/2020 07:35 PM EST

U.S. labs will have enough materials on hand by the end of this week to perform "close to 1 million" coronavirus tests, FDA Commissioner Stephen Hahn said at a White House briefing Monday evening.

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But as of Sunday night, only 36 of roughly 100 public health laboratories had successfully verified a diagnostic developed by the CDC, and 10 more are in the process of doing so, according to APHL CEO Scott Becker.

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"We will have something up and running within a matter of two or three weeks, that's the hope," Mina said. "And this is an extraordinarily fast timeline for a laboratory even like ours."

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Subject:	Premier Offer to Assist with Coronavirus & Supply Chain
Date:	2020/03/02 19:44:16
Priority:	Normal
Type:	Note

Dr. Kadlec,

Over the years, Premier has established a wonderful working relationship with ASPR and the SNS as we have worked together to ensure a stable healthcare supply chain during natural disasters and prior outbreaks such as H1N1 and Ebola. With coronavirus, Premier has been working around the clock and actively engaged with FDA, CDC, and ASPR to ensure hospitals throughout the country have access to the drug and medical supplies they need for patient care. We wanted to make you aware of our letter to the Secretary volunteering Premier's expertise and assistance in the Administration's overall efforts to respond to a potential U.S. coronavirus outbreak and help reassure the public of our nation's preparedness.

I hope your schedule will permit a meeting to discuss how to address today's supply chain challenges in our healthcare system.

I look forward to hearing from you and continuing the working relationship that Premier, ASPR, and the SNS have nurtured. Thank you!

Soumi Saha, PharmD, JD

Senior Director of Advocacy

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Subject:	Fwd: FDA chief's claim of 1M coronavirus tests by end of week stirs controversy
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03/02/2020 07:35 PM EST

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Subject:	Fwd: Dobbs transcript
Date:	2020/03/02 19:48:59
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Subject: Dobbs transcript

LOU: and joining us tonight is the president's **Secretary** of health and human services, **Secretary Alex** azar. he's also the chairman of the president's coronavirus task force. mr. **Secretary**, good to have you with us. there didn't seem to be a different tone today in washington as it's becoming clearer what the nation will likely face. officials seem to be a little bit more -- [inaudible] than they had been. is there really a change here?

AZAR: i don't know that i'd call it a change, i'd say the message remains transparent but one of confidence. what we're saying is what we've been saying --

LOU: why not then call it a pandemic? because you know very well it is.

AZAR: well, in fact, i spoke today with the head of the world health organization, and i'll give you some insight into their thinking finish.

LOU: i'm noted -- not interested in their thinking, to be candid with you. you're center for your department, the nih and the cdc are responsible for the public's health. i'm flattered to speak to you -- delighted to speak to you, sir.

AZAR: well, lou, within the united states whether you call it a pandemic or you don't call it a pandemic is irrelevant. it doesn't change one single action that we would take here in the united states. not one, lou. just doesn't matter.

LOU: why not call it that and be just as straightforward --

AZAR: lou, what does it add? what does it add?

LOU: you tell me, what does it subtract if you don't?

AZAR: we're trying to engage in careful, thoughtful risk communication to people, and that means as americans, and that could change. it hasn't changed because the president's bold, unprecedented actions to protect our borders and --

LOU: absolutely.

AZAR: but we are now seeing some limited community spread, it appears. we've seen some limited person-to-person transmission of the disease, and absolutely while we're on the air right now, lou, we've made an important announcement out of the fda and the cdc that should dramatically increase the availability of our n-95 respirator masks for use by health care professionals in the united states. so we're making advances --

LOU: that's great. that is wonderful. and at the same time, do we have tests that are now available here in this country?

AZAR: yes --

LOU: -- to the degree that we need them? because the ratio, as i see it, there's a better ratio of testing for the coronavirus in other countries than we maintain here. we're actually screening fewer people because we don't have appropriate testing.

AZAR: well, lou, we actually have a validated test. the cdc has had it, there's been no backlog since we've had that up and running. it's out in labs. we've been increasing the availability of it. we insist on a valid test. you know, in other countries they don't have the, they don't have the same regulatory requirements for validation, and so in other countries basically a hospital or a lab can just take the recipe --

LOU: i understand, mr. **Secretary**, but then i don't understand why at the same time we are seeing community spread and we know very well that there have not been test kits available that didn't work and, in fact, the cdc had test kits but they were unworkable.

AZAR: actually, lou, the tests worked. the tests work, they are validated. what happened was there were some manufacturing issues, apparently, in one stage of the test, and some labs were not able to validate it. we solved that issue. we've gotten the --

LOU: so they were -- [inaudible conversations] i don't want to play games with you, and i'm sure you don't want with me, but when you use words like validated and then say one segment of their use was invalidated by problems, you know, it just -- this is not transparency --

AZAR: well, lou, you don't want to hear it, but we've been transparent at every step of the way. there are three stages to this test that the cdc developed. the first two tests for the novel coronavirus, the third was for a form of any form -- any form of coronavirus that wasn't necessary. the fda concluded a week ago that wasn't necessary, the third step, that it was overkill on the test. they authorized the first two stages to be used to test, that enabled --

LOU: when did they do that, mr. **Secretary**?

AZAR: now tens of thousands of tests out there -- [inaudible conversations] regulatory requirements to now allow us to get rid of an obama-era burden on labs to allow any certified clinical lab out there to develop a test based on the recipe that we have produced. that should open up hundreds and hundreds and hundreds if not millions per week of tests available, lou.

LOU: you're making more tests available?

AZAR: yes, absolutely. of hundreds of thousands and millions per week will be available as a result of the regulatory relief that we granted on saturday morning out of the fda, relief from an obama-era fda requirement that required any lab-developed test be approved by the fda. we said in this emergency situation, we are authorizing those certified labs to create their own on test based on the recipe that we have published --

LOU: you had plenty -- i'm sorry --

AZAR: testing immediately.

LOU: mr. **Secretary**, i apologize. i apologize, but, frankly, you've just said that you had plenty, and now you're acknowledging that you didn't. i don't want to get bogged down in this, i mean, i really don't, but i do want to understand how bad is this going to get. are we going to be talking about it -- what is the planning and the thinking of the corona task force for the americans who are watching this broadcast who are all adults and who want to know the facts? hard-boiled, straightforward, no sugar-coating and no pedantics?

AZAR: lou, we're planning for all scenarios. right now we've got a fairly limited scenario, but we've planned for the full range. right now we're working with santa clara county and king county in the state of washington on community mitigation recommendations, and that's the appropriate step to take. but you can go all the way from community to large community to national mitigation steps, and we'll take all measures needed to protect the american people. but we don't need to do it until they're necessary, and that's -- the president has taken unprecedented action. you know, these travel restrictions that he took on china, people complained about them at the time. but they protected america. they delayed this impact here in the united states significantly, and now everybody's praising him for those measures, and we'll continue to take bold, aggressive actions. he won't hesitate. we'd rather overreact than underreact to this situation is.

LOU: i am not talking about steps the president has taken, which i happen to agree with you, were with the foresight and were the exact necessary step to take. you know, as a matter of fact, i'll go further, you know, this president was looking in 2017 at the dependency of this country on offshoring and -- across the country, the entire world, frankly, the dependency on southeast asia and china for supply chains. and he was talking about it three years ago. so i'm keenly aware of his thinking on this. and the reality is i'm talking about the public's right to know here. and that's quite a different thing.

AZAR: absolutely.

LOU: i have absolute faith in the leadership. my concern is how much the american people are being told that they need to know, and that is, i think, everything.

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LOU: wait a minute, did you say pandemic?

AZAR: that is what we prepare for, pandemic status of this --

LOU: do we have one?

AZAR: from active containment, through community mitigation, large scale community mitigation. all those steps, lou, everything is laid out very transparently about what the government would recommend. also our states have, thanks to the work that i did with president bush back in the 2000s for pandemic flu preparedness, every state has pandemic plans that we exercise, that integrate into a national pandemic action plan. as this disease progresses, and we hope it will not, but as it progresses, we will see a continued education calculation of different types -- escalation of different types of steps, and we're going to modify those --

LOU: what are you projecting will be the number of cases in this country over the next week?

AZAR: lou, i couldn't possibly predict what the number of cases over the next week will be. all i can tell you is we are going to see more cases and, unfortunately, we saw new fatalities this morning, and i fear we will, we'll continue to see more. there'll be an increase. but one can't predict the number of cases we're going to see. no cup's been able to -- no one's been able to predict any cases. i wish i could, i wish i could, but you can't do that. lou: okay. well, with that, what do you think is the most important thing for the american people to know about this pandemic?

LOU: in spite of how you've been describing it, lou, for everyday americans right now this shouldn't impact their daily lives. they should go about normal -- lou: how did i describe it? i missed that part. how did i describe it?

AZAR: you're -- i think you're just trying to whip people up into a frenzy here, lou --

LOU: about what?

AZAR: i'm trying to get people to understand the government has a plan, we have steps, we exercise this. but in their daily life at this point, and that could change, at this point there isn't a change in people's daily existence except for normal good preparedness activities, the same stuff we would have recommended six months ago. go to cdc.gov for recommendations of what you should have been doing all along and the kinds of steps you should take now. we're working with your communities on different mitigation approaches to plan for, we have a plan, to exercise what they would do. how do you, for instance, if you have a community outbreak in an area, do you close a school? maybe there's some good mitigation steps there like you don't just have sessions in the auditorium or large scale recesses where the kids congregate. these are some learnings we've gotten through hong kong and singapore, and we're using them as we work with santa clara county and king county out in the seattle area to help advise them as they work on the community containment that they're facing now.

LOU: mr. **Secretary**, we appreciate your time. i promise not to whip anybody into anything, you know, concerned about the -- well, the body of public knowledge in a free society m i, you know, god forbid i should do that. thanks so much. appreciate it.

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Subject:	Fwd: Dobbs transcript
Date:	2020/03/02 20:05:44
Priority:	Normal
Type:	Note

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Begin forwarded message:

From: "McKeogh, Katherine (OS/ASPA)" <Katherine.McKeogh@hhs.gov>
Date: March 2, 2020 at 7:54:37 PM EST
To: "Stecker, Judy (OS/IOS)" <Judy.Stecker@hhs.gov>
Cc: "Oakley, Caitlin B. (OS/ASPA)" <Caitlin.Oakley@HHS.GOV>, "Murphy, Ryan (OS/ASPA)" <Ryan.Murphy1@hhs.gov>
Subject: RE: Dobbs transcript

Found on Twitter:

<https://twitter.com/LouDobbs/status/1234641755422822400>
<https://twitter.com/LouDobbs/status/1234642016845340672>

From: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>
Sent: Monday, March 2, 2020 7:50 PM
To: McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>
Cc: Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>
Subject: Re: Dobbs transcript

Okay. If and when they post let me know

Sent from my iPhone

On Mar 2, 2020, at 7:46 PM, McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov> wrote:

It just shows a still image:

[http://mms.tveyes.com/transcript.asp?StationID=2025&DateTime=3/2/2020%207:11:41%20PM&playclip=true&pbcs=search%3a%2b\(pandemic\)](http://mms.tveyes.com/transcript.asp?StationID=2025&DateTime=3/2/2020%207:11:41%20PM&playclip=true&pbcs=search%3a%2b(pandemic))

From: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>

Sent: Monday, March 2, 2020 7:44 PM

To: McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>

Cc: Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>

Subject: Re: Dobbs transcript

Is there any link to video? I know we can't post but I thought in tv eyes you could watch but not post

Sent from my iPhone

On Mar 2, 2020, at 7:41 PM, McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov> wrote:

LOU: and joining us tonight is the president's **Secretary** of health and human services, **Secretary Alex** azar. he's also the chairman of the president's coronavirus task force. mr. **Secretary**, good to have you with us. there didn't seem to be a different tone today in washington as it's becoming clearer what the nation will likely face. officials seem to be a little bit more -- [inaudible] than they had been. is there really a change here?

AZAR: i don't know that i'd call it a change, i'd say the message remains transparent but one of confidence. what we're saying is what we've been saying --

LOU: why not then call it a pandemic? because you know very well it is.

AZAR: well, in fact, i spoke today with the head of the world health organization, and i'll give you some insight into their thinking finish.

LOU: i'm noted -- not interested in their thinking, to be candid with you. you're center for your department, the nih and the cdc are responsible for the public's health. i'm flattered to speak to you -- delighted to speak to you, sir.

AZAR: well, lou, within the united states whether you call it a pandemic or you don't call it a pandemic is irrelevant. it doesn't change one single action that we would take here in the united states. not one, lou. just doesn't matter.

LOU: why not call it that and be just as straightforward --

AZAR: lou, what does it add? what does it add?

LOU: you tell me, what does it subtract if you don't?

AZAR: we're trying to engage in careful, thoughtful risk communication to people, and that means as americans, and that could change. it hasn't changed because the president's bold, unprecedented actions to protect our borders and --

LOU: absolutely.

AZAR: but we are now seeing some limited community spread, it appears. we've seen some limited person-to-person transmission of the disease, and absolutely while we're on the air right now, lou, we've made an important announcement out of the fda and the cdc that should dramatically increase the availability of our n-95 respirator masks for use by health care professionals in the united states. so we're making advances --

LOU: that's great. that is wonderful. and at the same time, do we have tests that are now available here in this country?

AZAR: yes --

LOU: -- to the degree that we need them? because the ratio, as i see it, there's a better ratio of testing for the coronavirus in other countries than we maintain here. we're actually screening fewer people because we don't have appropriate testing.

AZAR: well, lou, we actually have a validated test. the cdc has had it, there's been no backlog since we've had that up and running. it's out in labs. we've been increasing the availability of it. we insist on a valid test. you know, in other countries they don't have the, they don't have the same regulatory requirements for validation, and so in other countries basically a hospital or a lab can just take the recipe --

LOU: i understand, mr. **Secretary**, but then i don't understand why at the same time we are seeing community spread and we know very well that there have not been test kits available that didn't work and, in fact, the cdc had test kits but they were unworkable.

AZAR: actually, lou, the tests worked. the tests work, they are validated. what happened was there were some manufacturing issues, apparently, in one stage of the test, and some labs were not able to validate it. we solved that issue. we've gotten the --

LOU: so they were -- [inaudible conversations] i don't want to play games with you, and i'm sure you don't want with me, but when you use words like validated and then say one segment of their use was invalidated by problems, you know, it just -- this is not transparency --

AZAR: well, lou, you don't want to hear it, but we've been transparent at every step of the way. there are three stages to this test that the cdc developed. the first two tests for the novel coronavirus, the third was for a form of any form -- any form of coronavirus that wasn't necessary. the fda concluded a week ago that wasn't necessary, the third step, that it was overkill on the test. they authorized the first two stages to be used to test, that enabled --

LOU: when did they do that, mr. **Secretary**?

AZAR: now tens of thousands of tests out there -- [inaudible conversations] regulatory requirements to now allow us to get rid of an obama-era burden on labs to allow any certified clinical lab out there to develop a test based on the recipe that we have produced. that should open up hundreds and hundreds and hundreds if not millions per week of tests available, lou.

LOU: you're making more tests available?

AZAR: yes, absolutely. of hundreds of thousands and millions per week will be available as a result of the regulatory relief that we granted on saturday morning out of the fda, relief from an obama-era fda requirement that required any lab-developed test be approved by the fda. we said in this emergency situation, we are authorizing those certified labs to create their own on test based on the recipe that we have published --

LOU: you had plenty -- i'm sorry --

AZAR: testing immediately.

LOU: mr. **Secretary**, i apologize. i apologize, but, frankly, you've just said that you had plenty, and now you're acknowledging that you didn't. i don't want to get bogged down in this, i mean, i really don't, but i do want to understand how bad is this going to get. are we going to be talking about it -- what is the planning and the thinking of the corona task force for the americans who are watching this broadcast who are all adults and who want to know the facts? hard-boiled, straightforward, no sugar-coating and no pedantics?

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Subject:	FDA takes emergency action to allow use of industrial respirators by health workers
Date:	2020/03/02 20:25:00
Priority:	Normal
Type:	Note

FDA takes emergency action to allow use of industrial respirators by health workers

By David Lim

03/02/2020 08:19 PM EST

CDC and FDA announced tonight they are taking emergency action to allow more types of respirators to be used in health care settings amid several outbreaks of coronavirus in multiple states.

President Donald Trump announced Saturday that the United States has 43 million masks stockpiled for health professionals, and Vice President Mike Pence added that the country has a contract with 3M to produce 35 million more masks per month. But HHS Secretary Alex Azar has testified to lawmakers that the health department estimates up to 300 million masks could be needed.

The newest action by FDA grants an emergency use authorization at CDC's request to allow certain industrial respirators — which do not meet FDA's standard requirements — in health care settings.

"It is imperative that we assure health care personnel on the front lines of this outbreak have sufficient supplies of respiratory protective devices," FDA Commissioner Stephen Hahn said in a statement.

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Subject:	FDA takes emergency action to allow use of industrial respirators by health workers
Date:	2020/03/02 20:25:14
Priority:	Normal
Type:	Note

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03/02/2020 08:19 PM EST

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The White House

Office of the Vice President

FOR IMMEDIATE RELEASE

March 2, 2020

Praise for the President's Coronavirus Response

March 2, 2020

Top Tweets

Rep. Matt Gaetz

The country can take great comfort in the fact that @realDonaldTrump has built teams to solve problems his entire life. America is armed with some of the best scientists in the world and in a better position to address coronavirus under @POTUS's leadership.

Original Tweet: <https://twitter.com/RepMattGaetz/status/1234495240851116033>

Governor Larry Hogan

On behalf of all my colleagues, I want to thank @POTUS for putting @VP in charge of the federal response. It's good to have a former governor running this coordinated response as state and local officials lead our preparedness efforts on the front lines.

Original Tweet: <https://twitter.com/GovLarryHogan/status/1234558030454259713>

Mark Meadows

In spite of Washington Democrat leadership and some in the media trying to incite a panic, for political reasons... President Trump, VP Pence, Secretary Azar, and their team of experts are doing an outstanding job informing the public and keeping us prepared Bravo

Original Tweet: <https://twitter.com/RepMarkMeadows/status/1234622257760292864>

Brian Babin

Today, @realDonaldTrump, @VP Pence & members of the Admin met w/ pharma/biotech companies working to develop the vaccine for COVID-19 to see how the government can assist in accelerating progress. Our leaders are doing everything possible to keep us safe.
fxn.ws/39iCAym

Original Tweet: <https://twitter.com/RepBrianBabin/status/1234614859653877762>

Senator Bill Cassidy

It's @realDonaldTrump's responsibility to make sure the American public does not panic over #coronavirus. As a doctor, it's my responsibility to make sure people are prepared. I believe the president is doing his job to protect Americans. (1/2)

Original Tweet: <https://twitter.com/SenBillCassidy/status/1234556106342641664>

Rep. Arrington

Maintaining the safety of Americans is the most important job of the federal govt & I look forward to working w/ @POTUS & @VP to quickly & effectively contain & mitigate this threat. For updates on the #CoronaOutbreak, follow @CDCgov. My full statement:
<https://t.co/LnsHnXaMje>

Original Tweet: <https://twitter.com/RepArrington/status/1234601047911534592>

Buddy Carter

The greatest scientists are right here in America. I am confident that @realDonaldTrump, @VP, the Administration and America's innovators are doing everything they can to prepare and respond to the #coronavirus.

Original Tweet: <https://twitter.com/RepBuddyCarter/status/1234551580109635585>

Gov. Pete Ricketts

"Gov. Pete Ricketts said Monday that federal officials are urging states to seek whatever federal resources they need to prepare for the #COVID19 virus as it spreads in the United States and to focus as much as possible on prevention." @POTUS @VP

Original Tweet: <https://twitter.com/GovRicketts/status/1234604932147351554>

Tate Reeves

Very productive call with @VP and @SecAzar discussing the latest on the #coronavirus. Thank you for partnering with governors across the country in the Administration's efforts to combat #COVID19. Grateful for your leadership as we work to ensure the health of all Mississippians. <https://t.co/TzUdy45BQv>

Original Tweet: <https://twitter.com/tatereeves/status/1234569184643833856>

Governor Phil Murphy

Just participated in a video conference call on #COVID19 preparedness with @VP, Ambassador Debbie Birx, @SecAzar, and fellow governors. We need all hands on deck to combat coronavirus – and that means working with our local, state, and federal partners to address this threat.

Original Tweet: <https://twitter.com/GovMurphy/status/1234554961742176258>

Michelle Lujan Grisham

I was glad to be part of the #COVID19 call today with @VP Pence and other governors from across the country. My Department of Health @NMDOH has been working with healthcare providers to identify patients at risk, to provide testing and to manage infection control procedures.

Original Tweet: <https://twitter.com/GovMLG/status/1234629623981330432>

Governor Brian Kemp

This morning, we participated in a #coronavirus update call with @VP Pence. Georgians can rest assured that - while there are no confirmed cases in Georgia - local, state, and federal partners are hard at work preparing for any scenario. #gapol

Original Tweet: <https://twitter.com/GovKemp/status/1234565648598126592>

Gov. Gary Herbert

I appreciated the chance to talk this morning with @VP Mike Pence, my fellow governors, and officials from @CDCgov and @HHSgov. They updated us on federal actions on novel coronavirus and solicited our help and input. As always, wash your hands and stay home if you're sick.

Original Tweet: <https://twitter.com/GovHerbert/status/1234550505759596544>

Governor Sisolak

I had a productive call this morning with @VP Mike Pence and our Nation's Governors regarding updates on #COVID19. Collaboration is key in this evolving situation, and we will continue our work to ensure Nevada is prepared.

Original Tweet: <https://twitter.com/GovSisolak/status/1234545742968057857>

Wanda Vazquez Garced

We had a call this morning with @VP, @Mike_Pence and the Secretary of @HHSgov, @SecAzar to update national and local efforts on the risk of COVID-19. We appreciate the efforts to ensure the safety of our people. @realDonaldTrump

Original Tweet: <https://twitter.com/wandavazquezg/status/1234562928759668736>

Doug Ducey

Joined @VP and Governors from around the country for a video conference to hear the latest on efforts by the administration and states to combat #COVID19. @NatlGovsAssoc
1/

Original Tweet: <https://twitter.com/dougducey/status/1234535014584344576>

Governor Doug Burgum

Participated with fellow governors in a briefing call from @VP Pence and @SecAzar regarding the response to COVID-19. We'll provide an update on the state's preparations at a press conference at 2:00 p.m. tomorrow, which will be streamed live at: facebook.com/ndhealth.

Original Tweet: <https://twitter.com/DougBurgum/status/1234570904199364609>

Gov. Kim Reynolds

I participated in a video conference with @VP earlier today. I want to thank him and @POTUS for coordinating with governors across the country. (2/3)

Original Tweet: <https://twitter.com/IAGovernor/status/1234582046510592002>

Governor Jim Justice

Today, as we continue to monitor and prepare for the emerging threat of COVID-19 @WV_DHHR Secretary Bill Crouch and I participated in a national briefing call with Vice President Mike Pence and officials with the Trump Administration. #WV #WVGov bit.ly/2VFdea2

Original Tweet: <https://twitter.com/WVGovernor/status/1234599297770901504>

Doug Sovern

Gov @GavinNewsom, fresh off call with @VP Pence, says "We have all the test kits we need" and "I am this point satisfied" with the federal response, doesn't wish to politicize #coronavirus further. But state is bracing for "extreme events...the more you test, the more positives"

Original Tweet: <https://twitter.com/SovernNation/status/1234589295685459968>

John Nosta

The White House briefing this afternoon was simply brilliant. An amazing constellation of some of the best thinkers in the world. Please stop with the political nonsense and let's get this done! #Coronarivus #covid19 @realDonaldTrump @Mike_Pence @SecAzar Anthony Fauci

Original Tweet: <https://twitter.com/JohnNosta/status/1234614385680830465>

Secretary Alex Azar

Today @VP and I announced the addition of @SecWilkie and @SeemaCMS to the President's Coronavirus Task Force after announcing the addition of @SecretaryCarson, @SteveFDA, and @WHOSTP Director Droegemeier on Sunday.

<https://t.co/zTNdjPW2MY>

Original Tweet: <https://twitter.com/SecAzar/status/1234576009028145159>

Administrator Seema Verma

Thank you @POTUS Trump, @VP Pence, & @SecAzar for the opportunity to serve America's patients & represent the @CMSGov perspective, which focuses on enforcing essential health and safety standards in America's healthcare facilities and protecting patients.

Original Tweet: <https://twitter.com/SeemaCMS/status/1234595812237336576>

Harold Ford, Jr.

So reassuring and gratifying that @VP is deputizing infectious disease experts to lead this effort against COVID-19 & to organize public health infrastructure response to it - in short, let science guide us here and the trained experts know best how to do that

Original Tweet: <https://twitter.com/HaroldFordJr/status/1234612424608768001>

Editorial

The Washington Times: [Thanks To Trump Administration, The United States Has A Coronavirus Plan Of Action](#)

By Bradley Blakeman and Christos Makridis. It is not whether a pandemic will visit us; it is when. And, with the spread of the COVID-19 (coronavirus) worldwide, is it now and are we prepared? The Department of Health and Human Services (HHS) describes a pandemic as a “global disease outbreak,” such that an influenza pandemic occurs when “a new flu virus emerges for which people have little or no immunity.” One of the most socially and economically challenging components of an influenza is the possibility of contagion — when a virus spreads rapidly and easily from person to person, which can cause serious

illness in a short period of time across a large landscape. The economic and social consequences of a pandemic are significant. The Council of Economic Advisers published a report in 2019 in anticipation of the possibility of such a catastrophe, finding that pandemics can cause between \$413 billion to \$3.79 trillion in economic damages in a year.

Washington Examiner: [Democrats' Attempt To Politicize Coronavirus Will Fail](#)

By Rob Wasinger. What a difference a month makes. In January, President Trump made the bold and tough decision to suspend travel from China after reports began to reveal the severity of the coronavirus outbreak there. For his efforts, he faced a barrage of criticism from leading Democrats and their mouthpieces in the media who labeled the ban extreme, premature, and (of course) racist. While the administration was busy setting up a task force to assess and deal with the new risk, Democrats took time out from flogging their latest Russia conspiracy theory to criticize the lack of diversity in the experts Trump had chosen for the coronavirus group. Now, as the coronavirus outbreak spreads to countries that exercised less foresight in clamping down on travel and other preventative measures than did the United States, the Democratic apparatus sees a political opportunity in anticipating a wider outbreak of the virus in the U.S. To that end, Democrats have now reversed course, hitting the administration for a lack of preparedness. Since all the other recent attempts to bring down Trump's administration have crashed and burned so spectacularly, why not try to politicize a potential pandemic?

The New York Post: [Criticisms Of Trump's Coronavirus Response Are Sickening](#)

By Miranda Devine. Whom better to have as president during the coronavirus epidemic but a renowned germaphobe, the "build-the-wall" guy who refuses to kowtow to China? It's a unique set of characteristics showing that President Trump understood early the need for decisive measures such as travel restrictions on China, which he imposed in January. Yet for that sensible decision — in defiance of the World Health Organization — he was criticized by Democrats such as Joe Biden as xenophobic, and by China as racist. "This is no time for Donald Trump's record of hysteria and xenophobia — hysterical xenophobia — and fearmongering," said Biden the day after the travel restrictions were imposed. Trump's travel restrictions began on Jan. 31. Australia and Singapore instituted their own travel limits the next day. Trump's move bought valuable time to slow the spread

of the virus and ease pressure on the nation's health system before a vaccine is developed — which experts believe is at least 18 months away. But that hasn't stopped the barrage of fake criticisms, including that Trump had left the nation dangerously unprepared to cope with a pandemic by cutting funding for the Centers for Disease Control and Prevention.

###

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Subject:	FW: 'This is the equivalent of war': Pence faces the toughest test of the Trump era
Date:	2020/03/02 20:38:01
Priority:	Normal
Type:	Note

FYI. Some IN references.

From: POLITICO Pro Health Care <politicoemail@politicopro.com>
Sent: Monday, March 2, 2020 8:29 PM
To: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Subject: 'This is the equivalent of war': Pence faces the toughest test of the Trump era

'This is the equivalent of war': Pence faces the toughest test of the Trump era

By Gabby Orr

03/02/2020 08:22 PM EST

Behind Vice President Mike Pence's steady demeanor and steely look since taking charge of the U.S. government response to coronavirus is a cruel truth: He will emerge either as the architect of a successful containment strategy — boosting his own resumé and President Donald Trump's reelection odds — or deal a potentially fatal blow to his political aspirations.

In the days since Trump tapped his right-hand man to lead the administration's coronavirus task force, people in Pence's orbit have been warning him of the gravity of this moment. Some have offered encouragement and advice from afar. Others have used Twitter and TV appearances to tamp down concerns about public health risks and economic disruptions.

Yet few have tried to downplay the pressure Pence faces as the point person for a new viral epidemic — one that has thrust global markets into violent swings and threatens to knock the U.S. economy into recession — under a famously mercurial president.

"This is the equivalent of war. This is a big deal and people are going to die, and so you can't afford to make mistakes," said former House Speaker Newt Gingrich.

Gingrich sent a note to Pence on Sunday praising the "discipline" he showed during a tough Sunday show interview about the virus, and he insists the vice president's primary focus is on public safety. But Gingrich also conceded the tremendous political risks for Pence, whose own presidential ambitions are widely known.

"If he does this well, he comes out of this as a very big national figure. If he does this badly, he comes out as a dramatically diminished figure. He knows that. His team knows that," Gingrich

said.

Following an influx of cases on both coasts over the weekend, Pence took steps Monday to underscore the government's response and continue coordinating with state and local officials. The vice president led a Situation Room teleconference with governors in the afternoon, convened a meeting of the administration's coronavirus task force and canceled plans to join Trump at a campaign rally in North Carolina.

Instead, Pence stayed behind to hold a nationally televised press conference to try reassuring Americans. His appearance came just hours after it was revealed that four more Americans had died from coronavirus, raising the overall total of deaths in the country to six at the time.

"Despite today's sad news, let's be clear: The risk to the American people of the coronavirus remains low, according to all of the experts that we're working with across the government," Pence said. "This president has said we're ready for anything. But this is an all-hands-on-deck effort."

And on Tuesday, Pence will make a rare bipartisan trip to Capitol Hill to brief both Republican and Democratic senators at their weekly lunches.

"Everybody needs to go into this knowing there are definitely things that will be beyond the government's or Mike Pence's control, but as long as they're being transparent with the public, with Congress and with fellow governors, I think there's much less political risk," said a former White House official.

Transparency has already become an issue since Pence took the reins of the administration's coronavirus response, according to critics who have accused the vice president of muzzling public health officials by requiring that they coordinate with his office prior to issuing their own statements. The New York Times reported Thursday that Dr. Anthony Fauci, head of the National Institute of Allergy and Infectious Diseases, had told others "the White House had instructed him not to say anything else [about the coronavirus outbreak] without clearance." (Fauci later said at a press conference that he's "never been muzzled" and claimed the story contained "a real misrepresentation of what happened.")

In some ways, Pence has borrowed a page from his gubernatorial playbook by attempting to control government messaging as it relates to coronavirus. As of now, Pence spokesperson Katie Miller has been tasked with fielding internal queries related to coronavirus and approving public statements.

But back before Pence had the weight of the vice presidency behind him, as governor of Indiana he attempted to create a state-run news outlet that would have featured an editorial board comprised of his own communications staff. The proposed news site, which Pence unveiled at the height of Indiana's HIV outbreak in 2015, was compared to the Soviet Union's Pravda and never came to fruition.

Two people familiar with the administration's plans said the vice president's office is expected to expand its communications staff in the coming days with loaned-out staffers from several agencies who can then streamline coronavirus messaging with their regular departments. The

move would build on Pence's efforts to consolidate messaging after Trump spent much of last week directly contradicting top U.S. officials who warned of potentially severe disruptions as more Americans contract coronavirus.

The criticism Pence has already faced for his tightened grip on the administration's messaging is a sign of the treacherous waters he's likely to spend the next several months navigating, where every misstep is critiqued in real time and then filed away as potential ammunition if he chooses to seek higher office down the road.

In fact, Pence's handling of the Indiana HIV outbreak — which critics have cited in recent days amid questions over his ability to handle the coronavirus crisis — illustrates how politicians can incur reputational damage if they mishandle a public health emergency. Though Trump cited the "Indiana model" as a positive reference point during a press conference last week, others have cast Pence's approach as disastrous.

Back in 2015, then-Gov. Pence waited several months before declaring a public health emergency and authorizing a needle exchange program after local officials reported an explosive increase in HIV cases in Scott County, Ind. A 2018 study by researchers at Yale University concluded that the outbreak could have impacted fewer residents if Pence had acted more swiftly as governor. Pence said he eventually changed his mind about the needle exchange program — which he initially opposed due to his belief that it contributed to drug abuse — after praying about it and soliciting expert opinions.

It's the same attitude Pence has adopted as he works to tackle coronavirus, according to people close to him, who said he's eager to punch through bureaucracy. Pence has been in constant contact with governors whose states have seen one or more cases of coronavirus, describing the administration's working relationships with the states as "seamless" during his press conference.

"Having been a governor and been through these public health crises, he's learned a lot about it and a key lesson is the importance local and state officials play," Gingrich said, adding that he's confident Pence "prays about this every morning" as he tackles the worsening coronavirus outbreak.

One former White House official said Pence was likely chosen to lead the administration's coronavirus task force not because of his own experience managing a public health crisis, but because he's one of the only officials inside Trump's Cabinet whom the president trusts to be "an honest broker among department heads."

The official said Pence proved to Trump that he can settle disagreements and assuage skeptics after he helped shepherd the U.S.-Mexico-Canada trade agreement through Congress earlier this year. The same goes for Pence's handling of the U.S. Space Force, said Gingrich, noting that the vice president took Trump's vision for the sixth armed forces branch and quickly actualized it.

"You can feel the speed and the impetus that Pence has brought to the space program on behalf of the president and so I think Trump looks at him and says, 'Here's a guy who gets stuff done,'" Gingrich said.

Still, success in the Trump administration doesn't always translate to job security. Last April, for

example, the president went on a firing spree at the Department of Homeland Security following a string of negative news stories about his administration's efforts to curb illegal immigration — even as officials inside the agency insisted they were doing as much as they could without breaking the law. Even Pence, whose loyalty has never wavered during the countless controversies of Trump's own making, was left to fend off speculation last fall that the president was preparing to dump him from his 2020 ticket after Trump began asking friends what they thought of his genteel sidekick.

These realities will hang over Pence as he enters his greatest challenge yet: rescuing the Trump presidency — and the president's shot at a second term — from a viral outbreak of growing proportions. If things go south, the vice president could become a fall guy, jeopardizing not only Trump's shot at reelection but his own shot at being crowned his successor. But as the U.S. death toll rose on Monday, those close to Pence insisted politics were the last thing on the vice president's mind.

"The most important thing to Pence is the health and safety of the American people," said the former White House official. "He wants to do right by the president and he's not thinking about 2024."

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 U.S. Department of Health and Human Services
 202.690.7000
 brian.harrison@hhs.gov

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Date: March 1, 2020 at 11:22:45 PM EST
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Subject: FW: Photos of the Week

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To: Pratt, Michael (OS/ASPA) <Michael.Pratt@hhs.gov>
Subject: Photos of the Week



Office of the Press Secretary

FOR IMMEDIATE RELEASE

March 1, 2020

Photos of the Week

Sunday, February 23, 2020



President Donald J. Trump and First Lady Melania Trump board Air Force One at Joint Base Andrews, Md. Sunday, Feb. 23, 2020, to begin their trip to India. (Official White House Photo by Shealah Craighead)

Monday, February 24, 2020



Cultural performers await the arrival of President Donald J. Trump and First Lady Melania Trump at Sardar Vallabhbhai Patel International Airport Monday, Feb. 24, 2020, in Ahmedabad, India. (Official White House Photo by Andrea Hanks)



Cultural performers await the arrival of President Donald J. Trump and First Lady Melania Trump at Sardar Vallabhbhai Patel International Airport Monday, Feb. 24, 2020, in Ahmedabad, India. (Official White House Photo by Andrea Hanks)



An Indian Honor Cordon awaits the arrival of President Donald J. Trump and First Lady Melania Trump at Sardar Vallabhbhai Patel International Airport Monday, Feb. 24, 2020, in Ahmedabad, India. (Official White House Photo by Andrea Hanks)



Cultural performers await the arrival of President Donald J. Trump and First Lady Melania Trump at Sardar Vallabhbhai Patel International Airport Monday, Feb. 24, 2020, in Ahmedabad, India. (Official White House Photo by Andrea Hanks)



President Donald J. Trump and Indian Prime Minister Narendra Modi greet members of their delegations Monday, Feb. 24, 2020, at Sardar Vallabhbhai Patel International Airport in Ahmedabad, India. (Official White House Photo by Shealah Craighead)



President Donald J. Trump and First Lady Melania Trump, joined by Indian Prime Minister Narendra Modi, are welcomed by cultural performers after disembarking Air Force One Monday, Feb. 24, 2020, at Sardar Vallabhbhai Patel International Airport in Ahmedabad, India. (Official White House Photo by Andrea Hanks)



Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.greeted by cultural performers after disembarking Air Force One Monday, Feb. 24, 2020, at Sardar Vallabhbhai Patel International Airport in Ahmedabad, India. (Official White House Photo by Shealah Craighead)



President Donald J. Trump and First Lady Melania Trump, joined by Indian Prime Minister Narendra Modi, are welcomed by cultural performers after disembarking Air Force One Monday, Feb. 24, 2020, at Sardar Vallabhbhai Patel International Airport in Ahmedabad, India. (Official White House Photo by Andrea Hanks)



President Donald J. Trump and First Lady Melania Trump, joined by Indian Prime Minister Narendra Modi, are welcomed by cultural performers after disembarking Air Force One Monday, Feb. 24, 2020, at Sardar Vallabhbhai Patel International Airport in Ahmedabad, India. (Official White House Photo by Andrea Hanks)



President Donald J. Trump and First Lady Melania Trump are cheered and welcomed by crowds Monday, Feb. 24, 2020, along the motorcade route in Ahmedabad, India. (Official White House Photo by Andrea Hanks)



President Donald J. Trump and First Lady Melania Trump are cheered and welcomed by crowds Monday, Feb. 24, 2020, along the motorcade route in Ahmedabad, India. (Official White House Photo by Andrea Hanks)



President Donald J. Trump and First Lady Melania Trump are cheered and welcomed by crowds Monday, Feb. 24, 2020, along the motorcade route in Ahmedabad, India. (Official White House Photo by Andrea Hanks)



Crowds lining the streets cheer and wave as President Donald J. Trump and First Lady Melania Trump travel in the Presidential motorcade Monday, Feb. 24, 2020, en route to Gandhi Ashram in Ahmedabad, India.
(Official White House Photo by Andrea Hanks)



Crowds lining the streets cheer and wave as President Donald J. Trump and First Lady Melania Trump travel in the Presidential motorcade Monday, Feb. 24, 2020, en route to Gandhi Ashram in Ahmedabad, India.
(Official White House Photo by Andrea Hanks)



Signs welcoming President Donald J. Trump and First Lady Melania Trump are seen lining the streets of Ahmedabad, India as they travel in the Presidential motorcade Monday, Feb. 24, 2020, en route to Gandhi Ashram. (Official White House Photo by Andrea Hanks)



Cultural performers are seen along the motorcade route of President Donald J. Trump and First Lady Melania Trump as they drive to Motera Stadium Monday, Feb. 24, 2020, in Ahmedabad, India. (Official White House Photo by Shealah Craighead)



Cultural performers on camelback greet guests as they arrive to attend the Namaste Trump Rally Monday, Feb. 24, 2020, at Motera Stadium in Ahmedabad, India. (Official White House Photo by Andrea Hanks)



A welcome sign of President Donald J. Trump and Indian Prime Minister Narendra Modi greets guests as they arrive to attend the Namaste Trump Rally Monday, Feb. 24, 2020, at Motera Stadium in Ahmedabad, India. (Official White House Photo by Andrea Hanks)



President Donald J. Trump and First Lady Melania Trump arrive onstage to attend a Namaste Trump Rally Monday, Feb. 24, 2020, at Motera Stadium in Ahmedabad, India. (Official White House Photo by Shealah Craighead)



President Donald J. Trump and First Lady Melania Trump, joined by Indian Prime Minister Narendra Modi, look out over a cheering crowd prior to walking on stage at the Namaste Trump Rally Monday, Feb. 24, 2020, at Motera Stadium in Ahmedabad, India. (Official White House Photo by Shealah Craighead)



Members of the United States delegation place their hands on their hearts during the National Anthem Monday, Feb. 24, 2020, at the Namaste Trump Rally at Motera Stadium in Ahmedabad, India. (Official White House Photo by Shealah Craighead)



President Donald J. Trump and First Lady Melania Trump, joined by Indian Prime Minister Narendra Modi, greet the crowd as they arrive onstage at the Namaste Trump Rally Monday, Feb. 24, 2020, at Motera Stadium in Ahmedabad, India. (Official White House Photo by Andrea Hanks)



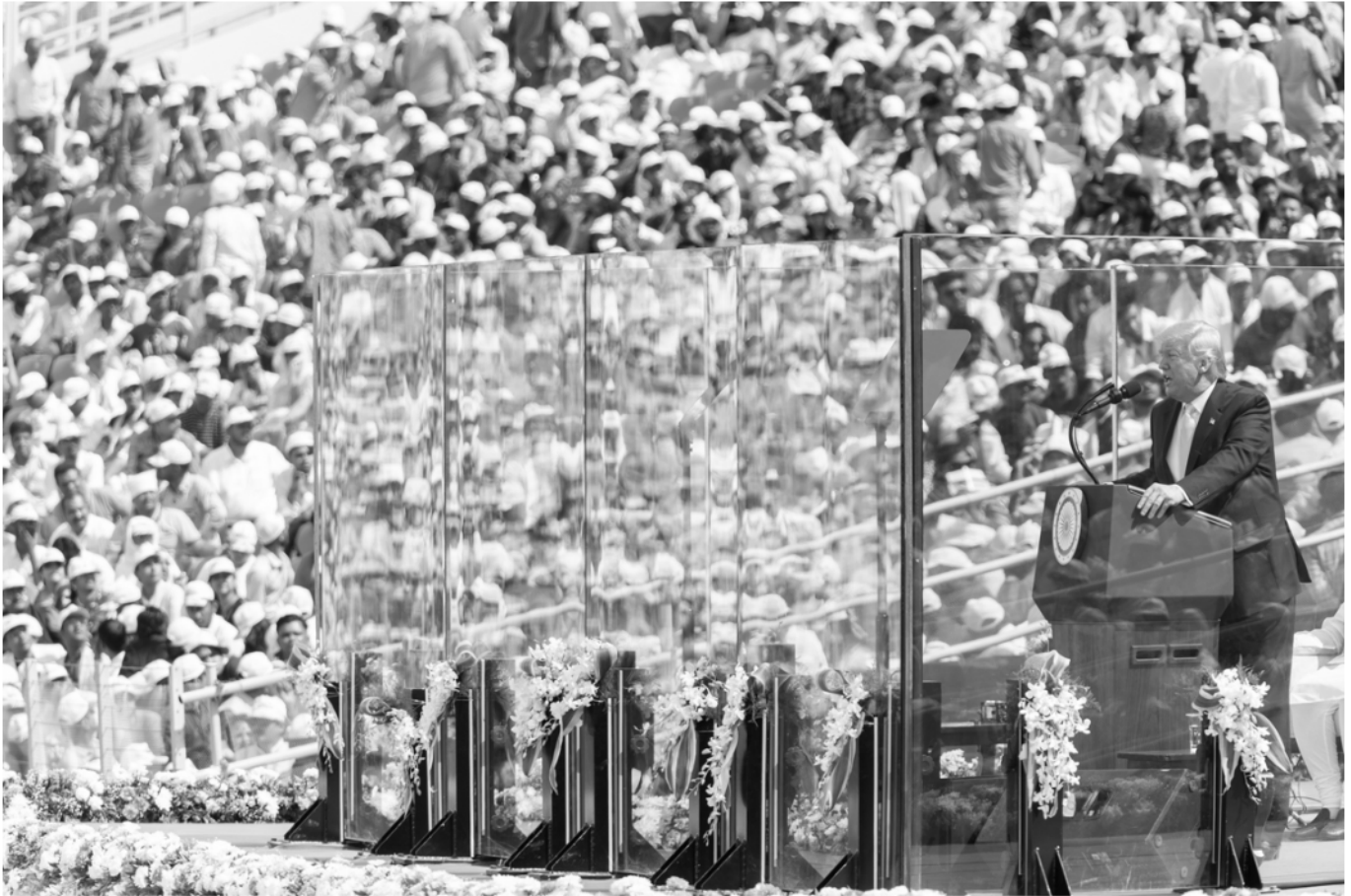
President Donald J. Trump and First Lady Melania Trump look on as Indian Prime Minister Narendra Modi delivers remarks at the Namaste Trump Rally Monday, Feb. 24, 2020, at Motera Stadium in Ahmedabad, India. (Official White House Photo by Andrea Hanks)



President Donald J. Trump and Indian Prime Minister Narendra Modi greet the crowd as they arrive to the Namaste Trump Rally Monday, Feb. 24, 2020, at Motera Stadium in Ahmedabad, India. (Official White House Photo by Andrea Hanks)



President Donald J. Trump embraces Indian Prime Minister Narendra Modi during the Namaste Trump Rally Monday, Feb. 24, 2020, at Motera Stadium in Ahmedabad, India. (Official White House Photo by Shealah Craighead)



President Donald J. Trump delivers remarks at the Namaste Trump Rally Monday, Feb. 24, 2020, at Motera Stadium in Ahmedabad, India. (Official White House Photo by Shealah Craighead)



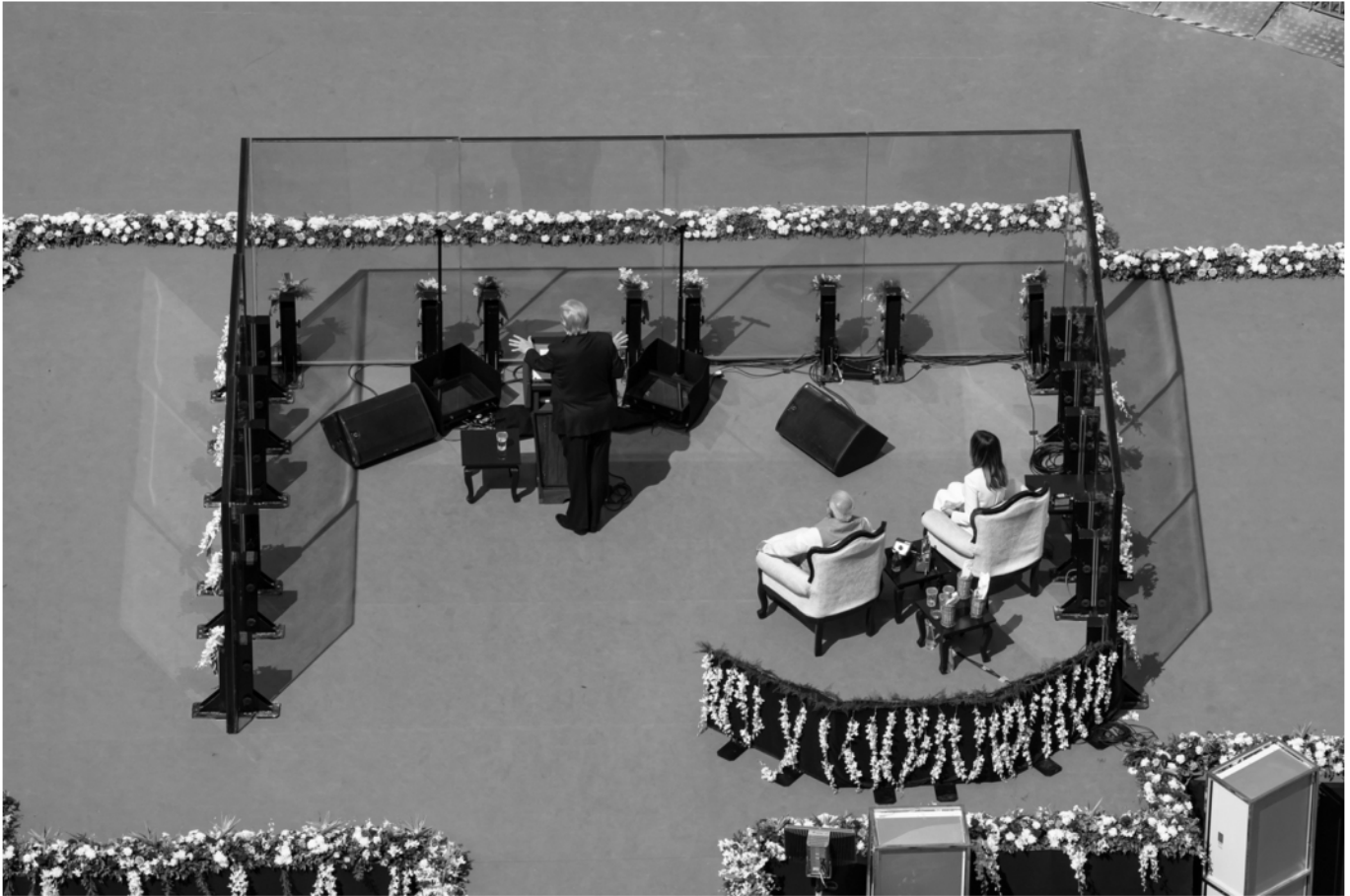
President Donald J. Trump delivers remarks at the Namaste Trump Rally Monday, Feb. 24, 2020, at Motera Stadium in Ahmedabad, India. (Official White House Photo by Shealah Craighead)



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As First Lady Melania Trump and Indian Prime Minister Narendra Modi look on, President Donald J. Trump delivers remarks during the Namaste Trump Rally Monday, Feb. 24, 2020, at Motera Stadium in Ahmedabad, India. (Official White House Photo by Andrea Hanks)



President Donald J. Trump, joined onstage by First Lady Melania Trump and Indian Prime Minister Narendra Modi, delivers remarks during the Namaste Trump Rally Monday, Feb. 24, 2020, at Motera Stadium in Ahmedabad, India. (Official White House Photo by Andrea Hanks)



Guests attend the Namaste Trump Rally Monday, Feb. 24, 2020, at Motera Stadium in Ahmedabad, India. (Official White House Photo by Andrea Hanks)



Guests attend the Namaste Trump Rally Monday, Feb. 24, 2020, at Motera Stadium in Ahmedabad, India. (Official White House Photo by Andrea Hanks)



President Donald J. Trump and First Lady Melania Trump look on as Indian Prime Minister Narendra Modi waves farewell to the crowd attending the Namaste Trump Rally Monday, Feb. 24, 2020, at Motera Stadium in Ahmedabad, India. (Official White House Photo by Andrea Hanks)



Cultural performers greet President Donald J. Trump and First Lady Melania Trump as they travel in the Presidential motorcade Monday, Feb. 24, 2020, en route to Gandhi Ashram in Ahmedabad, India. (Official White House Photo by Shealah Craighead)



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President Donald J. Trump and First Lady Melania Trump talk with Indian Prime Minister Narendra Modi after participating in the placing of string on Gandhi's home Monday, Feb. 24, 2020, at Gandhi Ashram in Ahmedabad, India. (Official White House Photo by Shealah Craighead)



President Donald J. Trump and First Lady Melania Trump, joined by Indian Prime Minister Narendra Modi, visit the home of Mahatma Gandhi Monday, Feb. 24, 2020, at Gandhi Ashram in Ahmedabad, India. (Official White House Photo by Andrea Hanks)



President Donald J. Trump and First Lady Melania Trump, joined by Indian Prime Minister Narendra Modi, view Mahatma Gandhi's wheel during a tour of his home Monday, Feb. 24, 2020, at Gandhi Ashram in Ahmedabad, India. (Official White House Photo by Andrea Hanks)



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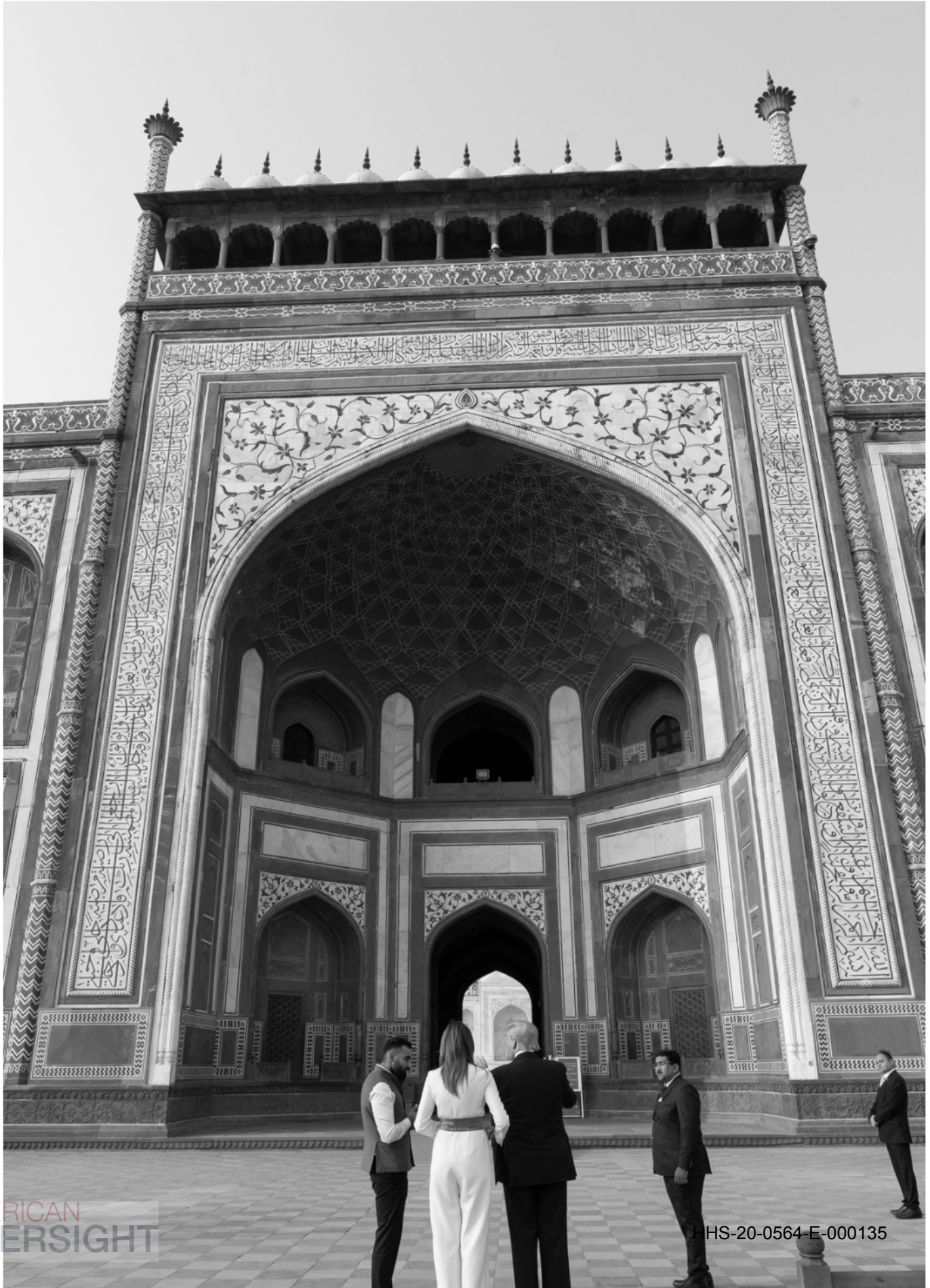
President Donald J. Trump and First Lady Melania Trump, joined by Indian Prime Minister Narendra Modi, visit the home of Mahatma Gandhi Monday, Feb. 24, 2020, at Gandhi Ashram in Ahmedabad, India. (Official White House Photo by Andrea Hanks)



President Donald J. Trump and First Lady Melania Trump are presented with a gift by Indian Prime Minister Narendra Modi during a tour of the home of Mahatma Gandhi Monday, Feb. 24, 2020, at Gandhi Ashram in Ahmedabad, India. (Official White House Photo by Andrea Hanks)



President Donald J. Trump and First Lady Melania Trump, joined by Indian Prime Minister Narendra Modi, sign the guestbook at the home of Mahatma Gandhi Monday, Feb. 24, 2020, at Gandhi Ashram in Ahmedabad, India. (Official White House Photo by Andrea Hanks)



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Subject:	IOS Nightly Update
Date:	2020/03/02 22:04:45
Priority:	Normal
Type:	Note

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Zack Dareshori
Special Assistant to the Chief of Staff
Immediate Office of the Secretary
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(b)(6) cell

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Subject:	Secretary's Nightly Update
Date:	2020/03/02 22:07:24
Priority:	Normal
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Subject:	FW: Remarks by President Trump and Members of the Coronavirus Task Force in Meeting with Pharmaceutical Companies
Date:	2020/03/02 23:15:28
Priority:	Normal
Type:	Note

From: White House Press Office <info@mail.whitehouse.gov>

Sent: Monday, March 2, 2020 11:10 PM

To: Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>

Subject: Remarks by President Trump and Members of the Coronavirus Task Force in Meeting with Pharmaceutical Companies



The White House

Office of the Press Secretary

FOR IMMEDIATE RELEASE

March 2, 2020

REMARKS BY PRESIDENT TRUMP
AND MEMBERS OF THE CORONAVIRUS TASK FORCE
IN MEETING WITH PHARMACEUTICAL COMPANIES

Cabinet Room

3:20 P.M. EST

THE PRESIDENT: Well, thank you very much. Today, we are meeting with the pharmaceutical and biotechnology companies -- the biggest in the world, most prestigious, the ones that get down to the bottom line very quickly -- to discuss how the federal government can accelerate the development of vaccines and therapeutic treatments for the coronavirus.

We want to welcome Dr. Deborah Birx. And Dr. Birx has been to the White House a lot over her career, and she's now going to be here working with Mike Pence and everybody full time, and we appreciate it. We appreciate it very much, Dr. Birx. And a real expert in her field. And if you'd like, you can ask her a couple of questions when we're finished.

We work to -- we're working very hard to expedite the longer process of developing a vaccine. We're also moving with maximum speed to develop therapies so that we can help people recover as quickly as possible. We have a lot of recovery going on. We want to see if we can advance that. It's likely that therapies will be available before a vaccine is actually ready, and we'll seek to bring all effective treatments to market as soon as possible.

Some very good work has been done on the vaccine, however, and they have some good progress. And you'll be able to ask a couple of questions of the folks here.

We're also working with Congress to ensure that America has what it needs to respond to this challenge -- this great challenge. But everybody is responding very well.

Since the start of the outbreak, my administration has taken the most aggressive action in history to protect our citizens,

including closing our borders very early -- a lot earlier than people wanted us to do. And that turned out to be a good decision. I ordered sweeping travel restrictions, increased travel advisory levels, established screening measures, and imposed historic quarantines. We have quarantines all over the country -- a lot of them.

The coronavirus shows the importance of bringing manufacturing back to America so that we are producing, at home, the medicines and equipment and everything else that we need to protect the public's health. And I've been talking about this for a long time. That process has already started. It started long before we ever knew about this.

We want to make certain things at home. We want to be doing our manufacturing at home. It's not only done in China; it's done in many other places, including Ireland, and a lot of places make our different drugs and things that we need so badly. And it's not good to be dealing with one or two or three countries. And we do very little at home, and we're going to start doing it at home, and we've been talking about that for a long time. And a lot of the drug companies, because of what we've done in terms of incentives and taxes, they're heading back here anyway.

The coronavirus shows the importance of bringing all of that manufacturing back to America, and we will have that started. It's already started, frankly. It started about a year ago.

The White House Coronavirus Task Force, led by Vice President Mike Pence, has been meeting daily and coordinating closely with the state and local governments. Mike had a call today with 53

governors, and I heard it was a very good call, and everybody is very well coordinated. And the governors and the states -- all of them; I can't think of an exception -- they've been really working closely with us. It's been -- it's been a very good -- a very good relationship.

We will confront this challenge together, and we will continue to do exactly what we're doing. And we're going to be very successful. A lot of things are happening. A lot of very exciting things are happening, and they're happening very rapidly.

So, with that, I'd like to introduce Mike. And you can say a little bit as to your calls and some of the things that are happening today.

THE VICE PRESIDENT: Well, thank you, Mr. President. And the White House Corona Task Force will be meeting again this afternoon. But, as you mentioned earlier today, at your direction, we hosted a video and telephone conference call with 53 governors.

As the President said many times, we're all in this together. And today's meeting is a reflection of the fact that this President understands that industry is part of the one team in America that's going to address the coronavirus in this country. And I'm grateful for these leaders of the nation's top pharmaceutical companies to come in and speak to us about the development of vaccines but also the development of therapeutic medications that can be available in the short term. And we're grateful for your participation.

The President will also be traveling tomorrow to the National Institute of Health; the CDC, before the week is out. And we will be meeting with leaders of the airline industry. We'll be meeting with leaders of the cruise line industry. And we welcome the partnership with industry in this country as we work out the President's top priority, which is the health and safety and wellbeing of the American people.

Let me also, Mr. President, extend my welcome to Dr. Deborah Birx, one of the -- one of the leading experts in infectious diseases in the world. She has served in the uniform of the United States. She has served in multiple administrations. And she's going to be our right arm here as we implement your vision for putting the health and safety and wellbeing of the American people first.

So, with that, Mr. President, I know Secretary Azar has a few thoughts, and I look forward to the meeting.

THE PRESIDENT: And, Alex, maybe you can give a little update and then we'll go around the room and people can introduce themselves if that's okay.

SECRETARY AZAR: Absolutely. Thank you, Mr. President and Mr. Vice President.

So, we continue to see cases here in the United States. As you know, we tragically have experienced several more deaths reported today. And our condolences go out to their families, of course. That's why the President is leading this whole-of-government response at the direction of the Vice President.

We're here working with the pharmaceutical company leaders on three key issues: how do we speed vaccines, how do we speed therapeutics, and what are the supply chain challenges that we may be facing for pharmaceutical products here in the United States.

With regard to therapeutics and vaccines, we want to know how we can not get in their way but rather speed that development process along. I want to make sure that they all know that we've got Commissioner Hahn from the FDA. And this is all in the context of emergency powers, emergency use authorizations.

And the President will be asking you: How can we make it faster? How can we make anything faster? How can we challenge some of those normal pharma timelines? It can be a little slow and bureaucratic. What can we do to speed that along, given the nature of this emergency and be a good partner with you in making that happen, especially once we get the emergency supplemental passed by Congress in the next week or so?

So, with that said, Mr. President, thank you very much.

THE PRESIDENT: And the supplemental is moving along very rapidly. Everyone wants to get that done. It's moving along quickly.

Emma, please.

MS. WALMSLEY: Emma Walmsley from GlaxoSmithKline. First of all, I'd like to really say how much we welcome the leadership, Mr. President, of this task force, the NIH, and BARDA, and recognize the very substantial efforts that have already been

made by the administration to protect people here in the U.S.

As a science-led company with a very large, including manufacturing, presence here, we know we have a responsibility and a vital role to play. And our priority is to make sure we make available, as part of this one team, our pandemic adjuvant technology available to any company with a highly promising vaccine, because this new technology could make these other vaccines either bring more efficacy or, indeed, allow them to be antigen sparing, which means we could protect more people, which is obviously incredibly important as we're trying to work at pace and at scale.

We've already announced two collaborations and hope to announce more. We're also ready to produce, should the U.S. government require it, a stockpile of this adjuvant.

We know fighting COVID-19 requires a global effort, and the U.S. is the vital leader in this, and we're absolutely committed to play our part in the task force.

THE PRESIDENT: Thank you, Emma. Beautiful. Thank you very much.

Please. Anthony, go ahead. I'd like you to say something anyway. (Laughter.)

DR. FAUCI: I'm Tony Fauci, the Director of the National Institute of Allergy and Infectious Diseases. I'm very pleased to be on this task force, which I think you're going to see is working extraordinarily smoothly under the leadership of the Vice President and Secretary Azar.

And, as you know, we're involved, and that's the reason why I'm pleased to be with, in this room, with you all, because we're involved in the fundamental, basic, and clinical research to develop countermeasures in the form of therapeutics and vaccines. And I'm sure I'll be working with many of you around the room, and I look forward to it.

Thank you, Mr. President.

THE PRESIDENT: Thank you, Tony, very much.

Bob?

DR. REDFIELD: Thank you, Mr. President. Bob Redfield, the Director of CDC. I also want to thank you all for being here. I want to extend: If there's anything CDC can also do, as you begin to try to evaluate some of your fruits of your labor, you know, we're here to (inaudible) with what we have available to help. We're all counting on new countermeasures to be in the arena pretty quickly.

THE PRESIDENT: Thank you, Bob. Please.

MR. MENICHELLA: Thank you, Mr. President, Mr. Vice President. Thanks for having me here. I'm Dan Menichella, CEO of CureVac. We're a clinical stage biotech company. We use messenger RNA technology, optimize the messenger RNA molecules. Once injected into the body, they instruct the cells on how to make proteins. For instance, we can use the mRNA technology to trigger an immune response against viruses, or we can get the body to increase its production of T-cells for cancer vaccines.

In this way, CureVac can make potent prophylactic vaccines and cancer treatments. The technology also works well to replace missing proteins so we can also work in (inaudible).

One strength of our technology is that we can produce prophylactic vaccines using a very low dose. So, for instance, the phase one rabies trial that we just completed was done at a one-microgram dose, so, in other words, a millionth of a gram dose -- a very, very tiny dose.

And so, more broadly, our company focuses -- so, this year, we have four programs in phase one clinical trials, and the coronavirus program would be the fifth program in phase one. We expect that the phase one program for coronavirus will start at the beginning of June.

Our technology platform is fast and it's agile. We were the first messenger RNA company to have GMP manufacturing. We started in 2006. Currently, we have three large-scale GMP facilities, and we are up and running now. Today we have a fourth facility built, and we're looking for additional capex to put the machinery in there. Once we have that machinery in the fourth building, we can make hundreds of millions of doses of the coronavirus vaccine. So we're very excited about that and we want to help there.

Additionally, we have developed a fully automated production machine. This automated machine is part of the collaboration with CEPI. And additionally, with CEPI, we are working on the coronavirus. They have funded our efforts to get the program and the vaccine to phase one by June.

The key point here being that we believe we can develop the vaccine for COVID-19 very, very quickly, and we have the wherewithal to manufacture it, although we would like some additional help on our largest GMP fourth facility.

Again, we appreciate the opportunity to be here today, and thank you very much.

THE PRESIDENT: Thank you. Thank you very much. Appreciate it.

John? Go ahead. Please.

MR. SHIVER: Sure. I'm John Shiver. I head Vaccine Research and Development for Sanofi vaccines. Sanofi has been making vaccines for over 100 years, and we're -- for this project, we're working with proprietary recombinant protein technology that makes the first flu vaccine that's not in eggs that's based on this technology.

It has the potential to be applied very readily to coronavirus. Some early work done with SARS, the related virus, was very promising. We intend to leverage that work so that we can get to the clinic as soon as possible.

Because we are a major flu vaccine producer, with this technology, we have the ability to produce large amounts of vaccine. We predict, dependent upon the final formulation, 100 [million] to 600 million doses per year made in New York and Pennsylvania, which is where we make most of our -- about 90 percent of our flu product. And we can do this without jeopardizing our flu vaccine production, importantly, because we know that's very important to maintain that.

So, Mr. President, we're willing to do whatever it takes to work with you and this administration. The collaboration we've had (inaudible) with NIH and with BARDA, who's co-sponsoring our research to make sure that we do what we can to help with this problem.

THE PRESIDENT: When do you think you could have the vaccine? When do you think you'd be able to have it, start producing it?

MR. SHIVER: We're producing it now, the experimental lot. Proteins takes a little bit longer than some of the other technologies that are more exploratory, but it's a technology that works. We think we can be ready for the clinic in a year. And depending upon the nature of how the epidemic goes or doesn't go, you know, we would -- and with the help of the agencies of this country, you know, perhaps as few as several years. Difficult to predict, Mr. President, knowing that a vaccine has to be both safe and efficacious because it's given to healthy people.

THE PRESIDENT: Right. Okay. Thank you very much.

MR. SHIVER: You're welcome.

THE PRESIDENT: Lenny?

DR. SCHLEIFER: Thanks, Mr. President, for having us. I'm Lenny Schleifer, the founder and CEO of Regeneron, a company that I built with George Yancopoulos over the last 30 years. And we are a monoclonal antibody primarily centered company. We are no

strangers to collaborating with the administration. We work with Secretary Azar's group, BARDA. And we came up with a cure for Ebola, and we're very proud of that. Dr. Fauci's group was really instrumental in testing that under unbelievable conditions in the Congo. And it didn't create quite as much excitement, because, thank goodness, it didn't hit our shores.

But we can use the exact same technology, and we already have. We have 1,000 antibodies that are already sitting in dishes. We're screening them. We're selecting them. We anticipate, if all goes well, 200,000 doses per month can come out of our factory in New York, starting in August.

The unique thing about our technology --

THE PRESIDENT: That means you'd be able to use the vaccine that early?

DR. SCHLEIFER: It depends on what we see; how we work closely with the FDA, which we will do. The FDA already reached out to us, but we've got to work closely.

THE PRESIDENT: So that process would be faster than John's?

DR. SCHLEIFER: It would be. The --

SECRETARY AZAR: Can you explain why that would be?

DR. SCHLEIFER: Well, so, we make passive vac- -- vaccine and therapeutic -- therapeutic. Our drug will be able to protect you. Whether or not you're infected, it'll protect you from getting infected. Or if you are infected, it would treat you. And

the -- we have just taken processes that normally take years -- literally, years -- and we put them end-to-end and now do them in weeks to months, which nobody else in the industry can do.

So we're very excited to collaborate once again.

THE PRESIDENT: So this would be a combination of a vaccine and also it will -- to put it in a different way -- make you better, quicker.

DR. SCHLEIFER: Yeah. Well, think of it this way: If you -- if you get immunized with one of these vaccines, you're going to make some antibodies to protect you. We're going to already make those antibodies and give them to you so you don't have to go through that whole process. So it'll protect you.

And, as we showed with Ebola, if you give enough of them -- we -- it was lifesaving, life- -- truly lifesaving.

THE PRESIDENT: That's true.

DR. SCHLEIFER: And it beat out the antivirals. It really -- it was the way to go. It's very predictable.

I just want to say, I hope everybody succeeds here. I mean, this is -- bringing everybody together here is really critical and there's going to be success. This industry is really talented, as an industry. Sometimes we run astray, but we're going to get this done.

THE PRESIDENT: Thank you very much. Thanks, Len. Appreciate it. Please.

MR. BANCEL: Thank you, Mr. President, for the invitation. Stéphane Bancel. I'm the CEO of Moderna. So (inaudible) very proud to be working with the U.S. government and to have already sent, in only 42 days from the sequence of the virus, our vaccine to Dr. Fauci's team at the NIH. We're now waiting for the vaccine to be a green light from the FDA so that the team can start dosing as soon as possible.

What it's very interesting about our technology is that we use messenger RNA. So, basically, it's an information molecule that allows us to go very quickly from (inaudible) formation of a virus to having a vaccine. So, we already have nine vaccines in the clinic in the U.S., in Germany, and in Australia. We have five of those for respiratory diseases.

We've (inaudible) with DARPA, from Department of Defense; with BARDA, from HHS. We're having ongoing discussions. We were able to go so fast because we are working, for many years, with the NIH and we had worked with Dr. Fauci's team on the MERS vaccine for the Middle East respiratory syndrome, which is a coronavirus. And so we're able to move very, very fast from a few phone calls to getting a vaccine made, ready for the clinic.

We're now working on the phase two material, so that as soon as we get the phase one dose out of the NIH, we'll be able to start the phase 2 right away.

THE PRESIDENT: What is your timing then? What would you say?

MR. BANCEL: So we're hoping to get the phase one start very soon now. We're just waiting for a green light. The product is at

the NIH. And then, it will be a few months to get the human data that will allow us to pick (inaudible) dose to start the phase two right away.

THE PRESIDENT: So you're talking over the next few months, you think you could have a vaccine.

MR. BANCEL: Correct. Correct. With phase two.

DR. FAUCI: Yeah. You won't have a vaccine. You'll have a vaccine to go into testing.

MR. BANCEL: Phase two, yeah.

THE PRESIDENT: And how long would that take?

MR. BANCEL: The phase two would take a few months before going to phase three.

THE PRESIDENT: All right. So you're talking within a year --

DR. FAUCI: A year to a year and a half.

THE PRESIDENT: Well, but, Lenny is talking about two months, right? (Laughter.)

DR. SCHLEIFER: A little -- a little longer. A little longer.

MR. MENICHELLA: And we would be there in June. We will be there in June if they (inaudible).

THE PRESIDENT: A couple of months, right? I mean, I like the

sound of a couple of months better, I must be honest with you.

SECRETARY AZAR: But when you say June phase one initiation, though -- right? -- in June, it's not a completed vaccine. I just want to (inaudible).

MR. MENICHELLA: Well, you have a vaccine that would be ready for testing in phase one. (Inaudible) talking about a completed -
-

THE PRESIDENT: Ready to use when, would you say? Ready to use. Next season?

MR. MENICHELLA: So, assuming that the vaccine is well tolerated -- it's safe and efficacious, as John said -- then I think the question is, how do we work with the FDA to expedite that as fast as possible through some sort of fast-track program to get it through phase two and three testing to get to --

THE PRESIDENT: So quickly.

MR. MENICHELLA: So, as quickly as possible. Absolutely.

THE PRESIDENT: What do you say to that, Lenny?

DR. SCHLEIFER: Look, I sense the cautiousness of Dr. Fauci, and he's right to be cautious. Because vaccines have to be tested because there's precedence for vaccines to actually make diseases worse. And you really don't want to make it -- you don't want to rush and make it -- you don't want to rush and treat a million people and find out you're making 900,000 of them worse.

THE PRESIDENT: That's a good idea.

DR. SCHLEIFER: Yeah. So that's why I think Dr. Fauci is being a little bit cautious. I don't want to speak for him, but -- so we need to prove that.

You know, I think that with our technology, by knowing that we have neutralizing antibodies that would give -- we know that this approach worked for Ebola, we know that it worked for MERS in animals -- we have a greater degree of confidence that this would work sooner, I think.

THE PRESIDENT: Good. Okay. Thank you very much.

Daniel? Great.

MR. O'DAY: Yeah. Mr. President and Mr. Vice President, thank you for having us here. So I'm going to switch it up a little bit. We're not a vaccine company. We're a therapeutic company --

THE PRESIDENT: Good.

MR. O'DAY: -- focused on antivirals.

THE PRESIDENT: Let's talk about that.

MR. O'DAY: And Gilead Sciences, I know, has worked with a lot of people around the table here.

Let me first take the opportunity to thank you for the efforts of the administration, the Secretary on the HIV elimination program, which we're closely connected with.

THE PRESIDENT: Incredible, what they've done --

MR. O'DAY: I mean --

THE PRESIDENT: -- with HIV, incredible.

MR. O'DAY: To be able to prevent and treat this disease is just extraordinary.

THE PRESIDENT: So we're saying 10 years, but now we're into 9 years, because it could have been started earlier, and somebody else didn't start it earlier. But we started it right away.

And I'm now seeing -- I started off saying "10 years" and now I'm down to 9 years. Do you think by the end of nine years, HIV is where?

MR. O'DAY: I hope we can eliminate it in the developed world.

THE PRESIDENT: But can you imagine? It will be eliminated in this country.

MR. O'DAY: I mean, because we have the ability to prevent it now, and --

THE PRESIDENT: That's such a great thing.

MR. O'DAY: -- if you can get it to the people to really prevent it and then treat everybody, I think -- it's certainly something we're fully committed to.

THE PRESIDENT: If you remember back -- if you remember back 10 years ago, how horrible that was, and a little beyond the 10 years. And now --

MR. O'DAY: I was just talking to Commissioner Hahn about it.

THE PRESIDENT: To think about what you've -- what's happened. So, Daniel, let's talk about this.

MR. O'DAY: Absolutely. So we're using that same antiviral experience at Gilead (inaudible) decades to now to apply it to coronavirus. So we have a medicine called Remdesivir, which is like a decade-long development that's an antiviral used to treat coronavirus. It's the same virus as -- the same family as SARS and MERS. And we're hoping it has the effect now against COVID-19. So we know, in vitro, that it has a very high effect.

THE PRESIDENT: So you have a medicine that's already involved with the coronaviruses.

MR. O'DAY: Yes.

THE PRESIDENT: And now you have to see if it's specifically for this.

MR. O'DAY: Correct.

THE PRESIDENT: You can know that tomorrow. Can't you?

MR. O'DAY: So -- well, we have -- now, the critical thing is to do clinical trials, and we're in the process -- we have two clinical trials going on in China that were started several weeks

ago, and they're 400-patient trials each. They're getting close to halfway enrolled. They're enrolling very quickly.

THE PRESIDENT: Any response yet?

MR. O'DAY: Well, we don't know because they're double-blind, randomized trials. So we have to wait until the conclusion of the trial. We expect to get that information in April.

Then we've been working with Tony and the group at NIH to have another protocol, and NIAID, that will also be a protocol that we'll use in China, outside of China, and there in the United States to test for the virus. And we have two other clinical trials that we're going to initiate next week (inaudible).

THE PRESIDENT: Anything here? Anything here?

MR. O'DAY: Yes. Yes. Well, the NIAID trial already had its first patients in Nebraska, and I think, Tony, we're working on getting it --

DR. FAUCI: In Washington, also.

MR. O'DAY: -- Washington State now.

THE PRESIDENT: Would you go to Washington State where it seems to have problems?

MR. O'DAY: Absolutely. So the intention is to begin --

THE PRESIDENT: I think it's a great idea.

MR. O'DAY: -- (inaudible) patients there in the coming days.

THE PRESIDENT: Yeah.

MR. O'DAY: Because the trial is, really, ready to go. So we're fully --

THE PRESIDENT: Will you go to specifically the nursing home where they had an outbreak?

MR. O'DAY: Yes. And the community, of course, that that touches, because all the healthcare workers of that, the family members that --

THE PRESIDENT: When will that take place? When do you think?

MR. O'DAY: So, literally, I think, Tony -- I think it's in the next couple of days.

DR. FAUCI: Couple days.

THE PRESIDENT: If Tony is involved, it'll be tomorrow morning. Right, Tony? (Laughter.)

MR. O'DAY: Yeah, that's it. That's it. But this is in collaboration -- you know, we worked on the protocol together. Obviously, we're providing the investigational medicine. We're working hand in glove with many people around the table to make sure that -- whether it's FDA or CDC or NIH.

THE PRESIDENT: So, when will you know if it works? I mean,

you already have this medicine. When will you know if it works?

MR. O'DAY: Well, I think we'll know in the April timeframe.

THE PRESIDENT: That's good.

SECRETARY AZAR: And do you know -- do you all, if you're able to say, do you have any negative kick-outs, like utility analyses or DSM-V reviews or --

MR. O'DAY: There is a DSM-V review in the trial in China. They'll probably take a look at some of that data in March. So far, there's -- that would be only stopped, though, for safety reasons. You really have to wait until the end of the trial to see efficacy.

So we're moving as fast as we can. I think everybody around the table is probably moving as fast as we can. And on top of that, of course, we have to anticipate success, so we're significantly investing our manufacturing facility and capacity. We've been working closely with the administration to make sure --

THE PRESIDENT: You've already built the facility to make --

MR. O'DAY: We have facilities that we're re-purposing for the coronavirus.

THE PRESIDENT: This would be tremendous news if that works.

MR. O'DAY: Yes, it would be terrific. Terrific.

THE PRESIDENT: Because you're there. I mean, you're there. You have the plant, you have everything ready.

MR. O'DAY: We have a trial in severe patients and in more moderate patients. And we're trying to understand, as we all are, with epidemiology of this disease, where and when is the best place to treat.

THE PRESIDENT: That's very exciting. Get it done, Daniel.

MR. O'DAY: We're on it.

THE PRESIDENT: Don't disappoint us, Daniel. Do you understand? Great company. Really great.

MR. O'DAY: Thanks for your support.

THE PRESIDENT: Doctor, perhaps you'd like to say a few words? Please.

DR. HAHN: Thank you, Mr. President and Mr. Vice President. It's really an honor to be here with you. I'm really interested in hearing all the efforts that are ongoing. We're working very closely now with many of you, and it's been a great relationship.

But we're very interested -- this is the message I want to send: We're very interested in facilitating the development of therapeutics, diagnostics, vaccines, for the benefit of the American people. And we, of course, want them to be safe and efficacious, but really to look forward to working with you on this.

Thank you.

THE PRESIDENT: Thank you. Great. You're going to do a fantastic job. Thank you, Doctor.

Please.

DR. DOLSTEN: Mr. President, Mr. Vice President, I'm chief scientist for Pfizer.

THE PRESIDENT: Yeah.

DR. DOLSTEN: We are very pleased to be here. And, for us, it's been always important, when there's a major public health threats, to come together across the industry, with biotechs and federal agencies. We are highly appreciative of the initiative that you're taking in this powerful way to have all of us around this table.

Pfizer, as you know, is a proud American company. We have 170 years of experience, originally founded in Brooklyn and headquartered in New York. And we have brought many vaccines, therapeutics of small or large types for patients suffering from many different diseases, including infectious diseases.

Now, specifically for the COVID-19, the coronavirus, we have identified compounds -- medicines that we have that we think (inaudible) activity against very related viruses -- have good, high probability to be active against COVID-19. And, in March, we are confirming that assumption with laboratories that have access to do this (inaudible) work of using the live virus to perform

activity.

That would allow us to work closely with Dr. Hahn here at the FDA and identify the fastest path to bring it to patients. That should happen, if things go well, this year. And as soon as possible, I can hear your encouragement to all of us.

I want also to say that Pfizer has 30 -- 3-0 -- R&D manufacturing sites in the U.S.; more than 30,000 Americans involved in making or discovering medicines. And we're willing to share our experience, our capabilities as a team here, to make sure that the public in America gets the best solutions.

THE PRESIDENT: So do you expect to be dealing with each other a little bit? You're competitors, but in this case, it's different. This is something we want to get done very quickly. Do you expect to be sharing your own capabilities with Pfizer and everybody else?

PARTICIPANT: Absolutely.

THE PRESIDENT: Good.

DR. DOLSTEN: I think the (inaudible) that have come from you makes all of us feel that we should be one team here.

THE PRESIDENT: I agree. We would appreciate that.

DR. DOLSTEN: And as a closing remark, we've had a tremendous partnership with NIH and NIAID in many areas being -- pioneering to bring medicine or advances forward with CDC dialogues and with FDA here. So for us -- we look forward to extend this

relationship to make sure that Americans can, as fast as possible, given your encouragement to us, we have different options to protect them. Protection is by vaccines. To deal with those that are exposed, we need treatment, and those that are ill, we need treatment.

So it's not just one solution. I think, from this team, we should offer multiple approaches -- therapeutic and vaccines -- (inaudible).

THE PRESIDENT: Do you see that happening? Because I notice you have a few different variants of what we're talking about. Do you see that happening where maybe there are different either therapeutics or vaccines, or both, where you use combinations of each, maybe in different areas?

DR. DOLSTEN: I think you are right on the frontier of science; it is about combination. And even looking at colleagues here at Gilead, we have learned that if you have two different mechanisms and put them together as treatment, the likelihood of curing, or (inaudible) responses is higher. And we actually work on complementary mechanisms.

THE PRESIDENT: I think it's fantastic. I love --

MR. O'DAY: It's been the story of HIV.

THE PRESIDENT: Yeah. I love the complementary. If you can do that, I love the complementary.

DR. DOLSTEN: You can count on our commitment here.

THE PRESIDENT: Yeah, that's fantastic. Thank you very much. That's, really, very exciting.

Please.

DR. KIM: Mr. President, Mr. Vice President, my name is Joseph Kim. I run a company called Inovio Pharmaceuticals out of Pennsylvania. We're a proud American biotech company with R&D and manufacturing in California as well.

Inovio is the leader in coronavirus vaccine development in the world. We have a phase two product for related MERS coronavirus vaccine in phase two stage. When the new outbreak occurred, we applied our very innovative 21st century platform called DNA medicines platform to COVID-19. By getting just the DNA sequence of the virus, we were able to fully construct our vaccine within three hours. And we've been working on preclinical and preparation work with the help of the FDA in acceleration and really working very well together.

Our plan is to start the U.S.-based clinical trials for COVID-19 vaccine in April of this year; followed by, shortly thereafter, a trial in China, in South Korea. There are a lot more infections in those areas.

THE PRESIDENT: We can give you an area, too.

DR. KIM: (Laughs.)

THE PRESIDENT: No, we can. I mean, you take -- you take a look at Seattle again.

DR. KIM: Absolutely.

THE PRESIDENT: We can give you an area.

DR. KIM: Absolutely.

THE PRESIDENT: If you don't mind.

DR. KIM: We've been collaborating with U.S. agencies like DARPA, NIH. We've collaborated with Dr. Birx in HIV vaccines many, many years ago. With existing resources and capacity, by end of this year, Inovio could deliver about one million doses, but to scale -- by end of this year -- but to scale beyond that, we need your help, Mr. President. We need to work with you and your agencies, BARDA, and others to help us scale our vaccine to manufacture in America, to protect American public, also to lead the world in the vaccine development from America. Thank you very much.

THE PRESIDENT: No, thank you very much. You'll have our help. Thank you.

Please, doctor.

DR. STOFFELS: Mr. President, Mr. Vice President, I'm Paul Stoffels. I'm Vice Chairman and Chief Scientific Officer for Johnson & Johnson. I'm in the -- in vaccine research since 30 years -- several drugs for HIV.

At the moment, working with a new vaccine platform, which has been deployed -- or is being deployed in HIV, in the times of Zika, as well as now in Ebola. We are working with Tony on a phase two and a phase three study with the HIV, with the same

platform.

With BARDA, we have extensively collaborated on an Ebola vaccine. At the moment, we are vaccinating a thousand people a day in Rwanda and in DRC, showing the safety of --

THE PRESIDENT: That's fantastic.

DR. STOFFELS: And the same, actually, platform we are now deploying for corona. Since the availability of the information on the virus mid-January, we have been working day and night on getting to a vaccine. The first versions of that are being tested in animals, at the moment, with positive results.

And, in parallel, the company has decided to start upscaling now. Time to result will depend on GMP manufacturing safety, (inaudible) safety -- have to work closely together with the FDA on that.

And before the year ends, hopefully in November, we have the first clinical data starting. And early next year, the results of that. And at the same, we are looking for significant quantity of vaccines being already produced in that timeframe. But you can't do anything else than, at the moment, starting parallel -- the biological clinical work and parallel doing the upscaling. And let's see where we end as fast as possible.

THE PRESIDENT: So do you have different concepts and methods than, you know, Pfizer and Johnson & Johnson? All great companies.

DR. STOFFEL: Yeah.

THE PRESIDENT: Are you having different -- some seem to be faster than others. And others -- they do seem to be different concepts.

DR. STOFFEL: The difference in the concept is that we are using a cold virus (inaudible), which there is a place where you can place a piece of corona, Ebola, or HIV. So we treat the body with another virus and generate the antibodies.

THE PRESIDENT: And that's different from the others?

DR. STOFFELS: That's different than the others. The difference is, also, it's been used for many years now. It has been proven for many years that you can do it like that. And we also have a validated upscaling platform which can produce millions of doses in a very short time frame. And that's a parallel process where we develop the cell line, which, if we follow what we could do with Ebola, we could produce like up to hundreds of millions of vaccines in a small, let's say, reasonably small facility for manufacturing.

THE PRESIDENT: So can you have it ready for next season, any of you? I mean, would you say, for the next season?

DR. STOFFELS: That's the goal. The next season, it should be ready.

THE PRESIDENT: That would be the goal?

DR. STOFFELS: Yeah. But, like many people said --

THE PRESIDENT: It seems to be very seasonal, right?

DR. STOFFELS: We have to be -- we have to be very careful here. If you vaccinate several hundred million people --

THE PRESIDENT: You've got to make sure it works.

DR. STOFFELS: Works and is safe. Yeah.

THE PRESIDENT: And it doesn't hurt. Right.

DR. STOFFELS: Yeah. Doesn't hurt. And that's what the goal is.

THE PRESIDENT: I agree. I agree. Thank you very much. Thank you. Great company. Thank you.

THE VICE PRESIDENT: Dr. Schuchat.

THE PRESIDENT: Would you like to say something?

DR. SCHUCHAT: Oh, just -- Anne Schuchat from CDC. And really appreciate the chance to hear everyone.

THE PRESIDENT: Good. Thank you. Please.

MR. ERCK: Mr. President, Mr. Vice President, thank you for saving the most exciting company for the last. (Laughter.) So we're Novavax. We're down the street in Maryland. We're a vaccine company. We make the recombinant nanoparticles. We make respiratory vaccines. We have two in phase three trials. We have an RSV vaccine, where we vaccinated 4,600 pregnant women to protect infants from RSV disease and the youngest kids.

We have a flu vaccine. We all know we need a better flu vaccine and we have one in phase three trials. We're going to unblind in four weeks. It's an exciting time for the company.

But we actually -- our company is focused on emerging infectious diseases. We've made two coronavirus vaccines. We made one for SARS. We made one for MERS. We tested MERS and -- all the way through animal challenge trials and it showed 100 percent infection protection.

We have an Ebola vaccine that what the NIH showed, in four different nonhuman primate studies, that we had 100 percent protection at extremely low doses.

And we've made a pandemic flu vaccine for H7 and 9 and others. And we've twice now taken from the gene sequence to the first in human studies done in the 90 days and published it in the New England Journal. And we're once again doing the same thing since the gene sequence was identified -- I think it published on January 10th. We've taken the same recombinant nanoparticle platform and have been in animal studies for a couple of weeks. We expect data this week on -- from one of them.

THE PRESIDENT: On this? On corona?

MR. ERCK: And on this -- I'm sorry, on corona. Yes. And we're going to the nonhuman primates this week with the coronavirus vaccine candidate.

THE PRESIDENT: So what do you think in terms of timing? What do you do think?

MR. ERCK: Timing is -- what you hear around the table. As soon as we can get it to humans in the May-June timetable and in phase one study (inaudible) but we'll have primate data.

THE PRESIDENT: So those are unheard of speeds, I think. Right? Pretty much. We'll make it very easy for you. Those are -- and we have to be very safe. But those are unheard of speeds.

Go ahead, please.

MR. ERCK: No, and we're trying to identify scale so that we can get to the billion (inaudible) scale both for -- we have the vaccine antigen and adjuvant. And you put those together and you get the most promising result, we think. And so we desperately need and have good relationships with the FDA and to work with the FDA to see where, instead of waiting 30 days, for -- to get to an IND, you get in 10 days or 21 -- whatever the number is. But there are a lot of things that we can do with the FDA.

And, frankly, we need money. We're a biotech company, and not one of the larger pharma companies. And so we need money to get scale.

THE PRESIDENT: But you work with the other companies also?

MR. ERCK: And we have worked with the other companies and on this particular instance, we have not yet. But we can.

THE PRESIDENT: Okay. Dr. Stephen Hahn is the new head of the FDA for those of you that don't know. He's one of the most

respected people in the country. And this is man we wanted. And this is the man we got. You didn't know you were going to be hit with this your first month, right?

DR. HAHN: No, sir. I did not.

THE PRESIDENT: Been here for a couple of months and this was pretty big.

Deborah, would you like to say something?

DR. BIRX: Well, thank you. It's a privilege to be here. Thank you, Mr. President, Mr. Vice President. I think what was exciting to hear around the table is you have a potential for a bridge -- a bridge between the therapeutics and monoclonals, while we work on the vaccines. And I think that's the most promising piece for the American people to know that there's technology that can be used as an immediate bridge, and then as we work on the vaccines.

So I think making sure that we've tested all of the antivirals that you have in your collection against this particular virus -- do IC50s across the board. Many of you have antiviral medication. And I think just to assure the American people that we have tried using our innovators to actually screen all of the current drugs for potential activity against this virus would be key.

But I think this is very promising with this linkage that you've put together in this room, between monoclonal antibodies, therapeutics, and vaccines. It's very encouraging.

THE PRESIDENT: It is very exciting and the speed is very exciting too.

Anybody else have anything to say? Anybody?

DR. STOFFELS: I want to ask something on the screening. So we set up, already, an (inaudible) where everyone is now able to submit biotech pharmaceuticals to submit to a screening which is set up to everybody -- supported by BARDA and supported by (inaudible) --

THE PRESIDENT: That's fantastic. They move rapidly. Media, would you like to ask any questions of any of the geniuses around the table?

Q Mr. President, what economic stimulus measures are you considering to boost the economy as a result of the virus?

THE PRESIDENT: Well, I guess the market is up today. Our country is very strong, economically, as you know. This was a -- something that came out of China that was a big surprise to the world. It happened just a few weeks ago and I'm sure the Fed is looking at it; I hope the Fed is looking at it. They should be. But a lot of these central banks are looking at it for stimulus.

And one thing I want to add, we keep talking about "for America," but really, we're looking at -- for a cure for the whole world because this is a world cure, not just for the United States. We want to take care of the United States. But whatever we do is going to inure to the benefit of the world. So we want to do that. And fortunately, your -- some of your companies are

so large you can handle that. But you work together, thereby making it even better. So we appreciate that. We would love to have you work together on this, get it done, and get it done safely and quickly.

But I think -- I know we're in very strong shape. Very strong shape, financially. And, you know, I have to tell you, I came into the room not expecting to hear quite what I've heard, but a lot of work has already been done. We've been encouraging them for the last few weeks. I mean, literally, from the first day when we shut it down, when we shut down the border, so to speak. We shut it down -- China. Something we didn't like to do, but we made a good decision.

But we also called some of the companies around the table and said, "Get going. Just in case, get going." And we're very proud of the work that some of them have done. Some of them were very advanced already on this particular coronavirus. So we appreciate it. That's tremendous news. And I think the speed is a lot greater than a lot of people would have thought.

Q Did you see a need for federal dollars to go to some of these drug companies? I think two of the CEOs around the table mentioned the idea of federal money.

THE PRESIDENT: Well, I don't know. I think they're so rich. I know the companies very well. Some of them are so rich I think they can actually loan money to the federal government. They don't -- (laughter) -- they don't need money. They need time. I think what they need more than anything else -- Daniel, you might tell me, but I think what you need is FDA and Tony have to help you get through the process as quickly as possible, the

bureaucratic stuff.

And we don't have bureaucrats here. We have people that really know how to get it done, between Tony and Bob and Steven. They'll get you folks through very, very quickly.

Q Speaking of the Fed, Mr. President, do you think that they should hold an emergency meeting before the meeting in a couple weeks to cut rates and has your -- is your administration going to push for such a thing?

THE PRESIDENT: Well, I think they should have had a meeting already. So, you know, I think they should have. And the central banks are going to be talking about various things tomorrow but we'll see what happens. But I think they should have had a meeting already. I don't know what takes them so long.

Q Will you ask them to? Will you ask them to?

THE PRESIDENT: I'll see what happens. Let's see what happens tomorrow.

Q What do you say to Americans who are, you know, buying out all the hand sanitizer at CVS, who are stock- --

THE PRESIDENT: They're buying what?

Q Buying out all the hand sanitizer at CVS, who are stockpiling groceries in their basements, who are concerned about a long-term situation here?

THE PRESIDENT: Alex, what would you say?

SECRETARY AZAR: Listen, as the President has said and we've said from the outset, we're going to see more cases here in the United States and we need to be prepared. We need to be -- we prepare for the worst case; we hope for the best case.

Part of preparing is normal preparedness activities by individuals. Go to CDC.gov to get information about just sound preparedness at home like you would have for a hurricane or for the flu season. That's the same type of activity now. So having some food, having some hand sanitizer. But, frankly, soap and water -- a good soap and water handwashing for the appropriate amount of time, if you look at CDC.gov for guidance -- is as effective as that kind of sanitizer.

But people should not be panicked. They shouldn't be -- I know they may feel that. They may feel a sense of unease. They feel the uncertainty and we're trying to reveal all information we have. But there are steps people could take like that -- just good, everyday preparedness. Nothing different today than they -- I would have advised six months ago to people.

Q Mr. President, are you considering tightening any of the travel regulations that you set in motion over the weekend?

THE PRESIDENT: Yes, we are. (Inaudible) certain countries where they have more of a breakout. We are. You know what those countries are; I don't have to say it. But we are doing that and we've already done it, as you know, with three countries, in addition to China. So we will be doing that, yes.

Q You said the supplemental was near. What's the price tag

up to? And are you also considering a national emergency declaration that would allow states and local governments to tap FEMA aid?

THE PRESIDENT: I don't think you'll need that because I really think we're in, you know, extremely good shape. We're prepared for anything and we could always do that at a later date if we need, it but I don't think we need that at this stage.

You know, interestingly, we were discussing -- and a question I get asked a lot by people is, on average, you lose from 26,000 to 70,000 or so and even some cases more from the flu. We lose -- we have deaths of that per year. Worldwide, it's hundreds of thousands of deaths from the common flu. And they ask, you know, what's the difference and how does this differ, and I guess there are things that are similar and things that are different. Every one of them is different.

It might not be a bad question to ask. Because I get that all the time. So, so far we have six here. You have, in other countries, very -- I mean, China, obviously, got hit the hardest. I noticed that South Korea is hit very hard. Italy is being hit very hard.

But I -- I would like to maybe know -- because I -- I am oftentimes asked -- we average, I suspect -- Tony, I think you said from around 26-, 27,000, up to 60- or 70,000 deaths per year. That's a lot of deaths. And here we're talking about a much smaller range. Now, hopefully, it stays at a much smaller range. And, again, we're prepared for anything.

Could I ask you: Any of you, if you'd like to answer that

question, where would the public, what would the public think when you have so many -- and that's taken routinely. And I was shocked to hear this. You know, three, four weeks ago, I said, "Well, how many people die a year from the flu?" And, in this country, I think last year was 36- or 37,000 people. And I'm saying, "Wow, nobody knew that information." Worldwide, you just multiply it out times the world, right? So what is the difference, Daniel?

MR. O'DAY: Well, I think there are people around the table that probably are more medically qualified, but, I mean, I -- clearly, what we're representing around the table is the ability to prevent, you know, an endemic of sorts, and the ability to treat. And those two things going together I think are really, really important, as the (inaudible) presented.

THE PRESIDENT: We would have to up our research on the flu -- on the common flu.

CHAIRMAN O'DAY: Well, yeah. Right. And we do have treatments for the flu, and we have vaccinations for the flu. And -- and we need to continue to improve upon those.

THE PRESIDENT: Good. Doctor?

DR. DOLSTEN: Yeah. We've actually taken on the challenge that you just mentioned. So we are investing in what could be new technologies to completely (inaudible) the flu. And we need to think about how you can move fast from the first cases, to have the right type of vaccine, and how you can be able to manufacture it very fast. Because I -- I think you're right on the point that the numbers in flu are so large you haven't come -- that -- to

that level, yes. But I think it's also the fear that there's no experience here with this virus, and we don't have the feeling of going to CVS and get the flu vaccine or use some of the earlier developed drugs. But I -- I think you summarized it very well. These are challenges we should take on year by year in advance and protect lives.

THE PRESIDENT: Including -- including, Tony, they have to maybe -- we have to step up our work on the flu because when you lose that many people, it's something.

DR. FAUCI: Mr. President, what we're doing is that we have major effort in this country to develop a universal flu vaccine. Namely, a vaccine that you could give that would cover all the different strains so you don't have to keep worrying about it mutating from year to year.

THE PRESIDENT: Fantastic.

DR. FAUCI: So that's a major effort that we're having.

THE PRESIDENT: Because I notice every year they say a different vaccine. They have a little different, a little -- and then, you know, I hear numbers that are not great: 60 percent, 70 percent coverage -- success.

And yet, I hear numbers that are better than that with respect to corona. You think you can really knock it out and that's because you know specifically what it is, I suspect. So that's impressive.

What do you think, Lenny?

DR. SCHLEIFER: I think one thing we can be sure of: We're going to be surprised about what happens over the next couple of months. And we got to be prepared, as you're trying to do --

THE PRESIDENT: Right.

DR. SCHLEIFER: -- for every surprise that will come at us. Because remember, maybe 100 million -- I was just checking -- get vaccinated for the flu, even if there's 60 percent detection. We have nobody in this country vaccinated for coronavirus right now. So that, if it goes through the --

THE PRESIDENT: But the same vaccine could not work. You take a solid flu vaccine -- you don't think that would have an impact or much of an impact on corona?

DR. SCHLEIFER: No.

DR. FAUCI: Probably not.

THE PRESIDENT: Probably not. That's separate.

DR. SCHLEIFER: So that's why you have a difference. When you have a population that is totally naked to this virus, we -- that's why a vaccine approach, getting that as quickly as we can, of course, is paramount.

And the other thing is, we have a group of people around this table, myself included, who are in an industry where optimism is an essential part of the toolkit. But realism is that, you know, 95 percent of what we all work on doesn't go too far. So we --

that's why it's so important to have so many different approaches. We can't pick the (inaudible).

THE PRESIDENT: It seems to me, just based on what you said and also what the other folks said from great companies -- companies I know very well from just seeing, you know, what they do -- and I find it very interesting; I have for a long time -- it would seem to me that you already know pretty much where you're going and where you're headed and what the answer is going to be. It would seem that, Steve. Doesn't it seem -- you seem to know what the answer is to this; you have to get it done. Or is that too optimistic a statement?

DR. DOLSTEN: I think some of the new technologies that have come -- we heard today about the mRNA and DNA, where you use completely new tools and technologies -- they give us an opportunity to move fast and that's why some of the companies that have been working on other diseases can quickly change priorities and meet the huge public health threat.

But I think we should take on, as a team, to do something with seasonal flu. And, actually, I think, Robert Redfield, that has been one of your key priorities and we've certainly picked up on that.

THE PRESIDENT: By the way, that would be a great thing if you could do that. Just aside from this meeting, if you could do that, that would be a great thing.

Does anybody else have anything to say, please?

Well, I want to just thank you all very much for being here

and it sounds -- I'm very -- it's a very optimistic meeting. I didn't realize you were that far advanced and you'll get together if you have to. You'll deal with Tony and Bob and you'll deal with Stephen and get it done. We need it. We want it fast. Okay?

Q Mr. President, do you -- do you accept that this will take longer probably than you would like?

THE PRESIDENT: I don't know what the time will be. I don't think they know what the time will be. I've heard very quick numbers -- a matter of months -- and I've heard pretty much a year would be an outside number. So I think that's not a bad -- that's not a bad range. But if you're talking about three to four months, in a couple of cases, and a year in other cases -- wouldn't you say, Doctor, would that be about right?

Q Is it realistic to think, really, that a vaccine could be ready in three or four months?

THE PRESIDENT: Well, you have the greatest companies in the world sitting around the table. I mean, Johnson & Johnson and Pfizer and all of the companies -- Gilead -- you have all of these great companies and that's what they're saying. So I think that --

DR. FAUCI: Would you -- would you make sure you get the President the information that a vaccine that you make and start testing in a year is not a vaccine that's deployable. So he's asking the question, "When is it going to be deployable?" And that is going to be, at the earliest, a year to a year and a half, no matter how fast you go.

THE PRESIDENT: Do you think that's right?

SECRETARY AZAR: And as you said, Mr. President, treatment has got to be available before the vaccines, so that's where you --

THE PRESIDENT: Well, I think treatment, in many ways, might be more exciting.

(Crosstalk.)

SECRETARY AZAR: Amba- -- Ambassador Birx, I think, laid out a really nice framework, as we think about managing expectations, which is be thinking antiviral therapeutics, transitioning to monoclonal antibodies and eventually to vaccines, as we think about the continuum of research and development here. Is that fair for our CEOs?

THE PRESIDENT: Well, you know, Tony, I think that's interesting because the concept of treatment, in a certain way, especially when you have people that are, you know, looking for treatment, they've already got -- they're beyond the vaccine stage, that would be very exciting.

DR. FAUCI: And it always goes faster than vaccine, because you're dealing with someone who is already sick --

THE PRESIDENT: Right.

DR. FAUCI: So the safety issues are going to be much, much different. And you will know your result almost immediately, whereas with vaccines, it takes a long time.

THE PRESIDENT: So -- so then what would be your timing for treatment? Therapeutics, commonly known as -- but I call it -- what would be your number for treatment?

DR. SCHLEIFER: For us, we can think about producing 20,000 doses by the end of the summer of a course of treatment. And as Dr. Fauci said, you're going to find out very quickly. It's not going to be a mystery, whether these things work or not. We're pretty confident that a mono- -- ours is the monoclonal antibody approach. We think that approach has a very high probability in the near-term of delivering.

THE PRESIDENT: Fantastic.

DR. SCHLEIFER: So --

THE PRESIDENT: So the treatment, I mean, just for the media -- so the treatment element of it goes faster than the vaccine element of it, which, in my opinion, in this case, would be better. Go ahead, please.

MR. O'DAY: Mr. -- Mr. President, I mean, the Remdesivir medicine is in phase three trials right now. And these trials are conducted very fast. I mean, we're talking about 30-day endpoints. So you recruit them; you know in 30 days, you know, once you recruit, whether it works or not. Thankfully, so far, the drug seems to be very safe. What we have to determine is this level of efficacy -- its clinical effectiveness. And that, as I said, we'll know potentially as early as April --

THE PRESIDENT: So it could be used as a treatment. Somebody is sick, they have the problem. Tony -- it could be used -- when

do you think it could be used?

DR. FAUCI: Well, if the trial that Daniel is talking about proves efficacy, which you likely might know in a few months whether it's eff- -- effective or not.

MR. O'DAY: Yes.

DR. FAUCI: If you know by June that it's effective, then you just scale up and manufacture it, and you're good to go.

THE PRESIDENT: How good is that? Hear that, Jeff? That's good even by your standpoint, Jeff.

SECRETARY AZAR: Let me give you an example, for instance, with the Regeneron product with Ebola. So, Tony Fauci and his team and the World Health Organization ran a historic four-arm clinical trial in the warzone in Eastern Congo. And two of the products -- one of them developed by NIAID, one of them developed by Regeneron -- proved so effective that the ethical board said stop on the other two -- I'm sorry, Dan. One of them was yours. (Laughter.)

MR. O'DAY: We had one of the ones that didn't work (inaudible).

SECRETARY AZAR: They, "And start treating." And when I went to the Congo, I got to see people that even before FDA approval are being treated still in the extension of this clinical trial and being cured of Ebola -- now walking out, where they would have had a death sentence before.

THE PRESIDENT: He just got back.

SECRETARY AZAR: So that's what -- that's what we would try to do.

PARTICIPANT: So, for us, that's an end-of-the-summer type of (inaudible).

SECRETARY AZAR: Yeah. That's what we would try to do.

THE PRESIDENT: He just got back from the Congo. And that's dedication. He was -- that was not an easy trip, was it?

SECRETARY AZAR: It was very important.

PARTICIPANT: Yeah. I mean, it wasn't easy to do that trial there, by the way. Kudos to (inaudible).

SECRETARY AZAR: Heroes. Heroes.

THE PRESIDENT: Well, I want to thank everybody in this room. Mike, go ahead.

THE VICE PRESIDENT: Yeah, just -- I was about to do the same, Mr. President, and just pledge that our -- our whole task force, this whole team, HHS, and the CDC -- the President and I will be at NIH tomorrow. We look forward to working with all of you.

And I want to -- I want to commend each and every one of you for responding to the President's call for action. This is all hands on deck. And the news out of this meeting -- that you've already formed a consortium. We know we have the greatest

pharmaceutical industry in the world in the United States, Mr. President, and now we know they will be working together to create therapeutics and ultimately a new vaccine to deal with the coronavirus.

THE PRESIDENT: That's fantastic.

THE VICE PRESIDENT: And I want to thank you all.

THE PRESIDENT: And if anybody delays you, please call me. (Laughter.) And if they don't, just call Tony and Bob. All right? Call Alex.

Q The Dow was up 1,300 points today?

THE PRESIDENT: Thirteen hundred?

Q Yeah. Twelve ninety-three, at 5 percent.

THE PRESIDENT: They must have heard about this meeting.

Q I'm just curious --

THE PRESIDENT: Who's talking outside? (Laughter.)

Q I'm just curious for -- for your reaction.

THE PRESIDENT: No, this a very optimistic meeting. Look, I know optimism and not optimism and pess- -- the worst pessimism. And I will tell you, the whole thing with therapeutics, to me, is very exciting. And, obviously, vaccine. But therapeutics is very exciting, especially when

you're so far advanced. That's great. That's really great. Thank you. Thank you very much. Say hello to everyone. Thank you everybody.

END

4:17 P.M. EST

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Delivered Date:	2020/03/02 23:15:28

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To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.up (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	Re: Greetings and Best Wishes
Date:	2020/03/02 23:17:48
Priority:	Normal
Type:	Note

Bob, donwe known if the Ambassador (or deputy) asked the Chairman (or deputy) about getting the clearance for the shipment? Thanks, Sam

Sent from my iPhone

On Feb 25, 2020, at 11:32 AM, Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>wrote:

Checking into that asap

From: Sam Fairchild (b)(6)@gmail.com>
Sent: Tuesday, February 25, 2020 10:31 AM
To: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Subject: Re: Greetings and Best Wishes

Hi, Bob, I think that your guys keep calling the wrong Mr. Song (the guy from SonoPharma). They are supposed to be calling 13901145066 Michael Song (Mr. Song Zhiniu) in the movement of the supplies. Could you look into that for me? Thanks. Sam

Sent from my iPhone

On Feb 17, 2020, at 8:57 AM, Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>wrote:

Sam not mine WHO with 2 Americans from CDC and NIH

From: Sam Fairchild (b)(6)@gmail.com>
Sent: Monday, February 17, 2020 10:54 AM
To: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Subject: Re: Greetings and Best Wishes

From one of my friends in Beijing: "China state media acknowledged WHO team arrived China along with American representatives, is Dr. Kadlec aware of this? Is it his people?"

Sent from my iPhone

On Feb 16, 2020, at 10:31 AM, Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>wrote:

Dear Minister Li

I hope that this message finds you well and offer my sincere concern and sympathies for you, your health care workers and the people of China. I am writing you to inform you that your government responded to our offer of donations of personal protective equipment for health care workers be directed to the Ministry of Commerce. I will work expeditiously to make that shipment and will advise you when that is initiated.

I want to acknowledge your consideration and inclusion of two American experts on the World Health Organization team. They will bring much expertise and strong commitment to work with your experts on this challenging virus.

I would also like to follow up about initiating the joint task force for identification and development of medical countermeasures, diagnostics, therapeutics and vaccines. We have a number of potential promising candidates and many others that would benefit of jointly working to screen and evaluate possible products that can be rapidly accelerated to help treat and prevent this coronavirus. We have 1500 companies with possible candidates. I look forward to your response.

Again, I want to convey my admiration of your health care workers who are working tirelessly and sacrificing much to help your people and the world.

Truly yours,

Dr. Robert Kadlec
Assistant Secretary of Preparedness and Response
U.S. Department of Health and Human Resources

Sender:	Sam Fairchild (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:	2020/03/02 23:17:37
Delivered Date:	2020/03/02 23:17:48

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:	Summary: Two confirmed cases of COVID-19 in Georgia
Date:	2020/03/02 23:30:47
Priority:	Normal
Type:	Note

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Good evening Dr. Kadlec,

BLUF: The Governor of Georgia has announced in a press conference with the Georgia Department of Health Commissioner, that they have their first two CDC-confirmed cases of COVID-19 in Fulton County, Georgia.

- The initial case was related to travel to Milan, Italy.
 - The second case is a family member.
- The two individuals are in home isolation with mild symptoms.
- SOC contacted CDC EOC for verification, and CDC confirmed the test results.
- Commissioner Toomey said that the individuals would be tested again before home isolation is ended, and that by Friday, the State will have the capability to do testing at the Georgia public health lab.
- No gender or age information was given due to privacy concerns.

*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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Sent Date:	2020/03/02 23:30:44
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To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	Summary: Two confirmed cases of COVID-19 in Georgia
Date:	2020/03/02 23:30:46
Priority:	Normal
Type:	Note

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Recipient:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Sent Date:	2020/03/02 23:30:44
Delivered Date:	2020/03/02 23:30:46

From:	<Jerome.Adams@hhs.gov>
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.(FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Subject:	Fwd: OSG Comms Nightly: Monday, March 2
Date:	2020/03/03 06:21:58
Priority:	Normal
Type:	Note

VADM Jerome Adams
20th US Surgeon General

Begin forwarded message:

From: "Sherman, Jennifer (HHS/OASH)" <Jennifer.Sherman@hhs.gov>
Date: March 2, 2020 at 6:06:49 PM EST
To: "Adams, Jerome (HHS/OASH)" <Jerome.Adams@hhs.gov>, "Schwartz, Erica (HHS/OASH)" <Erica.Schwartz@hhs.gov>, "Wright, Janet (HHS/OASH)" <Janet.Wright@HHS.GOV>, "Dulaigh, Joel (HHS/OASH)" <Joel.Dulaigh@hhs.gov>, "Heck, Mia (HHS/OASH)" <Mia.Heck@hhs.gov>, "Broido, Tara (HHS/OASH)" <Tara.Broido@hhs.gov>, "Kotwicki, Lauren (HHS/OASH)" <Lauren.Kotwicki@hhs.gov>, "Migliaccio-Grabill, Kate (HHS/OASH)" <Kate.Migliaccio-Grabill@hhs.gov>, "Channer, Amber (OS/OASH)" <Amber.Channer@hhs.gov>, "Anderson-Villaluz, Dennis (HHS/OASH)" <Dennis.Anderson-villaluz@hhs.gov>
Subject: OSG Comms Nightly: Monday, March 2

Good evening, Dr. Adams,
We have three items for you below.

Interview with Joe Madison – TOMORROW

Details are below. Attached you will also find a bio on Joe.

Dial-in: 202-380-1614 – at 7:18 am EST

Interview time: 7:20 am EST

Interview length: 10-15 minutes

Topics:

- • How can people prepare for and respond to the virus?
- • Why aren't masks helpful for everyday Americans?

Updated COVID-19 materials & some new items

Attached you will find:

- • A new document from CDC outlining their weekly key messages
- • Updated SG 3x3 & OVP talkers
- • CDC's infographic explaining how a surgical mask differs from a respirator

Media in CT today

Below is a roundup of coverage on your media availability with Governor Lamont and Senator Blumenthal.

- AP: [US Surgeon General urges caution, not panic on new virus](#) *
- New York Post: [No more handshakes: Nation's top doctor has some tips to avoid catching coronavirus](#)
- CT Mirror: [State, federal officials urge caution against coronavirus, but say risk here remains low](#)
- WFSB TV: [Gov. Lamont, Surgeon General tour state lab after coronavirus testing clearance](#)
- Patch: [Bump elbows to avoid coronavirus, U.S. and CT officials say](#)

**Picked up by multiple outlets*

Let us know if you have any questions or need anything else.

Jenn Sherman

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

Sender:	<Jerome.Adams@hhs.gov>
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Sent Date:	2020/03/03 06:21:51
Delivered Date:	2020/03/03 06:21:58
Message Flags:	Unsent

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 Top 10 — Super Tuesday edition — Beaches, high-fives threatened
Date:	2020/03/03 06:22:16
Priority:	Normal
Type:	Note



☐☐ **Happy Super Tuesday.** *Today's Smart Brevity™ count: 1,483 words ... 5 minutes.*

• • **Live coverage** all day and night in the Smart Screen atop Axios.com.

☐☐ ***Situational awareness:*** Israeli Prime Minister Benjamin Netanyahu led today but was

1 big thing: Sanders crowds see a Trump of their own



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:	2020/03/03 06:22:06
Delivered Date:	2020/03/03 06:22:16

From:	Michael Carome <mcarome@citizen.org>
To:	Hahn, Stephen (FDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c0666f41e4514dd3b294a23789487280-stephen.hah>; Giroir, Brett (FDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6e702dccfa254c91a581411243f513f1-scott.gottl>
CC:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>; Agnew, Ann (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e5174d56b97948d0820e90e8d8136ee5-Agnew, Ann>; Robinson, Wilma (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a2cc41f0b7464ca1a924d01c25d1d2ae-Robinson, W>
Subject:	Letter regarding drug shortages caused by COVID-19 epidemic
Date:	2020/03/03 07:31:07
Priority:	Normal
Type:	Note

Dear Commissioner Hahn:

Please see the attached letter urging your agency to immediately disclose on its website and in a press statement the specific drug involved in the recently announced drug shortage linked to the COVID-19 epidemic and to include such disclosures in all future announcements of shortages of drugs (or other medical products) that are linked to this epidemic. An original copy of our letter will follow by regular mail.

We look forward to a favorable response to our request regarding this important public health matter.

Sincerely,

Michael A. Carome, M.D.
 Director, Health Research Group
 Public Citizen
 1600 20th Street, N.W.
 Washington, DC 20009

Tele: 202-588-7781

email: mcarome@citizen.org

web: <https://protect2.fireeye.com/url?k=e02f3dac-bc7a347c-e02f0c93-0cc47a6a52de-6238c509e8461732&u=http://www.citizen.org/>

Public Citizen Foundation participates in the Combined Federal Campaign with the CFC Code 11168

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Sent Date:	2020/03/03 07:30:45

Delivered Date:	2020/03/03 07:31:07
Message Flags:	Unread

From:	White House: Office of the Vice President <info@mail.whitehouse.gov>
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Subject:	What You Need To Know President Trump Is Leading an Aggressive Coronavirus Response and Preparation Effort
Date:	2020/03/03 07:56:11
Priority:	Normal
Type:	Note

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The White House

Office of the Vice President

FOR IMMEDIATE RELEASE

March 3, 2020

What You Need To Know | President Trump Is Leading an Aggressive Coronavirus Response and Preparation Effort

The Trump Administration has taken action to aggressively prepare for any coronavirus development, including requesting new funding and authorities from Congress. Because of the decisive action taken early on by President Trump, the risk of infection for Americans remains low and precious time has been gained to implement a whole-of-government response.

- • The Administration has taken unprecedented steps to ensure that travelers do not

spread the virus in the United States.

- • The President suspended entry into America of certain foreign nationals who have recently traveled to China and who pose a risk of transmitting the disease.
- • We've imposed travel restrictions on most non-citizens coming from China and Iran to America while also instituting a mandatory quarantine of Americans returning from China.
- • Airport screenings have been expanded to identify anyone showing symptoms.
- • The State Department Travel Advisory was increased to the highest level for regions of Italy and South Korea, and we are working with Italy and South Korea to create effective exit screenings for passengers coming to the United States.
- • The Administration has declared a public health emergency and has utilized reserved funding to help support response efforts to the virus, including increased education to identify cases.
- • The Trump Administration is in regular communication with State and local officials to make sure every community is prepared for any future coronavirus development.
 - • On March 2, the Vice President participated in a discussion with over 50 of the Nation's governors to continue coordination with governors and state and local officials to respond to and prepare for the coronavirus.
 - • On February 24, the White House met with over 40 State, county, and city health officials from over 30 States and territories on how to respond to the coronavirus.
 - • On February 10, the Coronavirus Task Force provided an update at the National Governors Association Winter Meeting about the U.S. response to the coronavirus.
- • Multiple agencies are prepared to assist state and local governments in dealing with any new development that may arise from the coronavirus.
 - • The Centers for Disease Control and Prevention (CDC) has mobilized state health departments to receive returned travelers.

- • Across the country, 62 Public Health Emergency Preparedness programs are part of the multi-agency infrastructure working on quarantine, isolation, case finding, protecting health care workers, and assuring medical supply chains.
- • The Federal Emergency Management Agency (FEMA) is readying over fifty teams to respond and support states and territories that may need assistance.
- • The Department of Housing and Urban Development (HUD) is communicating with public housing authorities and homeless service providers.
- • The Administration has taken steps to ensure medical professionals have the tools they need to confront any outbreak of the coronavirus.
 - • More than 30 million masks have been stockpiled and a request for funds to purchase additional resources has been provided to Congress.
 - • The Food and Drug Administration (FDA) and CDC are taking action to increase access to respirators, including N95s, by granting an emergency use authorization (EUA) to allow healthcare personnel to use certain industrial respirators during the COVID-19 outbreak in healthcare settings.
 - • FDA issued a new policy to help expedite the availability of diagnostic tests for coronavirus in order to achieve more rapid testing capacity in the U.S.
 - • The Centers for Medicare and Medicaid Services (CMS) developed a new Healthcare Common Procedure Coding System (HCPCS) code for providers and laboratories to test patients for coronavirus, allowing for better tracking of the public health response for this particular strain of the coronavirus to help protect people from the spread of this infectious disease.
- • The U.S. is working to expedite the development of a vaccine, therapeutics and monoclonal antibodies that can be used both to protect from infection as well as treat people already infected and is consulting experts and expanding research to better understand the transmission of coronavirus.
 - • On March 2, the President, Vice President, and members of the Coronavirus Task Force met with pharmaceutical executives to discuss how the federal government can help accelerate vaccine development.

- • In partnership with the private sector, the Department of Energy identified a potential drug target in a newly mapped protein of SARS-CoV-2, the virus that causes COVID-19.
- • Therapeutics can be developed within months as well as monoclonal antibodies and form a bridge of a comprehensive response to effective treatment and prevention during the vaccine development timeline.
- • Between the new funding and authorities being requested, the Administration expects to allocate at least \$2.5 billion in response to the coronavirus.
 - • This vital funding will be used for a wide ranging response, including public health preparedness, laboratory testing, quarantine costs, and the development of vaccines.
 - • The funding will increase personal protective equipment for the national stockpile.
- • The U.S. Agency for International Development (USAID) committed of \$37 million in financing from the Emergency Reserve Fund for Contagious Infectious Diseases for 26 countries affected by novel coronavirus or at high risk of its spread.
- • Agencies across the Administration are constantly communicating with their relevant stakeholders on how their policies and programs are impacted by the Coronavirus.

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 'O'Connor, Mike - OHS, Washington, DC' <mike.oconnor@usda.gov>;
 'Barrett, Todd -OHS, Washington, DC' <todd.barrett@usda.gov>;
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 <'David.Chawaga@fema.dhs.gov'>;
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 Dickinson, Jeanette (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userb5ba8771>;
 Thornton, Cody (mail.mil) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6d402f7b986d465e85f31c323261e820-Cody.Thornt>;
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	CoronavirusSmallGroup (state.gov) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c5814878f0644e3eb2d06e2a4a9fd585-Coronavirus>; 'TFJP01 Diamond Princess Response' <S_TFJP01DiamondPrincessResponse@groups.state.gov>; 'LeMar-Reiman, Amy N' <LeMarAN@state.gov>; 'Henwood, Eugene J' <HenwoodEJ@state.gov>; Kane, Elleen (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user25dbd6c7>; McClellan, Wesley (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8660a885de1a40bdad88ec678ba68a1a-McClellan,>; Austin, Meredith (uscg.mil) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9d5f9850a051458eae1ef58335e3c19-Meredith.L.>; Hill, April (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=395742330a2f4142a84455516f8e81af-Hill, April>; Sanchez, Luis (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=67655b0956704cf1ae44a02497250f60-Sanchez, Lu>; Sprow, Kyle (OS/ASPR/SPPR) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8fe7feb5946a480d97d705d5c56c60a0-Spro, Kyle>; Farmer, William (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d94f492c169743b38a1b388a32b437ed-Farmer, Wil>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Sauer, Michael (OS/ASPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dc2ae02156624623b24d3a400f592229-Sauer, Mich>; Dodgen, Daniel (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c23f0d7c1d634508918e1c87cf50c48c-Dodgen, Dan>; 'vanessa.m.eddy4.civ@mail.mil' <vanessa.m.eddy4.civ@mail.mil>
Subject:	HHS Interagency VTC-COVID-19
Date:	2020/03/03 09:24:43
Start Date:	2020/03/03 12:30:00
End Date:	2020/03/03 13:30:00
Priority:	Normal
Type:	Appointment
Location:	HHS ASPR Conference Room 6th Floor; VTC; Dial-in: (b)(6) PIN: (b)(6) Muted)
Attendees:	Alexander, Daniel (fema.dhs.gov); Amparo, Alex (fema.dhs.gov); Anderson, Lindsey (fema.dhs.gov); Apodaca, Michael (fema.dhs.gov); Balint, Thomas (fema.dhs.gov); Bean, Bridget (fema.dhs.gov); Bettis, Elizabeth (fema.dhs.gov); OS Bibo, David; Blaz, Christopher (fema.dhs.gov); Bowlds, Wendy (fema.dhs.gov); Bowman, Scott (fema.dhs.gov); Breslin, Thomas; Casey, Michael (fema.dhs.gov); Castillo, Carlos (fema.dhs.gov); Clarke, Russell (fema.dhs.gov); Clever, Traci (fema.dhs.gov); Comans, Mary (fema.dhs.gov); Cranston, Anvaline (fema.dhs.gov); Criman, Thomas (fema.dhs.gov); Doolin, Joel (fema.dhs.gov); Naar, Alex (FAA.GOV); Dorko, Jeffrey (fema.dhs.gov); Dozor, Joshua (fema.dhs.gov); Dugan, Moises (fema.dhs.gov); Dunne, Nicole (fema.dhs.gov); Edwards, Eric (fema.dhs.gov); Endrikat, Fred (fema.dhs.gov); Eswood, Louis (fema.dhs.gov); Ey III, Elwood (fema.dhs.gov); F1 Military Aide (peter.jennison@associates.fema.dhs.gov); Fema-operations.Center (DHS.GOV); FEMA-LRC-Chief (fema.dhs.gov); Fema.Nrc-watch-dhs (DHS.GOV); FEMA-NWC (DHS.GOV); FEMA-NWC-TMT (fema.dhs.gov); Filipponi, Karen (fema.dhs.gov); Fischer, Lauren (fema.dhs.gov); Forbes, Melissa (fema.dhs.gov); Fuller, Gregory Scott (fema.dhs.gov); Gammon, Carla (fema.dhs.gov); Gaynor, Pete (fema.dhs.gov); Gibson, Levi (fema.dhs.gov); Glenn, Robert (fema.dhs.gov); Greenberg, Jeremy (fema.dhs.gov); Grimm, Michael (fema.dhs.gov); Harper, Jay (fema.dhs.gov); Heighberger, Eric (fema.dhs.gov); Huang, Paul (fema.dhs.gov); Hutchinson, Lytwaive (fema.dhs.gov); IMAT Crisis (fema.dhs.gov); IMAT-East (fema.dhs.gov); IMAT West (fema.dhs.gov); Jackson, Liz (fema.dhs.gov); James, Lavar (fema.dhs.gov); Johnson, Jo Linda (fema.dhs.gov); Jones, Brian R. (fema.dhs.gov); Kamoie, Brian (fema.dhs.gov); Keldsen, Donald (fema.dhs.gov); Kim, Myung (fema.dhs.gov); Kittrie, Zachary (fema.dhs.gov); Koziol, Lauralee (fema.dhs.gov); Langley, Monica (fema.dhs.gov); Leckey, Eric (fema.dhs.gov); Lewis, Leviticus (fema.dhs.gov); Liggett, Christopher (fema.dhs.gov); Lipka, Daniel (fema.dhs.gov); Logan, Christopher (fema.dhs.gov); Lorenz, Gena (fema.dhs.gov); MacIntyre, Anthony (fema.dhs.gov); Manchester, Michael (fema.dhs.gov); Marten, Lexi (fema.dhs.gov); Maurstad, David (fema.dhs.gov); McCane, Bobby (fema.dhs.gov); McFarland, Marcie (fema.dhs.gov); McKeon, Kelly (fema.dhs.gov); Mintz, Carol (fema.dhs.gov); Nalepa, Jessica (fema.dhs.gov); Nelms, Jordan (DHS.GOV); Niedernhofer, Nancy (fema.dhs.gov); Okada, Ted (fema.dhs.gov); Parker, Robert (fema.dhs.gov); Payne, Matthew S (fema.dhs.gov); Penn, Damon (fema.dhs.gov); Peterson, Mark J (fema.dhs.gov); Phelan, Regis (fema.dhs.gov); Plostock, Michael (fema.dhs.gov); Rabin, John (fema.dhs.gov); Ralston, Jennifer (fema.dhs.gov); Red, Dennis (fema.dhs.gov); Richardson, Yasamie

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AGENDA

COVID-19

INTERAGENCY VIDEO TELECONFERENCE

Tuesday's at 12:30 p.m. ET

Call-in Number: (b)(6)

Muted PIN: (b)(6)

PLEASE NOTE that this is the same agenda as the previous VTC, changes may be forthcoming.

Objective

- Provide information sharing among Emergency Support Functions on Federal response actions to the COVID-19 to date
- Focus briefings on current situation and describe specific issues requiring Federal interagency actions

Opening Comments

- Dr. Robert Kadlec or Dr. Kevin Yeskey
- Senior Leadership Intent
- Strategic Priorities

COVID-19 Situation Update

- Centers for Disease Control and Prevention (CDC)

Repatriation Status of U.S. Citizens

- CAPT Scott Lee, Federal Health Coordinating Official (FHCO);

Traveler Screening into the United States

- Situation Report – CDC
- Military Housing Update Supporting Airport Screenings – DoD/OSD and DoD/NORTHCOM
- DHS Support to Traveler Supporting – DHS/Countering of Weapons Mass Destruction (CWMD)

Review and Input to Pandemic Crisis Action Plan (PANCAP)

- Mr. Ken McCreary, ASPR Plans
- Reference PANCAP Synchronization Matrices

- Request Federal Department/Agency Responsibilities under Phases 1C, 2A, 2B, and 2C

Task Force Update

- CAPT Christopher Perdue, Chief of Staff;
- Supply Chain Task Force Lead;
- Communications Task Force Lead;
- Healthcare Resiliency Task Force Lead;
- Medical Countermeasures Task Force Lead;

Interagency Support

- Emergency Support Functions
 - ESF #1 – Transportation
 - ESF #2 – Emergency Communications
 - ESF #3 – Public Works and Engineering
 - ESF #4 – Fire Fighting
 - ESF #5 – Planning
 - ESF #6 – Mass Care, Emergency Assistance, Temporary Housing, & Human Services
 - ESF #7 – Logistics
 - ESF #10 – Oil and Hazardous Material
 - ESF #11 – Agriculture
 - ESF #12 – Energy
 - ESF #13 – Public Safety and Security
 - ESF #14 – Cross Sector, Business, and Infrastructure
 - ESF #15 – External Affairs
- U.S. Coast Guard
- Department of Defense, Office of the Secretary of Defense
 - U.S. Northern Command
 - National Guard Bureau
 - Defense Logistics Agency

Closing Comments

- Dr. Robert Kadlec or Dr. Kevin Yeskey;

Connection Instructions

- • ***Please mute your microphone at all times when not speaking***
- • ***Do not put your phone on hold during the conference call***
- • ***Do not dial both the Audio Bridge and the Video Bridge from the same room***
- **FEMA Video participants including Jabber/Movi participants:** From your VTC unit please dial 12984 at least 20 minutes before the conference starts to conduct Audio/Video checks with the Video Operations Center.

- **Non-FEMA Video participants:** will need to have their technical staff contact the FEMA Video Operations Center (b)(6) to determine a dial-in method and conduct an Audio/Video test at least one hour prior to connecting to this conference.

- **If you are a phone participant,** please dial: (b)(6)
- Muted PIN: (b)(6)

Participants are required to:

- Properly reserve a video teleconferencing room, if needed, through your resource manager in advance and notify local IT of the reservation.
- Confirm your VTC dial in number is correct prior to connecting.
- Dial the conference number provided above and perform an Audio and Video quality check with the VOC
- Keep all microphones muted, unless speaking.

Note: FEMA VOC Video technicians frequently monitor more than one conference, but can only monitor audio for one at a time. If you do have a problem with the conference that requires immediate assistance, please call the FEMA Video Operations Center on (b)(6)

The video bridge will be available 30 minutes prior to the scheduled start time. If you require assistance connecting or have questions, please call the FEMA Video Operations Center on (b)(6)

NOTE: To connect to this conference after the scheduled start time, you must contact the FEMA Video Operations Center.

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 'O'Connor, Mike - OHS, Washington, DC' <mike.oconnor@usda.gov>;
 'Barrett, Todd -OHS, Washington, DC' <todd.barrett@usda.gov>;
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 'LeMar-Reiman, Amy N' <LeMarAN@state.gov>;
 'Henwood, Eugene J' <HenwoodEJ@state.gov>;
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 <'vanessa.m.eddy4.civ@mail.mil' <vanessa.m.eddy4.civ@mail.mil>

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Subject:	COVID-19 Morning CDC Update 03Mar20
Date:	2020/03/03 10:09:20
Priority:	Normal
Type:	Note

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COVID-19 Response update Mar 3, 2020

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Daily Report Summary

Where feasible, changes in numbers will be show in red. For the US case counts (below), all counts will be shown in black, since very few are changing daily.

1. # of confirmed and presumptive US cases of COVID-19: **108** including:
 - • **23 confirmed cases presenting in the US**, locations of detection include Massachusetts, Washington State (2), California (10), Chicago (2), Arizona, Wisconsin, Florida (2), Georgia (2), Oregon, Rhode Island
 - • **3 among evacuees from Hubei Province**
 - • **45 among evacuees from Diamond Princess**, including:
 - • 29 diagnosed in Japan
 - • 16 diagnosed after arrival in US
 - • **37 presumptive US cases (i.e., positive by CDC test performed in state lab, pending confirmation at CDC)**
2. # of total confirmed cases in China: **80,174**
3. # of total confirmed deaths in China: **2,915**

Domestic Updates

1. US COVID-19 Cases Not Associated with Repatriation

- 12 states/territories reporting 23 US confirmed cases and 37 presumptive cases
- 3 cases among evacuees from Hubei repatriation cohort
- 45 cases among evacuees from Diamond Princess repatriation cohort (29 diagnosed in Japan, 16 diagnosed after arrival in US)

-

International Updates

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

Source: WHO Sit Rep 42. Data as of 02 March 2020

Country	Total confirmed * cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification†	Da last
China	80,174	206	2,915	42	Local transmission	
Western Pacific Region						
Australia	27	2	1	1	Local transmission	
Cambodia	1	0	0	0	Imported cases only	
Japan	254	15	6	1	Local transmission	
Malaysia	24	0	0	0	Local transmission	
New Zealand	1	0	0	0	Imported cases only	
Philippines	3	0	1	0	Imported cases only	
Republic of Korea	4,212	476	22	4	Local transmission	
Singapore	106	4	0	0	Local transmission	
Viet Nam	16	0	0	0	Local transmission	
European Region						
Armenia	1	1	0	0	Imported cases only	
Austria	10	0	0	0	Imported cases only	
Azerbaijan	3	0	0	0	Imported cases only	
Belarus	1	0	0	0	Imported cases only	
Belgium	1	0	0	0	Imported cases only	
Croatia	7	0	0	0	Local transmission	
Czechia	3	3	0	0	Imported cases only	
Denmark	4	1	0	0	Local transmission	
Estonia	1	0	0	0	Imported cases only	
Finland	6	4	0	0	Local transmission	
France	100	0	2	0	Local transmission	

Georgia	3	0	0	0	Imported cases only	
Germany	129	72	0	0	Local transmission	
Greece	7	4	0	0	Local transmission	
Iceland	2	2	0	0	Imported cases only	
Ireland	1	0	0	0	Imported cases only	
Israel	7	0	0	0	Imported cases only	
Italy	1,689	561	35	6	Local transmission	
Lithuania	1	0	0	0	Imported cases only	
Luxembourg	1	1	0	0	Imported cases only	
Monaco	1	0	0	0	Under investigation	
Netherlands	13	6	0	0	Local transmission	
North Macedonia	1	0	0	0	Imported cases only	
Norway	19	4	0	0	Local transmission	
Romania	3	0	0	0	Imported cases only	
Russian Federation	2	0	0	0	Imported cases only	
San Marino	1	0	0	0	Local transmission	
Spain	45	0	0	0	Local transmission	
Sweden	14	1	0	0	Imported cases only	
Switzerland	24	6	0	0	Local transmission	
the United Kingdom	36	13	0	0	Local transmission	
South-East Asia Region						
India	3	0	0	0	Imported cases only	
Indonesia	2	2	0	0	Local transmission	
Nepal	1	0	0	0	Imported cases only	
Sri Lanka	1	0	0	0	Imported cases only	
Thailand	42	0	1	1	Local transmission	
Eastern Mediterranean Region						
Afghanistan	1	0	0	0	Imported cases only	
Bahrain	47	7	0	0	Imported cases only	
Egypt	2	1	0	0	Imported cases only	
Iran (Islamic Republic of)	978	385	54	11	Local transmission	
Iraq	19	6	0	0	Imported cases only	
Kuwait	56	11	0	0	Imported cases only	
Lebanon	10 ^{§§}	1	0	0	Imported cases only	
Oman	6	0	0	0	Imported cases only	
Pakistan	4	0	0	0	Imported cases only	
Qatar	3	2	0	0	Imported cases only	
United Arab Emirates	21	2	0	0	Local transmission	
Region of the Americas						
Brazil	2	0	0	0	Imported cases only	
Canada	19	0	0	0	Local transmission	

Dominican Republic	1	1	0	0	Local transmission	
Ecuador	1	0	0	0	Imported cases only	
Mexico	5	3	0	0	Imported cases only	
the United States [§]	42	8	0	0	Local transmission	
African Region						
Algeria	1	0	0	0	Imported cases only	
Nigeria	1	0	0	0	Imported cases only	
Subtotal for all regions	8,038	1,605	122	24		
International conveyance (Diamond Princess) ‡	706	1	6	0	Local transmission	
Grand total¶	88,918	1,812	3,043	66		

CDC is now utilizing WHO source data for total case counts versus compiling from various sources and piecing together. Discrepancies in yesterday's totals are attributed to this change.

*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 routine screening of sentinel samples.
- **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)

‡Cases identified on a cruise ship currently in Japanese territorial waters.

‡302 female/411 male/8061 unknown. 32 healthcare workers (8 female/12 male/ 12 unknown).

**Corrected from prior days due to correction of date of report

§§Corrected from prior days due to verification of data

§Previously diagnosed Diamond Princess passengers are not included. Count includes 23 confirmed cases in the US, 3 cases among Hubei repatriation cohort, and 16 cases among the Diamond Princess cohort diagnosed after arrival to the US.

Very Respectfully,

Secretary's Operations Center

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 Assistant Secretary for Preparedness and Response (ASPR)
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 Washington D.C. 20201
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Subject:	COVID-19 Morning CDC Update 03Mar20
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COVID-19 Response update Mar 3, 2020

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*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 routine screening of sentinel samples.
- **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)

‡Cases identified on a cruise ship currently in Japanese territorial waters.

‡302 female/411 male/8061 unknown. 32 healthcare workers (8 female/12 male/ 12 unknown).

**Corrected from prior days due to correction of date of report

§§Corrected from prior days due to verification of data

§Previously diagnosed Diamond Princess passengers are not included. Count includes 23 confirmed cases in the US, 3 cases among Hubei repatriation cohort, and 16 cases among the Diamond Princess cohort diagnosed after arrival to the US.

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
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From:	Hall, Bill (HHS/ASPA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=02B39F27F3B4469A960054B23545CC24-HALL, BILL>
Subject:	FW: Media Advisory: CDC Media Telebriefing: Update on COVID-19
Date:	2020/03/03 10:15:16
Priority:	Normal
Type:	Note

From: Media@cdc.gov (CDC) <sohco@cdc.gov>
Sent: Tuesday, March 3, 2020 10:01 AM
To: Media@cdc.gov (CDC) <sohco@cdc.gov>
Subject: Media Advisory: CDC Media Telebriefing: Update on COVID-19

Media Advisory

For Immediate Release
Tuesday, March 3, 2020

Contact: [CDC Media Relations](#)
 (404) 639-3286

CDC Media Telebriefing: Update on COVID-19

What The Centers for Disease Control and Prevention (CDC) will provide an update to media on the COVID-19 response.

Who Nancy Messonnier, M.D., Director,
 National Center for Immunization and Respiratory Diseases

When 1:00 p.m. ET Tuesday, March 3, 2020

Dial-In



Important Instructions

Due to anticipated high volume, please plan to dial in to the telebriefing 15 minutes before the start time.

Media: If you would like to ask a question during the call, press *1 on your touchtone phone. Press *2 to withdraw your question. You may queue up at any time. You will hear a tone to indicate your question is pending.

TRANSCRIPT

A transcript will be available following the briefing at CDC's web site: www.cdc.gov/media.

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U.S. Department of Health and Human Services

CDC works 24/7 protecting America's health, safety and security. Whether diseases start at home or abroad, are curable or preventable, chronic or acute, or from human activity or deliberate attack, CDC responds to America's most pressing health threats. CDC is headquartered in Atlanta and has experts located throughout the United States and the world.

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Date:	2020/03/03 10:24:55
Priority:	Normal
Type:	Note

From: Hall, Bill (HHS/ASPA) <bill.hall@hhs.gov>
Sent: Tuesday, March 3, 2020 10:15:15 AM
Subject: FW: Media Advisory: CDC Media Telebriefing: Update on COVID-19

From: Media@cdc.gov (CDC) <sohco@cdc.gov>
Sent: Tuesday, March 3, 2020 10:01 AM
To: Media@cdc.gov (CDC) <sohco@cdc.gov>
Subject: Media Advisory: CDC Media Telebriefing: Update on COVID-19

Media Advisory

For Immediate Release
Tuesday, March 3, 2020

Contact: [CDC Media Relations](#)
(404) 639-3286

CDC Media Telebriefing: Update on COVID-19

What The Centers for Disease Control and Prevention (CDC) will provide an update to media on the COVID-19 response.

Who Nancy Messonnier, M.D., Director,
National Center for Immunization and Respiratory Diseases

When 1:00 p.m. ET Tuesday, March 3, 2020

Dial-In

(b)(6)

Important Instructions

Due to anticipated high volume, please plan to dial in to the telebriefing 15 minutes before the start time.

Media: If you would like to ask a question during the call, press *1 on your touchtone phone. Press *2 to withdraw your question. You may queue up at any time. You will hear a tone to indicate your question is pending.

TRANSCRIPT

A transcript will be available following the briefing at CDC's web site: www.cdc.gov/media.

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U.S. Department of Health and Human Services

CDC works 24/7 protecting America's health, safety and security. Whether diseases start at home or abroad, are curable or preventable, chronic or acute, or from human activity or deliberate attack, CDC responds to America's most pressing health threats. CDC is headquartered in Atlanta and has experts located throughout the United States and the world.

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Date:	2020/03/03 11:22:07
Priority:	Normal
Type:	Note

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Sender:	Wright, Janet (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=41F672E2527B4F44891FB4FBE08CDFDF-WRIGHT, JAN>
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FYI – This is getting some traction.

Newsweek: STUDENT AT SARASOTA MILITARY ACADEMY WHOSE CLASSMATES SHOOK HANDS WITH MIKE PENCE NOW UNDER CORONAVIRUS QUARANTINE

BY MATTHEW IMPELLI ON 3/3/20 AT 11:23 AM EST

Pause

On Monday, a student from Sarasota Military Academy in Florida was placed in quarantine for COVID-19, just days after the student's classmates shook hands and posed for pictures with Vice President Mike Pence.

According to a Facebook post by the academy, the student and his mother were placed in quarantine, stemming from "the mother's contact with a patient at Sarasota Doctors Hospital in her professional role."

Its Facebook post also notes that the student and his mother have not shown any symptoms of the disease, officially known as COVID-19, but in a press release sent to *Newsweek*, the school's executive director, Christina Bowman wrote that "it is recommended by the Florida Department of Health that anyone who may have come in contact with those impacted by the virus should self-quarantine at home as a precautionary measure."

While the school notes that the student and his mother have not experienced any symptoms related to COVID-19, the quarantine comes just a few days after Pence visited the school and shook hands and posed for photos with fellow Sarasota Military Academy senior cadets. Pence was traveling to a fundraiser at Republican Representative Vern Buchanan's house but was greeted by a number of cadets and other supporters who had gathered to meet him at the Sarasota-Bradenton International Airport.

In her email sent to *Newsweek*, Bowman stated that the quarantined student was not present with the group that greeted Pence, but according to *The Sarasota Herald-Tribune*, the Pentagon has been in touch with the school in regard to the student.

Newsweek reached out to both the Pentagon and the White House for comment on this matter but did not receive a response in time for publication.

In the academy's Facebook post about the issue, it also notes how it has been taking extensive measures to sanitize the campus. "We are continuing to disinfect all classrooms and common areas as we have previously done due to flu season," Sarasota Military Academy wrote on its Facebook page.

The quarantine of the student and his mother also comes just days after Florida Governor Ron DeSantis, published an executive order, declaring a public health emergency in the state, stemming from two positive COVID-19 tests, in Manatee County and Hillsborough County.

According a recent press conference held by DeSantis and Florida Surgeon General Dr. Scott Rivkees, the patient in Manatee County is a man in his 60s "who was hospitalized for evaluation and treatment of pneumonia," but added that it is currently unknown how he contracted the virus.

The patient from Hillsborough County is a woman in her 20s "who recently returned from Northern Italy. Northern Italy is a site of a large outbreak of COVID-19," Rivkees added.

The outbreak of COVID-19 began in Wuhan, China, but has spread across the globe, infecting people in a number of different countries. According to a March 2 report by the World Health Organization, there are currently 88,948 confirmed cases of COVID-19 globally.

<https://www.newsweek.com/student-sarasota-military-academy-whose-classmates-shook-hands-mike-pence-now-under-coronavirus-1490261>

Jenn Sherman

Director of Public Affairs

Office of the Surgeon General

Department of Health and Human Services (HHS)

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