



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

November 8, 2021

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

Dear Mr. Evers:

This letter is the sixth 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”~~

-

- 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 • Epidemic • Pandemic • 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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c. ~~[<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 **425 pages** of potentially responsive records captured in the agency's search for FOIA request 2020-00717-FOIA-OS. After a careful review of these pages, I have determined to release **186 pages** to you in their entirety and I am further releasing **98 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 **141 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:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D145EFC9C35C4865ACA6E9D47786B204-HARRISON, B>
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Subject:	FW: NEWS: Director of the White House Office of Science and Technology Policy Leads Conference Call with Government Science Leaders from Around the World on COVID-19
Date:	2020/03/03 12:54:00
Priority:	Normal
Type:	Note

From: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>
Sent: Tuesday, March 3, 2020 12:21 PM
To: Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>
Subject: Fwd: NEWS: Director of the White House Office of Science and Technology Policy Leads
Conference Call with Government Science Leaders from Around the World on COVID-19

Sent from my iPhone

Begin forwarded message:

From: "Baum, Kristina R. EOP/OSTP" (b)(6) <[REDACTED]@ostp.eop.gov>
Date: March 3, 2020 at 12:17:12 PM EST
Subject: NEWS: Director of the White House Office of Science and Technology Policy
Leads Conference Call with Government Science Leaders from Around the World on
COVID-19

THE WHITE HOUSE
Office of Science and Technology Policy
FOR IMMEDIATE RELEASE
March 3, 2020

**Director of the White House Office of Science and Technology Policy Leads Conference
Call with Government Science Leaders from Around the World on COVID-19**
*President Trump's Science Advisor Collaborates with Global Counterparts on How Science is
Impacting Decisions*

The Director of the White House Office of Science and Technology Policy, Dr. Kelvin Droegemeier, led a conference call yesterday with government science leaders including science ministers and chief advisors from Australia, Brazil, Canada, Germany, India, Italy, Japan, New Zealand, and the United Kingdom to share information on integrating science into the COVID-19 response.

“International collaboration is critical in determining how science can be used more effectively to guide global decision-making. As chief science advisors, we are committed to ensuring the safety of our citizens and bringing forward the best available science to aid in the development of solutions. This conversation demonstrated a focus on integrating science into preparedness and response, enhancing public understanding of hazards, enhancing data management, and improvement of warnings and advisories. I am greatly encouraged the dialogue on the call as it exemplifies working together globally to address this challenge, and showcases the Trump Administration’s great leadership on this issue,” said **the White House Office of Science and Technology Policy Director, Dr. Kelvin Droegemeier**

Science Leaders from the Following Governments Participated on the Call:

Australia
Brazil
Canada
Germany
Italy
India
Japan
New Zealand
United Kingdom

Highlights from the Call:

Dr. Kelvin Droegemeier shared a summary of actions the United States is taking to further integrate science into policy and decision-making on the COVID-19 outbreak, and invited participants to share information from their respective countries. Highlights of the conference call include:

- Data and information sharing is an important part of developing scientific solutions to COVID-19
- Geographic distribution and genomic differences of COVID-19 (or SARS-COV-2) that may present valuable scientific background for understanding transmission and developing scientific solutions
- There have been regularly occurring meetings between Chief Science Advisors and/or Science Ministers and their respective Health Ministry and/or Health Departments within country
 - a) These regular meetings aid in streamlining the integration of science in public policy and decision-making within each respective country
- Research and Development from the World Health Organization has been of utility to the global effort in addressing COVID-19

- Using science and data to inform quarantine and testing protocols/research funding in various countries for individuals exposed to COVID-19
- There have been numerous calls for proposals for vaccine development and respective clinical trials
- Participants discussed various stages of disease management (e.g., containment, mitigation) and discussed regional differences
- Diagnostic testing and transmission dynamics in cases of co-infection
- The science leaders pledged continued discussions and a second call is being scheduled for a day/time in the near future given the high value of the global dialogue

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Subject:	FW: NEWS: Director of the White House Office of Science and Technology Policy Leads Conference Call with Government Science Leaders from Around the World on COVID-19
Date:	2020/03/03 12:54:22
Priority:	Normal
Type:	Note

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Sent Date:	2020/03/03 12:54:21
Delivered Date:	2020/03/03 12:54:22

From:	DeputySecretary (OS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FCECDD65E1C64F8F9F53D7347E916AA4-DEPUTYSECRE>
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Subject:	Deputies Call on TSA SC
Date:	2020/03/03 12:58:05
Start Date:	2020/03/03 14:00:00
End Date:	2020/03/03 14:30:00
Priority:	Normal
Type:	Appointment
Location:	Participant Dial-In: (b)(6) Participant Code: (b)(6)
Attendees:	EDH (OS/IOS); Eric D. Hargan - HHS (Eric.Hargan@hhs.gov); Kenneth Callahan (HHS/IOS) (Kenneth.Callahan@hhs.gov); Paula Stannard (HHS/IOS) (Paula.Stannard@hhs.gov); Bryan Shuy (OS/ASPR/IO) (Bryan.Shuy@hhs.gov); Kadlec, Robert (OS/ASPR/IO); Ford-Barnes, Arwenethia (OS/ASPR/IO); Nicolas Otalora (Nicolas.Otalora@hhs.gov)

In order to access the conference as a participant, dial the number below and enter the Participant Code:

Participant Dial-In: (b)(6)

Participant Code: (b)(6)

(b)(5)

(b)(5)

Sender:	DeputySecretary (OS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FCECDD65E1C64F8F9F53D7347E916AA4-DEPUTYSECRE>
Recipient:	DeputySecretary (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fcecd65e1c64f8f9f53d7347e916aa4-DeputySecre>; EDH (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=393ceddbc5fa4d44a9734e20f54c8146-EDH6886>; Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>; Callahan, Kenneth (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2e1240d1d62d49b3ba2e4e51c0920908-Callahan, K>; Stannard, Paula (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f0892a057f83497e9390288c813b61d9-Stannard, P>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Ford-Barnes, Arwenithia (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d533abc24cbe44b79f6fddc6b08737a6-Ford-Barnes>; Otolara, Nicolas (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=837afb12578b43d185bcfaf93fc456ca-Otolara, Ni>
Sent Date:	2020/03/03 12:58:05

From:	DeputySecretary (OS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FCECDD65E1C64F8F9F53D7347E916AA4-DEPUTYSECRE>
To:	DeputySecretary (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fcecd65e1c64f8f9f53d7347e916aa4-DeputySecre>; EDH (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=393ceddbc5fa4d44a9734e20f54c8146-EDH6886>; Hargan, Eric (OS/IOS) <Eric.Hargan@hhs.gov>; Callahan, Kenneth (HHS/IOS) <Kenneth.Callahan@hhs.gov>; Stannard, Paula (HHS/IOS) <Paula.Stannard@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Ford-Barnes, Arwenethia (OS/ASPR/IO) <Arwenethia.FordBarnes@hhs.gov>; Otalora, Nicolas (HHS/IOS) <Nicolas.Otalora@hhs.gov>; Agnew, Ann (HHS/IOS) <Ann.Agnew@hhs.gov>; Manning, Lelisa (OS/IOS) <Lelisa.Manning@hhs.gov>
Subject:	Deputies Call on TSA SC
Date:	2020/03/03 12:58:05
Start Date:	2020/03/03 14:00:00
End Date:	2020/03/03 14:30:00
Priority:	Normal
Type:	Appointment
Location:	Participant Dial-In: (b)(6) Participant Code: (b)(6)
Attendees:	EDH (OS/IOS); Eric D. Hargan - HHS (Eric.Hargan@hhs.gov); Kenneth Callahan (HHS/IOS) (Kenneth.Callahan@hhs.gov); Paula Stannard (HHS/IOS) (Paula.Stannard@hhs.gov); Bryan Shuy (OS/ASPR/IO) (Bryan.Shuy@hhs.gov); Kadlec, Robert (OS/ASPR/IO); Ford-Barnes, Arwenethia (OS/ASPR/IO); Nicolas Otalora (Nicolas.Otalora@hhs.gov)

In order to access the conference as a participant, dial the number below and enter the Participant Code:

Participant Dial-In: (b)(6)
Participant Code: (b)(6)

(b)(5)

(b)(5)

Sender:	DeputySecretary (OS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FCECDD65E1C64F8F9F53D7347E916AA4-DEPUTYSECRE>
Recipient:	DeputySecretary (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fcecdd65e1c64f8f9f53d7347e916aa4-DeputySecre>; EDH (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=393ceddbc5fa4d44a9734e20f54c8146-EDH6886>; Hargan, Eric (OS/IOS) <Eric.Hargan@hhs.gov>; Callahan, Kenneth (HHS/IOS) <Kenneth.Callahan@hhs.gov>; Stannard, Paula (HHS/IOS) <Paula.Stannard@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Ford-Barnes, Arwenthia (OS/ASPR/IO) <Arwenthia.FordBarnes@hhs.gov>; Otalora, Nicolas (HHS/IOS) <Nicolas.Otalora@hhs.gov>; Agnew, Ann (HHS/IOS) <Ann.Agnew@hhs.gov>; Manning, Lelisa (OS/IOS) <Lelisa.Manning@hhs.gov>
Sent Date:	2020/03/03 12:58:05

From:	DeputySecretary (OS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FCECDD65E1C64F8F9F53D7347E916AA4-DEPUTYSECRE>
To:	DeputySecretary (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fcecd65e1c64f8f9f53d7347e916aa4-DeputySecre>; EDH (OS/IOS) <EDH6886@HHS.GOV>; Hargan, Eric (OS/IOS) <Eric.Hargan@hhs.gov>; Callahan, Kenneth (HHS/IOS) <Kenneth.Callahan@hhs.gov>; Stannard, Paula (HHS/IOS) <Paula.Stannard@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Ford-Barnes, Arwenithia (OS/ASPR/IO) <Arwenithia.FordBarnes@hhs.gov>; Otalora, Nicolas (HHS/IOS) <Nicolas.Otalora@hhs.gov>; Agnew, Ann (HHS/IOS) <Ann.Agnew@hhs.gov>; Manning, Lelisa (OS/IOS) <Lelisa.Manning@hhs.gov>
Subject:	Deputies Call on TSA SC
Date:	2020/03/03 12:58:06
Start Date:	2020/03/03 14:00:00
End Date:	2020/03/03 14:30:00
Priority:	Normal
Type:	Appointment
Location:	Participant Dial-In: (b)(6) Participant Code: (b)(6)
Attendees:	EDH (OS/IOS); Eric D. Hargan - HHS (Eric.Hargan@hhs.gov); Kenneth Callahan (HHS/IOS) (Kenneth.Callahan@hhs.gov); Paula Stannard (HHS/IOS) (Paula.Stannard@hhs.gov); Bryan Shuy (OS/ASPR/IO) (Bryan.Shuy@hhs.gov); Kadlec, Robert (OS/ASPR/IO); Ford-Barnes, Arwenithia (OS/ASPR/IO); Nicolas Otalora (Nicolas.Otalora@hhs.gov)

In order to access the conference as a participant, dial the number below and enter the Participant Code:

Participant Dial-In: (b)(6)
Participant Code: (b)(6)

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Sender:	DeputySecretary (OS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FCECDD65E1C64F8F9F53D7347E916AA4-DEPUTYSECRE>
Recipient:	DeputySecretary (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fcecdd65e1c64f8f9f53d7347e916aa4-DeputySecre>; EDH (OS/IOS) <EDH6886@HHS.GOV>; Hargan, Eric (OS/IOS) <Eric.Hargan@hhs.gov>; Callahan, Kenneth (HHS/IOS) <Kenneth.Callahan@hhs.gov>; Stannard, Paula (HHS/IOS) <Paula.Stannard@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Ford-Barnes, Arwenethia (OS/ASPR/IO) <Arwenethia.FordBarnes@hhs.gov>; Otalora, Nicolas (HHS/IOS) <Nicolas.Otalora@hhs.gov>; Agnew, Ann (HHS/IOS) <Ann.Agnew@hhs.gov>; Manning, Lelisa (OS/IOS) <Lelisa.Manning@hhs.gov>
Sent Date:	2020/03/03 12:58:06

From:	Wood, Bob <BWood@BGRdc.com>
To:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
CC:	Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>
Subject:	RE: COVID - 19 and Nursing Homes
Date:	2020/03/03 13:34:13
Priority:	Normal
Type:	Note

It sure did! CDC also did a webinar with AHCA and their facilities yesterday and there is a follow up call with ASPR tmrw.

Thanks,
Bob

From: Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>
Sent: Tuesday, March 3, 2020 1:31 PM
To: Wood, Bob <BWood@BGRdc.com>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Cc: Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>
Subject: RE: COVID - 19 and Nursing Homes

Bob – Dr. Kadlec was going to reach out to schedule a time to connect. Did this happen?

Appreciate the outreach.

Brian

From: Wood, Bob <BWood@BGRdc.com>
Sent: Monday, March 2, 2020 11:46 AM
To: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>
Subject: COVID - 19 and Nursing Homes

Bob and Brian – Good morning! I know you are both probably running on fumes these days. Thanks for all you're doing to protect our public health system.

Governor Barbour and I have long represented AHCA, the American Health Care Association. They represent over 15,000 skilled nursing facilities and over 1.1 million beds in the US. In addition, they represent the majority of assisted living facilities.

As you need, I thought it made sense to get their leadership in for a quick meeting with top officials to coordinate efforts. They are doing a national webinar with CDC to their membership later this week.

Glad to discuss.

Best,
Bob

Sender:	Wood, Bob <BWood@BGRdc.com>
Recipient:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>
Sent Date:	2020/03/03 13:33:57
Delivered Date:	2020/03/03 13:34:13

From:	Wright, Janet (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=41F672E2527B4F44891FB4FBE08CDFD-WRIGHT, JAN>
To:	Sherman, Jennifer (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f30fe7fae664419fa654b20edccb1e78-Sherman, Je>; Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Schwartz, Erica (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=603e84a0e3744a5d8dcbd759f5dcad91-Schwartz, E>; Dulaigh, Joel (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02b15e96dc484db29682c1d336e63441-Dulaigh, Jo>
Subject:	RE: FYI - FL/Pence story
Date:	2020/03/03 13:43:34
Priority:	Normal
Type:	Note

Hand-shaking is OUT.

From: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Sent: Tuesday, March 3, 2020 12:39 PM
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>
Subject: FYI - FL/Pence story

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)

Sender:	Wright, Janet (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=41F672E2527B4F44891FB4FBE08CDFD-FWRIGHT, JAN>
Recipient:	Sherman, Jennifer (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f30fe7fae664419fa654b20edccb1e78-Sherman, Je>; Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Schwartz, Erica (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=603e84a0e3744a5d8dcdb759f5dcad91-Schwartz, E>; Dulaigh, Joel (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02b15e96dc484db29682c1d336e63441-Dulaigh, Jo>
Sent Date:	2020/03/03 13:43:33
Delivered Date:	2020/03/03 13:43:34

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: COVID-19 Presumptive Positive Cases Reported in Multiple States
Date:	2020/03/03 14:47:56
Priority:	Normal
Type:	Note

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Good afternoon Dr. Kadlec,

BLUF: Multiple States reported presumptive positive cases of COVID-19.

- **Officials in Hillsborough, FL reported a third positive for COVID-19.**
 - The PUI resided with an individual that is a confirmed case of COVID-19.
 - The case is pending CDC confirmation.
- **Arizona Department of Health has determined a new presumptive positive for COVID-19.**
 - The male is in his twenties.
 - He resides in Maricopa County, AZ.
 - Recent travel to area with community spread of COVID-19.
 - The case is pending CDC confirmation.
- **San Antonio, Texas, has declared a state of disaster and public health emergency.**
 - One person released from quarantine at Lackland Air Force Base has tested positive for COVID-19.
 - The infected person visited heavily populated areas after release from quarantine.
 - The person has been returned to quarantine.
 - The state of disaster and public health emergency will last seven days unless continued or renewed by the San Antonio City Council.

*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



cid:image001.png@01D5F0E1.49311940

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Recipient:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Sent Date:	2020/03/03 14:47:55
Delivered Date:	2020/03/03 14:47:56
Message Flags:	Unread

From:	James Thomas <JWT@usa.net>
To:	Hunt, Michie (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1dd06aa20d5c4e6999fc6e5aca147932-michie.hunt>; Ashley, Donald (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=51983358cd724f39848461c19b6c425f-donald.ashl>; Lenihan, Keagan (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3cd1b7aba9034ddb936017780583af7d-keagan.leni>; Lee, Amy (FDA/CDER) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=95683f41b2e44735b7404895e43756b6-amy.lee.fda>; Demske, Gregory E (OIG/OCIG) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bc2e07eb4b074476a47dde8675ed97db-gregory.dem>
CC:	Stephen E. Broden <(b)(6)@mac.com>; (b)(6)@aol.com>; (b)(6)@gmail.com>
Subject:	Covid -19 Vaccine- Fraud and Abuse; Removal of Safe Harbor Protection for Rebates Involving Prescription Pharmaceuticals and Creation of New Safe Harbor HHS 2019-01026 - Black Pastors and Black Healthcare Coalition
Date:	2020/03/03 14:50:36
Priority:	Normal
Type:	Note

Dear Michie Hunt and Attorney Richard Ashley, Gregory Demske, et al,

You must be in fear like we are, that our supply chain and secret contracts between and among GPO's, PBMs, Hospitals, Hospital CEOs and Pharmaceutical Manufacturers, Media companies and others have caused a national security crisis. Corona virus deaths and damage will be amplified by the supply chain disruptions caused by critical medications being sourced in China and the root cause, the secret kickback contracts and lack of oversight of these contracts. These deaths could have been avoided if you/we act quickly. Perhaps the answer includes implementing a vaccine in a few month timeframe and implementing other changes suggested for consideration below.

1. • The CBO needs the "Secret contracts" and the White House Must be informed.
 - a. • We can no longer pretend that HHS- OIG is not allowed to request the contracts.
 - b. • Note that the GPO GNYHA (Greater New York Hospital Association) and perhaps Lee Perelman and Jill Abramson has been stopping the NYTimes and others from writing about this issue until GNYHA sold out to Premier. This may be partisan politics.
 - c. • The CBO must no longer pretend that they do not understand the anticompetitive practices caused by the secret contracts and how stopping the kickbacks will improve competition and reduce high prices significantly as well as decrease the US dependence on sole source generic producers.
 - d. • Please be aware that the Media(Television, Print and digital) are the final beneficiary of the money moving from the GPO's/PBM's to the Senators/Congressmen's campaigns to the Media.
2. • The Department of Justice should consider stopping prosecution of the Generic Manufacturers who are closing up shop in the United States. Teva, Mylan Mallinckrodt and others. The remaining generic manufacturers were colluding to remain afloat to combat the pricing schemes of the GPO/Hospital racketeering that result from the secret contracts that are supposed to be overseen by the HHS -OIG. Blame the GPO's and PBM's rather than those

manufacturing medications in the USA. 80% of generic medication active ingredients are made in China and this is now an National Security Issue- no longer a threat.

3. • Please mandate quality transparency in our medications. It is the FDA and the that failed the people of the United States by not telling them(and the DOD) their medications often contained carcinogens and did not contain the correct amount of active ingredient and production cannot be overseen by the FDA adequately. The FDA and perhaps Amerisource Bergan failed to tell the Department of Defense about the origin of their medication precursors being foreign corporations and foreign governments.
4. • We ask that you contact the companies that have made successful vaccines that have no downside risk, no risk of harm such as Inovio Medical. Inovio made a DNA vaccine in 3hrs yet perhaps the FDA requires testing that will take months/years. You know there is no downside, no risk of traditional vaccines and no adjuvants and no refrigeration needed. So why delay? Inovio uses electroporation (device) rather than adjuvants like aluminum and has no egg albumin etc. Inovio can begin vaccination very quickly, Inovio can scale up us manufacturing very fast and safely. Please move quickly. Once again the FDA has the opportunity to prevent a catastrophe.
5. • We understand that the congressmen and senators may have purchased shares of the mRNA vaccine Stock, Moderna, prior to announcement that they would be chosen to get government funding but their product may be far inferior to the Inovio vaccine product. The mRNA vaccine candidate requires refrigeration with liquid nitrogen and has to be made into lipid nanoparticles with liver effects and costs many times more per dose. Please reveal any conflicts of interest and when they occurred.
6. • We need to show the world “why” this is happening, why we had our medical supply chain dependent upon China with large kickbacks and “why” select companies were allowed to have sole source contracts for so many years. It comes down to money and keeping those who make the money for the congressmen and senators (stock ownership increases their personal wealth) and campaign contributions from the PBMs and GPO’s that keep Congress from repealing the safe harbor. (See Zeke Emanuel Statement)
 - a. • Those Senators and Congressmen who comply get rich and re-elected
 - b. • Perhaps Senatorial and Congressional or even White House staffers are paid by these organizations or think tanks sponsored by such organizations.
 - c. • Please beware of Joseph Grogan and Theo Merkel in the White House- they may not be acting in the interests of We the People of the United States of America.
 - d. • Please watch this video including Senator Blumenthal detailing issues.
 - i. <https://www.c-span.org/video/?c4817234/user-clip-gpo-question-sen-blumenthal>
 - ii. GPOs buying exclusivity.
7. • If for no other reason, we need to act because this is preferentially harming the Black community, a protected class.
 - a. • Insulin patent given away- yet price of insulin remains high.
 - b. • Shortages of Mag sulfate, bupivacaine, Pitocin and other meds needed to treat Pre-eclampsia
 - c. • CVS taking over primary care with low cost generic “providers” getting paid as if they were Physicians and steering care to that which benefits CVS reimbursement rather than the patient.
8. • Please let the new director of the FDA know; he should be aware of Inovio since MD Anderson did not have access to the HPV vaccine in 2018 while he was there. Instead of directing a

patient to an institution participating in the AZ/Inovio trial, MD Anderson just radiated the patient's throat cancer and then asked Inovio to be part of the trial after the patient was sent away and no longer qualified for the trial because of the radiation. The patient died, bled to death when his carotid artery ruptured because of the radiation. Now MD Anderson is part of the Inovio trial at their own request- unheard of for an institution to request to be part of a trial. Too late for the patient and his family.

9. • Please let the hospitals and others know if Ultraviolet light kills the Covid-19 virus and that the hospitals need to sterilize rooms and air ducts etc with Ultraviolet light.
10. • Please emphasize the long incubation period and how we need to take universal precautions now.... No handshaking, no sharing cups/chalice (Churches must be warned and need to take on same responsibilities as food service industry) , cleaning surfaces with ultraviolet light, isolating potential contacts for longer than 2 weeks and more.

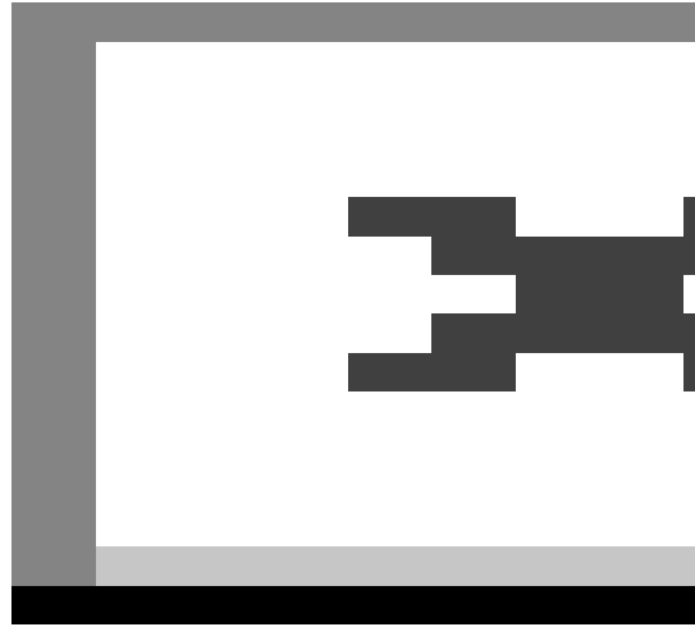
We need to know how or if the FDA or HHS has passed on the information we have given to you in the past. **Please document how or if you informed the Department of Defense or White House after we passed information about this National Security Threat on 9 April 2019 that is now a potential reality.**

Please tell us who you are passing this information and if you are not, please suggest who we should communicate with regarding each of these topics to those who can and are willing to make a timely difference. We are patriots and not suicidal. We ask that anyone in this email chain who has "dual citizenship" or "dual allegiances" declare them and recuse themselves. We look forward to and work toward transparency in medication quality for We the People of the United States. Perhaps anyone who is working against the interest of the USA should be considered a domestic or foreign enemy. We remain grateful for your help on this pressing issue and on behalf of myself and others, offer you,

Kind Regards,

Jim Thomas
jwt@usa.net

(b)(6)



From: James Thomas <JWT@usa.net>

Date: Tuesday, December 10, 2019 at 6:34 PM

To: "Hunt, Michie" <Michie.Hunt@fda.hhs.gov>, "Ashley, Donald" <Donald.Ashley@fda.hhs.gov>, "Lenihan, Keagan" <Keagan.Lenihan@fda.hhs.gov>, "Lee, Amy" <Amy.Lee@fda.hhs.gov>

Cc: "Stephen E. Broden" <(b)(6)@mac.com>, "(b)(6)@aol.com" <(b)(6)@aol.com>, "(b)(6)@gmail.com" <(b)(6)@gmail.com>

Subject: Re: Fraud and Abuse; Removal of Safe Harbor Protection for Rebates Involving Prescription Pharmaceuticals and Creation of New Safe Harbor HHS 2019-01026 - Black Pastors and Black Healthcare Coalition

Dear Dr. Michie Hunt and Attorney Richard Ashley et al,

Thank you for your help. Since last communication we have made some progress on the issue of the looming National Security Threat. It seems when we, the Physicians and Black Pastors along with the Black Healthcare Coalition warned the FDA about the National Security Risk on April 9th, 2019, the FDA may or may not have notified the Department of Defense(DOD) nor the Joint Chiefs of Staff about the United States inability to make the antidote to anthrax and other critical medications within the United States.

The Physicians, Black Pastors and Black Healthcare Coalition and others, including a knowledgeable author on the subject may or may not have notified the DOD and others directly as well, and after giving the DOD lead time. Now Physicians around the country have been working toward making the American public aware of this important National Security issue. The FDA's report on drug shortages was very disheartening, for the FDA did not elucidate the existence of the secret contracts between GPO's /PBM's and manufacturers as well as hospitals as the root cause of the shortages and sole or limited source contracting. We are a country of laws and as such our laws and regulations have created the drug shortages. We know just as the FAA has imbedded people who have allegiances to Boeing imbedded in their organization so does the FDA and HHS have imbedded people who have allegiances to other entities such as the PBMs, GPO's, hospitals and health insurance companies as well as other entities that benefit financially from the high prices and limited suppliers and even from cheap generic precursors made in China that cost little but are sold for high prices and great profits through the "Sharebacks".

Next is the problem of disinformation that is going on by the GPO's and PBM's who are attacking the Medication manufacturers.

It is not "Big Pharma" that is the source of the problems. It is the GPOs (Group Purchasing Organizations) and PBM(pharmacy Benefit Manager) middle men, Hospitals and Insurance companies that make billions yet manufacture nothing and do so through the legalized kickbacks or sharebacks via contract law.

<https://duckduckgo.com/?q=nomiddlemen.org+gpo&t=hr&iar=videos&iax=videos&ia=videos&iai=aQhsPLcFwN8>

All should be aware that it is the GPOs and PBMs and the lack of actual oversight by HHS OIG over their secret contracts that govern the kickbacks and sole source/limited source contracting is the root cause of the kickbacks/ sharebacks that divert money from manufacturers willing to make medications in the United States to these middlemen. It seems those who have been assigned to this task from the FDA are by and large pharmacists rather than economists and Dr. Michie Hunt's background may be critical in making the FDA as well as HHS aware, of the contracts and the pricing and quality issues they are creating. If you do not tell HHS and ask the HHS- OIG to exposed the secret contracts then there will be more problems going forward.

<https://healthpolicy.duke.edu/events/drug-shortage-task-force>

you can see it here. At 7hrs and 44min into the discussion...

2 minute excerpt can be found here:

https://protect2.fireeye.com/url?k=80ce7411-dc9b7dc1-80ce452e-0cc47a6a52de-0b946543a6c38397&u=https://www.dropbox.com/s/mt7ub1ml9tjdrps/IMG_8952.mov?dl=0

These secret contracts are indeed the root cause of a national security issue; the United States cannot make critical medications in the United States including but not limited to Ciprofloxacin and Doxycycline, the antidote to anthrax. Please ask for the contracts; as Mr. Todd Ebert says they have never been requested. We humbly request that the Department of Defense as well as the department of Justice and Anti-Trust divisions of the US Government and or those who would oversee Racketeering issues, encourage the FDA and HHS to request the contracts and perform their fiduciary responsibility.

The Senators know:

Questions from Sen. Richard Blumenthal (D-CT) on anticompetitive GPO practices, Justice Department Antitrust chief Makan Delrahim said that because of the Medicare anti-kickback safe harbor, "...some of these GPOs are buying exclusivity at the risk of innovation, at the risk of cost, at the risk of lives of patients": WATCH the C-Span Video: <https://www.c-span.org/video/?c4817234/user-clip-gpo-question-sen-blumenthal>

Zeke Emanuel knows: he said (at the Wharton 50th anniversary of LDI) that the reason we have GPO's and PBM's is to fund senatorial and congressional campaigns both at a federal and state level. Paraphrasing..."Campaigns cost millions as you are finding and the PBMs and GPO's contribute to those campaigns." ... as do those who make money from the GPO's ie the Hospital Association.. both HAP(Hospital Association of PA) and AHA(American Hospital Association) as well as the PBM's such as CVS/Caremark.

The hospital's know: Hospitals own the GPO's and their CEO's get kickbacks directly from the GPO's. The hospitals are part of the problem. The hospital kickbacks are the part of the reason for the shortages and high prices. They may not even tell patients that medications are in shortage at their hospital and the GPOs may preferentially harm smaller hospitals so they will go bankrupt. (Hospital bankruptcy's are happening now) Big hospitals seem to comply with the GPO practice. See excerpt from article below:

"As a member-driven enterprise, it is common knowledge that Premier and other GPOs "share back" with their members and owners. In fact, many hospital executives who are part of the Premier alliance have learned to rely on that share back as an integral part of their annual compensation."source: Healthcare Matters Thomas Finn - July 22, 2013 6:45 AM Question: since hospital CEO's benefit from GPO purchasing decisions are they fiduciaries for the hospital patients? We know the Attorney Generals are fiduciaries for the people of the state with regard to Non-profits so have they investigated?.

<https://nebula.wsimg.com/09cac886d7a44b22d0e78cef17f1c4ee?AccessKeyId=62BC662C928C06F7384C&disposition=0&alloworigin=1>

Everyone seems to know yet the FDA and HHS desire to but are being prevented by "insiders" or imbedded people perhaps in the upper echelons of their organizations from requesting the contracts... Why?

We are now cautioning HHS and the FDA that the contracts must be revealed urgently in order to stop the GPO's/PBMs and Senators from proposing a solution that will further undermine the National Security of the United States and the ability to have cost effective and safe pharmaceutical markets. Senator Collins from Maine and Senator Tina Smith have seemingly teamed up with Premier, a GPO who's contracts and sharebacks/kickbacks are part of the real root cause of the drug shortages. Perhaps Premier and other GPO's and PBM's should not be entrusted to be the "solution".

The National Security risk is now public information as is the fact that wild boars in the DMZ between North Korea and south may be perhaps biological weapons and biological delivery from one Korea to another or just a random event..... wild boars infected with swine flu. Note that transparency in the contents of our medications is important as well. Let's work toward transparency so that we can regain the trust of the American people with regard to our medications and kickback oversight as the root cause of our medications being made in china and containing carcinogens.

<https://protect2.fireeye.com/url?k=5d34be2c-0161b7fc-5d348f13-0cc47a6a52de-00e728f1ef0f5f6e&u=https://www.dailynk.com/english/around-1000-asf-infected-pigs-die-pyongyang-sources-report/>

<https://www.livescience.com/pigs-blood-stream-african-swine-fever.html>

<https://www.telegraph.co.uk/news/2019/10/14/south-korea-deploys-snipers-thermal-vision-drones-kill-infected/>

This loss of pork, which is 80% of the protein intake of North Korea will likely cause dire straits because of the US economic Sanctions. Perhaps our pork supply is plentiful and hopefully safer. We also need to use our pigs to make heparin within the United States rather than getting our Heparin from China; Heparin is made using Pig products such as intestines and it is believed that currently the US gets their heparin from China and it is in shortage.

Please let us know if we Physicians, Pastors, members of the Black Healthcare Coalition and Patriots can be of service as we stay ahead of this growing threat. The sooner the secret contracts are revealed the faster the Department of Defense and others can react to this National Security Crisis. Please consider recommending that the new OIG of HHS, request the secret contracts as soon as possible. If you do not the fictitious high prices of medications and the stranglehold the GPO's and PBMs and now Insurance companies like Aetna and Cigna who are in the scheme having purchased PBM's themselves.

Once again, because of the attacks on our computers and other issues, if the medication shortages and deaths, as well as our national security weakness is all planned by the FDA and HHS, hospitals senators and congressmen and others to support campaign financing as outlined by Zeke Emanuel, then please let us know so that we can stop trying to bring this to light and stop asking for HHS to investigate the secret contracts governing the kickbacks. Please keep in mind that the high prices of Insulin, and Daraprim among many others and the scarcity of magnesium sulfate, bupivacaine and Pitocin and other medications preferentially affects Black Americans and other protected classes. Thanks again for your kindness and grateful for your help on this issue.

Kind Regards,

Jim Thomas

From: James Thomas JWT@usa.net

To: among others:

Shamsuddin, Samir * <Samir.Shamsuddin@fda.hhs.gov>; Lenihan, Keagan <Keagan.Lenihan@fda.hhs.gov>; Ashley, Donald <Donald.Ashley@fda.hhs.gov>; Hunt, Michie <Michie.Hunt@fda.hhs.gov>; Lee, Amy * <Amy.Lee@fda.hhs.gov>

Date: Tuesday, April 9, 2019 at 8:26 PM

Subject: Re: Fraud and Abuse; Removal of Safe Harbor Protection for Rebates Involving Prescription Pharmaceuticals and Creation of New Safe Harbor Docket No. FDA-2018-N-3272: Identifying the Root Causes of Drug Shortages and Finding - Black Pastors and Black Healthcare Coalition

It seems that many Physicians who work late hours; some could not post to the website. Please forward our comments to Secretary Azar.

Many physicians have had computer issues, email issues, telephone issues and other issues.

Please note that this is likely an issue of National Security and all who are thwarting the Physicians and Pastors from rectifying this issue should perhaps be considered Domestic Enemies of the United States for the following reasons;

1. • Antidote to anthrax, the ingredients in ciprofloxacin or other medication precursors like doxycycline are no longer made in the United States and if the USA is attacked with we have some stockpiles for military but we have reason to believe we cannot make the precursors for our citizens. We can detail why this is critical if the US is attacked utilizing biological warfare. China may not want North Korea to use nuclear weapons, China may want them to use biologicals or even Opioids/synthetic opioids to kill the people of the United States if there is war.
2. • The antidote to Opioids is not Naloxone, it is Buprenorphine in a long acting form and must be induced shortly after giving Narcan or will send patient into chemical withdrawal. Fake rehab centers just use useless cognitive therapy that the LDI of Wharton School has proven does not work. Medically Assisted Therapy(MAT) ie timely Buprenorphine induction and longterm medical buprenorphine like sublocade or probupherine treatment is mandatory. These fake rehab centers who do not offer MAT profit handsomely from new laws that give them unlimited Medicaid funding and kickback money for legislators via campaign donations from this new source of money, unlimited Medicaid dollars. The largest recent increase is death from opioids is black males.
3. • Carcinogens in generic medications made in China and India and no option of generics made in the United States free of carcinogens or sustainably sourced.
4. • The HHS- IG (Daniel Levinson) having the fiduciary responsibility of oversight of the "Secret Contracts" but the office of Inspector General has never not ever requested these contracts for review of why we have medication shortages. He has not requested any of the "secret contracts" of the medications that are in shortage and not requested the "Secret Contracts" of Oxycontin, one of the few medications that has never been on shortage.

Some have suggested Daniel Best may have been killed rather than have committed suicide and his death should possibly be investigated as a National Security Issue as well. So unlikely to commit suicide at 5:45 am and blunt force trauma is difficult to self inflict.

We are Patriots as well as Pastors and Physicians who work tirelessly for our congregations, patients and for the safety of the United States citizens. Some of us are members of the military and work to support and defend the Constitution of the United States of America. Those who have known about the reason for the medication scarcity and high prices may not have the best interest of the United States in mind. It is rumored that XXXXXXXXXX father was a member of the Israel intelligence agency, HaMossad leModi in uletafkidim or "Mosssad". Dr. clearly knows the reason for the PBMs and GPO's financial prowess through high prices of cheap generics and low cost poor quality medications is campaign financing.

If all this medication scarcity and death of Black Americans is in keeping with the mission of the Constitution of the United States and the mission of HHS and FDA then please let us know so we can stop trying to solve this issue. We don't want to be targeted. If we are mistaken, please let us know and we will stop.

If it is a National Security issue, please consider supporting us, providing us secure channels of communication, and making anyone who is tampering with our computers or is aware of this National Security issue(Inability to produce critical antibiotic precursors in the United States), if indeed it is. Those responsible and who knew about this issue(including those tampering with our computers) and did nothing should be held accountable as a potential foreign or domestic enemies of the United States of America.

Please consider and let us know.

Kind Regards,

LCDR Flight Surgeon, USNR(I)

From: James Thomas <JWT@usa.net>

Date: Monday, April 15, 2019 at 3:48 PM

To: "Hunt, Michie" <Michie.Hunt@fda.hhs.gov>, "Ashley, Donald"

<Donald.Ashley@fda.hhs.gov>, "Lenihan, Keagan" <Keagan.Lenihan@fda.hhs.gov>, "Lee, Amy" <Amy.Lee@fda.hhs.gov>

Cc: "Stephen E. Broden" (b)(6)@mac.com>, (b)(6)@aol.com"

(b)(6)@aol.com>, (b)(6)@gmail.com>

Subject: Fraud and Abuse; Removal of Safe Harbor Protection for Rebates Involving Prescription Pharmaceuticals and Creation of New Safe Harbor HHS 2019-01026 - Black Pastors and Black Healthcare Coalition

Dear Dr. Hunt,

Thank you for the kindness of your reply. Perhaps the header of this email should have been changed to the above and included HHS 2019-01026.

Here's the comment

link: <https://www.federalregister.gov/documents/2019/02/06/2019-01026/fraud-and-abuse-removal-of-safe-harbor-protection-for-rebates-involving-prescription-pharmaceuticals>

Comments on this issue of Safe Harbor and the Secret Contracts that delineate the kickbacks/safe harbor, were due by April 8 2019 at midnight, not January 11 2019 and many could not add their comments to the above link as we could not, on behalf of Pastors Broden, Childress and Short, the Black Pastors and the Black Healthcare Coalition as the below correspondence was authorized to be posted but was not uploaded by the website. We tried for many hours, right up until the close of the comment period and that is why within a few minutes you were emailed as well as Seema Verma at . 12:02 am on 9 April 2019 to be precise. We are sorry to have failed the people we represent on this important issue.

Is there someone at HHS that might be amenable to adding these comments? We tried diligently and these comments, especially noting that HHS-OIG who is resigning, seems to have had the fiduciary responsibility all along although he has never requested the contracts in his 15+ years on the job. This issue not only disproportionately affects Black Americans but likely has **National Security** implications; it is very important to get this information to HHS- Secretary Azar and others.

If you would be so kind, please consider forwarding so that HHS might take the submission because of the documented glitch in the system. We hope you see the value of our comments and selfless dedication of the Pastors and Physicians as well as Patients who support transparency on this issue of quality, price, cost of inputs and availability of medications as well as the safety and security of all of us, ... We the People of the United States of America.

Thanks for your consideration, and thanks for all your help. We are all very grateful for your time and dedication.

Kind Regards,

LCDR Jim Thomas, MD MBA

jwt@usa.net

(b)(6)

From: "Hunt, Michie" <Michie.Hunt@fda.hhs.gov>

Date: Monday, April 15, 2019 at 1:48 PM

To: James Thomas <JWT@usa.net>
Cc: "Ashley, Donald" <Donald.Ashley@fda.hhs.gov>, "Lenihan, Keagan" <Keagan.Lenihan@fda.hhs.gov>, "Lee, Amy *" <Amy.Lee@fda.hhs.gov>
Subject: RE: Fraud and Abuse; Removal of Safe Harbor Protection for Rebates Involving Prescription Pharmaceuticals and Creation of New Safe Harbor Docket No. FDA-2018-N-3272: Identifying the Root Causes of Drug Shortages and Finding - Black Pastors and Black H...

Dear Mr. Thomas,

The reason your comments will not upload to the website is that the docket is closed. As explained in the [Federal Register Notice](#) announcing the public meeting on drug shortages that we held last November, the docket was open until January 11, 2019. It is customary that, whenever we solicit public comments, we open a docket for a set period of time: often 60 days, though in this case the docket was open much longer. Once it closes, we generally do not accept further comments and electronic submissions will not upload.

Best regards,

Michie I. Hunt, Ph.D., M.B.A.
Program Manager, Agency Drug Shortages Task Force

Center for Drug Evaluation and Research
Office of Executive Programs
U.S. Food and Drug Administration
Tel: 301 796 3504
michie.hunt@fda.hhs.gov



[cid:image001.png@01D1C57E.DFA022A0](#)

From: James Thomas <JWT@usa.net>
Sent: Tuesday, April 09, 2019 12:03 AM
To: Lee, Amy * <Amy.Lee@fda.hhs.gov>; Hunt, Michie <Michie.Hunt@fda.hhs.gov>; Ashley, Donald <Donald.Ashley@fda.hhs.gov>; Lenihan, Keagan <Keagan.Lenihan@fda.hhs.gov>; Shamsuddin, Samir * <Samir.Shamsuddin@fda.hhs.gov>; Verma, Seema (CMS) <Seema.Verma@cms.hhs.gov>
Subject: Re: Fraud and Abuse; Removal of Safe Harbor Protection for Rebates Involving Prescription

Pharmaceuticals and Creation of New Safe Harbor Docket No. FDA-2018-N-3272: Identifying the Root Causes of Drug Shortages and Finding - Black Pastors and Black H...

Dear Dr. Hunt, Amy and Mr.Ashley,

My comments would not upload to the website. Therefore please submit the ones sent to you earlier today as below. It seems there has been some interference in the website.

Kind Regards,

Jim Thomas

jwt@usa.net

(b)(6)

From: James Thomas <JWT@usa.net>

Date: Monday, April 8, 2019 at 4:32 PM

To: "Lee, Amy *" <Amy.Lee@fda.hhs.gov>, "Hunt, Michie" <Michie.Hunt@fda.hhs.gov>, "Ashley, Donald" <Donald.Ashley@fda.hhs.gov>, "Lenihan, Keagan" <Keagan.Lenihan@fda.hhs.gov>, "Shamsuddin, Samir *" <Samir.Shamsuddin@fda.hhs.gov>, <Seema.Verma@cms.hhs.gov>

Cc: "Stephen E. Broden" <(b)(6)@mac.com>, (b)(6)@aol.com" <(b)(6)@aol.com>, (b)(6)@gmail.com>

Subject: Fraud and Abuse; Removal of Safe Harbor Protection for Rebates Involving Prescription Pharmaceuticals and Creation of New Safe Harbor Docket No. FDA-2018-N-3272: Identifying the Root Causes of Drug Shortages and Finding - Black Pastors and Black Healthcare Coalition

Dear Mr. Ashley, Dr. Hunt, et al,

This Message has been approved in its preliminary form by Pastor Broden, Rev. Childress and Dr. Short on Behalf of the Black Healthcare Coalition. If there are corrections needed we will modify. Please let us know.

Fraud and Abuse; Removal of Safe Harbor Protection for Rebates Involving Prescription Pharmaceuticals and Creation of New Safe Harbor Protection for Certain Point-of-Sale Reductions in Price on Prescription Pharmaceuticals and Certain Pharmacy Benefit Manager Service Fees

More safe harbors mean more lack of transparency. Focus Should be on GPO's not PBM's. The PBM's are now Insurance companies like Cigna and Aetna and others.

It is very important that each and every State Attorney General be notified that HHS Inspector General has the fiduciary responsibility to oversee the Secret Contracts between the GPO's (PBM's/ Now Insurance companies) and the Medication Manufacturers. Although HHS has the ability and responsibility to oversee these Secret Contracts that outline the kickbacks that created the shortages of even generic medications, HHS IG has not requested these contracts... not ever! Deaths among Black Americans affected by these shortages is apparent in New Jersey where it has become a nationally known that perhaps Black New Jersey's peri-Maternal mortality exceeds that of some undeveloped countries. The Attorney General of NJ should be insisting on seeing the secret contracts themselves as should the Black Americans who seem to be disproportionately affected and let's hope citizens of

protected classes such as Black Americans are not being targeted by the GPO's and Insurance Companies, the entities formerly known as PBM's. Note that Diovan that contains carcinogen NDMA and others, has been lauded as a medication that should be given to Black Americans above all others for Hypertension yet it contains carcinogens.

We conclude that a starting dose of valsartan/hydrochlorothiazide (160/12.5 mg) is as effective as high-dose amlodipine (10 mg) in reducing blood pressure in blacks with stage 1 and stage 2 hypertension, and valsartan/hydrochlorothiazide is better tolerated.(Hypertension. 2005;46:508-513.

Noninferiority study says give Diovan or Valsartan to Black Americans!

The State Attorney Generals should consider listing the names of the CEO's of the GPO's, Insurance companies, government Attorneys and even perhaps Zeke Emanuel, who knew about this scheme to make the US Government and American people pay high prices for cheap generics sometimes even containing carcinogens perhaps to fund Legislators campaigns. Since this is may be fraud, similar to the fraud that was committed when the Sackler family bribed the FDA and said Oxycontin was not as addictive as other medications, perhaps the "corporate veil" can be pierced and their CEOs and anyone, including academicians, who knew about this scheme, could perhaps be held personally responsible for the deaths and morbidity and even pay reparations for such actions and inaction. Just like the Sackler's art collections may be used to make reparations to the millions of people they harmed, so could perhaps the millions of dollars these GPOs and Insurance Companies and their CEOs made be used for reparations to the people they harmed. Perhaps the US Government has a claim as well, the Government has paid high prices for cheap generics when the real cost of input materials for these medications, especially generics, is low. Is the Health and Human Services IG, Mr. Levinson, aware that he has the ability to request these secret contracts and never asked for them, at least not yet. We ask that the Attorneys please help the Physicians protect our patients, the People of the United States of America. The US Citizens are willing to pay a bit more for organic food, just think how much more they would be willing to pay for medications that don't contain any carcinogens, are made in the United States and/or perhaps even "Organic" or contain sustainably/reliably sourced ingredients.

The Non-Profit academic institutions and Medical Societies also may have a role in this and the **Attorney Generals of the States as well as the US Attorney General have the obligation to oversee all Non-profit organizations** from the Universities and hospitals/ healthcare networks that own GPOs to Foundations. If they are using Non-profits for partisan politics and even to get themselves elected is this a problem?

Note that "Insulin for Free" is not the answer. That scheme is like Medicare for all will keep the secret high prices in place and guarantee high profits for CVS's Larry Merlo and tax exempt Hospitals and GPO's and others while increasing our US citizens taxes to pay for high priced cheap junk generics made in China or India. Instead we need transparency in quality and cost of inputs and pricing to allow citizens to benefit from a free market and innovation.

The US Citizens need to be told that CMS's plan is to pay CVS lots of money! CVS is going to get paid more per hour for having a Nurse or Phys Assistant in a minute clinic see a simple (level2) patient than a Physician seeing a complex (level4) patient in their office that takes far more time. And all the liability may be transferred to physicians via contract law. An 80yr old granny see a man or woman in a long coat called "Doctor" and assumes they are a Physician when in reality they may be a Nurse Practitioner or Phys Assistant with a "Doctorate" that has had a fraction of the training and experience of a Physician. Will those nurses and Assistants employed by CVS be told what to prescribe?

Please consider looking into if CVS or other GPO's or PBM/Insurance company combos has ties to officials at CMS. The new payment scheme does not make logical sense unless designed specifically to enrich CVS and bankrupt Independent Physicians.

Please consider asking Dr. Scott Gottlieb and Daniel Levinson to remain and perform their fiduciary responsibility prior to quitting. They should not take a job or pay from GPO's or the AHIP or Insurance companies or "Think Tanks" or academic institutions or hospitals that are funded directly or indirectly by this scheme of kickbacks to PBM/Insurance companies and GPO's.

[https://en.m.wikipedia.org/wiki/America's Health Insurance Plans](https://en.m.wikipedia.org/wiki/America's_Health_Insurance_Plans)

AHIP is interesting

Problems at the FDA and HHS are documented and longstanding

<https://protect2.fireeye.com/url?k=a0bec30c-fcebcadc-a0bef233-0cc47a6a52de-f0b4b4b0678d9c3a&u=https://www.whistleblowers.org/wp-content/uploads/2018/11/letter2presidentobama.pdf>

and so how do we know HHS never asked for the secret contracts??? The FDA and Todd Ebert confirmed FDA/HHS never asked for the contracts....he said it directly at the hearing in Nov 2018 Run by Duke Margolis

<https://healthpolicy.duke.edu/events/drug-shortage-task-force>
you can see it here. At 7hrs and 44min into the discussion...

and in this article search Inspector or HHS-IG and see how they never asked. It is not a movie, just a searchable text of the GAO hearing document that outlines the fact that HHS-IG is the one who has never requested the secret contracts or "Killer Contracts" between GPOs and their "slaves", the medication and device manufacturers.

<https://protect2.fireeye.com/url?k=ab6799a0-f7329070-ab67a89f-0cc47a6a52de-69c2d5d9abea9fdc&u=http://www.puncturemovie.com/wp-content/themes/Romix/pdfs/group-purchasing-government-accountability.pdf>

the text is searchable- please consider searching for Inspector or OIG

GPOs are subject to certain federal laws that HHS, DOJ, and FTC are responsible for enforcing. According to HHS Office of Inspector General (HHS-OIG) officials, since 2004, the office has not routinely exercised its authority to request and review disclosures related to GPOs' contract administrative fees, but it has collected information on GPOs' contract administrative fees while conducting audits of hospitals' cost reports. While HHS-OIG is responsible for enforcing the Anti-Kickback statute, the law and regulation do not require routine monitoring of GPO written agreements and disclosures.

HHS, DOJ, and FTC Have Overseen Aspects of GPO Activities According to HHS-OIG officials, since 2004, the office has not routinely exercised its authority to request and review disclosures related to GPOs' contract administrative fees, but it has collected information on GPOs' contract administrative fees while conducting audits of hospitals' cost reports.

the FDA has known corruption exists for years and even wrote to Pres Obama

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Can FDA Attorneys, directors and HHS IGs abruptly quit and leave without being held accountable?

The FDA and HHS should be supportive: The FDA and HHS asked Physicians why we had drug shortages and we are telling them.... The FDA should not harm us for bringing this to light, for they asked Pastors and Physicians to do so.

Some of our pastors and physicians may have had their computers hacked and their email addresses allegedly “tagged” on the “Dark web” or other entity. We Pastors and Physicians may need protections as we move toward **transparency in cost of inputs for medications, price of medications and the varying quality of medications. Only with transparency in Cost of making a product, Pricing of a product (which should be based on cost of inputs) and Quality variability of products can we ask the American people to make decisions on price they are willing to pay for each product.**

The people of the United States of America deserve to know that the Drug shortages and deaths of their loved ones have and are caused by the Secret Contracts and the HHS- IG should not just turn tail and run but should take his fiduciary responsibility seriously and reveal every secret contract for each medication that has ever been in shortage and for Oxycontin that has never been in shortage. Let’s investigate in an open and transparent way.

We are not suicidal and hope we will not be killed; we are, just as you all are, very dedicated to transparency, truth, justice and high quality healthcare for all: We the People of the United States of America.

Kind Regards,

Jim Thomas

jwt@usa.net

(b)(6)

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Subject: CDC blocked FDA official from premises

CDC blocked FDA official from premises

By Dan Diamond

03/03/2020 03:32 PM EST

In a sign of growing tension among the Trump administration's health agencies, officials are expressing frustration that a top scientist was initially rebuffed when attempting to visit the CDC in Atlanta last month to help coordinate the government's stalled response to coronavirus testing, two individuals with knowledge of the episode told POLITICO.

Timothy Stenzel, who is the director of the FDA's Office of In Vitro Diagnostics and Radiological Health, was made to wait overnight on the weekend of Feb. 22 — as senior health department officials negotiated his access in a series of calls — before CDC granted him permission to be on campus. Stenzel's visit had been expected, the individuals said.

The FDA had dispatched Stenzel to the CDC in an effort to expedite the development of lab tests for the novel coronavirus outbreak. Problems with the CDC-developed test delayed the Trump administration's plan to expand screening for weeks, [POLITICO first reported](#) on Feb. 20. A senior HHS official confirmed the episode.

A CDC spokesperson said the delay was because of a scheduling misunderstanding.

"On Saturday, February 22, at about 7 p.m., an FDA employee arrived at CDC Roybal campus in Atlanta, a day before what CDC understood to be his scheduled arrival time. Due to CDC

security requirements, he was not allowed on campus that night," the spokesperson said. "On Sunday morning, February 23, as scheduled, CDC staff met the FDA employee and escorted him on campus, in full compliance with standard security processes required for all individuals whether they are federal employees or other visitors."

Stenzel later found evidence of lab contamination, which he reported to HHS officials and may have contributed to the coronavirus lab test delays and other problems.

The CDC had spent days reassuring HHS leaders that the lab tests were imminent, even as delays prevented their delivery. The delays prevented many Americans, who didn't fit the CDC's strict criteria, from being tested for coronavirus. CDC initially limited testing to people who had recently traveled to China or had close contact with a confirmed case and were also symptomatic.

Health officials have reported more than 100 cases of coronavirus across the United States, with increasing evidence that the virus has been spreading undetected for weeks.

CDC officials have acknowledged the agency's lab tests were suffering flaws that prevented the health department from executing its plan to expand testing across the nation.

"Contamination is one possible explanation but there are others, and I can't comment on what is an ongoing investigation," Nancy Messonnier, director of the CDC's National Center for Immunization and Respiratory Diseases, told reporters on a Tuesday conference call.

HHS has begun an investigation into the possible contamination of coronavirus tests and is asking a team of non-CDC scientists to probe the lab test defect.

Brianna Ehley contributed to this report.

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- Many states have started reporting cases before CDC can confirm. CDC assures that they are working closely with the states to confirm ASAP and update federal reporting #s.
- CDC will update website with latest numbers by noon each weekday. Will NO longer post # of PUI (people under investigation).
- Seeing more cases in WA long-term care facility.
- FL, GA, NH, NY now reporting first cases. A variety of reasons for these – some travel related, some likely community spread.
- Mild v. serious conditions – Serious conditions are so far, are more likely among the elderly or those with underlying health conditions.
- Still in containment mode, while some states also work to mitigate.
- Personal action you can take: wash hands, cover cough/sneeze, stay away from those who are sick – not catching it. Make sure you have your medications or prescriptions, as well as OTC medications like pain/fever reducers.

Jenn Sherman

Director of Public Affairs

Office of the Surgeon General

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FOR IMMEDIATE RELEASE

March 3, 2020

U.S. Public Health Service Strike Team Helps Treat Patients Infected with COVID-19 in Japan

A team of specialized officers from the U.S. Public Health Service (USPHS) Commissioned Corps are working with the United States Embassy in Japan, the Japanese Ministry of Health, Labour and Welfare, and Gilead Sciences Inc. to provide compassionate access use of an investigational antiviral treatment for severely ill patients in Japan who have COVID-19, the disease caused by the novel coronavirus.

The investigational antiviral treatment, remdesivir, was previously tested in humans with Ebola virus disease and has shown promise in animal studies as a possible treatment for Middle East respiratory syndrome (MERS) and severe acute respiratory syndrome (SARS), which are caused by other coronaviruses.

This specialized team of Commissioned Corps officers, with clinical, scientific, international and public health backgrounds, deployed on February 15 to Japan to assist in the management of hospitalized United States citizens with SARS-CoV-2, the virus that causes COVID-19. Their mission is to identify seriously and critically ill patients for enrollment in a compassionate use trial so that patients with viral pneumonia could receive treatment with remdesivir, an investigational antiviral treatment developed by Gilead Sciences Inc.

“As America’s Health Responders, our Commissioned Corps officers stand ready to deploy at a moment’s notice to preserve public health and national security during national and global public health emergencies,” said the head of the service, Adm Brett P. Giroir, M.D., assistant secretary for health. “These officers are bringing care, compassion, and hope to patients who are severely ill and suffering from this infectious disease.”

In a collaborative effort with Gilead Sciences Inc., the United States Embassy in Japan, the Japanese Ministry of Health, Labour and Welfare, and the Office of the Assistant Secretary for Preparedness and Response, Commissioned Corps officers deployed to facilitate the delivery of this new antiviral therapy to numerous critically ill American and Japanese citizens suffering from COVID-19.

Commissioned Corps officers deployed quickly to Japan to meet the needs of a rapidly evolving health crisis affecting more than 50 American citizens who became infected with COVID-19 on the Diamond Princess Cruise ship.

“The USPHS Strike Team coordinated a national and international multiagency operation, bringing the necessary constituents to the table to create a partnership that facilitated the rapid delivery of remdesivir to the sickest of the COVID-19 infected patients,” said the commanding officer of this mission, Rear Adm Richard Childs, M.D. “Remdesivir has shown promising preclinical antiviral activity against SARS-COV-2, and we are hopeful that making this agent available to numerous American and Japanese patients who are severely ill with this virus will improve their chances of survival.”

As America’s Health Responders, the Commissioned Corps’ current missions related to coronavirus include supporting the return of American citizens from China and Japan; assisting the Centers for Disease Control and Prevention with airport screenings to monitor the health of travelers; working in the U.S. HHS Secretary’s Operations Center; working on a randomized control remdesivir clinical trial; and protecting the nation by deploying officers to land ports of entry to assist U.S. Customs and Border Protection with health screenings. More than 600 officers have deployed to date.

The USPHS Commissioned Corps is one of the eight uniformed services in the U.S. and is the only uniformed service committed to protecting, promoting and advancing the health and safety of the nation. They have served on the front lines in public health emergencies and crisis situations such as treating Ebola patients in West Africa, and providing care to individuals infected with Zika, SARS, and other emerging infections.

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From:	Dr. Eva K Lee <evalee-gatech@pm.me>
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.up (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
CC:	Fauci, Anthony (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau>; Redfield, Robert R. (CDC/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ab74a26317547b8a754285d9eaa847c-robert.redf>
Subject:	Re: Your leadership --- Appal to the leaders on NPI - school closure and tele-work --
Date:	2020/03/03 17:12:15
Priority:	Normal
Type:	Note

Please consider this an appeal from a citizen to her public health leaders. We have multiple pockets across the country. There is an urgency to put a brake on it.

Yes, we ought to act now. Ok, I know I have been urging this for a long time. I want to cover a few items discussed here:

1. Social distancing, NPI can deter the spread

Singapore and Hong Kong prove that without any definitive treatment, and absence of any prophylactic MCM protection, closing schools, home-office business can make a huge difference. I ran a few models for school closure and business tele-work for Santa Clara, King County and I want to share some graphs here.

Santa Clara: One positive case on Jan 31. I look at closing school as of today, and tele-work by ~0.5 million workers. We can see the rapid decrease of spreading. I also contrast the results if we close a week from now, or two weeks from now.

Please note, the parameters need not be perfect. The idea is to contrast how NPI can work very effectively and we MUST act now and make it a success.



NPI strategies to contain.jpg

2. Quarantine a city?

I believe there's a contingency plan (I did recall working with National Guard on it) where we will quarantine everyone inside a city if there's a severe disease spread. It is like what China did for Wuhan. With MCM, we can give citizens MCM before they leave. There is no MCM now.

While one can argue a federal quarantine and total lock down of a city is more effective, I think Lu's comment is on-point. We cannot expect perfect participation. Everyone is going to make a decision. If we can contain 80% of the people's movement (as in Hong Kong and Singapore, or in the Santa Clara model above), you can see that we are stopping the spread. Clearly, those who get out of the city might very well be infected and sow a seed to other places. Yes, we probably need to think harder what to do. The NPI of closing schools and tele-work in a sense is volunteering quarantine. It can work beautifully. and very effectively. Note that Hong Kong has only limited transportation ban. The citizens and the healthcare workers protest to close the

border, but the border wasn't closed. *So the effort is volunteering quarantine of their own residents and then quarantine for everyone who enters the city. Together, it puts a brake on the spread. It is right to do it now.*

3. King County Seattle

True to the form of the COVID-19 and the mortality of elderly, which is 1.3%, 3.6%, 8⁺ and 14.8% from 50 years onwards, for every 10 year age bracket. So we see the very high mortality of the nursing home. Although I know next to nothing about what's going on in China, these figures seem to be a good guiding point for us.

What troubles me about the spread is that it is almost like by-the-book. We got school teacher get infected, nursing home, a very sick patient in ICU (healthcare workers got quarantine),.. you see where we are heading, every vulnerable population is hit.

4. Limited Transportation Ban

So last week, I wrote that we need to include New York and Atlanta in the screening. Bad enough this week we have cases in these cities. I do think we need to step up in reducing the South Korean flights into the US. Hong Kong uses brand-new public estates to quarantine the incoming travelers from high-risk regions. It is a luxury that we do not have. Here, we must figure out an effective quarantine for these entering visitors or returning citizens. Maybe it is time to stop visitors from S Korea and Italy. It is just temporary. So we can focus on handling citizens coming back. We need to let them in. Cannot leave them outside their own country.

evalee-gatech@pm.me
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Sent with ProtonMail Secure Email.

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

On Tuesday, March 3, 2020 1:56 PM, Marcozzi, David
(b)(6)@som.umaryland.edu>wrote:

Act. Now.

Respectfully,

David Marcozzi, MD, MHS-CL, FACEP

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

On Wednesday, February 26, 2020 1:49 PM, Dr. Eva K Lee <evalee-gatech@pm.me>wrote:
I understand both CDC and ASPR have been working very hard on last mile mass dispensing.
Here we can use our last-mile capability as our first-strike on COVID-19.

If we ever need to do community screening for COVID-19, we can use drive-through to avoid cross infection of people walking into a facility. I have worked with CDC / ASPR and local /

state emergency responders for many years in preparing last mile. The drivethrough can work beautifully and effectively:

Here's what I am doing:

1. I will finish the drive-through model today - based on all the drive through we have done for H1N1, hepatitis, and anthrax and more. I have many models that have been used throughout the country. I am now collecting data on the actual test time in terms of collecting samples etc. Call this the screen-COVID-drivethrough.mod
2. I will provide this screen-COVID-drivethrough.mod to all state/local emergency responders, so they can play with it within the RealOpt optimization environment. They already have RealOpt and have used for seasonal flu and anthrax planning events, plus other public health tasks.
3. If we ever need to push out this COVID-19 screening, they can quickly optimize the staffing needs (within seconds). I will help them if they need to. Please feel free to provide my contact to the local responders and leaders.
4. Now, I need to check what labs are currently up and running that can help local to process all the samples. I understand CDC has such capability. I have asked Kaiser to consider their labs for this testing effort, I need to see if their labs are now available or not. I understand they will need to work with the government to make it happen.

Eva

evalee-gatech@pm.me
<https://newton.isye.gatech.edu/DrLee/>
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----- Original Message -----

On Monday, February 24, 2020 9:49 PM, Dr. Eva K Lee <evalee-gatech@pm.me>wrote:

I understand you are the 3 leaders representing ASPR, NIAID and CDC. Sorry for the flood of emails. I understand you are working together to decide on the best course for this country. Thanks for your leadership. I am only a mathematician and computer scientist and am grateful for the opportunity to work with many physicians. Clearly I tend to look at all the pieces together since that is my lens into various problems.

I promise I won't include your emails on further discussion. Best, Eva

evalee-gatech@pm.me
<https://newton.isye.gatech.edu/DrLee/>

mobile: (b)(6)

Sent with ProtonMail Secure Email.

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

On Monday, February 24, 2020 8:55 PM, Dr. Eva K Lee <evalee-gatech@pm.me>wrote:

Bob, more about flu vs COVID-19 and asymptomatic shedding

1. asymptomatic shedding

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(20\)30113-4/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(20)30113-4/fulltext)

2.

- viral load that was detected in the asymptomatic patient was similar to that in the symptomatic patients which suggests the transmission potential of asymptomatic or minimally symptomatic patients.

- the viral nucleic acid shedding pattern of patients infected with SARS-CoV-2 resembles that of patients with influenza⁴ and appears different from that seen in patients infected with SARS-CoV.

Check out Patient Z.

https://www.nejm.org/doi/full/10.1056/NEJMc2001737?query=featured_home

This is not to justify my use of certain in the models. Rather I found it fascinating how hybrid COVID-19 is between flu and SARS.

I cannot think of ways to dispell all the papers. They are published in very top journals. We can argue about the scientific vigor because there are never enoigh patients. But they do shed some lights about the virus and things we can do.

I promise I won't send more papers.

evalee-gatech@pm.me

<https://newton.isye.gatech.edu/DrLee/>

mobile: (b)(6)

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

On Sunday, February 23, 2020 11:35 PM, Kadlec, Robert (OS/ASPR/IO)

<Robert.Kadlec@hhs.gov>wrote:

Eva Is this true?! If so we have a huge whole on our screening and quarantine effort.

(Dr Lee is a at GaTech.)

Means of spread A study from AMA confirmed many of the parameters assumed in our models:

- A 20-year old infected with COVID-19 left Wuhan and went on infecting 5 relatives. When they tested positive, she was finally isolated, but tested negative still, and later tested positive, and remain normal on chest CT with no fever, stomach or respiratory symptoms (cough or sore throat as late as Feb 11 (time of the paper study duration).

So spreading and its wide scope is unavoidable because there exists these very healthy individuals who can spread effectively -- even during incubation period -- while they remain perfectly healthy. It also showcases difficulty in testing -- negative test -- may not be the end of it.

Sent from my iPhone

On Feb 23, 2020, at 7:38 AM, Dr. Eva K Lee <evalee-gatech@pm.me>wrote:

A few things I want to highlight --

1. **Means of spread** A study from AMA confirmed many of the parameters assumed in our models:

- A 20-year old infected with COVID-19 left Wuhan and went on infecting 5 relatives. When they tested positive, she was finally isolated, but tested negative still, and later tested positive, and remain normal on chest CT with no fever, stomach or respiratory symptoms (cough or sore throat as late as Feb 11 (time of the paper study duration).

So spreading and its wide scope is unavoidable because there exists these very healthy individuals who can spread effectively -- even during incubation period -- while they remain perfectly healthy. It also showcases difficulty in testing -- negative test -- may not be the end of it.

2. **Iranian cases**, though mysterious since the origin was not traced to China, may very well show that COVID-19 virus is very adaptable and mutating rapidly.

3. **Long recovery** The long recovery period is troublesome and must be taken seriously by health providers as they prepare for hospitalization. There is not much surge capacity in hospitals. So they must be innovative in the staggering process and isolation is of paramount importance. Government/Local should be readied for supplementing medical tents outside hospitals when needed (clearly extra staff too).

4. **Citizens' view** I was traveling so I did a real-time on-the-road analysis of human behavior and anxiety level. I overheard many people

-- (a) asked when CDC would tell us more on what to do.

-- (b) wish they could pull their kids out of school but there is no such option as part of the preventive measure (not announced by CDC).

- (c) wish CDC would recommend tele-work options so they don't have to travel and expose themselves and their family to unnecessary risk.
- (d) have no clue what the government is doing to keep the risk low as it is now. What exactly is being implemented to keep it low.

5. **Resource-limited countries** I pray that it would not reach the resource-limited countries like many in Africa (though it seems unavoidable). I cannot imagine the consequence.

6. **What we must do:** We must leverage the knowledge from other countries to better prepare ourselves. Japan's Crisis shows the importance of TIMELY proper isolation and STRATEGIC operations logistics in testing and in quarantine. South Korea (contrasting with Hong Kong, Singapore) demonstrates critical importance of EARLY social distancing and high compliance community NPI intervention. China's latest lockdown of 1/2 billion people truly signifies that gravity and uncharted terror of this virus. No country would take to such extreme measure.

7. **CFR** Since over 90% of influenza is never recorded/known, this COVID-19 seems to fall into similar spirit now, with so many cases of asymptomatic and transmission while incubating. While the true CFR remains unknown, the CFR of tested positive cases should offer a good comparison to the CFR of tested positive flu cases. That gives us a clearer estimate of health-resource burden.

evalee-gatech@pm.me
<https://newton.isye.gatech.edu/DrLee/>
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Sent with [ProtonMail](#) Secure Email.

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

On Saturday, February 22, 2020 10:19 PM, Carter Mecher <(b)(6)@charter.net> wrote:

Updates

South Korea (+123 with +2 deaths)—Total cases 556; Total deaths 4

<https://www.cdc.go.kr/board/board.es?mid=a30402000000&bid=0030>

Singapore (+3)--Total cases 89; Total deaths 0

Hong Kong (unchanged)--Total cases 69; Total deaths 2

Japan—Total cases 135; Total deaths 1

Sent from Mail for Windows 10

From: Carter Mecher

Sent: Saturday, February 22, 2020 6:28 AM

To: Richard Hatchett; Dr. Eva K Lee

Cc: Tracey McNamara; Caneva, Duane; (b)(6)@gmail.com; Dodgen, Daniel (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Phillips, Sally (OS/ASPR/SPPR); David Marcozzi; Hepburn, Matthew J CIV USARMY (USA); Lisa Koonin; Wargo Michael; Walters, William (STATE.GOV); HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; Callahan, Michael V., M.D.; (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA); Redd, John (OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Dean, Charity A@CDPH; Lawler, James V; Kadlec, Robert (OS/ASPR/IO); 'Martin, Gregory J (MartinGJ@state.gov)'; Borio, Luciana; Hanfling, Dan; McDonald, Eric; Wade, David; TARANTINO, DAVID A; WILKINSON, THOMAS; David Gruber (david.gruber@dshs.texas.gov); KAUSHIK, SANGEETA; Nathaniel Hupert

Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Roundup this morning.

Singapore and Hong Kong are holding steady—both have implemented NPIs pretty early and have good surveillance.

Things are really accelerating in South Korea. Case count increased to 433 with 2 deaths.

<https://www.cdc.go.kr/board/board.es?mid=a30402000000&bid=0030>

Report below of COVID hitting Samsung's mobile device factory, which has now been shut down. This is what will happen here. The greatest concern is what this would mean for critical infrastructure sectors (including components of our healthcare system), The strategies I outlined

for outpatient clinics could be used by business (most especially CI sectors) to maintain business continuity. It is as simple as the old saying, “Don’t put all your eggs in one basket.” It is both contingency planning (continuity of operations/continuity of business) and application of NPIs/TLC (especially social distancing in the community supported by home isolation and home quarantine).

We now have COVID in several countries across the ME (Iran, Israel, Egypt, Lebanon, UAE). We added Iran the day before yesterday and 3 countries yesterday (Israel, Egypt and Lebanon). Iran already appears to have a well established outbreak that will be tough to slow down given the estimated size with 5 deaths already (that is where Wuhan was by Jan-20). Japan is also seeing acceleration with local transmission (119 cases).

Italy is another area to watch.

<https://protect2.fireeye.com/url?k=0c5383ea-50068af9-0c53b2d5-0cc47adb5650-28e1e89488165301&u=https://protect2.fireeye.com/url?k=c92f3372-957b2a0e-c92f024d-0cc47adc5fa2-927014023819d8ec&u=https://www.ilgazzettino.it/nordest/...D0yaqI09ac4o84>
Numerous infected in the hospital of Schiavonia (Padua)

“And unfortunately, what the experts feared since yesterday has occurred, when it was discovered that two patients had been hospitalized for about ten days at the Schiavonia hospital (Padua) without knowing that they had contracted the Coronavirus: since yesterday evening everyone those who attended the hospital were subjected to a swab to detect any infections, and the examination gave positive results in numerous cases. It means that there are other people, probably among those who attended the ward where two patients were hospitalized, who are now positive for the virus and consequently could in turn have spread the infection. Already yesterday evening the Governor of Veneto Luca Zaia ordered the progressive evacuation of the Padua hospital which should take place within 5-6 days.”

“The hospital is surrounded by a 'sanitary cordon', with Carabinieri, workers of the Red Cross and Civil Protection. Cardiology chief Giampaolo Pasquetto arrived outside the hospital for a few minutes and reported the results of the swabs 'as far as I have been able to know from my colleagues so far,' he said. The modern structure is located between the towns of Este and Monselice and was recently inaugurated to serve the Euganean Hills area.”

<https://www.reuters.com/article/us-china-health-southkorea-samsung-elec/samsung-electronics-confirms-coronavirus-case-at-phone-factory-complex-in-south-korea-idUSKCN20G0CG>

SEOUL (Reuters) - Samsung Electronics said on Saturday that one coronavirus case had been confirmed at its mobile device factory complex in the southeastern city of Gumi, causing a shutdown of its entire facility there until Monday morning.

Samsung Electronics, the world’s top smartphone maker, said the floor where the infected employee worked would be shut down until the morning of Feb. 25.

“The company has placed colleagues who came in contact with the infected employee in self-quarantine and taken steps to have them tested for possible infection,” Samsung said in a news release.

Samsung’s factory in Gumi accounts for a small portion of its total smartphone production, and it makes high-end phones, mostly for the domestic market. Samsung produces most of its smartphones in Vietnam and India.

Gumi is close to the city of Daegu, home to a church at the center of South Korea’s largest coronavirus outbreak.

South Korea said on Saturday that the number of people infected with the coronavirus in the country had more than doubled to 433.

Samsung said production at its chip and display factories in other parts of South Korea would not be affected.

Sent from Mail for Windows 10

From: Carter Mecher

Sent: Friday, February 21, 2020 6:52 PM

To: Richard Hatchett; Dr. Eva K Lee

Cc: Tracey McNamara; Caneva, Duane; (b)(6)@gmail.com; Dodgen, Daniel (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Phillips, Sally (OS/ASPR/SPPR); David Marcozzi; Hepburn, Matthew J CIV USARMY (USA); Lisa Koonin; Wargo Michael; Walters, William (STATE.GOV); HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; Callahan, Michael V., M.D.; (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA); Redd, John (OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Dean, Charity A@CDPH; Lawler, James V; Kadlec, Robert (OS/ASPR/IO); 'Martin, Gregory J (MartinGJ@state.gov)'; Borio, Luciana; Hanfling, Dan; McDonald, Eric; Wade, David; TARANTINO, DAVID A; WILKINSON, THOMAS; David Gruber (david.gruber@dshs.texas.gov); KAUSHIK, SANGEETA; Nathaniel Hupert

Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Wuhan to add 19 additional hospital (when combined with the other 3 hospitals, this would add 30,000 beds).

Just to put that in perspective.

- • There are 2.8 hospital beds in the US per 1,000 population.
- • 30,000 beds is about the number of beds we would have for a population of 11 M.

When you add the 30,000 beds plus the 13,348 other beds added (total of 43,300 beds)

- • There are 4.5 hospital beds in China per 1,000 population
- • 43,300 beds is about the number of beds in China for a population of 9.6 M
- • Wuhan will have nearly doubled its bed capacity

How hard would that be for us to double bed capacity in any major US city? (Really isolation beds for mild illness)

<https://www.straitstimes.com/asia/east-asia/coronavirus-wuhan-to-activate-one-more-temporary-hospital-with-3690-beds?fbclid=IwAR1otf14xNxKIuBRuODJzoTDMJWHueF9gTc06u1IM9nM2u-3VTpohOtFt7s>

WUHAN (XINHUA) – Wuhan, the epicentre of the coronavirus outbreak, plans to build another 19 makeshift hospitals to receive more infected patients, local authorities said Friday (Feb 21).

Upon their completion, all the makeshift hospitals in Wuhan are expected to offer 30,000 beds on Feb 25, said Mr Hu Yabo, deputy mayor of Wuhan at a press briefing on epidemic prevention and control.

To date, Wuhan has converted 13 existing venues into temporary hospitals, with a total of 13,348 beds, and about 9,313 beds have been put into use to treat patients with mild symptoms, said Mr Hu.

Sent from Mail for Windows 10

From: Carter Mecher

Sent: Friday, February 21, 2020 1:59 PM

To: Richard Hatchett; Dr. Eva K Lee

Cc: Tracey McNamara; Caneva, Duane; (b)(6)@gmail.com; Dodgen, Daniel (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Phillips, Sally (OS/ASPR/SPPR); David Marcozzi; Hepburn, Matthew J CIV USARMY (USA); Lisa Koonin; Wargo Michael; Walters, William (STATE.GOV); HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; Callahan, Michael V., M.D.; (b)(6)@UTMB.EDU;

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Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Weekly CDC update looks like flu might be on the downslope (good news). Watching the curves of % positive flu tests and ILI (should track one another as flu is receding). Trouble is the data reported today is for the week ending Feb 15 (so a week old).

Our inpatient nursing sick leave is tracking ILI (current thru 2/20)—nothing unusual

Sent from Mail for Windows 10

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Sent: Friday, February 21, 2020 10:54 AM

To: Richard Hatchett; Dr. Eva K Lee

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Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Singapore and Hong Kong are holding the line. Both implemented NPIs early. No change in numbers from Hong Kong and Singapore saw its case count increase by only 1 for the past two days.

Japan reported to have 107 cases. First reported case in young children (see below)

Hokkaido boy 1st Japan case of coronavirus infection under 10

February 21, 2020 (Mainichi Japan)

SAPPORO -- Two elementary school brothers and a woman in her 40s in Hokkaido have been infected with the new coronavirus, with the younger sibling becoming the first infection under 10 in Japan, Hokkaido Gov. Naomichi Suzuki announced on Feb. 21.

Some graphics of the drop off in travel in China (pretty dramatic)

Jan-23

Feb-13

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From: Carter Mecher

Sent: Friday, February 21, 2020 10:28 AM

To: Richard Hatchett; Dr. Eva K Lee

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<https://www.cdc.go.kr/board/board.es?mid=a30402000000&bid=0030>

Here is the best link to track cases in South Korea. South Korea is now up to 204 cases and 1 death (South Korea is where Wuhan was 1 month ago).

Sent from Mail for Windows 10

From: Carter Mecher

Sent: Friday, February 21, 2020 10:02 AM

To: Richard Hatchett; Dr. Eva K Lee

Cc: Tracey McNamara; Caneva, Duane; (b)(6)@gmail.com; Dodgen, Daniel (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Phillips, Sally (OS/ASPR/SPPR); David Marcozzi; Hepburn, Matthew J CIV USARMY (USA); Lisa Koonin; Wargo Michael; Walters, William (STATE.GOV); HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander;

EVANS, MARIEFRED; Callahan, Michael V., M.D.; (b)(6)@UTMB.EDU;
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Gruber (david.gruber@dshs.texas.gov); KAUSHIK, SANGEETA; Nathaniel Hupert
Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. The notional conops for a healthcare system.

I set up some simple rules:

1. • Protect uninfected patients and staff from infectious patients and staff (using all the tools that we have including home isolation and home quarantine, cohorting/physical separation, PPE, telehealth, etc.)
2. • Provide acute care for COVID patients (continuum of ER-inpatient care-intensive care)
3. • Support mildly ill COVID patients in home isolation--telehealth
4. • Support patients in voluntary home quarantine--telehealth
5. • Continue to address the usual mix of healthcare needs for patients (from outpatient care to acute care to mental health care to long term care)
 - a. • Outpatient clinics and providers focus on wellness to minimize ER visits/hospitalization to unburden the acute care system—leverage telehealth
 - b. • Continue to provide acute care and inpatient mental health care (continuum of ER-inpatient care-intensive care) for non-COVID conditions
 - c. • Protect high-risk patients in residential/long term care (nursing homes, hospice, long term psychiatry, etc.)

The notional conops divides the healthcare system into hot and safe areas. The hot area is only acute care: ER-acute inpatient care-ICU care. The safe areas include a separate acute care area (ER-acute inpatient care-ICU care), all the outpatient clinics/care, other inpatient care areas such as mental health, as well as long term/residential care (nursing home, hospice, long term psychiatry, etc.).

Triage will not be easy (between hot and safe). Best I could come up with would be: (1) anyone already on home isolation or home quarantine (may need a medical record flag); (2) anyone with ILI (could narrow that down with a negative rapid flu test); (3) anyone with a sick household

member with suspected COVID. Could be very difficult for an unconscious/confused, or trauma patient etc., but would probably err on the side of hot and think of additional layered strategies to minimize patient risk within that area (private rooms, patient PPE?). Triage would need to err on the side of keeping the safe area safe.

The mitigation measures are our best tools to reduce community transmission and reduce the probability of an infectious patient getting into a safe area. If we have a breach in a safe inpatient area, it pretty much converts that inpatient area into a hot area. That also means that we have the staff in that area exposed (because of limited availability of PPE, the staff in the safe area would not be PPE—PPE would have been directed to the staff in the hot area). Those staff would likely need to be placed on quarantine. The effect is we now have a much larger hot area with even fewer staff. That would really be a mess.

You have the same problem in the outpatient areas. Have a sick patient slip through and come in contact with a number of the clinic staff (not in PPE), and we now need to quarantine all those staff. In contrast to a breach for the inpatient area, the outpatient area can still operate as a safe area (just minus those staff who would now be on quarantine). But do that a few times and pretty soon you have nobody left to fight. One way I thought about dealing with this scenario is to take the outpatient staff and split them in two. One group works the clinic (physically present) for the usual clinic hours for a 14 day stretch (1 incubation period). Another group works from home (and practices social distancing, etc., really acting as if they are on home quarantine) and leverages telehealth technology to care for patients and help with monitoring those patients in home isolation and home quarantine. After 14 days the groups switch. [All along we monitor employees daily (whether at work or at home) for symptoms or sick household members] In the event of a breach, the groups immediately switch and the group that was working is placed on actual home quarantine (but still continues to work from home leveraging telehealth). That way if a breach does happen, we have a fallback response (that we are constantly practicing) that allows us to sustain outpatient care.

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Secretary and staff in the event that the government is decapitated). So think of a small group (would need to think thru what the composition of that team would look like for each area (acute care, inpatient mental health, long term care) that would at least provide the nucleus of the expertise necessary to reconstitute the service in the event of a major breach). This smaller group would vary in team members every 2 weeks and would rotate to work from home for 14 days stretches and practice social distancing (acting as if they were on home quarantine). They could also assist via telehealth (inpatient consultation, etc., while out of the hospital).

Is anyone thinking along these lines (really continuity of operations for the healthcare system)?

Sent from Mail for Windows 10

From: Carter Mecher

Sent: Friday, February 21, 2020 8:35 AM

To: Richard Hatchett; Dr. Eva K Lee

Cc: Tracey McNamara; Caneva, Duane; (b)(6)@gmail.com; Dodgen, Daniel (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Phillips, Sally (OS/ASPR/SPPR); David Marcozzi; Hepburn, Matthew J CIV USARMY (USA); Lisa Koonin; Wargo Michael; Walters, William (STATE.GOV); HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; Callahan, Michael V., M.D.; (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA); Redd, Johnt (OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Dean, Charity A@CDPH; Lawler, James V; Kadlec, Robert (OS/ASPR/IO); 'Martin, Gregory J (MartinGJ@state.gov)'; Borio, Luciana; Hanfling, Dan; McDonald, Eric; Wade, David; TARANTINO, DAVID A; WILKINSON, THOMAS; David Gruber (david.gruber@dshs.texas.gov); KAUSHIK, SANGEETA; Nathaniel Hupert
Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

<https://www.cbc.ca/news/canada/ottawa/diamond-princess-coronavirus-trenton-cornwall-1.5470386>

Canada flies home passengers from cruise line.

Data in article:

47 of 256 Canadians contract

<https://protect2.fireeye.com/url?k=4cbdaa13-10e8a300-4cbd9b2c-0cc47adb5650-4d22910964110410&u=https://protect2.fireeye.com/url?k=96ebd7bc-cabfcec0-96ebe683-0cc47adc5fa2-16a39afbec00c653&u=https://www.timesofisrael.com/israel...nee-diagnosed/>

Israel confirms first coronavirus case as cruise ship returnee diagnosed
 One of 11 Israelis who arrived in the morning after quarantine aboard Diamond Princess ship tests positive, after entering 14-day isolation at Sheba Medical Center

Trying to track cruises ship passenger/crew by country (data is sketchy)

Country	Passengers/Crew	Total Confirmed Cases	ICU Admissions	Deaths	% Infected
US	434	58	1?		13%
Hong Kong	330				
Canada	256	47			18%
Australia	241	48			20%
UK	78	6			8%
Italy	35				
South Korea	14				
Israel	11	1			9%
Japan				2	
Subtotal	1,399	160			
Total	3,711	634			17%

Sent from Mail for Windows 10

From: Carter Mecher

Sent: Friday, February 21, 2020 5:46 AM

To: Richard Hatchett; Dr. Eva K Lee

Cc: Tracey McNamara; Caneva, Duane; (b)(6)@gmail.com; Dodgen, Daniel (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Phillips, Sally (OS/ASPR/SPPR); David Marcozzi; Hepburn, Matthew J CIV USARMY (USA); Lisa Koonin; Wargo Michael; Walters, William (STATE.GOV); HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; Callahan, Michael V., M.D.; (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA); Redd, John (OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Dean, Charity A@CDPH; Lawler, James V; Kadlec, Robert (OS/ASPR/IO); 'Martin, Gregory J (MartinGJ@state.gov)'; Borio, Luciana; Hanfling, Dan; McDonald, Eric; Wade, David; TARANTINO, DAVID A; WILKINSON, THOMAS; David Gruber (david.gruber@dshs.texas.gov); KAUSHIK, SANGEETA; Nathaniel Hupert

Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

China has again modified its reporting (first it added clinical cases to lab confirmed cases on Feb-12). Now it is subtracting out those clinical cases and limiting numbers to lab confirmed). Have continued to follow the hospitalization data from Hubei (see below).

Here is the data being reported by Hubei and Wuhan. Data is pretty sketchy prior to Jan-21.

	Hubei 2019-nCoV Confirmed Hospital Data								
Date	Total Current Inpatients	Mild Disease	Severely Ill	Critically Ill	Cum Discharges	Cum Deaths	Cum Inpatients	Hubei Cum cases	Wuhan Cum Cases
1/14/20	6		6				6	41	41
1/15/20	5		5			2	7	41	41
1/16/20	5		5			2	7	45	44
1/17/20	8		8			2	10	62	62
1/18/20	136	100	33	3		3	139	121	121
1/19/20	170	126	35	9		4	174	198	198
1/20/20	239	176	51	12		7	246	270	255
1/21/20						15		375	321
1/22/20	399	304	71	24		17	416	444	399
1/23/20	494	365	106	23	31	24	549	549	494
1/24/20	658	472	129	57	32	39	729	729	577
1/25/20	915		221		85	52	1,052	1,052	611
1/26/20	1,645	1,013	563	69	44	76	1,423	1,423	690
1/27/20	2,567	1,877	563	127	47	100	2,714	2,714	1,547
1/28/20	3,349	2,450	671	228	80	125	3,554	3,554	1,947
1/29/20	4,334	3,346	711	277	90	162	4,586	4,586	2,227
1/30/20	5,486	4,392	804	290	116	204	5,806	5,806	2,617
1/31/20	6,738	5,444	956	338	166	249	7,153	7,153	3,217
2/1/20	8,565	7,003	1,118	444	215	294	9,074	9,074	4,111
2/2/20	9,618	7,917	1,223	478	295	350	10,263	11,177	5,111
2/3/20	10,990	8,857	1,557	576	396	414	11,800	13,522	6,311

2/4/20	12,627	10,107	1,809	711	520	479	13,626	16,678	8,3
2/5/20	14,314	11,230	2,328	756	633	549	15,496	19,665	10,1
2/6/20	15,804	11,802	3,161	841	817	618	17,239	22,112	11,6
2/7/20	19,835	14,640	4,188	1,007	1,113	699	21,647	24,953	13,6
2/8/20	20,993	15,746	4,093	1,154	1,439	780	23,212	27,100	14,9
2/9/20	22,160	16,655	4,269	1,236	1,795	871	24,826	29,631	16,9
2/10/20	25,087	18,743	5,046	1,298	2,222	974	28,283	31,728	18,4
2/11/20	26,121	18,880	5,724	1,517	2,639	1,068	29,828	31,728	18,4
2/12/20	33,693	26,609	5,647	1,437	3,441	1,310	38,444	48,206	32,9
2/13/20	36,719	27,081	7,953	1,685	4,131	1,426	42,276	51,986	35,9
2/14/20	38,107	27,955	8,276	1,876	4,774	1,457	44,338	54,406	37,9
2/15/20	39,447	29,051	8,439	1,957	5,623	1,596	46,666	56,249	39,4
2/16/20	40,814	31,017	8,024	1,773	6,639	1,696	49,149	58,182	41,1
2/17/20	41,957	30,987	9,117	1,853	7,862	1,789	51,608	59,989	42,7
2/18/20	43,471	32,225	9,289	1,957	9,128	1,921	54,520	61,682	44,4
2/19/20	43,745	32,567	9,128	2,050	10,337	2,029	56,111	62,013	45,0
2/20/20	42,056	31,059	8,979	2,018	11,788	2,144	55,988	62,422	45,3

Sent from Mail for Windows 10

From: Carter Mecher

Sent: Friday, February 21, 2020 5:09 AM

To: Richard Hatchett; Dr. Eva K Lee

Cc: Tracey McNamara; Caneva, Duane; (b)(6)@gmail.com; Dodgen, Daniel (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Phillips, Sally (OS/ASPR/SPPR); David Marcozzi; Hepburn, Matthew J CIV USARMY (USA); Lisa Koonin; Wargo Michael; Walters, William (STATE.GOV); HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; Callahan, Michael V., M.D.; (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA); Redd, Johnt(OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Dean, Charity A@CDPH; Lawler, James V; Kadlec, Robert (OS/ASPR/IO); 'Martin, Gregory J (MartinGJ@state.gov)'; Borio, Luciana; Hanfling, Dan; McDonald, Eric; Wade, David; TARANTINO, DAVID A; WILKINSON, THOMAS; David Gruber (david.gruber@dshs.texas.gov); KAUSHIK, SANGEETA; Nathaniel Hupert
Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

More on South Korea (sounds just like what happened at Jefferson Barracks, just outside St. Louis, in 1918, armed with the exact same tools they had more than 100 years ago to control an outbreak). I assume they must also be taking measures within the base to limit spread (keeping infectious individuals apart from those not yet infected with isolation and quarantine and social distancing).

<https://en.yna.co.kr/view/AEN20200221003000325?section=national/defense>

SEOUL, Feb. 21 (Yonhap) -- The military is making all-out efforts to prevent the new coronavirus from spreading further into the barracks, officials said Friday, after the country's first infections in the armed forces were confirmed.

Earlier in the day, Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.COVID-19 in the first such case among service personnel here.

Following the confirmation, the Navy has checked the temperature of all personnel at the base where the infected sailor served and quarantined all those who had contacts with the person, it said.

"We have carried out disinfection work at the base and are devoting all our efforts to preventing the spread of the new virus," the Navy said in a release.

An officer each from the Army and the Air Force were also confirmed to have the virus the same day.

The military is now working to identify personnel who have visited the southeastern city of Daegu and the surrounding North Gyeongsang Province since Feb. 10, as these areas have recently seen a surge in the number of infected people.

More than 5,000 service personnel are estimated to have visited the region during their vacation according to the military's preliminary investigation.

On Thursday night, the defense ministry said all personnel will be barred from vacationing, staying outside their bases and meeting visitors starting Saturday.

The decision was made at a meeting of top defense officials presided over by Defense Minister Jeong Kyeong-doo, during which he called for "extraordinary measures" to contain the spread of the virus.

Amid growing fears over the disease, the government called off a planned ceremony to mark the 60th anniversary of a pro-democracy movement in Daegu, which was designated a "special care zone" over the virus earlier in the day.

Sent from Mail for Windows 10

From: Carter Mecher

Sent: Thursday, February 20, 2020 9:21 PM

To: Richard Hatchett; Dr. Eva K Lee

Cc: Tracey McNamara; Caneva, Duane; (b)(6)@gmail.com; Dodgen, Daniel (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Phillips, Sally (OS/ASPR/SPPR); David Marcozzi; Hepburn, Matthew J CIV USARMY (USA); Lisa Koonin; Wargo Michael; Walters, William (STATE.GOV); HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; Callahan, Michael V., M.D.; (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA); Redd, John (OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Dean, Charity A@CDPH; Lawler, James V; Kadlec, Robert (OS/ASPR/IO); 'Martin, Gregory J (MartinGJ@state.gov)'; Borio, Luciana; Hanfling, Dan; McDonald, Eric; Wade, David; TARANTINO, DAVID A; WILKINSON, THOMAS; David Gruber (david.gruber@dshs.texas.gov); KAUSHIK, SANGEETA; Nathaniel Hupert
Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

S. Korea reports 52 new virus cases, total now at 156

Welfare/Medicine 10:37 February 21, 2020

SEOUL, Feb. 21 (Yonhap) -- South Korea reported 52 new cases of the new coronavirus Friday, bringing the total number of infections in the nation to 156, with the potentially fatal illness spreading fast across the country.

The number of COVID-19 infections here has almost tripled in just three days, with most new infections traced to church services in the southeastern city of Daegu.

Of the 52 new cases, 41 are in Daegu, 300 kilometers southeast of Seoul, and the neighboring North Gyeongsang Province. Another three were reported in Seoul, the Korea Center for Disease Control and Prevention (KCDC) said in a statement.

Tour buses are parked at a logistics terminal in Daegu, 300 kilometers southeast of Seoul, on Feb. 20, 2020. Thirty-eight new coronavirus cases were reported in the city on Feb. 21, 2010. (Yonhap)

The spike of infections in Daegu and several cases in Seoul, where routes of infections are not immediately traceable, have prompted health officials to declare that COVID-19 has begun spreading locally.

The KCDC said two new cases were reported in South Gyeongsang Province. In a sign that the virus may broadly spread nationwide, six provinces, including Gyeonggi, Jeju, Chungcheong and North Jolla, each reported one case.

Of the 52 new cases, 39 are linked to the Shincheonji Church of Jesus in Daegu, where the 31st patient, the country's probable "super spreader," attended worship services, the KCDC said.

A 61-year-old South Korean woman, who tested positive for the virus earlier this week, attended worship services at the church on Feb. 9 and this past Sunday.

KCDC Director Jung Eun-kyeong told reporters Thursday that the agency is uncertain whether the woman, known as the 31st patient, was a "super spreader" of the virus but asked 1,001 members of the church to self-isolate to stem the spread of the virus.

The government decided to designate Daegu and neighboring Cheongdo as "special management zones," following the spike in the number of infected people and the nation's first death from the virus.

Sent from Mail for Windows 10

From: Carter Mecher

Sent: Thursday, February 20, 2020 5:38 PM

To: Richard Hatchett; Dr. Eva K Lee

Cc: Tracey McNamara; Caneva, Duane; (b)(6)@gmail.com; Dodgen, Daniel (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Phillips, Sally (OS/ASPR/SPPR); David Marcozzi; Hepburn, Matthew J CIV USARMY (USA); Lisa Koonin; Wargo Michael; Walters, William (STATE.GOV); HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; Callahan, Michael V., M.D.; (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA); Redd, John (OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Dean, Charity A@CDPH; Lawler, James V; Kadlec, Robert (OS/ASPR/IO); 'Martin, Gregory J (MartinGJ@state.gov)'; Borio, Luciana; Hanfling, Dan;

McDonald, Eric; Wade, David; TARANTINO, DAVID A; WILKINSON, THOMAS; David Gruber (david.gruber@dshs.texas.gov); KAUSHIK, SANGEETA; Nathaniel Hupert
Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

From Feb-15 to Feb-20 the number of confirmed cases increased from 355 to 634 (increase of 279). The number of asymptomatics increased from 73 to 322 (increase of 249). So from Feb-15 to Feb-20, 249 of the 279 confirmed cases (89%) were asymptomatic. Seems a little odd. Also, read reports that all passengers and crew have been tested (but reports only note that 3,066 of the 3,711 have been tested).

Date	Event	Cumulative Number of Confirmed Cases	Cumulative Number of Deaths	Notes
20-Jan	Cruise ship departs from Yokohama Japan			
25-Jan	80 year old passenger disembarks in Hong Kong			
1-Feb	80 year old passenger confirmed to have COVID-19			
	When results known, certificate of landing canceled and ship under quarantine. Tests for the virus would be administered to three groups: those with symptoms, those who got off in Hong Kong, and those who had close contact with the infected passenger.			
3-Feb	Ship arrives in port of Yokohama Japan			
5-Feb	10 passengers and crew confirmed +	10		
6-Feb	31 more passengers and crew confirmed +	41		
7-Feb	30 more passenger and crew confirmed +	61		
8-Feb	9 more passenger and crew confirmed +	70		
10-Feb	66 more passenger and crew confirmed +	136		439 tes
11-Feb	39 more passenger and crew confirmed +	175		492 tes
12-Feb	28 more passenger and crew confirmed +	203		4 in IC
13-Feb	15 more passenger and crew confirmed +	218		713 tes
14-Feb	67 more passenger and crew confirmed +	285		927 tes
15-Feb	70 more passenger and crew confirmed +	355		1,211 tested; asymptomatic

16-Feb	329 American evacuated from cruise ship (14 of the evacuees found to be +) 61 Americans remained on board 44 Americans remained hospitalized in Japan	369		
17-Feb	85 more passenger and crew confirmed +	454		1,72 tested; serious
18-Feb	167 more passenger and crew confirmed +	621		3,011 te
19-Feb	2 deaths	621	2	
20-Feb	13 more passenger and crew confirmed +	634	2	3,06 tested; serious ill; asymptom

Sent from Mail for Windows 10

From: Carter Mecher

Sent: Thursday, February 20, 2020 4:49 PM

To: Richard Hatchett; Dr. Eva K Lee

Cc: Tracey McNamara; Caneva, Duane; (b)(6)@gmail.com; Dodgen, Daniel (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Phillips, Sally (OS/ASPR/SPPR); David Marcozzi; Hepburn, Matthew J CIV USARMY (USA); Lisa Koonin; Wargo Michael; Walters, William (STATE.GOV); HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; Callahan, Michael V., M.D.; (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA); Redd, John (OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Dean, Charity A@CDPH; Lawler, James V; Kadlec, Robert (OS/ASPR/IO); 'Martin, Gregory J (MartinGJ@state.gov)'; Borio, Luciana; Hanfling, Dan; McDonald, Eric; Wade, David; TARANTINO, DAVID A; WILKINSON, THOMAS; David Gruber (david.gruber@dshs.texas.gov); KAUSHIK, SANGEETA; Nathaniel Hupert

Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

This is new

- • Now 634 cases confirmed on the cruise ship (3,063 tested) (so not all the ship and crew have been tested 3.711)
- • Slightly more than half are asymptomatic (previously we heard that 73 of 355 are asymptomatic)
- • 28 in serious condition (4.4%)

Japan's Health Minister Katsunobu Kato told Parliament the two people from the Diamond Princess cruise ship who died had "received the best medical treatment" but couldn't be saved after catching the novel coronavirus on board. As of Thursday, 634 passengers and crew members were diagnosed with the virus out of 3,063 tested. Slightly more than half have no symptoms at all, officials said, and many of the remainder have only mild fever or a cough. Among patients who tested positive for the virus, 28 were reported in serious condition Thursday.

Doctors have said the virus can be particularly harmful in elderly patients, and one of the two fatal cases from the Diamond Princess, a Japanese man in his 80s, had pre-existing bronchial asthma and had been treated for angina. The other, a Japanese woman in her 80s without underlying illnesses, came down with a fever on Feb. 5, the same day passengers were told they would be quarantined in their cabins for two weeks, according to health ministry officials. The next day, she started suffering from diarrhea and saw a doctor on board.

She wasn't taken to a hospital until Feb. 12 when she started suffering shortness of breath. Her virus test came back positive the following day, and despite treatment with antiviral drugs normally used to treat HIV infection, she died Thursday.

Asked about the woman's case, health ministry official Hiroshi Umeda said, "I believe it was handled promptly." He said the ship was a difficult environment for medical staff but they worked day and night and tried to prioritize the most serious cases.

Sent from Mail for Windows 10

From: Carter Mecher

Sent: Thursday, February 20, 2020 11:00 AM

To: Richard Hatchett; Dr. Eva K Lee

Cc: Tracey McNamara; Caneva, Duane; (b)(6)@gmail.com; Dodgen, Daniel (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Phillips, Sally (OS/ASPR/SPPR); David Marcozzi; Hepburn, Matthew J CIV USARMY (USA); Lisa Koonin; Wargo Michael; Walters, William (STATE.GOV); HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; Callahan, Michael V., M.D.; (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary

(OS/ASPR/BARDA); Redd, John (OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Dean, Charity A@CDPH; Lawler, James V; Kadlec, Robert (OS/ASPR/IO); 'Martin, Gregory J (MartinGJ@state.gov)'; Borio, Luciana; Hanfling, Dan; McDonald, Eric; Wade, David; TARANTINO, DAVID A; WILKINSON, THOMAS; David Gruber (david.gruber@dshs.texas.gov); KAUSHIK, SANGEETA; Nathaniel Hupert
Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Keep an eye on South Korea too. Seeing rapid growth in cases in South Korea (see story below)

South Korea now reporting 104 cases and 1 death today. South Korea now implementing NPIs. This story is eerily reminiscent of the actions taken at Jefferson Barracks near St. Louis in 1918.

Also attached are update for Singapore (85 cases; 46 in hospital/4 in ICU; 4 kids, only 1 in hospital) and Hong Kong (69 cases, still no kids reported). Both have implemented NPIs (small increases in cases today). Japan has reported 10 new cases today—total now is 94.

South Korea reports first virus death as Daegu struggles to contain outbreak

<https://protect2.fireeye.com/url?k=c11f8891-9d4a8182-c11fb9ae-0cc47adb5650-e50ff096d067931a&u=https://protect2.fireeye.com/url?k=3b9075da-67c46ca6-3b9044e5-0cc47adc5fa2-08635f0e31f1241a&u=https://www.stripes.com/news/pacific...break-1.619407>

SEOUL, South Korea — South Korea reported its first coronavirus-linked death Thursday, while the U.S. military tightened restrictions on travel to the southeastern city of Daegu due to an outbreak in infections in the area.

Daegu also urged residents to stay home as the city of 2.5 million people and surrounding areas struggled to contain an outbreak of the pneumonia-like disease.

The Army garrison in Daegu also restricted access and announced that schools and nonessential business would be closed for a second day on Friday.

In an exception to policy, U.S. service members were authorized to wear face masks in uniform “regardless of air quality conditions,” according to the garrison’s Facebook page.

Fast-moving developments this week were a blow to South Korea’s hope that the crisis was easing.

Instead, dozens of new cases were confirmed in recent days, with the total number of infections soaring to 104 on Thursday, according to the Korea Centers for Disease Control and Prevention

U.S. Forces Korea said, “there remains zero confirmed cases of USFK personnel with COVID-19.”

The virus first appeared in December in Wuhan, China, and spread to nearly 30 countries. More than 2,000 people have died — most in mainland China.

A South Korean man in his 60s died Wednesday at a hospital in the southeastern city of Cheongdo and posthumously tested positive for the virus, the KCDC said Thursday. It was South Korea’s first death from the virus.

USFK **raised the risk level for the military community** to moderate on Wednesday and banned all nonessential travel to Daegu due to an outbreak linked to a church near the Army garrison in the city.

On Thursday, USFK added that all travel by American troops to, from and around Daegu requires authorization from their leadership. The precaution was “highly encouraged” for all family members, civilians and contractors as well.

“All off-installation travel for all USFK populations should be minimized to reduce potential contamination,” USFK announced on its website.

U.S. Army Garrison Daegu, about 200 miles southeast of Seoul, also said visitors not performing mission essential or official business would be denied access as it implemented health checks at the gates.

Nonessential personnel were not required to go to work on Friday and most activities would be suspended, including the schools, it said.

The garrison also recommended that members of the military community avoid public places and transportation in the city, including stores, restaurants and other heavily congested areas until the situation is brought under control.

Self-quarantine measures were ordered for any American troops who had visited the affected New World Church, but garrison commander Col. Edward Ballanco said earlier Thursday that no Americans were known to have done so.

He also urged Americans to avoid a local hospital where the woman believed to have been a carrier was treated.

The garrison also lifted limits on wearing face masks for American troops in uniform, who normally are only allowed to wear them on days with extreme pollution.

Sent from Mail for Windows 10

From: Carter Mecher

Sent: Thursday, February 20, 2020 8:20 AM

To: Richard Hatchett; Dr. Eva K Lee

Cc: Tracey McNamara; Caneva, Duane; (b)(6)@gmail.com; Dodgen, Daniel (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Phillips, Sally (OS/ASPR/SPPR); David Marcozzi; Hepburn, Matthew J CIV USARMY (USA); Lisa Koonin; Wargo Michael; Walters, William (STATE.GOV); HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; Callahan, Michael V., M.D.; (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA); Redd, Johnt(OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Dean, Charity A@CDPH; Lawler, James V; Kadlec, Robert (OS/ASPR/IO); 'Martin, Gregory J (MartinGJ@state.gov)'; Borio, Luciana; Hanfling, Dan; McDonald, Eric; Wade, David; TARANTINO, DAVID A; WILKINSON, THOMAS; David Gruber (david.gruber@dshs.texas.gov); KAUSHIK, SANGEETA; Nathaniel Hupert
Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Last thing. Keep a very close eye on Japan. The outbreak is starting to take off there with numbers of cases scattered across the country with no link to known cases. We are also seeing nosocomial transmission (a number of healthcare workers infected). There is also a large number of cases hospitalized in Japan related to the cruise ship, and now the release of large numbers of passengers from the cruise ship into the community. Yesterday they reported a total of 84 cases—caught up to Singapore. But unlike Singapore, Japan has been slow to implement NPIs. The other concern is that Japan's population is disproportionately aged (it has the highest % age 65 of any country). In Japan, 27% of the population is ≥ 65; in the US, 15.6% of the population is ≥ 65. And Japan can also claim the largest city in the world (metro Tokyo with 38 M people—pretty much the population of California crammed into an area smaller than the size of Connecticut). Japan also has the 10th largest city in the world (Osaka with 19 M people).

Sent from Mail for Windows 10

From: Carter Mecher

Sent: Thursday, February 20, 2020 7:15 AM

To: Richard Hatchett; Dr. Eva K Lee

Cc: Tracey McNamara; Caneva, Duane; (b)(6)@gmail.com; Dodgen, Daniel (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Phillips, Sally (OS/ASPR/SPPR); David Marcozzi; Hepburn, Matthew J CIV USARMY (USA); Lisa Koonin; Wargo Michael; Walters, William (STATE.GOV); HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; Callahan, Michael V., M.D.; (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA); Redd, Johnt (OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Dean, Charity A@CDPH; Lawler, James V; Kadlec, Robert (OS/ASPR/IO); 'Martin, Gregory J (MartinGJ@state.gov)'; Borio, Luciana; Hanfling, Dan; McDonald, Eric; Wade, David; TARANTINO, DAVID A; WILKINSON, THOMAS; David Gruber (david.gruber@dshs.texas.gov); KAUSHIK, SANGEETA; Nathaniel Hupert
Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

What has me worried is what happened on the cruise ship is a preview of what will happen when this virus makes its way to the US healthcare system (not to mention institutionalized high-risk populations in the US, like nursing homes). I'm not sure that folks understand what is just over the horizon.

Remember the story about Mann Gulch? We are at the equivalent of about 5:44. I anticipate that when we reach 5:45, there is going to be chaos and panic to get anything in place. I doubt that what we would then hurriedly put in place will be any better than what they did on that cruise ship. As a consequence, would expect much the same results.

I listened to the discussion yesterday. After listening to James and Michael describe the conditions on and around the cruise ship, I wondered whether anyone in healthcare leadership (outside the expertise at our biocontainment facilities) is thinking about infection control practices for any staff entering areas of a hospital caring for COVID patients (like changing clothes before entering and perhaps wearing scrubs, not bringing personal items into the area like iphones, ipads, stethoscopes, white coats, purses, briefcases, etc.)? And instituting policies that require all patients to phone for clearance to enter prior to presenting at safe acute and non-acute areas including community based clinics? Are we confident of the infection control practices of

acute care staff (that they know the basics of how to don and doff PPE and behavior while in PPE?) Would HCWs in outpatient clinics or long term care facilities be any better prepared than the crew on board the cruise ship or the responders in Japan? I'm no expert in infection control and would defer to the expertise in this group. I was just a little surprised how little this seemed to be a concern for the healthcare leaders gathered yesterday.

I think we are getting close to the point where we need to drop those things that are not critical and focus on the most important things.

We are going to have a devil of time with lab confirmation—it is just too slow (they had a 2 day turnaround on the cruise ship) and we just don't have the capacity for the volume of tests we would anticipate. Charity has stressed this point again and again. That means we are going to have to fly blind early on. Perhaps the best we are going to be able to do in the near term if things begin to accelerate is screen all suspect cases (pretty much anyone with ILI symptoms) with a quick flu test and assume anyone who tests negative is suspected COVID until proven otherwise; and treat everyone who tests positive with Tamiflu. It will prove problematic early on, but as the epidemic barrels along, COVID will displace everything (at that point we will just assume that anyone with a fever or ILI has COVID). The problem is in the beginning. It is going to be so hard to sort things out. Matt, James and others are pushing for more rapid screening—but we just aren't there yet. The consequence is that we will be placing patients with resp illness (that is not flu and presumed to be COVID) in areas with actual COVID patients. I hate to do that, but not sure how it could be avoided early on. But we would only do that for those who are ill enough to be hospitalized. The large number of asymptomatic and mildly ill patients would be under home isolation (so no worries about mixing confirmed and suspected patients). The downside is that we would have larger number of people in isolation and home quarantine than is really necessary (and the consequence of increased workplace absenteeism).

And it is because home isolation and home quarantine are so important, healthcare systems (and not just public health) have to grab a hold of operationalizing those NPIs with both hands. A while back, I created some prescriptions (tongue in cheek), just to underscore that physicians do have a role in isolation and quarantine (it is not limited to public health). We might not have pharmaceuticals available to treat COVID, but why can't we write prescriptions for non-pharmaceuticals? I don't think healthcare leaders appreciate this point. Every COVID patient we admit or see in the ER will require us to follow up with household members to make sure they know to home quarantine (need to do the same anywhere in our system we find a patient who is infected). You could not imagine the pushback I have received when I proposed that we must have an active role—people seem to think that state and local public health is alone responsible for this. I would think public health will be overwhelmed and taking charge of this is our best strategy to keep our safe areas safe.

I would be interested to hear how other healthcare systems and public health leaders are thinking about this.

Sent from Mail for Windows 10

From: Carter Mecher

Sent: Thursday, February 20, 2020 6:39 AM

To: Richard Hatchett; Dr. Eva K Lee

Cc: Tracey McNamara; Caneva, Duane; (b)(6)@gmail.com; Dodgen, Daniel (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Phillips, Sally (OS/ASPR/SPPR); David Marcozzi; Hepburn, Matthew J CIV USARMY (USA); Lisa Koonin; Wargo Michael; Walters, William (STATE.GOV); HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; Callahan, Michael V., M.D.; (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA); Redd, John (OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Dean, Charity A@CDPH; Lawler, James V; Kadlec, Robert (OS/ASPR/IO); 'Martin, Gregory J (MartinGJ@state.gov)'; Borio, Luciana; Hanfling, Dan; McDonald, Eric; Wade, David; TARANTINO, DAVID A; WILKINSON, THOMAS; David Gruber (david.gruber@dshs.texas.gov); KAUSHIK, SANGEETA; Nathaniel Hupert
Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Keeping track of the outbreak aboard the cruise ship. The latest update is the announcement of 2 deaths (both patients in their 80s). An 87-year-old man and an 84-year-old woman, died on the 20th. Both were Japanese (the 87-year-old man was hospitalized on Feb-11 and the 84-year-old woman on Feb-12). So time to death from recognition of infection was 8-9 days. On Feb-12, the total number of confirmed cases was 203. So estimated CFR back dating the denominator to Feb-12 is 1%. Assuming a denominator of 621, the CFR is 0.3%. If deaths are lagging by 8-10 days (and confirmed cases plateau), we should have a pretty good estimate of CFR for the entire group in another week or so. Will need to peel off the number of cases involving the crew member to get a better estimate of CFR in the elderly. These numbers are within the range we have been estimating.

The 2,666 passengers are similar in age (and likely in co-morbidities) to the population we see in a nursing home or residential care facility. The 1,045 crew are a proxy for a young healthy

population. It will be important to look at the outcomes separately. One of the concerns is how a 'remake of this movie' could play out in similarly confined populations of elderly frail Americans. Here are the numbers of long term care facilities/programs in the US that care for the frail elderly. A large number of locations and a large number of residents/participants. I know that healthcare leaders were engaged yesterday, is anyone engaging this sector (long term care)? The healthcare leaders seemed more concerned about critical supply shortages (akin to the IV fluid shortage). Listening to them, it felt like their concerns seemed almost divorced from the threat of COVID.

	Number of Facilities / Communities	Number of Agencies / Centers	Number of Beds	Number of Residents	Number of Participants
Nursing Homes	15,600		1,700,000	1,300,000	
Residential Care	28,900		996,100	811,500	
Hospice Care		4,300			1,400,000
Adult Day Care		4,600			286,300

Source: <https://www.cdc.gov/nchs/fastats/nursing-home-care.htm>

The outbreak on the cruise ship should be the wake up call for leaders in long term care (and I would think healthcare overall).

Here is a summary of the cruise ship data (as of Feb 20)

Date	Event	Cumulative Number of Confirmed Cases	Cumulative Number of Deaths	Note
20-Jan	Cruise ship departs from Yokohama Japan			
25-Jan	80 year old passenger disembarks in Hong Kong			
1-Feb	80 year old passenger confirmed to have COVID-19			

	When results known, certificate of landing canceled and ship under quarantine. Tests for the virus would be administered to three groups: those with symptoms, those who got off in Hong Kong, and those who had close contact with the infected passenger.			
3-Feb	Ship arrives in port of Yokohama Japan			
5-Feb	10 passengers and crew confirmed +	10		
6-Feb	31 more passengers and crew confirmed +	41		
7-Feb	30 more passenger and crew confirmed +	61		
8-Feb	9 more passenger and crew confirmed +	70		
10-Feb	66 more passenger and crew confirmed +	136		439 tes
11-Feb	39 more passenger and crew confirmed +	175		492 tes
12-Feb	28 more passenger and crew confirmed +	203		4 in IC
13-Feb	15 more passenger and crew confirmed +	218		713 tes
14-Feb	67 more passenger and crew confirmed +	285		927 tes
15-Feb	70 more passenger and crew confirmed +	355		73 asympt 1,219 te
16-Feb	329 American evacuated from cruise ship (14 of the evacuees found to be +) 61 Americans remained on board 44 Americans remained hospitalized in Japan	369		
17-Feb	85 more passenger and crew confirmed +	454		1,72 tested; seriousl
18-Feb	167 more passenger and crew confirmed +	621		3,011 te
19-Feb	2 deaths	621	2	

Data by country is a bit sketchy

Country	Passengers	Total Confirmed Cases	ICU Admissions	Deaths
US	434	58	1	
Hong Kong	330			
Canada	256	32		
Australia	241	46		

UK	78	6		
Italy	35			
South Korea	14			
Japan				
Subtotal	1,388	142		

New virus cruise ship disembarks and kills two Japanese passengers in hospital

February 20, 2020 11:38

Two Japanese men and women in their 80s who were hospitalized and treated for the virus were killed on the 20th in a cruise ship passenger who was confirmed to be infected with the new coronavirus. This is the first time a cruise ship passenger has died and three people have been killed in the country.

As of the 19th, 621 cruise ships out of approximately 3,700 crew members and passengers on the cruise ship where outbreaks of the new coronavirus were confirmed were confirmed.

According to government officials, two of them, a 87-year-old man and an 84-year-old woman, died on the 20th.

Both were Japanese and had a basic illness and were confirmed to have been infected with the virus, so it was said that men were hospitalized on the 11th of this month and women on the 12th to be treated.

This is the first time a cruise ship passenger has died.

In addition, three people have been killed in Japan, following the death of a woman in her 80s living in Kanagawa Prefecture on the 13th of this month.

Sent from Mail for Windows 10

From: Carter Mecher

Sent: Wednesday, February 19, 2020 10:05 PM

To: Richard Hatchett; Dr. Eva K Lee

Cc: Tracey McNamara; Caneva, Duane; (b)(6)@gmail.com; Dodgen, Daniel (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Phillips, Sally (OS/ASPR/SPPR); David Marcozzi; Hepburn, Matthew J CIV USARMY (USA); Lisa Koonin; Wargo Michael; Walters, William (STATE.GOV); HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; Callahan, Michael V., M.D.; (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA); Redd, John (OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Dean, Charity A@CDPH; Lawler, James V; Kadlec, Robert (OS/ASPR/IO); 'Martin, Gregory J (MartinGJ@state.gov)'; Borio, Luciana; Hanfling, Dan; McDonald, Eric; Wade, David; TARANTINO, DAVID A; WILKINSON, THOMAS; David Gruber (david.gruber@dshs.texas.gov); KAUSHIK, SANGEETA; Nathaniel Hupert

Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

More puzzle pieces.

Italy <https://protect2.fireeye.com/url?k=e41224c8-b8472ddb-e41215f7-0cc47adb5650-4ecb9470dbf4e3a6&u=https://protect2.fireeye.com/url?k=e5d05247-b9844b3b-e5d06378-0cc47adc5fa2-e16553f827677d60&u=https://www.journalgazette.net/news/world/20200216/quarantine-ends-for-germans-italy-to-fly-citizens-from-ship>

Italy plans to evacuate 35 Italians from the cruise ship

- 25 Italian crew members (including the ship's captain)
- 15 passengers

UK <https://www.telegraph.co.uk/global-health/science-and-disease/coronavirus-news-uk-china-singapore-death-toll-latest/>

UK plans to evacuate British passengers Friday 2/21

78 British passengers on board

4 confirmed COVID the Foreign Office

2 passengers on board say they are infected

Hong Kong <https://www.japantimes.co.jp/news/2020/02/16/national/science-health/canada-evacuate-passengers-coronavirus-covid19-diamond-princess-cruise-ship/>

There are around 330 Hong Kong residents on board, including 260 holding Special Administrative Region of Hong Kong passports and roughly 70 people with foreign ones.

South Korea <https://www.japantimes.co.jp/news/2020/02/18/national/science-health/south-korea-evacuate-diamond-princess/>

The South Korean government is sending a presidential plane to Japan on Tuesday afternoon to evacuate several citizens on a coronavirus-stricken cruise ship docked in Yokohama, a government official said Tuesday.

14 South Koreans — nine passengers and five crew members

Canada <https://www.japantimes.co.jp/news/2020/02/18/national/science-health/canada-diamond-princess-covid19/>

Global Affairs Canada had confirmed that 32 out of 256 Canadians on the ship had tested positive.

Canadian passengers are set to be evacuated from the virus-hit boat soon, passengers will be screened before boarding the evacuation aircraft, and those who exhibit symptoms of COVID-19 will be transferred to the Japanese health care system

Australia <https://www.news.com.au/travel/travel-updates/health-safety/unusual-rescue-flight-ahead-for-australian-evacuees-of-the-diamond-princess/news-story/564e590bec70b71825c897df85d0bc24>

Australia evacuated passengers from the cruise ship today.

- • ~180 evacuated
- • 15 declined evacuation
- • 36 confirmed COVID hospitalized in Japan
- • 10 newly confirmed had to stay behind

So there were a total of ~241 Australians aboard the ship; 46 tested + (19%)

The story from Australia sounds familiar (see below).

Australian cruise passengers arrive to Darwin after Diamond Princess virus outbreak ordeal

Feb 20

A rescue mission of Australian cruise ship passengers from Japan has officially landed in Darwin, but the flight wasn't free from drama.

Thousands of people sharing toilets, pools and buffets – is this the petri dish of the sea?

The Qantas coronavirus rescue flight, carrying about 180 citizens and permanent residents on board from Japan, has landed in Australia.

Qantas flight 6032 touched down in Darwin at 8.11am local time, after being slightly delayed from takeoff out of Haneda.

The last-minute drama hit the rescue mission when 10 Australians, who were set to leave the coronavirus-hit Diamond Princess ship and head to the airport, were told they had tested positive to coronavirus and had to stay behind.

About 180 citizens and permanent residents, who have spent the past fortnight on the quarantined cruise ship off the coast of Japan, had taken up the Federal Government's offer of a seat on the repatriation flight to Australia.

They join another 36 Australians who contracted coronavirus on the *Diamond Princess* and are being treated in Japan. About 15 of their relatives declined the offer of repatriation to stay with them.

The Australians on board will be screened for coronavirus five times before they are taken to a quarantine facility at Howard

Qantas boss Alan Joyce praised the crew who took part in the repatriation flight as well as two previous Qantas chartered flights that brought Australians home from virus epicentre Wuhan.

"It took literally thousands of hours to plan complex operations like these," Mr Joyce said at a press conference today.

"The crew were all volunteers and they did us proud."

Yesterday, Australians who were cleared to finally disembark the *Diamond Princess* were driven by bus to Haneda Airport for the chartered flight home.

They first needed to pass a health check to receive an approval of disembarkation notice by Japanese quarantine officials.

They were then screened several more times before they could board the Qantas 747.

On the plane, they had no contact with Qantas crew, who remained upstairs for the flight. Food for passengers was already waiting for them at their seats when they boarded.

If they passed the latest health check, they would have been given “approval of disembarkation” notices by Japanese quarantine officials, which grant them permission to enter Japan.

From Yokohama Port, where the ship was docked, they boarded buses to Haneda Airport.

Brisbane student Tehya Pfeffer, 18, who has been quarantined on the *Diamond Princess* with her grandmother Cathy, was among them.

“At 10.30am (local time, 12.30pm AEDT) we will start to be screened and given luggage tags and wrist bands,” Ms Pfeffer told [news.com.au](https://www.news.com.au) yesterday.

“At 5pm we have to have our luggage put outside, and at 6pm we will disembark the ship and go through a makeshift customs. This is where we use our wrist bands.

“And then we will take a bus to the airport and at around 12am Thursday we will fly to Darwin.”

On the evacuation flight, cabin crew would not be making direct contact with evacuees.

Meals were already waiting for passengers at their seats when they boarded, and Qantas staff remained upstairs.

All those returning to Australia on the Qantas flight will spend two weeks in quarantine at the Howard Springs facility, in addition to the two weeks in lockdown they’ve had on the ship.

Sent from Mail for Windows 10

From: Carter Mecher

Sent: Wednesday, February 19, 2020 8:36 PM

To: Richard Hatchett; Dr. Eva K Lee

Cc: Tracey McNamara; Caneva, Duane; (b)(6)@gmail.com; Dodgen, Daniel (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Phillips, Sally (OS/ASPR/SPPR); David Marcozzi; Hepburn, Matthew J CIV USARMY (USA); Lisa Koonin; Wargo Michael; Walters, William (STATE.GOV); HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; Callahan, Michael V., M.D.; (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary

(OS/ASPR/BARDA); Redd, John(OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Dean, Charity A@CDPH; Lawler, James V; Kadlec, Robert (OS/ASPR/IO); 'Martin, Gregory J (MartinGJ@state.gov)'; Borio, Luciana; Hanfling, Dan; McDonald, Eric; Wade, David; TARANTINO, DAVID A; WILKINSON, THOMAS; David Gruber (david.gruber@dshs.texas.gov); KAUSHIK, SANGEETA; Nathaniel Hupert
Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

South Korea cases are taking off.

S. Korea reports 31 more cases on 2/20; total now at 82

Singapore, Hong Kong, Japan, and South Korea are the new front lines. Matter of time before travel from those areas will raise concerns.

Sent from Mail for Windows 10

From: Carter Mecher

Sent: Wednesday, February 19, 2020 4:45 PM

Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Was listening to the discussion today. There was a discussion about the shortages of PPE. There was also discussion re NPIs, but I'm not sure that most folks appreciate that the NPIs that have been arrayed as part of the TLC strategy to reduce disease transmission in the community can be leveraged to create safer compartments or spaces by shunting disease toward the home. By implementing these interventions, one could reduce the likelihood of disease in workplaces (by home isolation and home quarantine-- keeping sick employees at home and keeping employees who are well but potentially infected because someone is sick in their household, at home). Adding in other social distancing measures including social distancing at work, helps to reduce community transmission (adds additional protection to the workplace). The consequence is shunting disease to the home--120 M different compartments in the US, and making the workplace the safe place. That is potentially very important for critical infrastructure. The answer is not PPE for these employees. And why would we expect that employees in these

sectors would have any better IPC with the use of PPE than we saw with staff on the Diamond Princess?

Healthcare is a key critical infrastructure. It is different from the other sectors in that it will be attracting patients with COVID like a magnet. It is hard to imagine how one could make healthcare a safe workplace. But it is only hard to imagine how one could do that unless you begin to look a little closer at the different components of the healthcare system and the roles each component might play during this pandemic.

To illustrate this, I took a stab at developing a conops or roadmap to look at the various pieces of the healthcare system. The shunting of disease is really fractal. Just as we can look at shunting disease across a community into one compartment (the home) to make other compartments safer, we can do the same within our healthcare system—shunt disease to the acute care area where COVID patients will be concentrated. What are the strategies to do that?

This conops is notional. It is purposely designed for a severe outbreak with severe disease and assumes that the healthcare system must somehow continue to limp along and continue to care for the background disease we see during normal times (strokes, AMIs, fractures and trauma, appendicitis, other serious infections, CHF, diabetic emergencies, psychotic episodes, preeclampsia, complicated deliveries, end stage renal disease and dialysis, etc.) as well as sustain outpatients with chronic conditions that require monitoring and care to keep them well and out of the ER and out of the hospital.

Sent from Mail for Windows 10

From: Carter Mecher

Sent: Wednesday, February 19, 2020 2:36 PM

To: Richard Hatchett; Dr. Eva K Lee

Cc: Tracey McNamara; Caneva, Duane; (b)(6)@gmail.com; Dodgen, Daniel (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Phillips, Sally (OS/ASPR/SPPR); David Marcozzi; Hepburn, Matthew J CIV USARMY (USA); Lisa Koonin; Wargo Michael; Walters, William (STATE.GOV); HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; Callahan, Michael V., M.D.; (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA); Redd, John (OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Dean, Charity A@CDPH; Lawler, James V; Kadlec, Robert

(OS/ASPR/IO); 'Martin, Gregory J (MartinGJ@state.gov)'; Borio, Luciana; Hanfling, Dan; McDonald, Eric; Wade, David; TARANTINO, DAVID A; WILKINSON, THOMAS; David Gruber (david.gruber@dshs.texas.gov); KAUSHIK, SANGEETA; Nathaniel Hupert
Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Update for South Korea (see attached) 51 cases; 1 child

Colombia confirms first case of Coronavirus - citizen on Japan cruise ship

February 17th, 2020, 09:06 AM

@Stats Alerts

BREAKING: Colombia confirms first case of Coronavirus Colombia confirms first case of coronavirus: citizen was on a Diamond Princess cruise

Sent from Mail for Windows 10

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Sent: Wednesday, February 19, 2020 10:05 AM

To: Richard Hatchett; Dr. Eva K Lee

Cc: Tracey McNamara; Caneva, Duane; (b)(6)@gmail.com; Dodgen, Daniel (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Phillips, Sally (OS/ASPR/SPPR); David Marcozzi; Hepburn, Matthew J CIV USARMY (USA); Lisa Koonin; Wargo Michael; Walters, William (STATE.GOV); HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; Callahan, Michael V., M.D.; (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA); Redd, John (OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Dean, Charity A@CDPH; Lawler, James V; Kadlec, Robert (OS/ASPR/IO); 'Martin, Gregory J (MartinGJ@state.gov)'; Borio, Luciana; Hanfling, Dan;

McDonald, Eric; Wade, David; TARANTINO, DAVID A; WILKINSON, THOMAS; David Gruber (david.gruber@dshs.texas.gov); KAUSHIK, SANGEETA; Nathaniel Hupert
Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Update on HK (65 cases; no children) and Singapore (84 cases; 49 currently hospitalized/4 in ICU; still only 4 children (2 asymptomatic/2 hospitalized)).

Sent from Mail for Windows 10

From: Carter Mecher
Sent: Wednesday, February 19, 2020 8:20 AM
To: Richard Hatchett; Dr. Eva K Lee
Cc: Tracey McNamara; Caneva, Duane; (b)(6)@gmail.com; Dodgen, Daniel (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Phillips, Sally (OS/ASPR/SPPR); David Marcozzi; Hepburn, Matthew J CIV USARMY (USA); Lisa Koonin; Wargo Michael; Walters, William (STATE.GOV); HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; Callahan, Michael V., M.D.; (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA); Redd, Johnt (OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Dean, Charity A@CDPH; Lawler, James V; Kadlec, Robert (OS/ASPR/IO); 'Martin, Gregory J (MartinGJ@state.gov)'; Borio, Luciana; Hanfling, Dan; McDonald, Eric; Wade, David; TARANTINO, DAVID A; WILKINSON, THOMAS; David Gruber (david.gruber@dshs.texas.gov); KAUSHIK, SANGEETA; Nathaniel Hupert
Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

As of yesterday, there are 251 Canadians on board the Diamond Princess, of whom 34 have tested positive.

<https://globalnews.ca/news/6567907/c...hip-canadians/>
Canada walks back expected departure date for evacuees of Japanese cruise ship

By Staff The Canadian Press
Posted February 19, 2020 7:47 am
Updated February 19, 2020 7:49 am

Global Affairs says the departure date for a plane that will carry Canadians home from a coronavirus-stricken cruise ship in Japan is yet to be confirmed. Spokeswoman Barbara Harvey says the departure will be settled once final arrangements are made with the Japanese government and the cruise ship company. A news release from the company operating the Diamond Princess cruise ship says the Canadian flight has been “shifted” to early Friday morning.

Sent from Mail for Windows 10

From: Carter Mecher
Sent: Wednesday, February 19, 2020 8:09 AM
To: Richard Hatchett; Dr. Eva K Lee
Cc: Tracey McNamara; Caneva, Duane; (b)(6)@gmail.com; Dodgen, Daniel (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Phillips, Sally (OS/ASPR/SPPR); David Marcozzi; Hepburn, Matthew J CIV USARMY (USA); Lisa Koonin; Wargo Michael; Walters, William (STATE.GOV); HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; Callahan, Michael V., M.D.; (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA); Redd, Johnt (OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Dean, Charity A@CDPH; Lawler, James V; Kadlec, Robert (OS/ASPR/IO); 'Martin, Gregory J (MartinGJ@state.gov)'; Borio, Luciana; Hanfling, Dan; McDonald, Eric; Wade, David; TARANTINO, DAVID A; WILKINSON, THOMAS; David Gruber (david.gruber@dshs.texas.gov); KAUSHIK, SANGEETA; Nathaniel Hupert
Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

621 cases on cruise ship (17% of the passengers and crew have been infected).

<https://www.channelnewsasia.com/news...itive-12450498>

79 more people test positive for COVID-19 on Diamond Princess cruise ship

19 Feb 2020 06:21PM

(Updated: 19 Feb 2020 06:30PM)

TOKYO: An additional 79 cases of coronavirus have been discovered aboard the Diamond Princess cruise ship in Japan, the health ministry said Wednesday (Feb 19), bringing the total to 621.

Sent from Mail for Windows 10

From: Carter Mecher

Sent: Wednesday, February 19, 2020 6:06 AM

To: Richard Hatchett; Dr. Eva K Lee

Cc: Tracey McNamara; Caneva, Duane; (b)(6)@gmail.com; Dodgen, Daniel (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Phillips, Sally (OS/ASPR/SPPR); David Marcozzi; Hepburn, Matthew J CIV USARMY (USA); Lisa Koonin; Wargo Michael; Walters, William (STATE.GOV); HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; Callahan, Michael V., M.D.; (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA); Redd, John (OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Dean, Charity A@CDPH; Lawler, James V; Kadlec, Robert (OS/ASPR/IO); 'Martin, Gregory J (MartinGJ@state.gov)'; Borio, Luciana; Hanfling, Dan; McDonald, Eric; Wade, David; TARANTINO, DAVID A; WILKINSON, THOMAS; David Gruber (david.gruber@dshs.texas.gov); KAUSHIK, SANGEETA; Nathaniel Hupert

Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

I saw a news story yesterday (WashPost) that testing was completed. So we should know in the next couple of days.

Also saw a story about the 100 or so Americans left behind (44 in hospitals and 61 who declined evacuation).

<https://mainichi.jp/english/articles/20200219/p2g/00m/0in/028000c>

Hard to find data on the status of those still hospitalized in Japan.

James made a very important point yesterday. Although the passengers are elderly (2,666 passengers), the crew members are relatively young (1,045 crew members). James also expected the attack rates to be very high among the crew members (they were housed together in a relatively small space aboard the ship, perfect conditions for explosive disease transmission). So this combined data on passengers (elderly) and crew (young and healthy) will be invaluable in terms of helping understand severity. I would think that Japan also realizes how invaluable this data is. Japan will be in the best position to assess the impact on the crew, since they will know the results of lab screening and hospitalization of all + crew members (as well as the monitoring quarantine of the rest of the crew over the next 14 days). But now that the passengers are being dispersed, it will be important for several nations to share the data on these passengers—it is really our best chance to understand severity (would need collaboration of the US, Canada, Australia, Hong Kong, Japan).

Sent from Mail for Windows 10

From: Richard Hatchett

Sent: Wednesday, February 19, 2020 4:47 AM

To: Dr. Eva K Lee; Carter Mecher

Cc: Tracey McNamara; Caneva, Duane; (b)(6)@gmail.com; Dodgen, Daniel (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Phillips, Sally (OS/ASPR/SPPR); David Marcozzi; Hepburn, Matthew J CIV USARMY (USA); Lisa Koonin; Wargo Michael; Walters, William (STATE.GOV); HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; Callahan, Michael V., M.D.; (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA); Redd, John (OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Dean, Charity A@CDPH; Lawler, James V; Kadlec, Robert (OS/ASPR/IO); 'Martin, Gregory J (MartinGJ@state.gov)'; Borio, Luciana; Hanfling, Dan; McDonald, Eric; Wade, David; TARANTINO, DAVID A; WILKINSON, THOMAS; David Gruber (david.gruber@dshs.texas.gov); KAUSHIK, SANGEETA; Nathaniel Hupert

Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

I understand from contacts at WHO that Japan is testing everyone on the Diamond Princess, so we should have a complete accounting of that closed population (and thus a nice dataset to inform severity estimates).

From: Dr. Eva K Lee <evalee-gatech@pm.me>
Sent: 19 February 2020 03:54
To: Carter Mecher <(b)(6)@charter.net>
Cc: Tracey McNamara <(b)(6)@westernu.edu>; Caneva, Duane <duane.caneva@hq.dhs.gov>; Richard Hatchett <richard.hatchett@cepi.net>; rjglassjr@gmail.com; Dodgen, Daniel (OS/ASPR/SPPR) <Daniel.Dodgen@HHS.GOV>; DeBord, Kristin (OS/ASPR/SPPR) <Kristin.DeBord@hhs.gov>; Phillips, Sally (OS/ASPR/SPPR) <Sally.Phillips@hhs.gov>; David Marcozzi <(b)(6)@som.umaryland.edu>; Hepburn, Matthew J CIV USARMY (USA) <matthew.j.hepburn.civ@mail.mil>; Lisa Koonin <(b)(6)@gmail.com>; Wargo Michael <Michael.Wargo@hcahealthcare.com>; Walters, William (STATE.GOV) <walterswa2@state.gov>; HARVEY, MELISSA <melissa.harvey@hq.dhs.gov>; WOLFE, HERBERT <HERBERT.WOLFE@hq.dhs.gov>; Eastman, Alexander <alexander.eastman@hq.dhs.gov>; EVANS, MARIEFRED <mariefred.evans@associates.hq.dhs.gov>; Callahan, Michael V., M.D. <(b)(6)@mgh.harvard.edu>; <(b)(6)@UTMB.EDU>; <(b)(6)@email.unc.edu>; Johnson, Robert (OS/ASPR/BARDA) <Robert.Johnson@hhs.gov>; Yeskey, Kevin <kevin.yeskey@hhs.gov>; Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>; Redd, John (OS/ASPR/SPPR) <John.Redd@hhs.gov>; Hassell, David (Chris) (OS/ASPR/IO) <David.Hassell@hhs.gov>; Hamel, Joseph (OS/ASPR/IO) <Joseph.Hamel@hhs.gov>; Dean, Charity A@CDPH <Charity.Dean@cdph.ca.gov>; Lawler, James V <(b)(6)@unmc.edu>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; 'Martin, Gregory J (MartinGJ@state.gov)' <MartinGJ@state.gov>; Borio, Luciana <LBorio@iqit.org>; Hanfling, Dan <DHanfling@iqit.org>; McDonald, Eric <Eric.McDonald@sdcounty.ca.gov>; Wade, David <david.wade@hq.dhs.gov>; TARANTINO, DAVID A <david.a.tarantino@cbp.dhs.gov>; WILKINSON, THOMAS <THOMAS.WILKINSON@hq.dhs.gov>; David Gruber <david.gruber@dshs.texas.gov>; KAUSHIK, SANGEETA <sangeeta.kaushik@hq.dhs.gov>; Nathaniel Hupert <(b)(6)@med.cornell.edu>
Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Just talked to a lab director in Hong Kong U. They tested 3,600 passengers and crews on World Dream in 24 hours, all using the definitive RT-PCR test. The tests were performed in government labs. They disembarked everyone after 3 days (all came back negative). And they are still performing contact tracing and monitoring on all at the moment.

old news:

<https://www.scmp.com/news/hong-kong/health-environment/article/3049714/coronavirus-3600-passengers-and-crew-members>

For surveillance, regional hospitals do an initial screening, then suspected cases are tested by a governmental lab for confirmation.

Schools are still closed for another month.

evalee-gatech@pm.me

<https://newton.isye.gatech.edu/DrLee/>

mobile: 404-432-6835

Sent with [ProtonMail](#) Secure Email.

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

On Tuesday, February 18, 2020 7:56 PM, Carter Mecher (b)(6)@charter.net> wrote:

Japan inching toward mitigation

Abe urges people with cold-like symptoms to avoid work, school

Today 06:30 am JST [24 Comments](#)

TOKYO

Prime Minister Shinzo Abe on Tuesday advised people across the country not to go to work or school if they develop cold-like symptoms, as the country grapples with the spread of a new coronavirus originating in China.

Workplaces in the country, known for their long hours, need to encourage people to take days off without hesitation if they do not feel well, Abe said.

"The first thing that I want the people of Japan to keep in mind is to take time off school or work and refrain from leaving the house if they develop cold-like symptoms such as fever," Abe told a meeting of a government task force on the viral outbreak.

Teleworking is an "effective alternative" to help prevent the virus from spreading further, Abe said.

He made the remarks as the government is scrambling to contain the virus that originated in Wuhan, with more people with no obvious link to China getting infected in Japan.

The global outbreak of the disease called COVID-19 has prompted some event organizers in Japan to rethink their plans for hosting mass gatherings.

The number of confirmed cases in Japan has topped 600, including over 500 passengers and crew on the Diamond Princess, a quarantined cruise ship docked at Yokohama near Tokyo with more than 3,000 confined.

The steady rise in infections in various parts of Japan has raised public concern, prompting the health ministry to ask people who develop symptoms such as a temperature of 37.5 C or higher for at least four days to consult local health care centers and go to designated hospitals. The period is set shorter for the elderly, those with underlying conditions and pregnant women.

As Tokyo and other major cities in the country are notorious for packed rush-hour trains, commuters have been encouraged by a government panel of medical experts to go to work earlier or later than usual as the risk of infection is increased in crowds.

On Tuesday, Fujitsu Ltd and Hitachi Ltd said they are expanding teleworking, though Japanese companies overall have been slow to introduce it.

Sent from Mail for Windows 10

From: Tracey McNamara

Sent: Tuesday, February 18, 2020 4:38 PM

To: Dr. Eva K Lee; Caneva, Duane

Cc: Carter Mecher; Richard Hatchett; (b)(6)@gmail.com; Dodgen, Daniel (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Phillips, Sally (OS/ASPR/SPPR); David Marcozzi;

Hepburn, Matthew J CIV USARMY (USA); Lisa Koonin; Wargo Michael; Walters, William (STATE.GOV); HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; Callahan, Michael V., M.D.; (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA); Redd, John (OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Dean, Charity A@CDPH; Lawler, James V; Kadlec, Robert (OS/ASPR/IO); 'Martin, Gregory J (MartinGJ@state.gov)'; Borio, Luciana; Hanfling, Dan; McDonald, Eric; Wade, David; TARANTINO, DAVID A; WILKINSON, THOMAS; David Gruber (david.gruber@dshs.texas.gov); KAUSHIK, SANGEETA; Nathaniel Hupert

Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

I must be psychic. This just came out. Like I said –
Oxford Nanopore Sequencers are being sent to China!

Tracey

<https://protect2.fireeye.com/url?k=2239913f-7e6c982c-2239a000-0cc47adb5650-afec3dbf1b72151e&u=https://protect2.fireeye.com/url?k=0a860669-56d21f15-0a863756-0cc47adc5fa2-4fc7adc96dfbde59&u=https://globalbiodefense.com/newswire/oxford-nanopore-sequencers-have-left-uk-for-china-to-support-rapid-near-sample-coronavirus-sequencing-for-outbreak-surveillance/>

To: 'Caneva, Duane' <duane.caneva@hq.dhs.gov>; Carter Mecher <(b)(6)@charter.net>; Richard Hatchett <richard.hatchett@cepi.net>; Dr. Eva K Lee <evalee-gatech@pm.me>; (b)(6)@gmail.com
Cc: (b)(6)@gmail.com <(b)(6)@gmail.com> <(b)(6)@gmail.com>; Dodgen, Daniel (OS/ASPR/SPPR) <Daniel.Dodgen@HHS.GOV>; DeBord, Kristin (OS/ASPR/SPPR) <Kristin.DeBord@hhs.gov>; Phillips, Sally (OS/ASPR/SPPR) <Sally.Phillips@hhs.gov>; David Marcozzi <(b)(6)@som.umaryland.edu>; Hepburn, Matthew J CIV USARMY (USA)

<matthew.j.hepburn.civ@mail.mil>; Lisa Koonin <(b)(6)@gmail.com>; Wargo Michael <Michael.Wargo@hcahealthcare.com>; Walters, William (STATE.GOV) <walterswa2@state.gov>; HARVEY, MELISSA <melissa.harvey@hq.dhs.gov>; WOLFE, HERBERT <HERBERT.WOLFE@hq.dhs.gov>; Eastman, Alexander <alexander.eastman@hq.dhs.gov>; EVANS, MARIEFRED <mariefred.evans@associates.hq.dhs.gov>; Callahan, Michael V., M.D. <(b)(6)@mgh.harvard.edu>; <(b)(6)@UTMB.EDU>; <(b)(6)@email.unc.edu>; Johnson, Robert (OS/ASPR/BARDA) <Robert.Johnson@hhs.gov>; Yeskey, Kevin <kevin.yeskey@hhs.gov>; Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>; Redd, John (OS/ASPR/SPPR) <John.Redd@hhs.gov>; Hassell, David (Chris) (OS/ASPR/IO) <David.Hassell@hhs.gov>; Hamel, Joseph (OS/ASPR/IO) <Joseph.Hamel@hhs.gov>; Dean, Charity A@CDPH <Charity.Dean@cdph.ca.gov>; Lawler, James V <(b)(6)@unmc.edu>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; 'Martin, Gregory J (MartinGJ@state.gov)' <MartinGJ@state.gov>; Borio, Luciana <LBorio@iq.t.org>; Hanfling, Dan <DHanfling@iq.t.org>; McDonald, Eric <Eric.McDonald@sdcounty.ca.gov>; Wade, David <david.wade@hq.dhs.gov>; TARANTINO, DAVID A <david.a.tarantino@cbp.dhs.gov>; WILKINSON, THOMAS <THOMAS.WILKINSON@hq.dhs.gov>; David Gruber (david.gruber@dshs.texas.gov) <david.gruber@dshs.texas.gov>; KAUSHIK, SANGEETA <sangeeta.kaushik@hq.dhs.gov>; Nathaniel Hupert <(b)(6)@med.cornell.edu>
Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Hello all - Clearly, the most important thing of all is a reliable, real-time diagnostic test that can differentiate between flu and COVID-19. CDCs test kits were recalled because states said they were not working. Now they have to remanufacture the faulty reagent. How long will that take? If and when more kits are available, will they be available in sufficient quantity that all health care providers will have access?

In all of this, I have not heard anyone talk about the Nanopore MinION technology that has been used for Ebola. What

gives??? It is field deployable and can be run in-house. Hospital labs can run thousands of samples at once. It gives results of all viruses, bacteria, protozoa, fungi, in 2 hours. We all know this technology is quite promising. Why aren't we going gangbusters to validate this rapid technology and get it to all diagnosticians? If ever there was a time to invest in a diagnostic technology, this is it!

Tracey

From: Dr. Eva K Lee <evalee-gatech@pm.me>

Sent: Tuesday, February 18, 2020 1:06 PM

To: Caneva, Duane <duane.caneva@hq.dhs.gov>

Cc: Carter Mecher <(b)(6)@charter.net>; Richard Hatchett <richard.hatchett@cepi.net>; Tracey McNamara <(b)(6)@westernu.edu>; (b)(6)@gmail.com; Dodgen, Daniel (OS/ASPR/SPPR) <Daniel.Dodgen@HHS.GOV>; DeBord, Kristin (OS/ASPR/SPPR) <Kristin.DeBord@hhs.gov>; Phillips, Sally (OS/ASPR/SPPR) <Sally.Phillips@hhs.gov>; David Marcozzi <(b)(6)@som.umaryland.edu>; Hepburn, Matthew J CIV USARMY (USA) <matthew.j.hepburn.civ@mail.mil>; Lisa Koonin <(b)(6)@gmail.com>; Wargo Michael <Michael.Wargo@hcahealthcare.com>; Walters, William (STATE.GOV) <walterswa2@state.gov>; HARVEY, MELISSA <melissa.harvey@hq.dhs.gov>; WOLFE, HERBERT <HERBERT.WOLFE@hq.dhs.gov>; Eastman, Alexander <alexander.eastman@hq.dhs.gov>; EVANS, MARIEFRED <mariefred.evans@associates.hq.dhs.gov>; Callahan, Michael V., M.D. <(b)(6)@mgh.harvard.edu>; (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; Johnson, Robert (OS/ASPR/BARDA) <Robert.Johnson@hhs.gov>; Yeskey, Kevin <kevin.yeskey@hhs.gov>; Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>; Redd, John (OS/ASPR/SPPR) <John.Redd@hhs.gov>; Hassell, David (Chris) (OS/ASPR/IO) <David.Hassell@hhs.gov>; Hamel, Joseph (OS/ASPR/IO) <Joseph.Hamel@hhs.gov>; Dean, Charity A@CDPH <Charity.Dean@cdph.ca.gov>; Lawler, James V <(b)(6)@unmc.edu>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; 'Martin, Gregory J (MartinGJ@state.gov)' <MartinGJ@state.gov>; Borio, Luciana <LBorio@iqt.org>; Hanfling,

Dan <DHanfling@iqt.org>; McDonald, Eric <Eric.McDonald@sdcounty.ca.gov>; Wade, David <david.wade@hq.dhs.gov>; TARANTINO, DAVID A <david.a.tarantino@cbp.dhs.gov>; WILKINSON, THOMAS <THOMAS.WILKINSON@hq.dhs.gov>; David Gruber (david.gruber@dshs.texas.gov) <david.gruber@dshs.texas.gov>; KAUSHIK, SANGEETA <sangeeta.kaushik@hq.dhs.gov>; Nathaniel Hupert <(b)(6)@med.cornell.edu>

Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Carter,

Just listened in to our state COVID-19 response effort update. Georgia has no COVID-19 cases yet, and hence they remain in the containment period where they place medium-risk individuals on supervised monitoring of home quarantine, advise them to take temperature daily and report any respiratory symptoms (24/7). Educate them not to show up in ED, or any place without facilitation. To avoid potential disease spread, they are advised to remain at home.

The next stage will be mitigation when a confirmed case is reported. That will initiate the pandemic planning and community-based NPI will be considered. This includes social distancing -- telework, teleclass, etc.

I assume at cities where there are confirmed local COVID-19 cases, the public health leaders have already begun the mitigation phase now and hence are practicing some degree of social distancing and rolling out telework, and various strategies to protect health in the population and to maintain business continuity already. Is that true or they are still waiting to execute their operations?

There are not many tests needed here in Georgia. But rapid robust and reliable testing kits (Tracey's reporting of current bottleneck) remain critical in all communities with positive cases. If we have such means, testing can also be conducted (sampling) on some flu-like cases at strategic selected cities also.

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

On Tuesday, February 18, 2020 2:20 PM, Dr. Eva K Lee <evalee-gatech@pm.me> wrote:

Duane, Yes. (asymptomatic or mild symptoms) this is the worry at the very start, and it remains the most critical. Hence even 1% of infection for us -- can balloon out of proportion and we can't handle. Shedding not only during infection period, but also post-recovery. It's a very long timeline that we have to deal with. Then you have all the university students. Students travelled to China and came back to school, they asked health service if they needed to quarantine or take any action, the advice -- no need. Those are missed opportunities. Again, seasonal influenza affects 8-10% Americans, 0.7% of those infected required hospitalization, and mortality is roughly 0.1%. So it is easy to "calculate" all these numbers backwards... So 20% of COVID-19 infected may need hospitalization, mortality is 10-30 times higher than seasonal flu. How much can we tolerate before anyone would spring into action? Keep in mind, some begin to infect rapidly upon contracting the virus, the incubation is so short (and so long) and infectious too during that period (with much being unknown).

Carter, I think you will expect heterogeneous approaches from different communities in the overall response strategy, since it depends on the social setting and the demographics and more importantly the local resources. We have to optimize for sure.

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

On Tuesday, February 18, 2020 1:51 PM, Caneva, Duane <duane.caneva@hq.dhs.gov> wrote:

Seems to me a big challenge will be asymptomatic or mild symptoms in kids, spread through the schools, shed to parents who staff both categories acute and non-acute care clinics. If there are several days of asymptomatic shedding, how do you prevent spread to the vulnerable, high risk patients in each category?

Will mild symptoms drive complacent compliance?

From: Carter Mecher <(b)(6)@charter.net>

Sent: Tuesday, February 18, 2020 1:32 PM

Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact your component SOC with questions or concerns.

My thinking is evolving in terms of healthcare system response. Initially I described how I would refocus the outpatient clinics away from COVID care and leverage the NPIs of isolation and quarantine to help keep the workplace safe (for the clinic staff and other patients) rather than a strategy that employs PPE. I would only use the outpatient clinic staff to help with telephone/home care support of those patients under home isolation or home quarantine--to help with compliance/adherence to isolation and quarantine, monitoring their health, and optimizing the care of their other chronic medical conditions (to keep them out of the ER and the hospital). But as I thought more about this, it occurs to me that this can be generalized beyond outpatient clinics.

I would think about dividing our healthcare system into two big pieces: (1) acute care (EDs, acute inpatient care, critical care); and (2) non-acute care including outpatient clinics (PC/Family Practice, pediatrics, OB/GYN, medical specialty, surgical specialty, dental, mental health, rehab, etc.), as well as other inpatient areas (inpatient mental health, substance abuse, nursing homes, hospice care, memory care, assisted living, etc.). Inpatient surgery (and I suppose labor and delivery) is part of acute care, but for this outbreak, it probably best belongs bundled with the other non-acute inpatient areas. I would anticipate that the tripwire for implementing NPIs (community transmission), will also be the trigger for healthcare systems to dial down or turn off elective admissions (primarily surgical) to free up acute care and ICU/monitored beds. The most effective way to protect these non-acute areas is by shunting potential COVID patients away from these areas and either providing this type of care while the patients is hospitalized in acute care or thru telephone care/home care for patients with mild illness receiving care at home. And the most effective way to shunt these patients away from non-acute care areas is thru the implementation of early and aggressive NPIs of isolation of the ill and home quarantine of household contacts (and not fit testing the world and passing out PPE that we don't have).

Sent from Mail for Windows 10

From: Carter Mecher

Sent: Tuesday, February 18, 2020 11:02 AM

To: Richard Hatchett; Caneva, Duane; Tracey McNamara; Dr. Eva K Lee; (b)(6)@gmail.com

Cc: (b)(6)@gmail.com <(b)(6)@gmail.com>; Dodgen, Daniel (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Phillips, Sally (OS/ASPR/SPPR); David Marcozzi; Hepburn, Matthew J CIV USARMY (USA); Lisa Koonin; Wargo Michael; Walters, William (STATE.GOV); HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; Callahan, Michael V., M.D.; (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA); Redd, John (OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Dean, Charity A@CDPH; Lawler, James V; Kadlec, Robert (OS/ASPR/IO); 'Martin, Gregory J (MartinGJ@state.gov)'; Borio, Luciana; Hanfling, Dan; McDonald, Eric; Wade, David; TARANTINO, DAVID A; WILKINSON, THOMAS; David Gruber (david.gruber@dshs.texas.gov); KAUSHIK, SANGEETA; Nathaniel Hupert

Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

More puzzle pieces re the cruise ship outbreak.

- About 2/3rds of the passengers have been tested so far (2,404 out of 3,711).
- 61 Americans opted to remain onboard and not be evacuated.

Japan has completed tests for all passengers and crew aboard the ship as of Monday, but the results for the last batch of tests aren't expected until Wednesday, the day that the quarantine is slated to end. So far, results are back for 2,404 passengers and crew, out of the 3,711 who were on board the ship when the quarantine began on Feb. 5.

Japanese Health Minister Katsunobu Kato said Tuesday that people who have tested negative for the virus would start leaving on Wednesday, but that the process of releasing passengers and crew won't be finished until Friday, according to the Washington Post.

The remaining 61 American passengers on the DP who opted not to join the evacuation will not be allowed to return to the US until March 4, according to the American embassy in Tokyo. The governments of Australia, Hong Kong and Canada have also said they would evacuate passengers.

Elsewhere, Japan confirmed three more cases of the virus. This time, they were confirmed in Wakayama, a prefecture in eastern Japan.

Sent from Mail for Windows 10

From: Carter Mecher

Sent: Tuesday, February 18, 2020 10:50 AM

To: Richard Hatchett; Caneva, Duane; Tracey McNamara; Dr. Eva K Lee; riglassjr@gmail.com

Cc: (b)(6)@gmail.com <(b)(6)@gmail.com>; Dodgen, Daniel (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Phillips, Sally (OS/ASPR/SPPR); David Marcozzi; Hepburn, Matthew J CIV USARMY (USA); Lisa Koonin; Wargo Michael; Walters, William (STATE.GOV); HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; Callahan, Michael V., M.D.; (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA); Redd, John (OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Dean, Charity A@CDPH; Lawler, James V; Kadlec, Robert (OS/ASPR/IO); 'Martin, Gregory J (MartinGJ@state.gov)'; Borio, Luciana; Hanfling, Dan; McDonald, Eric; Wade, David; TARANTINO, DAVID A; WILKINSON, THOMAS; David Gruber (david.gruber@dshs.texas.gov); KAUSHIK, SANGEETA; Nathaniel Hupert

Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Maybe he was misquoted or it was a typo—perhaps what was meant was 4 per 100 (and that would be a low estimate)

Sent from Mail for Windows 10

From: Richard Hatchett

Sent: Tuesday, February 18, 2020 10:45 AM

To: Carter Mecher; Caneva, Duane; Tracey McNamara; Dr. Eva K Lee; (b)(6)@gmail.com

Cc: (b)(6)@gmail.com <(b)(6)@gmail.com>; Dodgen, Daniel (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Phillips, Sally (OS/ASPR/SPPR); David Marcozzi; Hepburn, Matthew J CIV USARMY (USA); Lisa Koonin; Wargo Michael; Walters, William (STATE.GOV); HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS,

MARIEFRED; Callahan, Michael V., M.D. (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA); Redd, John (OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Dean, Charity A@CDPH; Lawler, James V; Kadlec, Robert (OS/ASPR/IO); 'Martin, Gregory J (MartinGJ@state.gov)'; Borio, Luciana; Hanfling, Dan; McDonald, Eric; Wade, David; TARANTINO, DAVID A; WILKINSON, THOMAS; David Gruber (david.gruber@dshs.texas.gov); KAUSHIK, SANGEETA; Nathaniel Hupert

Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Note that 4/100,000 would imply that only 440 people have been infected.

From: Carter Mecher (b)(6)@charter.net>

Sent: 18 February 2020 15:26

To: Caneva, Duane <duane.caneva@hq.dhs.gov>; Tracey McNamara (b)(6)@westernu.edu>; Dr. Eva K Lee <evalee-gatech@pm.me>; (b)(6)@gmail.com

Cc: (b)(6)@gmail.com (b)(6)@gmail.com> (b)(6)@gmail.com>; Dodgen, Daniel (OS/ASPR/SPPR) <Daniel.Dodgen@HHS.GOV>; DeBord, Kristin (OS/ASPR/SPPR) <Kristin.DeBord@hhs.gov>; Phillips, Sally (OS/ASPR/SPPR) <Sally.Phillips@hhs.gov>; David Marcozzi (b)(6)@som.umaryland.edu>; Hepburn, Matthew J CIV USARMY (USA) <matthew.j.hepburn.civ@mail.mil>; Lisa Koonin (b)(6)@gmail.com>; Wargo Michael <Michael.Wargo@hcahealthcare.com>; Walters, William (STATE.GOV) <walterswa2@state.gov>; HARVEY, MELISSA <melissa.harvey@hq.dhs.gov>; WOLFE, HERBERT <HERBERT.WOLFE@hq.dhs.gov>; Eastman, Alexander <alexander.eastman@hq.dhs.gov>; EVANS, MARIEFRED <mariefred.evans@associates.hq.dhs.gov>; Callahan, Michael V., M.D. (b)(6)@mgh.harvard.edu>; (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; Johnson, Robert (OS/ASPR/BARDA) <Robert.Johnson@hhs.gov>; Yeskey, Kevin <kevin.yeskey@hhs.gov>; Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>; Redd, John (OS/ASPR/SPPR) <John.Redd@hhs.gov>; Hassell, David (Chris) (OS/ASPR/IO) <David.Hassell@hhs.gov>; Hamel, Joseph (OS/ASPR/IO) <Joseph.Hamel@hhs.gov>; Dean, Charity A@CDPH <Charity.Dean@cdph.ca.gov>; Richard Hatchett <richard.hatchett@cepi.net>; Lawler, James V (b)(6)@unmc.edu>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; 'Martin, Gregory J (MartinGJ@state.gov)' <MartinGJ@state.gov>; Borio, Luciana <LBorio@iqt.org>; Hanfling, Dan <DHanfling@iqt.org>; McDonald, Eric <Eric.McDonald@sdcounty.ca.gov>; Wade, David <david.wade@hq.dhs.gov>; TARANTINO, DAVID A <david.a.tarantino@cbp.dhs.gov>;

WILKINSON, THOMAS <THOMAS.WILKINSON@hq.dhs.gov>; David Gruber (david.gruber@dshs.texas.gov) <david.gruber@dshs.texas.gov>; KAUSHIK, SANGEETA <sangeeta.kaushik@hq.dhs.gov>; Nathaniel Hupert <(b)(6)@med.cornell.edu>

Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

WHO estimates 80% of patient with COVID-19 have mild disease and recover; that implies that 20% have severe disease. WHO estimated that 14% develop pneumonia and 5% are considered critical. [We were estimating that 12% of cases needed hospitalization (so 88% did not) and 2% needed ICU care (with mortality of patients with pneumonia in the ICU generally between 15%-50% so a CFR of 0,3%-1.0%). Also noet his comment on sparing children. The latter comments are reminiscent of the early comments of public health leaders during the 1918 pandemic—always minimizing. I have no idea where an attack rate of 4 per 100,000 comes from.]

<https://www.channelnewsasia.com/news/world/covid-19-coronavirus-who-china-patients-have-mild-disease-12445010>

GENEVA: The new novel coronavirus only causes mild disease for 80 per cent of infected patients, said the World Health Organization on Monday (Feb 17). Speaking to reporters, WHO chief Tedros Adhanom Ghebreyesus said that 14 per cent of patients would have severe diseases such as pneumonia.

"Around five percent of cases are considered critical with possible multi-organ failure, septic shock and respiratory failure and, in some cases, death," he added.

Tedros also said there were "relatively few cases" among children and more research was needed to understand why.

The WHO chief also warned against "blanket measures" over the novel coronavirus outbreak, pointing out the epidemic outside of China was only affecting a "tiny" proportion of the population.

Ryan said that even at the epicentre of the crisis in the city of Wuhan in central Hubei Province, the "attack rate" - a measure of the speed of spread of the virus - was four per 100,000.

"This is a very serious outbreak and it has the potential to grow, but we need to balance that in terms of the number of people infected. Outside Hubei this epidemic is affecting a very, very tiny, tiny proportion of people," he said.

Tedros also referred to an apparent decline in new cases of the disease in recent days but said that the trend "must be interpreted very cautiously".

Sent from Mail for Windows 10

From: Carter Mecher

Sent: Tuesday, February 18, 2020 10:15 AM

To: Caneva, Duane; Tracey McNamara; Dr. Eva K Lee; rjglassjr@gmail.com

Cc: (b)(6)@gmail.com <(b)(6)@gmail.com>; Dodgen, Daniel (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Phillips, Sally (OS/ASPR/SPPR); David Marcozzi; Hepburn, Matthew J CIV USARMY (USA); Lisa Koonin; Wargo Michael; Walters, William (STATE.GOV); HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; Callahan, Michael V., M.D.; (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA); Redd, John (OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Dean, Charity A@CDPH; Richard Hatchett; Lawler, James V; Kadlec, Robert (OS/ASPR/IO); 'Martin, Gregory J (MartinGJ@state.gov)'; Borio, Luciana; Hanfling, Dan; McDonald, Eric; Wade, David; TARANTINO, DAVID A; WILKINSON, THOMAS; David Gruber (david.gruber@dshs.texas.gov); KAUSHIK, SANGEETA; Nathaniel Hupert

Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Update on cruise ship, Japan (implementing NPIs) and South Korea (evacuating passengers)

<https://www.channelnewsasia.com/news/asia/covid19-japan-virus-testing-complete-quarantine-cruise-ship-12445788>

88 more people test positive for COVID-19 on Diamond Princess cruise ship.

The new cases take the total number of confirmed cases on the Diamond Princess to 542 - the biggest cluster outside the epicentre in China. [Almost 15% of the crew and passengers have been infected.]

Japan has also confirmed at least 65 cases domestically, including many involving people with no history of recent travel to China. Authorities have said the virus is being transmitted locally now, and have asked citizens to avoid crowds and non-essential gatherings. On Monday, the amateur portion of the Tokyo Marathon, which had been expected to attract some 38,000 runners, was cancelled. Only elite athletes will now be able to take part. The public celebration for Emperor Naruhito's birthday has also been scrapped over virus fears.

South Korea will send a presidential aircraft on Tuesday to fly back four nationals and one Japanese spouse, an official told reporters. There are 14 South Koreans on board in total, but the other ten have declined to be evacuated from the ship because they live in Japan, the Yonhap news agency reported.

Vietnam NPIs

<https://protect2.fireeye.com/url?k=a84e15cd-f41b1cde-a84e24f2-0cc47adb5650-2aa53b32e3ca6c80&u=https://protect2.fireeye.com/url?k=5a2fa482-067bbdfe-5a2f95bd-0cc47adc5fa2-a5b86bc1581cf39c&u=https://saigoneer.com/saigon-health/...ue-to-covid-19>

Due to COVID-19: As of February 15, all 63 provinces and cities in Vietnam have extended their school closing time, 56 of which — including Saigon — have announced that schools will be closed until the end of February. Ho Chi Minh City's People Committee proposing students stay at home until the end of March.

Sent from Mail for Windows 10

From: Carter Mecher

Sent: Tuesday, February 18, 2020 7:10 AM

To: Caneva, Duane; Tracey McNamara; Dr. Eva K Lee; rjglassjr@gmail.com

Cc: (b)(6)@gmail.com; (b)(6)@gmail.com; Dodgen, Daniel (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Phillips, Sally (OS/ASPR/SPPR); David Marcozzi; Hepburn, Matthew J CIV USARMY (USA); Lisa Koonin; Wargo Michael; Walters, William

(STATE.GOV); HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; Callahan, Michael V., M.D.; (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA); Redd, John (OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Dean, Charity A@CDPH; Richard Hatchett; Lawler, James V; Kadlec, Robert (OS/ASPR/IO); 'Martin, Gregory J (MartinGJ@state.gov)'; Borio, Luciana; Hanfling, Dan; McDonald, Eric; Wade, David; TARANTINO, DAVID A; WILKINSON, THOMAS; David Gruber (david.gruber@dshs.texas.gov); KAUSHIK, SANGEETA; Nathaniel Hupert

Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

More things to keep an eye on (attached links of stories and translations of news reports):

Yesterday a 5th flight of evacuees from Hubei arrived in Japan. There were 65 on board and 7 people were symptomatic (11%). Watch for the number of confirmed—it will provide a point estimate of prevalence of COVID-19 in Hubei as of yesterday. Sounds like this is the last flight Japan will accept.

Yesterday, Japan provided an update of all cases in Japan:

- 53 people were infected in Japan and travelers from China
- 454 passengers and crew members on cruise ships, and
- 13 people returned on charter aircraft.
- 520 people in total.
- 23 people were determined to be seriously ill

Watching for other countries to evacuate passengers from cruise ship

- 256 Canadians on the Diamond Princess cruise ship
- 32 tested + (as of Feb-17)
- A plane chartered by the Canadian government has left for Japan to evacuate its nationals aboard a virus-hit cruise ship off Yokohama, TV Asahi reported on Tuesday, citing a tweet by Canada's foreign minister

Can't find anything about other countries evacuating passengers (UK, Hong Kong, Italy, etc.)

Last thing. Am seeing stories from Japan re patients going from clinic to clinic with resp symptoms and fever and being confirmed. They are finding nosocomial transmission—so underscores the concerns outlined in the proposal I outlined for re-aligning outpatient clinics.

Sent from Mail for Windows 10

From: Carter Mecher

Sent: Monday, February 17, 2020 10:39 PM

To: Caneva, Duane; Tracey McNamara; Dr. Eva K Lee; (b)(6)@gmail.com

Cc: (b)(6)@gmail.com (b)(6)@gmail.com>; Dodgen, Daniel (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Phillips, Sally (OS/ASPR/SPPR); David Marcozzi; Hepburn, Matthew J CIV USARMY (USA); Lisa Koonin; Wargo Michael; Walters, William (STATE.GOV); HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; Callahan, Michael V., M.D.; (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA); Redd, John (OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Dean, Charity A@CDPH; Richard Hatchett; Lawler, James V; Kadlec, Robert (OS/ASPR/IO); 'Martin, Gregory J (MartinGJ@state.gov)'; Borio, Luciana; Hanfling, Dan; McDonald, Eric; Wade, David; TARANTINO, DAVID A; WILKINSON, THOMAS; David Gruber (david.gruber@dshs.texas.gov); KAUSHIK, SANGEETA; Nathaniel Hupert

Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

I really need help thinking thru the testing piece (screening for COVID-19). How do we protect the staff in outpatient clinics (where all the ILI is typically seen) and conserve PPE by shifting all the mild illness away from clinics and toward patients' homes using telephone care/telehealth and home healthcare and employing home isolation for those who are infected and voluntary home quarantine for otherwise well (but exposed and potentially infected) household contacts? Having all the suspected patients coming in to clinics to be screened really defeats the

purpose. So how would very large numbers of outpatients get screened? Home screening? Drive thru screening? Or creating a free standing screening facility for rapid screening? Has anyone thought this thru (how you screen for disease plus promote adherence/compliance to home isolation and home quarantine and shift outpatient care of patients with mild disease to telephone/home care to protect outpatient clinic staff? Looking for practical solutions.

Just to remind you, here are the estimates of demand (assuming we would need to screen all ILI)—about 88K per day in primary care clinics across the US.

US Data	
US population	325,700,000
Hospital Beds	924,107
ICU Beds	81,790
Hospital Admissions	36,353,946.00
ER Visits	145,600,000
Family Practice/PC Visits	481,963,000
Total Deaths	2,813,503
A Day in the US	
Hospital Admissions	99,600
Inpatient Census (85% occupancy)	785,491
ICU Census (85% occupancy)	69,522
ER Visits	398,904
Family Practice/PC Visits	1,320,447
Deaths	7,708
Current Background of Illness Similar to COVID-19	
2019-20 Flu Season MMWR Week 5 ILI Rate 6.7%	
1.4M hospitalizations annually for pneumonia	
Medicare Average LOS Pneumonia 6 days	
55,672 pneumonia & influenza deaths annually	
Daily Hospital Admissions Pneumonia	3,836
Hospital Census Pneumonia	23,014
Daily ILI cases seen in ERs	26,727
Daily ILI cases seen in FP/PC clinics	88,470
Daily pneumonia & influenza deaths	153

Sent from Mail for Windows 10

From: Carter Mecher

Sent: Monday, February 17, 2020 9:04 PM

To: Caneva, Duane; Tracey McNamara; Dr. Eva K Lee; rjglassjr@gmail.com

Cc: (b)(6)@gmail.com <(b)(6)@gmail.com>; Dodgen, Daniel (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Phillips, Sally (OS/ASPR/SPPR); David Marcozzi; Hepburn, Matthew J CIV USARMY (USA); Lisa Koonin; Wargo Michael; Walters, William (STATE.GOV); HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; Callahan, Michael V., M.D.; (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA); Redd, John (OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Dean, Charity A@CDPH; Richard Hatchett; Lawler, James V; Kadlec, Robert (OS/ASPR/IO); 'Martin, Gregory J (MartinGJ@state.gov)'; Borio, Luciana; Hanfling, Dan; McDonald, Eric; Wade, David; TARANTINO, DAVID A; WILKINSON, THOMAS; David Gruber (david.gruber@dshs.texas.gov); KAUSHIK, SANGEETA; Nathaniel Hupert

Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

I tinkered with the strategy for integrating outpatient clinics and hospitals for the care of COVID-19 patients. Proposing this for my system.

Sent from Mail for Windows 10

From: Carter Mecher

Sent: Monday, February 17, 2020 7:17 PM

To: Caneva, Duane; Tracey McNamara; Dr. Eva K Lee; (b)(6)@gmail.com

Cc: (b)(6)@gmail.com <(b)(6)@gmail.com>; Dodgen, Daniel (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Phillips, Sally (OS/ASPR/SPPR); David Marcozzi; Hepburn, Matthew J CIV USARMY (USA); Lisa Koonin; Wargo Michael; Walters, William (STATE.GOV); HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; Callahan, Michael V., M.D.; (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA); Redd, John (OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Dean, Charity A@CDPH; Richard Hatchett; Lawler, James V; Kadlec, Robert (OS/ASPR/IO); 'Martin, Gregory J (MartinGJ@state.gov)'; Borio, Luciana; Hanfling, Dan; McDonald, Eric; Wade, David; TARANTINO, DAVID A; WILKINSON, THOMAS; David Gruber (david.gruber@dshs.texas.gov); KAUSHIK, SANGEETA; Nathaniel Hupert

Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

More details on evacuation of American passengers aboard the cruise ship.

Total evacuated: $177 + 151 = 328$

<https://protect2.fireeye.com/url?k=ee24b1fc-b271b8ef-ee2480c3-0cc47adb5650-ed25ad2c2a8f8ba7&u=https://www.usatoday.com/story/travel/cruises/2020/02/17/coronavirus-diamond-princess-evacuees-test-positive-allowed-fly-united-states/4783787002/>

Fourteen evacuees from the Diamond Princess cruise ship quarantined in Japan were allowed to fly back to the United States Sunday despite testing positive for coronavirus, the U.S. State Department and Health and Human Services said in a joint statement. The evacuees were not symptomatic.

"These individuals were moved in the most expeditious and safe manner to a specialized containment area on the evacuation aircraft to isolate them in accordance with standard protocols," the statement, published Sunday, read.

The State Department was unaware the individuals had coronavirus when they were being removed from the ship; they had tested negative just a few days before, Robert Kadlec, the assistant secretary for preparedness and response at the U.S. Department of Health & Human Services, said on a phone call with reporters.

"If those results had come back four hours earlier before we'd started to disembark the ship and before these people were evacuees within an evacuation system, then it would've been a different discussion." Dr. William Walters, director of operational medicine at the U.S. Department of State, said on the call.

Kadlec said that individuals received multiple screenings when moving from ship to bus to plane and a more extensive medical assessment upon arrival.

Two charter flights carrying the Diamond Princess passengers landed at military bases in California and Texas overnight, starting the clock on a 14-day quarantine period to ensure those passengers don't have coronavirus. In total, approximately 380 Americans were on board the Diamond Princess ship for the duration of the cruise and quarantine at sea.

'Something went awry': Why did US break Diamond Princess coronavirus quarantine?

One plane carrying American passengers touched down at Travis Air Force Base in northern California just before 11:30 p.m. Sunday local time. A second flight arrived at Lackland Air Force Base in Texas around 2½ hours later, early Monday.

The California flight had 177 people on it, seven of whom tested positive for coronavirus, Walters said. An additional three people were isolated during the flight for fever. Upon arrival, 171 stayed in Travis while six traveled to Omaha.

It's unclear which passengers were transferred there and whether initial tests were positive or whether they were at risk for the virus.

The Texas flight had 151 people board and included the other seven who tested positive for coronavirus. Two additional passengers were isolated on account of fever. All passengers who tested positive for coronavirus then moved on to Omaha.

The aircraft design allowed passengers to sit in isolation thanks to a plastic divider at the tail of the aircraft.

13 high-risk passengers await test results at Nebraska Medical Center

Officials from the University of Nebraska Medical Center and Nebraska Medicine confirmed that they are assessing 13 adults at their quarantine and biocontainment facility in Omaha.

"Late last night at about 2 or 3 a.m., we were asked to bring some individuals here who had either tested positive or had a high likelihood of testing positive because of symptoms they were exhibiting," said Dr. Chris Kratochvil, the executive director at the University of Nebraska Medical Center's Global Center for Health Security.

Twelve of them are housed in the quarantine center while one man was transferred to the hospital's biocontainment unit for testing and observation because of symptoms including cough,

fever, shortness of breath, lightheadedness and an undisclosed chronic condition that would make him particularly vulnerable to the COVID-19 virus.

"He is doing good and in stable condition at this time," reported Shelly Schwedhelm, Nebraska Medicine's executive director of emergency management and biopreparedness.

She went on to note that "the folks in the quarantine center have all been tested, and we're waiting for those results."

She added that the other 12 are isolated in "very nice rooms with WiFi, TV and a small refrigerator – a lot of the amenities at hotels but with engineering controls" to prevent contaminated air from escaping.

Their test results, which are due back Monday afternoon, will determine whether the patients will be allowed to see their spouses or leave their rooms.

Regardless of whether they test positive or negative, all of the new arrivals will spend at least 14 days in the facility, and any who test positive will likely stay longer, said Dr. Mike Wadman, the co-medical director of the National Quarantine Unit.

Kratochvil says it's possible that they may be asked to take more patients should more of the Diamond Princess passengers now in quarantine at the airbases test positive.

Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases at the National Institutes of Health, told the USA TODAY editorial board and reporters Monday that the original idea to keep people safely quarantined on the ship wasn't unreasonable. But even with the quarantine process on the ship, virus transmission still occurred.

"The quarantine process failed," Fauci said. "I'd like to sugarcoat it and try to be diplomatic about it, but it failed. People were getting infected on that ship. Something went awry in the process of the quarantining on that ship. I don't know what it was, but a lot of people got infected on that ship."

USA TODAY reached out to Princess Cruises for clarification on how many Americans from the ship have the virus.

Sent from [Mail](#) for Windows 10

From: [Caneva, Duane](#)

Sent: Monday, February 17, 2020 4:51 PM

To: Carter Mecher; Tracey McNamara; Dr. Eva K Lee; rjglassjr@gmail.com

Cc: (b)(6)@gmail.com (b)(6)@gmail.com>; Dodgen, Daniel (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Phillips, Sally (OS/ASPR/SPPR); David Marcozzi; Hepburn, Matthew J CIV USARMY (USA); Lisa Koonin; Wargo Michael; Walters, William (STATE.GOV); HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; Callahan, Michael V., M.D.; (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA); Redd, John (OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Dean, Charity A@CDPH; Richard Hatchett; Lawler, James V; Kadlec, Robert (OS/ASPR/IO); 'Martin, Gregory J (MartinGJ@state.gov)'; Borio, Luciana; Hanfling, Dan; McDonald, Eric; Wade, David; TARANTINO, DAVID A; WILKINSON, THOMAS; David Gruber (david.gruber@dshs.texas.gov); KAUSHIK, SANGEETA; Nathaniel Hupert

Subject: Re: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

+ Bob Glass

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From: Carter Mecher (b)(6)@charter.net>

Sent: Monday, February 17, 2020 4:47:38 PM

To: Tracey McNamara (b)(6)@westernu.edu>; Dr. Eva K Lee <evalee-gatech@pm.me>

Cc: (b)(6)@gmail.com (b)(6)@gmail.com> (b)(6)@gmail.com>; Caneva, Duane

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Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact your component SOC with questions or concerns.

A correction. Should not have included breakdown of hospitalized since we have spotty data 9or could have used a range). Only solid data we have is number confirmed (58), number in hospital (44), and number in ICU (≥ 1). Mix of hospital patients is unknown (from the Singapore data the ratio of hospitalized to ICU has ranged from 6:1 to 13:1 from two data points).

So estimates of severity looking only at the American passengers:

~400 total American passengers

58 confirmed to have COVID-19

12 Asymptomatic (20%)

46 Symptomatic (80%) (44 cases actually hospitalized)

~2% of total cases requiring ICU admission (1 case)

Expected mortality for patients with pneumonia admitted to ICU (15-50%); assuming 2% of those who become infected with COVID-19 require ICU care, these mortality rates equate to a CFR of 0.3%-1.0%

Sent from Mail for Windows 10

From: Carter Mecher

Sent: Monday, February 17, 2020 4:15 PM

To: Tracey McNamara; Dr. Eva K Lee

Cc: (b)(6)@gmail.com (b)(6)@gmail.com>; Caneva, Duane; Dodgen, Daniel (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Phillips, Sally (OS/ASPR/SPPR); David Marcozzi; Hepburn, Matthew J CIV USARMY (USA); Lisa Koonin; Wargo Michael; Walters, William (STATE.GOV); HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; Callahan, Michael V., M.D.; (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA); Redd, John (OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Dean, Charity A@CDPH; Richard Hatchett; Lawler, James V; Kadlec, Robert (OS/ASPR/IO); 'Martin, Gregory J (MartinGJ@state.gov)'; Borio, Luciana; Hanfling, Dan; McDonald, Eric; Wade, David; TARANTINO, DAVID A; WILKINSON, THOMAS; David Gruber (david.gruber@dshs.texas.gov); KAUSHIK, SANGEETA; Nathaniel Hupert

Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Latest data from Singapore (77 cases; 4 children, 2 are asymptomatic) and Hong Kong (60 cases; no children)

More puzzle pieces.

Singapore status: <https://protect2.fireeye.com/url?k=a5ce3c2b-f99b3538-a5ce0d14-0cc47adb5650-caa219965ff2d3f7&u=https://protect2.fireeye.com/url?k=f6750fe4-aa211698-f6753edb-0cc47adc5fa2-76d29cc40fd8c03f&u=https://www.moh.gov.sg/news-highligh...tion-confirmed>

Update on condition of confirmed cases

To date, a total of 24 cases have fully recovered from the infection and have been discharged from hospital. Of the 53 confirmed cases who are still in hospital, most are stable or improving. Four are in critical condition in the intensive care unit.

[Ratio of hospitalized to ICU of 53/4 or ~ 13:1] Consistent with estimates in earlier email. [On Feb-12 Singapore reported that 8 patients were in ICU.]

Sent from Mail for Windows 10

From: Carter Mecher

Sent: Monday, February 17, 2020 2:57 PM

To: Tracey McNamara; Dr. Eva K Lee

Cc: Caneva, Duane; Dodgen, Daniel (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Phillips, Sally (OS/ASPR/SPPR); David Marcozzi; Hepburn, Matthew J CIV USARMY (USA); Lisa Koonin; Wargo Michael; Walters, William (STATE.GOV); HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; Callahan, Michael V., M.D.; (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA); Redd, John (OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Dean, Charity A@CDPH; Richard Hatchett; Lawler, James V; Kadlec, Robert (OS/ASPR/IO); 'Martin, Gregory J (MartinGJ@state.gov)'; Borio, Luciana; Hanfling, Dan; McDonald, Eric; Wade, David; TARANTINO, DAVID A; WILKINSON, THOMAS; David Gruber (david.gruber@dshs.texas.gov); KAUSHIK, SANGEETA; Nathaniel Hupert; (b)(6)@gmail.com

Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Trying to estimate severity by bringing a number of pieces together.

The Diamond Princess Cruise Ship had a crew of 1,745 and 2,666 passengers (total pf 3,711) Approximately 400 of the passengers are Americans (11%). Several days ago (Feb-13) we

attempted to estimate disease severity using the current data being reported by the media (number of confirmed cases and ICU cases) as well as data on the outbreak in Singapore (number of confirmed cases, number hospitalized, and number in ICU) (see attached Word file).

Given the additional information becoming available (including more specific information being reported by the media on the numbers of Americans infected), I was interested in an updated crude estimate of severity (and to see how well the early predictions of severity matched with what was being reported by the media on illness in the Americans. See latest re the cruise ship outbreak below (two stories). We can glean from these stories that the number infected is now up to 454. And 14 positive passengers were included among the Americans who were evacuated to the US. Canada, South Korea, Italy and Hong Kong announced Sunday that they would also arrange charter flights to evacuate their citizens. A few additional pieces of data. News reports yesterday stated that 73 of the 355 confirmed cases from the cruise ship were asymptomatic (20%). Also, yesterday the media quoted Dr. Fauci that the total number of Americans who were confirmed to have COVID yesterday and who remained at hospitals in Japan at 44. Assuming that this number does not include the 14 confirmed cases that were evacuated, suggests that the total number of Americans with confirmed COVID is 58. An earlier news report from Feb-12 re a couple from California, noted the husband was in the ICU in Japan (so at least 1 American in the ICU). [“...remained in a hospital intensive care unit and has been able to communicate with his family, his wife said in a phone interview from the ship, where she remained in quarantine.” <https://protect2.fireeye.com/url?k=43f2072b-1fa70e38-43f23614-0cc47adb5650-8bbcd7fdaca44ab8&u=https://protect2.fireeye.com/url?k=5b014cc3-075555bf-5b017dfc-0cc47adc5fa2-5be62cf1a816fc6d&u=https://web.archive.org/web/20200212093725/https://www.ocregister.com/2020/02/11/southern-california-man-on-cruise-sent-to-a-hospital-in-tokyo-with-a-high-fever-tested-for-coronavirus/>]

So, piecing all the data together:

The ~400 Americans account for 11% of the 3,711 passengers and crew of the Diamond Princess.

The 58 confirmed cases among Americans account for 12% of the 454 total confirmed COVID cases

Assuming that proportion of asymptomatic cases in Americans is similar to the proportion of asymptomatic cases for the entire ship (73/355 or 20%), we would estimate the number of Americans with asymptomatic infection at ~12. Symptomatics would be 46. If 2% of cases result in ICU admission (based on earlier estimates on Feb-12 where 4 ICU cases were reported with 203 total confirmed cases), we would expect ~9 ICU cases overall with 454 infected. Media reports from today note 19 of the passengers are “seriously ill, with some of whom treated in intensive care units.” (Would be helpful to quantify “some”—from the earlier data, we would

estimate about half that number would require ICU care at some point). For the 54 Americans confirmed to have COVID, we would estimate 1 would require ICU care if 2% of cases required ICU care (we are already aware of at least 1 American who was receiving ICU care in Japan).

So estimates of severity looking only at the American passengers:

~400 total American passengers

58 confirmed to have COVID-19

12 Asymptomatic (20%)

46 Symptomatic (80%)

~55% of total cases mildly ill (hospitalized for isolation only) (31 cases)

~25% of total cases acutely ill requiring inpatient care (15 cases)

~2% of total cases requiring ICU admission (1 cases)

Expected mortality for patients with pneumonia admitted to ICU (15-50%); assuming 2% of those who become infected with COVID-19 require ICU care, these mortality rates equate to a CFR of 0.3%-1.0%

Those estimates fit pretty well with the estimates from Feb-13. To firm up these numbers it would be useful to have actual numbers from Japan on ICU admissions, number requiring mechanical ventilation, number in the hospital because they are acutely ill, and number in the hospital because of isolation only (mildly ill or asymptomatic). Also would be helpful to have more granular information on the Americans (hospital data in Japan including number acutely ill, number needing ICU admission, and number only in the hospital for isolation). Would also be critical to gather/compile the same information from Canada, South Korea, Italy, Hong Kong, and other nations as they also evacuate their citizens. The cruise ship is a circumscribed population where it is possible to get a handle on severity fairly early in an epidemic. The limitation though, is the population on board that ship is elderly (so need to be careful about generalizing to the entire population). But it is the best data we have.

The reason why this is so important is decisions re the implementation of NPIs depend upon severity (the more severe the more intense the NPIs). The sooner we have a more accurate assessment of severity, the better for making plans for NPIs.

Story #1

https://protect2.fireeye.com/url?k=69ace8ad-35f9e1be-69acd992-0cc47adb5650-e4333d4c1d0e1847&u=https://protect2.fireeye.com/url?k=fb4e1b73-a71a020f-fb4e2a4c-0cc47adc5fa2-6b70ca76908c81a4&u=https://www3.nhk.or.jp/news/html/20200217/k10012289341000.html?utm_int=news_contents_news-main_001

Translation

New virus cruise ship confirmed 99 new infections

February 17, 2020 18:54

A new outbreak of the coronavirus was confirmed on February 17, with 99 new passengers and crew members infected on a cruise ship. As a result, 454 passengers and crew members of cruise ships have been infected, of which 19 are severely affected.

According to the Ministry of Health, Labor and Welfare, a total of 99 new passengers, including 85 passengers and 14 crewmembers, were revealed on March 17 on the cruise ship "Diamond Princess" anchored in Yokohama Port. Among them, there are 43 Japanese.

This means that a total of 1723 passengers and crew members were inspected on the cruise ship, and a total of 454 infections were confirmed.

According to the Ministry of Health, Labor and Welfare, 19 of the confirmed individuals are seriously ill, some of whom are being treated in intensive care units.

According to the Ministry of Health, Labor and Welfare, the Ministry of Health, Labor and Welfare said that infections were confirmed one after another on cruise ships. Need to be analyzed quickly. "

The Ministry of Health, Labor and Welfare has a policy to conduct a virus test on all passengers and crew members remaining on board, and those who have a negative result will be asked to leave the ship after the 19th.

Story #2

Fourteen people who were evacuated from the Diamond Princess cruise ship and flown back to the United States on charter flights tested positive for novel coronavirus, according to a joint statement from the US Departments of State and Health and Human Services.

The passengers are among the more than 300 people removed from the ship, which is docked off the Japanese port city of Yokohama, Sunday night and flown to military bases in the United States.

US officials were notified that they had tested positive for coronavirus during the evacuation process, after passengers had disembarked the ship, the agencies said in the joint statement Monday. The passengers had been tested two to three days before the evacuation flights, the statement said.

"After consultation with HHS officials, including experts from the HHS Office of the Assistant Secretary for Preparedness and Response, the State Department made the decision to allow the 14 individuals, who were in isolation, separated from other passengers, and continued to be asymptomatic, to remain on the aircraft to complete the evacuation process," the agencies said.

One charter flight carrying evacuated Americans arrived at Travis Air Force Base near Fairfield, California, around 11:28 p.m. local time Sunday. A second arrived at Joint Base San Antonio-Lackland in San Antonio, Texas at 3:56 a.m. local time Monday.

The passengers who tested positive were isolated from the other passengers during the flights, the statement said. And all passengers are being "closely monitored" throughout the flight.

"Any who become symptomatic will be moved to the specialized containment area, where they will be treated," the statement said.

After the flights land, any passengers that developed symptoms on the flights and those who had already tested positive will be transported to "an appropriate location for continued isolation and care."

The remaining passengers will remain under quarantine for 14 days.

Passengers arriving to Travis Air Force Base will be housed in the same facility as evacuees who arrived from Wuhan earlier this month, a spokesperson for the base told CNN. New evacuees will be kept in a separate area of the Westwind Inn on the base, the spokesperson said.

Before the announcement about the infected flight passengers, some Americans aboard the Diamond Princess said they didn't want to take a chance being evacuated for fear they would be subject to possible infection.

Sacramento resident Matthew Smith told CNN affiliate KOVR that he would rather deal with issues in Japan than be evacuated and quarantined in the United States.

"We decided we would just face whatever consequences here rather than exposing ourselves to that situation," Smith told the affiliate. "It kind of didn't make any sense if the us was fearful that these were infected people which is why they're going to quarantine them for another 2 weeks to have thrown them all together"

Smith's wife Katherine Codekas was met with some surprise when she told authorities that she and her husband weren't going to go with the other American evacuees, KOVR reported.

"They came back around again and I said no we're not going and they very sincerely wished us luck but there was a little look of surprise on their face," Codekas explained to the affiliate.

"You know, it's not like we're the last helicopter off the roof top in Ho Chi Mihn City," she told KOVR. "We're on a boat and we're watching people go away and people just make different choices about how they want to confront the virus."

Sent from Mail for Windows 10

From: Carter Mecher

Sent: Monday, February 17, 2020 11:00 AM

To: Tracey McNamara; Dr. Eva K Lee

Cc: Caneva, Duane; Dodgen, Daniel (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Phillips, Sally (OS/ASPR/SPPR); David Marcozzi; Hepburn, Matthew J CIV USARMY (USA); Lisa Koonin; Wargo Michael; Walters, William (STATE.GOV); HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; Callahan, Michael V., M.D.; (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA); Redd, John (OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Dean, Charity A@CDPH; Richard Hatchett; Lawler, James V; Kadlec, Robert (OS/ASPR/IO); 'Martin, Gregory J (MartinGJ@state.gov)'; Borio, Luciana; Hanfling, Dan; McDonald, Eric; Wade, David; TARANTINO, DAVID A; WILKINSON, THOMAS; David Gruber (david.gruber@dshs.texas.gov); KAUSHIK, SANGEETA; Nathaniel Hupert

Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Attached is Bob Glass' original paper—his co-author was his high-school age daughter.

Here is a link to another paper.

Glass RJ, Glass LM, Beyeler WE, Min HJ. Targeted social distancing designs for pandemic influenza. *Emerg Infect Dis* [serial on the Internet]. 2006 Nov [date cited].
<http://dx.doi.org/10.3201/eid1211.060255>

Sent from Mail for Windows 10

From: Carter Mecher

Sent: Monday, February 17, 2020 9:59 AM

To: Tracey McNamara; Dr. Eva K Lee

Cc: Caneva, Duane; Dodgen, Daniel (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Phillips, Sally (OS/ASPR/SPPR); David Marcozzi; Hepburn, Matthew J CIV USARMY (USA); Lisa Koonin; Wargo Michael; Walters, William (STATE.GOV); HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; Callahan, Michael V.,M.D.; (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA); Redd, John (OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Dean, Charity A@CDPH; Richard Hatchett; Lawler, James V; Kadlec, Robert (OS/ASPR/IO); 'Martin, Gregory J (MartinGJ@state.gov)'; Borio, Luciana; Hanfling, Dan; McDonald, Eric; Wade, David; TARANTINO, DAVID A; WILKINSON, THOMAS; David Gruber (david.gruber@dshs.texas.gov); KAUSHIK, SANGEETA; Nathaniel Hupert

Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

This is the original graph of Bob Glass' data. He modeled the various interventions alone or in combination. Along one axis are the social distancing measures from doing nothing, to just closing schools but allowing kids to mix in the community, to social distancing of kids in the

community but keeping schools open, to only social distancing of adults in the community, to closing schools and adults social distancing, to kids and adults social distancing in the community, to closing schools and social distancing of kids in the community, to a combo of all 3. Along the other axis are other interventions including doing nothing, to quarantine (Q), treatment of the ill with antivirals (T), prophylaxis of contacts (P), and various combinations. We observed what we called a “cliff effect” or phase transition or a discontinuity once you closed schools and implemented social distancing among kids. The effect was non-linear and dramatic. As a consequence we began a deep dive to better understand the school environment (including the transportation system half the school age kids use each day) and school age kids. An unsung hero in all this was Lisa Koonin (who was at CDC at the time). If Richard birthed TLC, Lisa kept the baby alive in the neonatal ICU.

We still have much to learn about this virus. Thus far, it seems to be sparing kids (just like SARS). We have been monitoring the reports from China as well as the detailed data we can see from Hong Kong, Singapore, and Japan—the numbers of kids remain very low and disease appears to be mild. Nonetheless, TLC (and the NPIs) is focused on reducing disease transmission (effectively decreasing R_0)—the interventions are really agnostic to severity. It is why CDC had to scale the implementation of TLC (later called CMG) to severity. Despite the absence of severe disease in kids, we really are still in the dark in terms of the amount of asymptomatic disease or mild sub-clinical disease in kids because we just haven’t been able to look.

I never forgot this graph of the data from Bob Glass and the inflection point that was observed when the combo of closing schools and social distancing of kids was implemented in his model. Although closing schools is complicated by its 2nd and 3rd order impacts, it is actually a pretty clean intervention in terms of actually pulling the trigger (much cleaner than the other components of TLC). If this outbreak proves to be as severe as our initial estimates, we should think long and hard before dismissing the early implementation of this strategy (closing schools and social distancing of kids).

Sent from Mail for Windows 10

From: Carter Mecher

Sent: Monday, February 17, 2020 8:57 AM

To: Tracey McNamara; Dr. Eva K Lee

Cc: Caneva, Duane; Dodgen, Daniel (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Phillips, Sally (OS/ASPR/SPPR); David Marcozzi; Hepburn, Matthew J CIV USARMY (USA); Lisa Koonin; Wargo Michael; Walters, William (STATE.GOV); HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; Callahan, Michael V., M.D.; (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA); Redd, John (OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Dean, Charity A@CDPH; Richard Hatchett; Lawler, James V; Kadlec, Robert (OS/ASPR/IO); 'Martin, Gregory J (MartinGJ@state.gov)'; Borio, Luciana; Hanfling, Dan; McDonald, Eric; Wade, David; TARANTINO, DAVID A; WILKINSON, THOMAS; David Gruber (david.gruber@dshs.texas.gov); KAUSHIK, SANGEETA; Nathaniel Hupert

Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

NPIs are going to be central to our response to this outbreak (assuming our estimates of severity prove accurate). This email group has grown since we began (not quite epidemic-level growth, but getting there). Looking ahead, I anticipate we might encounter pushback over the implementation of NPIs and would expect similar concerns/arguments as were raised back in 2006 when this strategy first emerged. It was one of the reasons I shared the updated data on US households from American Community Survey, data on USDA programs for nutritional support (including school meal programs), data on schools and enrollment, and even data on juvenile crime. The data that was gathered back in 2006 on social density in various environments (homes, offices/workplaces, schools, daycare, etc., is unchanged). For additional background and context, we attached are 3 papers on NPIs and TLC for those who are interested. Richard Hatchett deserves full credit for birthing the idea of TLC (it was actually developed in response to the threat of H5N1 and later adopted for pandemic influenza response). Duane, perhaps you can store these documents on MAX for safe keeping and access?

The first paper is an historical review of the 1918 pandemic (the comparison of Philadelphia and St. Louis is emblematic of the lesson from 1918 that timing matters when deploying NPIs—need to be early). The second paper is modeling work that was done to evaluate these strategies. At the time, modelers were focused on how best to contain an outbreak overseas (really focusing on using antivirals primarily for treatment and prophylaxis). They focused their models to evaluate the effectiveness of various strategies and quantities of antiviral medications required to quench an emerging outbreak. There were 3 groups who were doing this work back then. They each present their data in that paper. A few things to note. In all the model runs, they did not model perfection or 100% adherence (actually far from it). You will see scenarios from 30/60 (meaning 30% compliance and 60% ascertainment) on up to 90/80). (See figures 1) Even leaky implementation can reduce overall attack rates. The modelers also looked at timing of implementation (see figure 3). At the time there was a great deal of skepticism—was hard for people to believe this was possible. Or even if TLC could be effective, was implementation practical given the challenges trying to implement and the 2nd and 3rd order consequences (especially of closing schools). But the modeling data combined with the historical data was the

tipping point. Marty Cetron from CDC and Howard Markel from U of Michigan, published a more extensive historical review of the 1918 pandemic showing much the same. Since then, a group within CDC continued to work on this (collecting additional data from the 2009 pandemic and elsewhere). They published an update of CMG in MMWR in 2017. <https://protect2.fireeye.com/url?k=1ecaf95-429fe686-1ecadeaa-0cc47adb5650-ceb12487e3304ee5&u=https://protect2.fireeye.com/url?k=3985fc87-65d1e5fb-3985cdb8-0cc47adc5fa2-bb4a28993b5aa9e0&u=https://www.cdc.gov/media/dpk/cdc-24-7/preventing-pandemic-influenza/community-mitigation-guidelines-for-preventing-pandemic-flu.html>

The third paper, is a more recent paper (from 2017) that Richard shared with me. The paper is a little dense, but

I found this paper useful because it provides a vocabulary for strategies that we have raised (Symptom Monitoring vs Quarantine of potentially infected but symptom-free contacts during an epidemic). This paper identifies those conditions where SM or Q is preferred. Figure 1 is useful for understanding the challenges given the picture that seems to be emerging with this virus. This outbreak seems closer to pandemic flu than SARS in terms of transmission dynamics (and hence the NPIs we would need to employ).

Lastly, another person, Bob Glass at Los Alamos, also did work on this separately from the MIDAS group. He actually began this work as part of a science fair project for his daughter (using social contacts of his daughter and her classmates at school to model disease transmission). He knew someone at VA who forwarded his work to us (chain of transmission). Early on (even before the MIDAS group modeled TLC), we had a “Eureka” moment when we graphed his data in Excel (I can share that single graph to anyone interested). Bob Glass was also interested in trying to determine when you could let up on the NPIs during a pandemic. Here is a story about Bob Glass and that work published in Fast Company <https://protect2.fireeye.com/url?k=8c39a4a8-d06cadbb-8c399597-0cc47adb5650-96bb33c2bc2f1faa&u=https://protect2.fireeye.com/url?k=3862f880-6436e1fc-3862c9bf-0cc47adc5fa2-9ce5af31e3c2cd64&u=https://www.fastcompany.com/3058542/the-scientists-who-simulate-the-end-of-the-world> I will see if I can find his work on when to reopen schools. Decisions in terms of letting up on NPIs could be critical down the line.

Sent from Mail for Windows 10

From: Tracey McNamara

Sent: Sunday, February 16, 2020 7:10 PM

To: Carter Mecher; Dr. Eva K Lee

Cc: Caneva, Duane; Dodgen, Daniel (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Phillips, Sally (OS/ASPR/SPPR); David Marcozzi; Hepburn, Matthew J CIV USARMY (USA); Lisa Koonin; Wargo Michael; Walters, William (STATE.GOV); HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; Callahan, Michael V.,M.D.; (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA); Redd, John (OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Dean, Charity A@CDPH; Richard Hatchett; Lawler, James V; Kadlec, Robert (OS/ASPR/IO); 'Martin, Gregory J (MartinGJ@state.gov)'; Borio, Luciana; Hanfling, Dan; McDonald, Eric; Wade, David; TARANTINO, DAVID A; WILKINSON, THOMAS; David Gruber (david.gruber@dshs.texas.gov); KAUSHIK, SANGEETA; Nathaniel Hupert

Subject: Re: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Here is the link to a town hall mtg at the Munich Security Conference. Shared by Dr Christian Haggenmiller , Dorector of the German Defense Institute.

<https://protect2.fireeye.com/url?k=e74367a2-bb166eb1-e743569d-0cc47adb5650-ea452c08f17cafa8&u=https://protect2.fireeye.com/url?k=ec4e0592-b01a1cee-ec4e34ad-0cc47adc5fa2-c00af41a186719a2&u=https://securityconference.org/en/medialibrary/asset/townhall-on-the-coronavirus-outbreak-20200215-1000/>

Tracey

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From: Dr. Eva K Lee <evalee-gatech@pm.me>
Sent: Sunday, February 16, 2020 3:05:43 PM
To: Carter Mecher <(b)(6)@charter.net>
Cc: Caneva, Duane <duane.caneva@hq.dhs.gov>; Dodgen, Daniel (OS/ASPR/SPPR) <Daniel.Dodgen@HHS.GOV>; DeBord, Kristin (OS/ASPR/SPPR) <Kristin.DeBord@hhs.gov>; Phillips, Sally (OS/ASPR/SPPR) <Sally.Phillips@hhs.gov>; David Marcozzi <(b)(6)@som.umaryland.edu>; Hepburn, Matthew J CIV USARMY (USA) <matthew.j.hepburn.civ@mail.mil>; Lisa Koonin <(b)(6)@gmail.com>; Wargo Michael <Michael.Wargo@hcahealthcare.com>; Walters, William (STATE.GOV) <walterswa2@state.gov>; HARVEY, MELISSA <melissa.harvey@hq.dhs.gov>; WOLFE, HERBERT <HERBERT.WOLFE@hq.dhs.gov>; Eastman, Alexander <alexander.eastman@hq.dhs.gov>; EVANS, MARIEFRED <mariefred.evans@associates.hq.dhs.gov>; Callahan, Michael V.,M.D.

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<John.Redd@hhs.gov>; Hassell, David (Chris) (OS/ASPR/IO) <David.Hassell@hhs.gov>;
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WILKINSON, THOMAS <THOMAS.WILKINSON@hq.dhs.gov>; David Gruber
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<sangeeta.kaushik@hq.dhs.gov>; Nathaniel Hupert (b)(6)@med.cornell.edu>
Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Hi Carter, great points.

1. Separate current ED/ICU patients from COVID-19 is a must.
2. Migrating current ED/ICU (non-COVID) patients to other care sites is great idea.
3. Caring for COVID-19 patients:leveraging ED/ICU personnel for high compliance and usage of limited resources (PPE everything that goes with it) is very critical. Strategic usage and minimizing non-medical staff is necessary --- either these operators are well-trained and protected, or they cannot be there.
4. Concentrating care within ED/ICU for COVID-19 ensures rapid learning and sharing of knowledge among workers as they take care of these patients. Clearly from the standpoint of data collection and clinical symptoms recording and organization, it is more feasible and allow for immediate analysis and feedback.
5. Strategic prioritization of limited resources is extremely important. We must do it now, because the supply chain is already being affected and it can go worse.

6. Primary care and call centers are good. If you want to do strategic testing, this is also a good place to involve.

7. So few children are reported among the confirmed positive cases. They may be good spreaders (not necessarily have to be super) and the more vulnerable people would be ones show up with symptomatic disease characteristics (or no/mild symptoms).

Best, Eva

evalee-gatech@pm.me

<https://newton.isye.gatech.edu/DrLee/>

mobile: (b)(6)

Sent with ProtonMail Secure Email.

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

On Sunday, February 16, 2020 4:30 PM, Carter Mecher <(b)(6)@charter.net> wrote:

Wanted to bounce something off this group.

I have been concerned about some of the preparedness efforts of healthcare systems as they are ramping up their capabilities to care for patients with COVID-19 presenting anywhere in their system. Staff working in ERs and ICUs are pretty familiar with the care of these types of patients and the use of appropriate PPE (standard contact and airborne precautions including eye protection). The staff at the hospitals undergo fit testing for respirators, etc. Staff in outpatient clinics (especially remote community based outpatient clinics) don't typically undergo fit testing for respirators. So ERs and ICUs have muscle memory for isolating patients and providing care to patients with infectious respiratory disease. Community based outpatient clinics do not.

As part of the preparedness efforts, there has been interest in fit testing outpatient clinic staff and supplying these clinics with PPE and establishing procedures for evaluating COVID-19 patients in the community based clinics. Given the projected shortages of PPE, that just doesn't seem like the most prudent approach.

Rather than expand the care of potential COVID-19 patients to community based outpatient clinics, I would focus on hospital care--ERs and inpatient areas (especially ICUs). I would not pursue fit testing for staff working in outlying clinics. As a strategy, I suggested dividing COVID patients into two categories--(1) those with illness that is mild enough to be cared for at home (self care or care by other family members); or (2) those who are sick enough to be seen in the ER for possible hospitalization. I would refocus the efforts of outlying clinics away from COVID and toward keeping non-COVID patients with the usual mix of acute and chronic illnesses we see from hypertension to CHF to diabetes, etc., out of the ER and out of the hospital. That is what they can do to help unburden ERs and hospitals for the surge in COVID patients in ERs and hospitals. I would leverage telephone care as much as possible to handle patients with mild disease seeking care related to COVID (and quickly develop algorithms to determine who has mild disease and can be managed by telephone at home and who needs to be evaluated in the ER). Think of it like the program Lisa developed for pandemic influenza (Nurse On Call) on steroids, minus the antiviral piece. Could we repurpose and leverage that program for COVID? Such a strategy would help to conserve our PPE supply (avoid the expansion of fit testing and the redirection of already limited supplies of PPE to outlying clinics) and not ask outlying clinics to do something they don't typically do (that usually doesn't turn out very well). If the outlying clinics focused on what they normally do (caring for patients with chronic diseases), they could help the ER and hospitals cope with the demands of COVID. I would think about Urgent Care centers in the same way--to help to decompress ERs.

I also think that we need to start thinking about strategies to conserve PPE for hospitals. I'm concerned about the projected burn rates and the supply chains for PPE. Click on Amazon and check out the prices now. Or click on WalMart (can't pick up any masks from WalMart now). I saw one supplier selling 200 surgical masks on WalMart's site for only \$459.99. Such a deal.

As a conservation strategy, we might think about limiting the amount of staff interacting with infected patients and cohorting patients (even thinking of strategies to minimize need for housekeeping or food service or lab services from entering areas with COVID patients--think Ebola-like strategies (not out of concern of disease transmission but simply to limit number of staff to conserve PPE). Could do something similar with ERs (akin to what pediatricians do to separate sick call patients from other appointments). I have recommend prioritizing PPE for EDs and ICUs as well as specific inpatient areas where we would likely initially cohort patients, not pursuing fit testing of outpatient clinic staff, and shifting patients with mild COVID disease to telephone care and away from outpatient clinics.

I know several of you are part of large healthcare systems. Am curious how others are approaching this challenge.

I am also resending the questions I posed for handling sick ER/hospital staff or staff members with a confirmed case of COVID in their household. Carter

Sent from Mail for Windows 10

From: Caneva, Duane

Sent: Sunday, February 16, 2020 3:24 PM

To: Dodgen, Daniel (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Phillips, Sally (OS/ASPR/SPPR); David Marcozzi; Hepburn, Matthew J CIV USARMY (USA); Lisa Koonin; Wargo Michael; Walters, William (STATE.GOV); HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; Callahan, Michael V.,M.D.; (b)(6)@UTMB.EDU; (b)(6)@email.unc.edu; Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA); Redd, John (OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Tracey McNamara; Dean, Charity A@CDPH; Richard Hatchett; Lawler, James V; Kadlec, Robert (OS/ASPR/IO); 'Martin, Gregory J (MartinGJ@state.gov)'; Borio, Luciana; Hanfling, Dan; McDonald, Eric; Wade, David; TARANTINO, DAVID A; WILKINSON, THOMAS; David Gruber (david.gruber@dshs.texas.gov); KAUSHIK, SANGEETA; Dr. Eva K Lee; Nathaniel Hupert; Carter Mecher

Subject: Re: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Sorry for spam.

+ Carrer

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From: Caneva, Duane

Sent: Sunday, February 16, 2020 10:21:38 AM

To: Dodgen, Daniel (OS/ASPR/SPPR) <Daniel.Dodgen@HHS.GOV>; DeBord, Kristin (OS/ASPR/SPPR) <Kristin.DeBord@hhs.gov>; Phillips, Sally (OS/ASPR/SPPR) <Sally.Phillips@hhs.gov>; David Marcozzi <(b)(6)@som.umaryland.edu>; Hepburn, Matthew J CIV USARMY (USA) <matthew.j.hepburn.civ@mail.mil>; Lisa Koonin <(b)(6)@gmail.com>; Wargo Michael <Michael.Wargo@hcahealthcare.com>; Walters, William (STATE.GOV) <walterswa2@state.gov>; HARVEY, MELISSA <melissa.harvey@hq.dhs.gov>; WOLFE, HERBERT <herbert.wolfe@hq.dhs.gov>; Eastman, Alexander <alexander.eastman@hq.dhs.gov>; EVANS, MARIEFRED <mariefred.evans@associates.hq.dhs.gov>; Callahan, Michael V., M.D. <(b)(6)@mgh.harvard.edu> <(b)(6)@UTMB.EDU> <(b)(6)@utmb.edu>; <(b)(6)@email.unc.edu> <(b)(6)@email.unc.edu>; Johnson, Robert (OS/ASPR/BARDA) <Robert.Johnson@hhs.gov>; Yeskey, Kevin <kevin.yeskey@hhs.gov>; Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>; Redd, John (OS/ASPR/SPPR) <John.Redd@hhs.gov>; Hassell, David (Chris) (OS/ASPR/IO) <David.Hassell@hhs.gov>; Hamel, Joseph (OS/ASPR/IO) <Joseph.Hamel@hhs.gov>; Tracey McNamara <tmcNamara@westernu.edu>; Dean, Charity A@CDPH <Charity.Dean@cdph.ca.gov>; Richard Hatchett <richard.hatchett@cepi.net>; Lawler, James V <(b)(6)@unmc.edu>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; 'Martin, Gregory J (MartinGJ@state.gov)' <MartinGJ@state.gov>; Borio, Luciana <LBorio@iqt.org>; Hanfling, Dan <DHanfling@iqt.org>; McDonald, Eric <Eric.McDonald@sdcounty.ca.gov>; Wade, David <david.wade@hq.dhs.gov>; TARANTINO, DAVID A <david.a.tarantino@cbp.dhs.gov>; Baric, Ralph S <(b)(6)@email.unc.edu>; WILKINSON, THOMAS <thomas.wilkinson@hq.dhs.gov>; Hassell, David (Chris) (OS/ASPR/IO) <David.Hassell@hhs.gov>; David Gruber <david.gruber@dshs.texas.gov> <david.gruber@dshs.texas.gov>; KAUSHIK, SANGEETA <sangeeta.kaushik@hq.dhs.gov>; Dr. Eva K Lee <evallee-gatech@pm.me>; Nathaniel Hupert <(b)(6)@med.cornell.edu>
Subject: RE: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Some Mark Lipsitch Tweets copied. Sorry, might not be in the right order...

"So far, we have conducted tests for 1,219 individuals. Of those, 355 people tested positive. Of those, 73 individuals are not showing symptoms," Japan's health minister says

Marc Lipsitch (@mlipsitch)

14/02/2020, 17:42

I did actually say the quote that is going around, but the article contained vital context -- we don't know what symptomatic. Also we have only a rough estimate of what proportion of symptomatic people will have severe
pic.twitter.com/cWzvINSZBm



14/02/2020, 17:43

Why do I think a pandemic is likely? The infection is in many parts of China and many countries in the world, with meaningful numbers of secondary transmissions. The scale is much larger than SARS for example (where there were many introductions and no known onward transmission)



Marc Lipsitch
(@mlipsitch)

14/02/2020, 17:45

Why do I think 40-70% infected? Simple math models with oversimple assumptions would predict far more than that given the R_0 estimates in the 2-3 range (80-90%). Making more realistic assumptions about mixing, perhaps a little help from seasonality, brings the numbers down



Marc Lipsitch (@mlipsitch)

14/02/2020, 17:48

pandemic flu in 1968 was estimated to _symptomatically_ infect 40% of the population, and in 1918 30%. Those likely had R_0 less than COVID-19. Below is from stacks.cdc.gov/view/cdc/11425 pic.twitter.com/EMwjEpA49s



Marc Lipsitch (@mlipsitch)

14/02/2020, 17:49

What could make this scenario not happen? 1) conditions in Wuhan could be so different in some fundamental way from elsewhere that we are mistaken in expecting further outbreaks to have basic aspects in common. No reason I know of to think that but a formal possibility



Marc Lipsitch (@mlipsitch)

14/02/2020, 17:53

2) There could be a higher degree of superspreading than has been appreciated ("dispersion in

R0") which could mean that many locations outside Wuhan could "get lucky" and escape major onward transmission. hopkinsidd.github.io/nCoV-Sandbox/D... .



Marc Lipsitch (@mlipsitch)

14/02/2020, 17:53

2) There could be a higher degree of superspreading than has been appreciated ("dispersion in R0") which could mean that many locations outside Wuhan could "get lucky" and escape major onward transmission. hopkinsidd.github.io/nCoV-Sandbox/D... .



Marc Lipsitch (@mlipsitch)

14/02/2020, 17:55

3) Control measures could be extremely effective in locations that have had time to prepare. Maybe in a few, but seems unlikely that is the case in all, especially countries with stretched health systems.



Marc Lipsitch (@mlipsitch)

14/02/2020, 17:56

4) Seasonal factors could be much more powerful at reducing transmission than we currently expect. That doesn't help the Southern hemisphere, and is not consistent with behavior in China (preprint in queue from [@MauSantillana](#) et al.)

From: Caneva, Duane

Sent: Sunday, February 16, 2020 9:39 AM

To: Dodgen, Daniel (OS/ASPR/SPPR) <Daniel.Dodgen@HHS.GOV>; DeBord, Kristin (OS/ASPR/SPPR) <Kristin.DeBord@hhs.gov>; Phillips, Sally (OS/ASPR/SPPR) <Sally.Phillips@hhs.gov>; David Marcozzi <(b)(6)@som.umaryland.edu>; Hepburn, Matthew J CIV USARMY (USA) <matthew.j.hepburn.civ@mail.mil>; Lisa Koonin <(b)(6)@gmail.com>; Wargo Michael <Michael.Wargo@hcahealthcare.com>; Walters, William (STATE.GOV) <walterswa2@state.gov>; HARVEY, MELISSA <melissa.harvey@hq.dhs.gov>; WOLFE, HERBERT <herbert.wolfe@hq.dhs.gov>; Eastman,

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<david.gruber@dshs.texas.gov>; KAUSHIK, SANGEETA <sangeeta.kaushik@hq.dhs.gov>

Subject: Red Dawn Breaking, COVID-19 Collaborative, Feb 16 start

Purpose: This is a new Red Dawn String to cut down the size from the previous string, opportunity to provide thoughts, concerns, raise issues, share information across various colleagues responding to COVID-19.

Including all from previous string plus a few additional folks.

Duane C. Caneva, MD, MS

Chief Medical Officer

Department of Homeland Security

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(b)(6) (c)

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DCaneva@dhs.ic.gov

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Sender:	Dr. Eva K Lee <evalee-gatech@pm.me>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Fauci, Anthony (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau>; Redfield, Robert R. (CDC/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ab74a26317547b8a754285d9eaa847c-robert.redf>
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From:	Kadlec, Robert (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A182EDA693D040D3832BAE6EFCF7A255-KADLEC, ROB>
SentVia:	Ford-Barnes, Arwenithia (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D533ABC24CBE44B79F6FDDC6B08737A6-FORD-BARNES>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Meyers, David (AHRQ/IOD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=efa09be51c1b409f9bd6cbfa4b25a7f7-Meyers, Dav>; McNellis, Robert (AHRQ/CEPI) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c41db31a867e4ea590ad9f7d9b522f1b-McNellis, R>; Destro, Brenda (HHS/ASPE) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=497b4fb84974401d8d24e98aae25931b-Destro, Bre>; Nevel, Amy (HHS/ASPE) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user2448dd24>; Patel, Anita (CDC/DDID/NCIRD/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1281344f1dab4bd28aff1cf48cc25420-Patel, Anit>; Callahan, Victoria (OS/ASPR/IO) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=95162cb185624a6ebe5fadf08484c141-Callanhan,>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Ethier, Kathleen (CDC/DDID/NCHHSTP/DASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b1c1bb4997524345aaa95a9472fddb86-Ethier, Kat>; Espinosa, Diana (HRSA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=be7b711d9bec4918a4a0e7e84f039a12-diana.espin>; Macrae, Jim (HRSA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5cfb8efeb425477abccf52af9794aba7-jim.macrae.>; Cheever, Laura (HRSA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7abed2a972f64581a427f024d65befcc-laura.cheev>; Sims, Andrew (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4a3436a2b22846bdb7fd79871837d115-Sims, Andre>; Kemp, Micha (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user134ac085>; Windom, Robert (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=77138bc5c3d545919facd87e13b127de-Windom, Rob>; Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>; Dareshori, Zack (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a4e07b941ed04118ab39d2f6e3f2392c-Dareshori,>; Redd, John (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ba3fed4ee8646ec849a5a87136a24f6-Redd, John>; Bratcher-Bowman, Nikki (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7014813c9a244f839e5c01fdaad79179-Bratcher-Bo>; Falcon, Jessica (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d2f34b1b5a874e108d1dedfa20a01eb7-Falcon, Jes>; Dodgen, Daniel (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c23f0d7c1d634508918e1c87cf50c48c-Dodgen, Dan>; Petillo, Jay (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=59ce6133dfa14f6d96b9662b7cfdebc5-Petillo, Ja>; Blatner, Gretta (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=623cb123c2324236b1db6fb9153e0bbf-Blatner, Gr>; Vineyard, Michael (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userdcac6abd>; Smith, Matthew (OS/ASPR/COOP) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3d182aa88a8844b39c3bb123832c2164-Smith, Matt>; Adams, Steven A. (ASPR/SNS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f98462fe8d124743a437c7a80b3f60dd-Adams, Stev>; DeBord, Kristin (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d2cce28859884c1c835a9404885d6534-DeBord, Kri>; Phillips, Sally (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d6ce8134846423cb83b5b28464edb60-Phillips, S>; Moreno, Rafael (OS/ASPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1dcc2da7031645b39c430a140fd4c446-Moreno, Raf>;

'Callahan, Michael V., M.D.' <(b)(6)>@mgh.harvard.edu>;
 Ford-Barnes, Arwenithia (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d533abc24cbe44b79f6fddc6b08737a6-Ford-Barnes>;
 Herrmann, Jack (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bebe389042ba411496b284f678ce7247-Herrmann, Ja>;
 Holland, Tara (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4f1a3394af074579815cfcfc21462ae7-Holland, Ta>;
 Imbriale, Samuel (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user7e54524>;
 rstefhan@gryphonscientific.com </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user362337fc>;
 Waters, Cicely (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00e638c4ddf64006bcc009e8032dd700-Waters, Cic>;
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 Dozor, Joshua (fema.dhs.gov) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1b4e4edf94e440d884661b28b378bb41-Joshua.Doza>;
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 Hassell, David (Chris) (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=aedbf0ff96e4119ac7a3b3abaf71a3d-Hassell, Da>;
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 Austin, Meredith (uscg.mil) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9d5f9850a051458eae1ef58335e3c19-Meredith.L.>;
 Eldridge, Schuyler (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=102f8b9575fe4272b3a14d43a5cf3f1a-Eldridge, S>;
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 Robertson, Lance (ACL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4e938be0d69e4311a7aa44b0915297a3-Robertson,>;
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 Phillips, Christine (ACL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=600334a3db4c42be803247c2027c2c09-Phillips, C>;
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CC:	Lewis, Albert (fema.dhs.gov) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d120865cc1fe44bf9419f7c824b546d7-Albert.Lewi>; Cederberg, Christina (OS/ASPR/EEAA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user7a881e56>; Vongchan, Patrick (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ad1e95c8e8434cfd872e49817de0efa6-Vongchan, T>; Trent-Adams, Sylvia (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=650dc3276414421693345147bfafd132-Trent-Adams>; Cardo, Denise M. MD (CDC/DDID/NCEZID/DHQP) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a0b28765eb214642ab98980eb2923959-Cardo, Deni>; Bush, Laina (HHS/ASPE) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userfc8f8629>; Hayes, Jonathan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8cdfb7232de4428794f2901218bc1360-Hayes, Jona>
Subject:	COVID-19 Incident Manager Update Brief
Date:	2020/03/03 17:11:31
Start Date:	2020/03/04 18:00:00
End Date:	2020/03/04 18:15:00
Priority:	Normal
Type:	Appointment
Location:	ASPR MAIN Conf Room OR you may Dial in: (b)(6)
Attendees:	Kadlec, Robert (OS/ASPR/IO); Meyers, David (AHRQ/IOD); McNellis, Robert (AHRQ/CEPI); Destro, Brenda (HHS/ASPE); Nevel, Amy (HHS/ASPE); Patel, Anita (CDC/DDID/NCIRD/OD); Callahan, Victoria (OS/ASPR/IO) (CTR); Shuy, Bryan (OS/ASPR/IO); Ethier, Kathleen (CDC/DDID/NCHHSTP/DASH); Espinosa, Diana (HRSA); Macrae, Jim (HRSA); Cheever, Laura (HRSA); Sims, Andrew (OS/ASPR/EMMO); Kemp, Micha (OS/ASPR/MFHC); Windom, Robert (OS/ASPR/EMMO); Giroir, Brett (HHS/OASH); Yeskey, Kevin (OS/ASPR/IO); Dareshori, Zack (HHS/IOS); Redd, John (OS/ASPR/SPPR); Bratcher-Bowman, Nikki (OS/ASPR/IO); Falcon, Jessica (OS/ASPR/SIIM); Dodgen, Daniel (OS/ASPR/SPPR); Petillo, Jay (OS/ASPR/MFHC); Blatner, Gretta (OS/ASPR/BARDA); Vineyard, Michael (OS/ASPR/IO); Smith, Matthew (OS/ASPR/COOP); Adams, Steven A. (ASPR/SNS); DeBord, Kristin (OS/ASPR/SPPR); Phillips, Sally (OS/ASPR/SPPR); Moreno, Rafael (OS/ASPR); 'Callahan, Michael V.,M.D.'; Ford-Barnes, Arwenithia (OS/ASPR/IO); Herrmann, Jack (OS/ASPR/OEA); Holland, Tara (OS/ASPR/EMMO); Imbriale, Samuel (OS/ASPR/SIIM); rstephan@gryphonscientific.com; Waters, Cicely (OS/ASPR/OEA); Disbrow, Gary (OS/ASPR/BARDA); Bright, Rick (OS/ASPR/BARDA); Cooper, Kevin (OS/ASPR/ORM); Lambert, Linda (OS/ASPR/BARDA); Dozor, Joshua (fema.dhs.gov); Thompson, Donna (OS/ASPR/IO) (CTR); Greene, Jonathan (OS/ASPR/EMMO); Callahan, Kenneth (HHS/IOS); Thornton, Cody R. (OS/ASPR/SIIM); Bartrum, John (OS/ASPR) (CTR); Mccreary, Kenneth (OS/ASPR/SPPR); Sauer, Michael (OS/ASPR); Lee, Scott (OS/ASPR/EMMO); Hassell, David (Chris) (OS/ASPR/IO); Perdue, Christopher (OS/ASPR/SPPR); Mackay, Thomas (OS/ASPR/EEAA); Austin, Meredith (uscg.mil); Eldridge, Schuyler (OS/ASPR/MFHC); Knutson, Donna (CDC/DDNID/NCEH/OD); Mango, Paul (HHS/IOS); Lekan, Scott (ACF); Orsega, Susan (OS/OASH); Robertson, Lance (ACL); Frazier, Francis (IHS/HQ); McCollum, Jeffrey T (IHS/HQ); Phillips, Christine (ACL); Nicholls, Richard (ACL); Lennon, Todd (HRSA); Lewis, Albert (fema.dhs.gov); Cederberg, Christina (OS/ASPR/EEAA); Wolf, Laura (OS/ASPR/SIIM); Seiler, Brittney (OS/ASPR/SIIM); Long2, John (fema.dhs.gov); Vongchan, Patrick (OS/ASPR/EMMO); Trent-Adams, Sylvia (HHS/OASH); Cardo, Denise M. MD (CDC/DDID/NCEZID/DHQP); Harper, Victor

(OS/ASPR/ORM); Dafflitto, Scott (OS/ASPR/EMMO); Bush, Laina (HHS/ASPE); Borden, Cheryl Ann (OS/ASPR/SPPR); Smart, DeRamus (OS/ASPR/ORM); Hayes, Jonathan (OS/ASPR/IO)

Dr. Kadlec wants to have a meeting with a larger group at 6pm **(SUBJECT TO CHANGE)** each day instead of the “evening check-in”. We’re going to call it “**COVID-19 Incident Manager Update Brief**”. Below is the invite list and meeting information
SamI

Agenda:

ASPR
SPPR
SIIM
EMMO
ORM
MHFC
BARDA
OEA
E2A2
COOP
SOC
Nikki Bratcher Bowman
Dr. Chris Hassel
Dr. Sally Phillips

HHS

FHCO
Task Forces
CDC
AHRQ
ASPE
CMS
HRSA
- FEMA
- RADM Meredith Austin
- Bryan Shuy
- Dr. Kevin Yeskey
- ADM Brett Giroir
- Dr. Robert Kadlec

Sender: Kadlec, Robert (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A182EDA693D040D3832BAE6EFCF7A255-KADLEC, ROB>;

	Ford-Barnes, Arwenithia (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D533ABC24CBE44B79F6FDDC6B08737A6-FORD-BARNES>
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Imbriale, Samuel (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user7e54524>;
rstephan@gryphonscientific.com </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user362337fc>;
Waters, Cicely (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00e638c4ddf64006bcc009e8032dd700-Waters, Cic>;
Disbrow, Gary (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0fd5845defda4dc0bb45f8fac629cf09-Disbrow, Ga>;
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Dozor, Joshua (fema.dhs.gov) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1b4e4edf94e440d884661b28b378bb41-Joshua.Dozo>;
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Lee, Scott (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userf6879348>;
Hassell, David (Chris) (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=aedbf0ff96e4119ac7a3b3abaf71a3d-Hassell, Da>;
Perdue, Christopher (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b1f65848ded24b15937eae3dcee7c827-Perdue, Chr>;
Mackay, Thomas (OS/ASPR/EEAA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user2e5f70d8>;
Austin, Meredith (uscg.mil) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9d5f9850a051458eae1ef58335e3c19-Meredith.L.>;
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Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>;
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Frazier, Francis (IHS/HQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5bc0d0e10f7349a38310945505c38fe9-francis.fra>;
McCollum, Jeffrey T (IHS/HQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00c2c3ddd8fc4c19b20ee1e27ae3af6a-jeffrey.mcc>;
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Nicholls, Richard (ACL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fbd7ebe2c3b54c7ab98e4fd77ea59314-Nicholls, R>;
Lennon, Todd (HRSA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=13ca34c861d34fa9a21d4f430430457f-todd.lennon>;

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Dr. Kadlec wants to have a meeting with a larger group at 6pm (**SUBJECT TO CHANGE**) each day instead of the “evening check-in”. We’re going to call it “**COVID-19 Incident Manager Update Brief**”. Below is the invite list and meeting information

Sam!

Agenda:

ASPR
SPPR
SIIM
EMMO
ORM
MHFC

BARDA
 OEA
 E2A2
 COOP
 SOC
 Nikki Bratcher Bowman
 Dr. Chris Hassel
 Dr. Sally Phillips

HHS

FHCO
 Task Forces
 CDC
 AHRQ
 ASPE
 CMS
 HRSA
 - FEMA
 - RADM Meredith Austin
 - Bryan Shuy
 - Dr. Kevin Yeskey
 - ADM Brett Giroir
 - Dr. Robert Kadlec

Recipient:	Petillo, Jay (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=59ce6133dfa14f6d96b9662b7cfdebc5-Petillo, Ja>; Phillips, Sally (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d6ce8134846423cb83b5b28464edb60-Phillips, S>; Redd, John (OS/ASPR/SPPR) (John.Redd@hhs.gov) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ba3fed4ee8646ec849a5a87136a24f6-Redd, John>; Lee, Scott (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userf6879348>; Destro, Brenda (HHS/ASPE) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=497b4fb84974401d8d24e98aae25931b-Destro, Bre>; Lekan, Scott (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=90a98b322aba4ec2ae332c84a1ddc613-Lekan, Scot>
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5:33pm VP Pence Press Conference is just about to start – sorry for the delay

ArwenthiaFB

Dr. Kadlec wants to have a meeting with a larger group at 6pm (**SUBJECT TO CHANGE**) each day instead of the “evening check-in”. We’re going to call it “**COVID-19 Incident Manager Update Brief**”. Below is the invite list and meeting information

SamI

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Dr. Chris Hassel
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HHS

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CDC
AHRQ
ASPE
CMS
HRSA
- FEMA
- RADM Meredith Austin
- Bryan Shuy
- Dr. Kevin Yeskey
- ADM Brett Giroir
- Dr. Robert Kadlec

Recipient:

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Dr. Chris Hassel
Dr. Sally Phillips

HHS

FHCO
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- Bryan Shuy
- Dr. Kevin Yeskey
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- Dr. Robert Kadlec

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Dr. Kadlec wants to have a meeting with a larger group at 6pm (**SUBJECT TO CHANGE**) each day instead of the “evening check-in”. We’re going to call it “**COVID-19 Incident Manager Update Brief**”. Below is the invite list and meeting information

SamI

Agenda:

ASPR
SPPR
SIIM
EMMO
ORM
MHFC
BARDA
OEA
E2A2
COOP
SOC
Nikki Bratcher Bowman
Dr. Chris Hassel
Dr. Sally Phillips

HHS

FHCO
Task Forces
CDC
AHRQ
ASPE

HRSA

- FEMA
- RADM Meredith Austin
- Bryan Shuy
- Dr. Kevin Yeskey
- ADM Brett Giroir
- Dr. Robert Kadlec

Recipient:

Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efc7a255-Kadlec, Rob>; Meyers, David (AHRQ/IOD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=efa09be51c1b409f9bd6cbfa4b25a7f7-Meyers, Dav>; McNellis, Robert (AHRQ/CEPI) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c41db31a867e4ea590ad9f7d9b522f1b-McNellis, R>; Destro, Brenda (HHS/ASPE) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=497b4fb84974401d8d24e98aae25931b-Destro, Bre>; Nevel, Amy (HHS/ASPE) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user2448dd24>; Patel, Anita (CDC/DDID/NCIRD/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1281344f1dab4bd28aff1cf48cc25420-Patel, Anit>; Callahan, Victoria (OS/ASPR/IO) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=95162cb185624a6ebe5fadf08484c141-Callanhan,>; Shuy, Bryan (OS/ASPR/IO) (Bryan.Shuy@hhs.gov) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Ethier, Kathleen (CDC/DDID/NCHHSTP/DASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b1c1bb4997524345aaa95a9472fddb86-Ethier, Kat>; Espinosa, Diana (HRSA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=be7b711d9bec4918a4a0e7e84f039a12-diana.espin>; Macrae, Jim (HRSA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5cfb8efeb425477abccf52af9794aba7-jim.macrae.>; Cheever, Laura (HRSA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7abed2a972f64581a427f024d65befcc-laura.cheev>; </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7abed2a972f64581a427f024d65befcc-laura.cheev <d>; Kemp, Micha (OS/ASPR/MFHC) <Micha.Kemp@hhs.gov>; </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=77138bc5c3d545919facd87e13b127de-Windom, Rob>; </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>; Zachary.Dareshori@hhs.gov < >; <Lincoln, Carol (OS/ASPR/EMMO)>; </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=63f5720d3592489ab75ac174690310f2-Lincoln, Ca>; </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d2f34b1b5a874e108d1dedfa20a01eb7-Falcon, Jes>; </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c23f0d7c1d634508918e1c87cf50c48c-Dodgen, Dan>; <? <jay.petillo@hhs.gov>; Blatner, Gretta (OS/ASPR/BARDA) <Gretta.Blatner@hhs.gov>; Vineyard, Michael (OS/ASPR/IO) <michael.vineyard@hhs.gov>; Smith, Matthew (OS/ASPR/COOP) <Matthew.Smith@hhs.gov>; Adams, Steven A. (CDC/SNS/DSNS) <saa1@cdc.gov>; DeBord, Kristin (OS/ASPR/SPPR) <kristin.debord@hhs.gov>;

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 佐匿煨佻 倂梁 ㄟ 臙𨔵筵坐膳福□鋤俠鑒剂E <Brett.Girori>;
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FHCO

Task Forces

CDC

AHRQ

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CMS

HRSA

- FEMA
- RADM Meredith Austin
- Bryan Shuy
- Dr. Kevin Yeskey
- ADM Brett Giroir
- Dr. Robert Kadlec

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Delew, Nancy (HHS/ASPE) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9f3de4322eea4acb9c69140630415f1b-Nancy Delew>;
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<Macrae, Jim (HRSA)>;
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Sims, Andrew (OS/ASPR/EMMO) <Andrew.Sims@hhs.gov>;
Kemp, Micha (OS/ASPR/MFHC) <sip:micha.kemp@hhs.gov>;
Robert.Windom@hhs.gov <Robert.Windom>;
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Redd, John (OS/ASPR/SPPR) <Redd, John (OS/ASPR/SPPR) (John.Redd@hhs.gov)>;
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Jessica.Falcon <Falcon, Jessica (OS/ASPR/SIIM)>;
daniel.dodgen.os <Dodgen, Daniel (OS/ASPR/SPPR)>;
jay.petillo.os <Petillo, Jay (OS/ASPR/MFHC)>;

Greta.Blatner <Blatner, Gretta (OS/ASPR/BARDA)>;
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 <rstephan@gryphonscientific.com>;
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 <Disbrow, Gary (OS/ASPR/BARDA)>;
 Rick.Bright.OS <□犖柵漣愍┐莖坎>;
 Kevin.Cooper <□犖柵漣愍┐莖坎>;
 Linda.Lambert <□犖柵漣愍┐莖坎>;
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 Jonathan.Greene <□犖柵漣愍┐莖坎>;
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 John.Bartrum <□犖柵漣愍┐莖坎>;
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<Giroir, Brett (HHS/OASH)>;
<Yeskey, Kevin (OS/ASPR/IO)>;
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Dr. Kadlec wants to have a meeting with a larger group at 6pm (**SUBJECT TO CHANGE**) each day instead of the “evening check-in”. We’re going to call it “**COVID-19 Incident Manager Update Brief**”. Below is the invite list and meeting information

SamI

Agenda:

ASPR
 SPPR
 SIIM
 EMMO
 ORM
 MHFC
 BARDA
 OEA
 E2A2
 COOP
 SOC
 Nikki Bratcher Bowman
 Dr. Chris Hassel
 Dr. Sally Phillips

HHS

FHCO
 Task Forces
 CDC
 AHRQ
 ASPE
 CMS
 HRSA
 - FEMA
 - RADM Meredith Austin
 - Bryan Shuy
 - Dr. Kevin Yeskey
 - ADM Brett Giroir

- Dr. Robert Kadlec

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<Moreno, Rafael (OS/ASPR)>;
糾愕罇蜀鯨桐秦睟穉□秦嶠剝□勝U <Callahan, Michael V.,M.D.>;

Arwenthia.FordBarnes.OS <悽髣僂嵒← / 壩□>;

悽髣僂嵒← / 壩□;
Holland, Tara (OS/ASPR/EMMO) <sip:tara.holland@hhs.gov>;
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Scott.Lekan@acf.hhs.gov <:>;
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d <K>;
d <L>;
Cherylann.Borden@hhs.gov <M>;
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From:	Commissioned Corps HQ (HHS/OSG) <COMMCORPS-HQ@HHS.GOV>
SentVia:	Headquarters, Commissioned Corps <COMMCORPS-HQ@LIST.NIH.GOV>
To:	<COMMCORPS-HQ@LIST.NIH.GOV>
Subject:	MUST READ: U.S. Public Health Service Strike Team Helps Treat Patients Infected with COVID-19 in Japan
Date:	2020/03/03 17:25:19
Priority:	Normal
Type:	Note

Dear Commissioned Corps Officers,

We would like to share a press release that went out this afternoon regarding the Commissioned Corps response in Japan. A copy of the press release is listed below.

Please share the press release with your networks and listservs. You can also cross-post and amplify it on social media by retweeting the ASH's post:
https://twitter.com/HHS_ASH/status/1234961039307001857

Thank you,

Kate Migliaccio Grabill, MPH
 CDR, USPHS
 Commissioned Corps Communications

FOR IMMEDIATE RELEASE
March 3, 2020

Contact: ASH Media Office
202-205-0143
ashmedia@hhs.gov

U.S. Public Health Service Strike Team Helps Treat Patients Infected with COVID-19 in Japan

A team of specialized officers from the U.S. Public Health Service (USPHS) Commissioned Corps are working with the United States Embassy in Japan, the Japanese Ministry of Health, Labour and Welfare, and Gilead Sciences Inc. to provide compassionate access use of an investigational antiviral treatment for severely ill patients in Japan who have COVID-19, the disease caused by the novel coronavirus.

The investigational antiviral treatment, remdesivir, was previously tested in humans with Ebola virus disease and has shown promise in animal studies as a possible treatment for Middle East respiratory syndrome (MERS) and severe acute respiratory syndrome (SARS), which are caused by other coronaviruses.

This specialized team of Commissioned Corps officers, with clinical, scientific, international and public health backgrounds, deployed on February 15 to Japan to assist in the management of hospitalized United States citizens with SARS-CoV-2, the virus that causes COVID-19. Their mission is to identify seriously and critically ill patients for enrollment in a compassionate use trial so that patients with viral pneumonia could receive treatment with remdesivir, an investigational antiviral treatment developed by Gilead Sciences Inc.

“As America’s Health Responders, our Commissioned Corps officers stand ready to deploy at a moment’s notice to preserve public health and national security during national and global public health emergencies,” said the head of the service, Adm Brett P. Giroir, M.D., assistant secretary for health. “These officers are bringing care, compassion, and hope to patients who are severely ill and suffering from this infectious disease.”

In a collaborative effort with Gilead Sciences Inc., the United States Embassy in Japan, the Japanese Ministry of Health, Labour and Welfare, and the Office of the Assistant Secretary for Preparedness and Response, Commissioned Corps officers deployed to facilitate the delivery of this new antiviral therapy to numerous critically ill American and Japanese citizens suffering from COVID-19.

Commissioned Corps officers deployed quickly to Japan to meet the needs of a rapidly evolving health crisis affecting more than 50 American citizens who became infected with COVID-19 on the Diamond Princess Cruise ship.

“The USPHS Strike Team coordinated a national and international multiagency operation, bringing the necessary constituents to the table to create a partnership that facilitated the rapid delivery of remdesivir to the sickest of the COVID-19 infected patients,” said the commanding officer of this mission, Rear Adm Richard Childs, M.D. “Remdesivir has shown promising preclinical antiviral activity against SARS-COV-2, and we are hopeful that making this agent available to numerous American and Japanese patients who are severely ill with this virus will improve their chances of survival.”

As America’s Health Responders, the Commissioned Corps’ current missions related to coronavirus include supporting the return of American citizens from China and Japan; assisting the Centers for Disease Control and Prevention with airport screenings to monitor the health of travelers; working in the U.S. HHS Secretary’s Operations Center; working on a randomized control remdesivir clinical trial; and protecting the nation by deploying officers to land ports of entry to assist U.S. Customs and Border Protection with health screenings. More than 600 officers have deployed to date.

The USPHS Commissioned Corps is one of the eight uniformed services in the U.S. and is the only uniformed service committed to protecting, promoting and advancing the health and safety

of the nation. They have served on the front lines in public health emergencies and crisis situations such as treating Ebola patients in West Africa, and providing care to individuals infected with Zika, SARS, and other emerging infections.

###

Please do not reply to this email. This mailbox is not monitored. This is an official communication to Commissioned Corps officers of the U.S. Public Health Service from Commissioned Corps Headquarters (CCHQ). All active duty officers are automatically subscribed to this listserv based on their official email addresses as registered in the RedDOG application. For security reasons, CCHQ will not accept requests to be added to the Listserv.

Sender:	Commissioned Corps HQ (HHS/OSG) <COMMCORPS-HQ@HHS.GOV>; Headquarters, Commissioned Corps <COMMCORPS-HQ@LIST.NIH.GOV>
Recipient:	<COMMCORPS-HQ@LIST.NIH.GOV>
Sent Date:	2020/03/03 17:23:14
Delivered Date:	2020/03/03 17:25:19

From:	Broido, Tara (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=2C3CD5C5AFE049B6A8B48C25324C7465-BROIDO, TAR>
To:	OASH All Staff </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9f598c298b7340b2bd419b1eb6b13fb2-OASH-All-St>
Subject:	OASH PRESS RELEASE: U.S. Public Health Service Strike Team Helps Treat Patients Infected with COVID-19 in Japan
Date:	2020/03/03 17:24:11
Priority:	Normal
Type:	Note

Dear OASH,

OASH also issued this press release today.

Thanks,
Tara

From: HHS Office of Public Affairs <hhsopa@hhs.gov>

Sent: Tuesday, March 3, 2020 4:29 PM

Subject: HHS News: U.S. Public Health Service Strike Team Helps Treat Patients Infected with COVID-19 in Japan



U.S. Department of Health and
Human Services

News Release

202-690-6343
ashmedia@hhs.gov
www.hhs.gov/news
Twitter [@HHS_ASH](https://twitter.com/HHS_ASH)

FOR IMMEDIATE RELEASE
March 3, 2020

U.S. Public Health Service Strike Team Helps Treat Patients

Infected with COVID-19 in Japan

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Recipient:	OASH All Staff </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9f598c298b7340b2bd419b1eb6b13fb2-OASH-All-St>
Sent Date:	2020/03/03 17:24:00
Delivered Date:	2020/03/03 17:24:11

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.OUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F30FE7FAE664419FA654B20EDCCB1E78-SHERMAN, JE>
To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Subject:	Fwd: Widespread coronavirus testing could still be weeks away
Date:	2020/03/03 17:43:02
Priority:	Normal
Type:	Note

Sent from my iPhone

Begin forwarded message:

From: "POLITICO Pro Health Care" <politicoemail@politicopro.com>
Date: March 3, 2020 at 5:41:51 PM EST
To: <jennifer.sherman@hhs.gov>
Subject: Widespread coronavirus testing could still be weeks away
Reply-To: "POLITICO subscriptions" <reply-fe971c727160017c75-553241_HTML-911090403-1376319-278198@politicoemail.com>

Widespread coronavirus testing could still be weeks away

By David Lim, Adam Cancryn

03/03/2020 05:40 PM EST

It could be weeks before the United States can meet the demand for coronavirus testing because doctors, hospitals and some public health labs say they aren't set up yet to do the tests.

Ratcheting up the country's ability to detect the disease is crucial to understand how the coronavirus — now confirmed in at least 12 states — is spreading. But testing so far has been severely limited by problems with a diagnostic test developed by CDC.

The CDC has fixed its test and is working to get more test kits to labs. At the same time, the FDA has given some local labs and hospitals permission to develop their own tests. But many labs aren't yet ready to analyze samples from patients.

FDA Commissioner Stephen Hahn said Monday that, by the end of the week, U.S. labs would have enough materials to perform close to 1 million tests. Public health experts say that figure is misleading because it is far larger than the number of samples that can be processed in labs in the coming weeks.

The realistic estimate is now likely around 5,000 each day, according to a public health lab

industry group.

“The number the public wants to know is the number of people that can be tested per day, not the number of tests sitting in a warehouse,” said Michael Mina, associate medical director of molecular diagnostics at Brigham and Women’s Hospital in Boston. “They really want to know how likely it is they can be tested if they show up at their doctor’s office.”

Democrats on Tuesday slammed the administration’s handling of the botched CDC tests, and the pace of efforts to increase testing capacity, after meeting Tuesday with Vice President Mike Pence and officials from CDC, FDA and HHS.

“They could not answer how soon people will be able to get the test,” said Senate Minority Leader Chuck Schumer.

Sen. Patty Murray, whose home state of Washington has seen nine deaths from the virus, was similarly blunt. “We know there are not enough tests out there,” she said. “People cannot get access to them.”

Hahn’s forecast depends on additional CDC tests being produced by commercial test manufacturer Integrated DNA Technologies, according to the Association of Public Health Laboratories.

About 2,500 test kits from IDT — each containing supplies to test 500 people — will be available for ordering by the weekend, said Robin Patel, president of the American Society for Microbiology.

Patel, who also directs the Infectious Diseases Lab at Mayo Clinic, declined to speculate how many tests labs will be able to run over a given period. But she stressed that widespread access to testing, and rapid sample turnaround, are critical to limiting the coronavirus’ spread.

Public health labs using CDC’s latest diagnostic test can perform 100 tests per day under normal conditions, according to the Association of Public Health Laboratories. But only 54 such labs have verified the test for use as of Tuesday morning, and testing one person requires testing at least two samples.

An FDA spokesperson tells POLITICO that state and local public health labs currently have the capacity to test 15,000 people. New tests CDC is distributing this week will bring that figure up to 75,000 people, FDA said.

But quickly increasing the number of tests done each day will require private laboratories to pitch in. The American Clinical Laboratory Association, Quest Diagnostics and LabCorp are slated to talk with HHS about the coronavirus in the coming days, an industry source tells POLITICO.

Mina estimates that once all public health labs and 200 academic labs that have developed in-house tests are running at capacity, they will be able to process a maximum of 30,000 tests per day. But that assumption “is quite unreasonable at the moment,” he added, noting it will be

weeks before most academic labs can begin analyzing patient samples.

Public health labs also need more time to increase their capacity beyond the current 10,000-test target, says Kelly Wroblewski, APHL director of infectious diseases. “Over time, there is the ability of labs to surge — run extra shifts, pull staff from different parts of the lab in to test, commandeer different equipment parts of the lab,” she said.

Murray is tired of waiting. She blasted the administration’s handling of the situation, telling federal health officials Tuesday that it’s “unacceptable” Americans are having trouble getting tested. In some cases, she said during a Senate HELP Committee hearing, they have reportedly been turned away when they seek clarity on whether they’ve been infected.

"The administration has had months to prepare for this," Murray said. "We are now seeing community transmission of this virus. Families deserve to know — and fast — when testing will actually be ready to scale up."

Senate HELP Chairman Lamar Alexander (R-Tenn.) also pressed for a faster increase in screenings, telling administration officials that "there need to be more test kits available."

Hahn reiterated his estimate that materials for 1 million tests would be available by the end of the week — emphasizing that the number includes commercial tests still under development.

Under questioning from Murray, he denied that HHS delayed issuing guidance allowing private labs to use their own coronavirus tests.

The government has been reluctant to allow labs to create their own tests during emergency situations, Alberto Gutierrez, former director of the FDA office that oversees diagnostic tests, told POLITICO. “In previous emergencies, we always saw bad actors,” he said.

CDC Principal Deputy Director Anne Schuchat told lawmakers at the Senate hearing she is optimistic the U.S. will ultimately have enough coronavirus tests but warned that emerging infectious diseases can present surprises.

“I want to remain humble,” she said.

Sarah Oweremohle contributed to this report.

To view online:

<https://protect2.fireeye.com/url?k=54d8b9f9-088db029-54d888c6-0cc47a6a52de-d0cafe9e32dd5de5&u=https://subscriber.politicopro.com/health-care/article/2020/03/widespread-coronavirus-testing-could-still-be-weeks-away-1887651>

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

Sender:	Sherman, Jennifer (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F30FE7FAE664419FA654B20EDCCB1E78-SHERMAN, JE>
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Sent Date:	2020/03/03 17:43:01
Delivered Date:	2020/03/03 17:43:02

From:	Tripoli, Louis C RDML USN INDOPACOM PCJ0 (USA) <louis.tripoli@pacom.mil>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	Good news
Date:	2020/03/03 18:08:52
Priority:	Normal
Type:	Note.SMIME.MultipartSigned

HHS taps Kadlec to run department's coronavirus response
It's a sign of renewed urgency toward combating the worsening outbreak.

Great choice. Good luck.
Lou

Very respectfully,
Rear Admiral (RDML) Louis C. Tripoli, MC (M.D.)
Command Surgeon (J07), United States Indo-Pacific Command
Camp H.M. Smith, Hawaii
LOUIS.TRIPOLI@PACOM.MIL
SIPR: LOUIS.TRIPOLI@PACOM.SMIL.MIL
Phone (808) 477-7885

Sender:	Tripoli, Louis C RDML USN INDOPACOM PCJ0 (USA) <louis.tripoli@pacom.mil>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Sent Date:	2020/03/03 18:07:10
Delivered Date:	2020/03/03 18:08:52
Message Flags:	Unread

From:	OS Secretarys Operations Center </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=32B1F28D808B43B6903C00083291303E-SECRETARYS>
To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	COVID-19 Open Media Report 03Mar20
Date:	2020/03/03 18:20:04
Priority:	Normal
Type:	Note

UNCLASSIFIED // FOR OFFICIAL USE ONLY

Good evening all,

Attached is the 03Mar20 COVID-19 Open Media Report.

BLUF: Media reports over 100 cases in the United States Governments around the world are making supplies more available to help assuage public fears and help prevent the spread of the virus. Public sentiment shows that most people believe getting infected with COVID-19 is inevitable. More countries are increasing travel restrictions.

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 over 3,100 deaths worldwide. The majority of cases remains in mainland China. Media reports over 100 cases in the US.
- □A second case of COVID-19 was reported in NYC. The person had no known connections to any hot spots, indicating community transfer of the virus.
- □Georgia reported the first two cases of COVID-19 in two individuals. They are from the same household and had returned from Italy.

Public Health/Clinical Response:

- □King County, Washington officials announced they are purchasing a motel and preparing mobile housing units to isolate COVID-19 patients.
- □Twenty-seven firefighters and two police officers are quarantined in Kirkland, WA. Despite this, the fire and police departments are fully staffed.

Public Sentiment:

- □Medical professionals are beginning to share on social media that they expect to be infected, one doctor from Washington DC wrote an op-ed in CNN saying the same. Social media reports of non-healthcare professionals share the same sentiment.
- □The National Association of Science Writers calls on the Trump Administration to allow government experts to speak freely about the COVID-19 outbreak.
- □Instances of panic buying and supply shortages continue to be reported and are expanding to new areas, such as Georgia, as new cases are reported.

Supply Chain/ Economy:

- □The Federal Reserve cut the interest rate by .5% to just below 1.25% in response to effects of COVID-19 on the economy.
- □WHO reports that shipments of PPE are ready for 22 additional countries.

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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Recipient:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Sent Date:	2020/03/03 18:19:57
Delivered Date:	2020/03/03 18:20:04
Message Flags:	Unread

From:	OS Secretarys Operations Center </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=32B1F28D808B43B6903C00083291303E-SECRETARYS>
To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
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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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To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Schwartz, Erica (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=603e84a0e3744a5d8dcbd759f5dcad91-Schwartz, E>; Wright, Janet (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=41f672e2527b4f44891fb4fbe08cdfd-Wright, Jan>; Dulaigh, Joel (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02b15e96dc484db29682c1d336e63441-Dulaigh, Jo>
Subject:	Fwd: CDC Media Statement: Additional COVID-19 Infections
Date:	2020/03/03 18:24:18
Priority:	Normal
Type:	Note

Sent from my iPhone

Begin forwarded message:

From: "Hall, Bill (HHS/ASPA)" <bill.hall@hhs.gov>

Date: March 3, 2020 at 6:22:34 PM EST

Subject: Fw: CDC Media Statement: Additional COVID-19 Infections

From: Media@cdc.gov (CDC) <sohco@cdc.gov>

Sent: Tuesday, March 3, 2020 5:52:17 PM

To: Media@cdc.gov (CDC) <sohco@cdc.gov>

Subject: CDC Media Statement: Additional COVID-19 Infections

Media Statement

For Immediate Release

Tuesday, March 3, 2020

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

CDC Announces Additional COVID-19 Infections

At noon on Tuesday, March 3 the Centers for Disease Control and Prevention (CDC) reported 60 cases of COVID-19 from 12 states. Twenty-two of these cases are travel-related; 11 are believed to be person-to-person spread; and for the remaining 27 the source of exposure is still under investigation. Noteworthy developments in recent days include:

- **Florida** announced its first and second presumptive positive cases of COVID-19, one in a person with recent travel history ([to Italy](#)), the other with no currently known travel or contact history.

- • Georgia announced its first and second confirmed cases of COVID-19, one is a person with recent travel history (to Italy), the other in a close contact of the first patient.
- • New Hampshire also reported its first presumptive positive case of COVID-19 in a person with recent travel history (to Italy).
- • New York state announced its first case of COVID-19 in a person with recent travel history (to Iran).
- • Rhode Island announced its first presumptive positive case of COVID-19 in a person with recent travel history (to Italy).
- • Washington state announced more cases of COVID-19 associated with an outbreak in a long-term care facility. Washington has announced it now has 14 cases of COVID-19, including 6 COVID-19 deaths.

The 12 states that have reported cases include: Arizona, California, Florida, Georgia, Illinois, Massachusetts, New Hampshire, New York, Oregon, Rhode Island, Washington, and Wisconsin.

As the outbreak of COVID-19 continues to expand and as testing capacity in the U.S. increases, CDC expects more cases to be detected across the country, including more instances of person-to-person spread in more states. While information so far suggests that most COVID-19 illness is mild, a report out of China suggests serious illness occurs in 16% of cases. Older people and people with certain underlying health conditions like heart disease, lung disease and diabetes, for example, seem to be at greater risk of serious illness.

The federal government has been working closely with state, local, tribal, and territorial partners, as well as public health partners, to prepare for and respond to this public health emergency. CDC expects additional instances of person-to-person spread in the coming days and weeks.

Cases reported to CDC include those confirmed by CDC as well as presumptive positive cases reported by states. A presumptive positive result is when a patient has tested positive by a public health laboratory, but results are pending confirmation at CDC. For public health purposes, a presumptive positive result using the CDC test is treated as a positive.

CDC will report total presumptive and confirmed cases weekdays at noon. This number is based on all state reports received by 4 p.m. the previous day. CDC is no longer reporting number of persons-under-investigation (PUIs) nor those PUIs that test negative because now that states are testing and reporting their own results, these numbers would not be representative of the testing being done nationally. States are reporting results quickly and in the event of a discrepancy between CDC and state case counts, the state case counts should always be considered more up-to-date.

For more information about COVID-19 visit www.cdc.gov/covid19.

###

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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Delivered Date:	2020/03/03 18:24:18

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Subject:	Fwd: In-town pool report #16 -- coronavirus task force briefing with VP
Date:	2020/03/03 18:32:40
Priority:	Normal
Type:	Note

FYI on below. Notable nugget:

OMB will issue new guidance for employee travel.

Sent from my iPhone

Begin forwarded message:

From: White House Press Office <info@mail.whitehouse.gov>
Date: March 3, 2020 at 6:27:37 PM EST
To: <jennifer.sherman@hhs.gov>
Subject: In-town pool report #16 -- coronavirus task force briefing with VP
Reply-To: White House Press Office <info@mail.whitehouse.gov>

-->

From: Christian Datoc <christian@dailycaller.com>
Date: March 3, 2020 at 6:24:42 PM EST
Subject: In-town pool report #16 -- coronavirus task force briefing with VP

Vice President Mike Pence and the coronavirus task force entered Brady Briefing room at 5:58 pm, ahead of 6:00 pm rescheduled briefing time.

VP tells room that earlier today he briefed both Republican and Democrat Senate caucuses on the latest coronavirus details.

"Let me give you some topline numbers"

-- 77 domestic cases

-- Washington State confirmed 3 additional deaths today, 9 total domestic deaths

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Pence spoke with IL and WA governors by phone earlier Tuesday.

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Pence says kits capable of testing 1 million people will be shipped imminently, with a plan for 1 million people tested via kit next week

VP says task force will move all inspection resources at the state level to dealing with infectious disease

OMB will issue new guidance for employee travel.

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Task force will meet with airline CEOs on Wednesday.

"Tomorrow will be 1 week since the President asked me to lead the White House effort, and I couldn't be more proud" of the work task force, health agencies, and state governments have put in to fight coronavirus. "We're going to make sure that state agencies" have the resources necessary to deal with coronavirus.

Pence says Americans do not need to worry about buying masks. "It is not necessary for the American people to buy masks."

HHS Secretary Alex Azar

Notes CDC is "aggressively" deployed in Washington state and California.

Azar held up POTUS' Q4 salary check, which he donated to HHS to fight coronavirus earlier on Tuesday.

Highlights vaccine Trump was briefed on at NIH Tuesday, says hopeful it will be in circulation in 5-6 weeks.

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Will deploy inspectors to nursing home in Washington state where several deadly coronavirus cases occurred

Dr. Toni Fauci reiterated his comments at the NIH vaccine research center

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Christian Datoc

Senior White House Correspondent

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Subject:	Fwd: In-town pool report #16 -- coronavirus task force briefing with VP
Date:	2020/03/03 18:35:43
Priority:	Normal
Type:	Note

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From: White House Press Office <info@mail.whitehouse.gov>
Date: March 3, 2020 at 6:27:37 PM EST
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Date:	2020/03/03 18:48:28
Priority:	Normal
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Begin forwarded message:

From: White House Press Office <info@mail.whitehouse.gov>
Date: March 3, 2020 at 5:37:11 PM EST
To: "Stecker, Judy (OS/IOS)" <Judy.Stecker@hhs.gov>
Subject: Remarks by President Trump After Marine One Arrival
Reply-To: White House Press Office <info@mail.whitehouse.gov>

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The White House

Office of the Press Secretary

FOR IMMEDIATE RELEASE

March 3, 2020

REMARKS BY PRESIDENT TRUMP
AFTER MARINE ONE ARRIVAL

South Lawn

3:50 P.M. EST

THE PRESIDENT: So, we just got back. We had a great tour of NIH. And Dr. Fauci is here, along with our Secretary. And a lot of progress. Maybe, Alex, you'd like to start and then we'll have the Doctor say something.

SECRETARY AZAR: Well, we just had an incredible visit up at NIH at the National Institute of Allergy and Infectious Disease that Dr. Fauci leads. And the President got to hear from the actual bench scientists who, within three days -- within three days -- developed a potential vaccine for the novel coronavirus.

And they reported some really important news to the President that, yesterday, the Food and Drug Administration authorized the entry of that vaccine into phase one safety clinical trials.

Dr. Fauci?

THE PRESIDENT: Which is a record. Yeah, please.

DR. FAUCI: So, what we did is we just had the opportunity to take the President and show him the actual individual researchers who are doing the things that we've been talking about. And what they

were referring to is that the actual scientists -- middle level, senior, junior -- were there and explained to the President what I have actually been explaining to the press, but showed it on graphics: how after the virus was identified, the sequence was taken and put into this platform called messenger RNA. And what happened is that, literally, within a period of a couple of days, we were able to stick it in.

And now, as I said, we're going to go into a phase one trial in about three months from that day -- well, we're probably, you know, a month or so -- I mean, I don't want to over promise. I said a month and a half the other day; it may be about a month or so. And then very soon, we'll be sticking the first person with the vaccine.

But I want to caution everybody: That's only the first stage of the development of the vaccine because we emphasized to the President that since we'll be giving the vaccine to normal, healthy people, that safety is very important and you really need to know that it actually works.

That next phase is a phase two trial. We're not going to be able to start that for at least another three or four months after we go in. So the whole process is going to take a year, a year and a half at least.

THE PRESIDENT: Do you want to talk about therapeutics?

DR. FAUCI: Yeah. The other thing that's interesting that we explained to the President, and the Secretary already knew is that the difference between testing the vaccine and testing therapy are almost qualitatively different. Because with the therapy, you're

going to give it to someone who is already ill and you compare it to standard of care. So, within a reasonable period of time, you're going to know if it works or not.

So, right now, as of like today, there are two large trials going on in China that are comparing one of the drugs -- and there are several -- one called remdesivir with the standard of care alone.

And when we get those results -- which likely will be several months because you're going to have to accumulate hundreds of patients to decide. We have our own trial right now in the United States with some people at the University of Nebraska who are infected and put there. So once you get the result with the therapy -- unlike a vaccine, which takes quite a while -- once you get a result, you can start distributing the medication.

Q So, Dr. Fauci, just to be clear: You're saying three months away from treating people who already have coronavirus?

DR. FAUCI: No, I didn't say that. I said, if the drug works and you prove it works, you will treat them. I am not saying that three months from now we're going to have a drug to treat people. Okay?

THE PRESIDENT: If it works.

DR. FAUCI: Yeah.

Q So if it works, three months from now, it is possible --

DR. FAUCI: No, I -- no. I didn't say. I said you have to accumulate enough patients, when they get to 400 patients in each

trial. That may take three months. That may take five months. I don't know.

When the trial is over and they evaluate the data, if the drug works, then you'll be able to apply it.

Q Mr. President, can you react to the market drop? Are you concerned about a recession?

THE PRESIDENT: I haven't seen it. I'm focused on this. The country is in great shape. The market is in great shape. I'm focused on this. This is very important.

Q Do you want tax cuts, in addition to the Fed acting? The Fed acted and you've suggested that you also want tax cuts.

THE PRESIDENT: I like middle-income tax cuts. I think it would be a good time.

Q This year?

THE PRESIDENT: Middle-income tax cuts. If the Democrats would approve it, I'd go along with it.

Q And that's a payroll tax cut, or did you --

THE PRESIDENT: It's a payroll tax, yeah. Payroll tax cut.

Q And you want that to happen this year?

THE PRESIDENT: I would do it if they can approve it. I would do it.

Q And then, in terms of travel, obviously spring break is coming around the corner. Should Americans be concerned -- are you concerned? For example, would you let your son go to Disney?

THE PRESIDENT: Yeah, I think there's -- I think we have a lot of great places we could travel to, right in the United States. We have a lot of great places we can travel to. Okay?

Q Mr. President, we've heard about confirmed cases, but what are the estimates for how many people and how many cases we actually have? What are the estimates?

THE PRESIDENT: Go ahead.

SECRETARY AZAR: You said how many cases we actually have right now?

Q We have confirmed cases, but what are the estimates that you guys have?

SECRETARY AZAR: Oh, estimates. Estimates. Well, we can only have confirmed cases. So we don't estimate other than the 60 cases we have from here in the United States that are confirmed, as well as the 48 cases that we have that came from our repatriation activities.

We're very careful to not try to extrapolate or predict with an unknown virus here in the United States.

THE PRESIDENT: Go ahead.

Q Mr. President, Google just -- Google just canceled its big annual conference, sir. Are companies that are canceling conferences and travel doing the right thing or is that an overreaction, do you think?

THE PRESIDENT: That's up to them. Hey, let them stay in the United States. If they don't travel, if they stay here, that's not a bad thing for us. I -- I've been saying for a long time people should do that.

Q Do you think the Fed wasted its ammunition today? They cut rates and the Dow went down.

THE PRESIDENT: No, I think they could have done -- I think they should do more. I think they hinted that they're not going to do much more and that's unfortunate.

He gave a very bad signal, in my opinion.

END

3:57

P.M. EST

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Subject:	IOS Nightly Update
Date:	2020/03/03 19:53:57
Priority:	Normal
Type:	Note

Sent to White House (Night Note):

- CDC to publish health statistics report on learning disabilities**
 Tomorrow, CDC's National Center for Health Statistics (NCHS) is expected to release a report entitled "Racial and Ethnic Differences in the Prevalence of Attention-Deficit/Hyperactivity Disorder (ADHD) and Learning Disability Among U.S. Children Aged 3-17 Years." This report examines the reported prevalence of ADHD and learning disabilities by race and ethnicity and select demographic characteristics that are associated with the diagnosis of these conditions.
- FDA to issue rule banning electrical stimulation devices (ESDs) for self-injurious or aggressive behavior (confidential)**
 Tomorrow, FDA is expected to publish a final rule banning ESDs for self-injurious or aggressive behavior. The final rule will remove all ESDs from the market within certain time periods. This will be only the third medical device to be banned by FDA.
- FDA to issue guidance related to biological products**
 Tomorrow, FDA is expected to issue final guidance providing answers to common questions about FDA's implementation of the statutory "transition" provision, under which an application for a biological product approved under the law will be deemed to be a license for the biological product under the PHS Act on Mar. 23, 2020.
- FDA to launch educational campaign on new Nutrition Facts label**
 Tomorrow, FDA is expected to highlight steps the agency will be taking to educate consumers on the new label to help them make healthier choices about the foods they eat.
- FDA to provide update from the Cannabidiol (CBD) Policy Working Group**
 Tomorrow, FDA is expected to provide an update from the CBD Policy Working Group outlining the work the agency has taken to date to explore potential pathways for various types of CBD products to be lawfully marketed. The agency will be re-opening the public docket associated with the May public hearing, and providing a mechanism for stakeholders to share confidential data to the agency.

- **FDA Commissioner to speak at ACLA meeting**

Tomorrow morning, FDA Commissioner Dr. Stephen Hahn will deliver a keynote speech to the annual membership meeting of the American Clinical Laboratory Association in Washington, DC.

- **FDA to establish docket for public feedback on enhanced Purple Book**

Tomorrow, FDA is expected to establish a docket for public comment to gather stakeholder feedback on the new enhanced Purple Book database to inform the next phase of development.

Other Departmental Updates:

- **CDC to announce funding for COVID-19 Response *Embargoed until 2pm***

CDC will announce \$35 million for a limited number of state and local areas for the COVID-19 response, using funds from the Secretary's Transfer within HHS.

- \$25 million for areas with the largest burden of response and preparedness activities to date for monitoring of travelers, lab equipment, infection control, and staffing.
- \$10 million for a limited number of areas to begin implementation of coronavirus surveillance, including enhanced laboratory capacity.
- Once Congress provides supplemental funding, all states and local jurisdictions will receive funding for these activities.

Other Newsworthy Items:

- Dr. Fauci will participate in an interview with MSNBC's Rachel Maddow
- Surgeon General will participate in the following interviews:
 - Newsy @ 1:30PM [taped]
 - The Guy Benson Show (Fox News Radio) @ 3:05PM
- Deputy Secretary Hargan will testify before the House Budget Committee on FY2021 Budget
- NIH will send the press release, "Automated CT biomarkers predict cardiovascular events and mortality better than current practice"
- FDA will send the press release, "FDA Advances Work Related to Cannabidiol Products with Focus on Protecting Public Health, Providing Market Clarity"

From Today:

- CDC released the MMWR: [Active Monitoring of Persons Exposed to Patients with Confirmed COVID-19 — United States, January–February 2020](#)
- (NIH) [Boosting energy levels within damaged nerves may help them heal](#)
- (FDA) [FDA Informs Patients, Providers and Manufacturers About Potential Cybersecurity Vulnerabilities in Certain Medical Devices with Bluetooth Low Energy](#)

- (CDC) [CDC Announces Additional COVID-19 Infections](#)

Notable Coverage:

[Surgeon general: Be cautious, but not afraid of coronavirus](#)
CNN // Jerome Adams

[Lawmakers Push Again for Info on Google's 'Project Nightingale'](#)
Wall Street Journal // Rob Copeland

[Amazon, Intel, Cisco and Salesforce back out of health-tech conference HIMSS due to coronavirus](#)
CNBC // Christina Farr

Zack Dareshori
Special Assistant to the Chief of Staff
Immediate Office of the Secretary
U.S. Department of Health and Human Services

(b)(6) cell

Sender:	Dareshori, Zack (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A4E07B941ED04118AB39D2F6E3F2392C-DARESHORI,>
Recipient:	IOS Nightly Update </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ac603d3712a448338b70d3ad0ea131c9-IOS Nightly>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>
Sent Date:	2020/03/03 19:53:56
Delivered Date:	2020/03/03 19:53:57
Message Flags:	Unread

From:	Dareshori, Zack (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A4E07B941ED04118AB39D2F6E3F2392C-DARESHORI,>
To:	AMA2 (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c145629cc8ac4858bf1f0ce5dd0461dc-AMA2!>
CC:	EDH (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=393ceddbc5fa4d44a9734e20f54c8146-EDH6886>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>
Subject:	Secretary's Nightly Update
Date:	2020/03/03 19:54:45
Priority:	Normal
Type:	Note

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Zack Dareshori
Special Assistant to the Chief of Staff
Immediate Office of the Secretary
U.S. Department of Health and Human Services

(b)(6) cell

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Sent Date:	2020/03/03 19:54:44
Delivered Date:	2020/03/03 19:54:45

From:	Dareshori, Zack (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A4E07B941ED04118AB39D2F6E3F2392C-DARESHORI,>
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Zack Dareshori
Special Assistant to the Chief of Staff
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Sent Date:	2020/03/03 19:54:44
Delivered Date:	2020/03/03 19:54:45

From:	OS Secretarys Operations Center </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=32B1F28D808B43B6903C00083291303E-SECRETARYS>
To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	HHS International SPOTREP: COVID-19 (Update #123)
Date:	2020/03/03 20:38:38
Priority:	Normal
Type:	Note

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HHS International SPOTREP: COVID-19 (Update #123)

Source: Interagency

What:

- **123 individuals released from quarantine March 2-3 at Lackland AFB**
- **New York requiring health insurers to waive testing cost sharing, to reduce barriers to COVID-19 testing**
- **Phase 1 trial for the mRNA-1273 vaccine candidate received a safe-to-proceed letter from the FDA**
- **FDA and CDC allowing health care personnel to use non-FDA regulated National Institute for Occupational Safety and Health (NIOSH) approved respirators to increase number of available N95s**
- **24 ESF-13 LNOs coordinating safety and security activities at quarantine sites and in Washington, D.C.**

For further information, please see the attached Senior Leader Brief (SLB), which includes the **03Mar20** CDC SITREP for Novel Coronavirus.

When: 03Mar20 2035ET

Where: International

Why: CIR: Disease – International

Actions/Follow-Up: The SOC will continue to monitor this incident and report as needed. *This message was distributed to the 2019 nCoV IMT, 2019 nCoV Interagency, 2019 nCoV IST, 2019 nCoV Senior Leadership Distribution Lists.*

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Prepared by: Eric Burkholder, Watch Officer

Approved by: RHibano Dokong, Senior Watch Officer

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



cid:image001.png@01D5EC0F.61A1DCC0

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Recipient:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Sent Date:	2020/03/03 20:37:52
Delivered Date:	2020/03/03 20:38:38
Message Flags:	Unread

From:	Saxon, Bobby (CMS/CCIO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=08F6F33B24E24F00A2CF3650A8393F25-SYTP>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Verma, Seema (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e36583cd19bb453997718e4ca9ac8a93-SeemaVermaP>; Brookes, Brady (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7a794d62ee454992a4268ae71690f3c1-BDI7>
CC:	Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>; Greene, Jonathan (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1b692a4d6cff4afabbbee99d35336ece-Greene, Jon>; Lee, Scott (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userf6879348>; Cote, Mick (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user9459b24b>; Herrmann, Jack (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bebe389042ba411496b284f678ce7247-Herrmann, Ja>; Perdue, Christopher (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b1f65848ded24b15937eae3dcee7c827-Perdue, Chr>; Payne, Skip (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=94ba9f17f14149b7b9d64b4b481059fa-PU1K>; Blackford, Carol W. (CMS/CM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=63ad10b43706420aa6578a500ad37a59-XL67>; Mack, Rosa (CMS/CMCS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a947b5e34c7f45aa8eeb9a0afab74c5e-M7DM>
Subject:	RE: Connecting and Reqeust for Support from CMS
Date:	2020/03/03 20:39:10
Priority:	Normal
Type:	Note

+ EPRO COVID-19 team (CDR Skip Payne, Carol Bradford, and Rosa Mack).

Bobby
Acting Director, EPRO

(b)(6) (C)

From: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Sent: Tuesday, March 3, 2020 8:34 PM
To: Verma, Seema (CMS/OA) <Seema.Verma@cms.hhs.gov>; Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>; Saxon, Bobby (CMS/CCIO) <Bobby.Saxon@cms.hhs.gov>
Cc: Yeskey, Kevin (OS/ASPR/IO) <Kevin.Yeskey@hhs.gov>; Greene, Jonathan (OS/ASPR/EMMO) <Jonathan.Greene@hhs.gov>; Lee, Scott (OS/ASPR/EMMO) <Scott.Lee@hhs.gov>; Cote, Mick (OS/ASPR/EMMO) <Mick.Cote@hhs.gov>; Herrmann, Jack (OS/ASPR/OEA) <John.Herrmann@hhs.gov>; Perdue, Christopher (OS/ASPR/SPPR) <Christopher.Perdue@hhs.gov>
Subject: Connecting and Reqeust for Support from CMS
Importance: High

(b)(5)

Sender:	Saxon, Bobby (CMS/CCIO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=08F6F33B24E24F00A2CF3650A8393F25-SYTP>
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Delivered Date:	2020/03/03 20:39:10

From:	Imbriale, Samuel (OS/ASPR/SIIM) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=USER7E54524>
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Subject:	COVID-19 PMO Call Due Outs 3Mar20
Date:	2020/03/03 20:46:23
Priority:	Normal
Type:	Note

All, very sorry for the delay it getting this out - due outs for today.

1. • **HHS ‘Rumor’ Page.** Sam will connect Pratt with FEMA folks who manage ‘rumor Q&A page’ - such as done with hurricanes, for general public.
2. • **Share guidance with SOC &PMO.** Done; Perdue & Will Farmer shared guidance with the group.
3. • **POC Matrix for IEA.** Need a list of POCs who can speak to particular subjects. IEA has been receiving a lot of requests for speakers for local events.
4. • **Share Long Term Care facility guidance with SOC &PMO.** Donna said CDC published guidance; can share.
5. • **AHRQ to share links for hospital consumable data.** Done; they already shared links with ASPR Modeling.
6. • **ASPA needs to know about all public engagement calls for VPOTUS list.** Email timothy.foster@hhs.gov if/when you know about calls.
7. • **Need definitive language that COVID-19 isn’t airborne; need to communicate.** Current guidance states that HCFs are advised to use protective equipment ideally for airborne, however at a minimum, only droplet protection is required. Donna setting up call for tomorrow to discuss.

V/r,

Sam Imbriale, MPH
 Director, Information Management Division
 Director (Acting), Secretary’s Operations Center
 Cell: (b)(6)
Samuel.imbriale@hhs.gov

Sent from mobile device - please excuse typos.

Sender:	Imbriale, Samuel (OS/ASPR/SIIM) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=USERE7E54524>
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Date:	2020/03/03 20:46:24
Priority:	Normal
Type:	Note

All, very sorry for the delay it getting this out - due outs for today.

(b)(5)

V/r,

Sam Imbriale, MPH
Director, Information Management Division
Director (Acting), Secretary's Operations Center
Cell: (b)(6)
Samuel.imbriale@hhs.gov

Sent from mobile device - please excuse typos.

Sender:	Imbriale, Samuel (OS/ASPR/SIIM) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=USERE7E54524>
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Sent Date:	2020/03/03 20:46:20
Delivered Date:	2020/03/03 20:46:24
Message Flags:	Unread

From:	Sherman, Jennifer (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F30FE7FAE664419FA654B20EDCCB1E78-SHERMAN, JE>
To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Subject:	FW: Comment Request: Indiana HIV Outbreak
Date:	2020/03/03 20:55:27
Priority:	Normal
Type:	Note

Dr. Adams,

We provided our quote to Philip at Real Clear Politics, but he has a couple follow up questions...let me know if you'd like me to provide something for his additional questions. Thanks.

Jenn

Draft, pre-decisional and deliberative

From: Philip Wegmann <pwegmann@realclearpolitics.com>
Sent: Tuesday, March 3, 2020 5:27 PM
To: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Subject: Re: Comment Request: Indiana HIV Outbreak

Thanks Jennifer!

A quick follow up: Does the surgeon general reject the idea that the vice president, as many of his critics allege, does not believe in science? Also was the surgeon general in the room when the then-governor said that he need to go pray before making a decision on needle exchanges?

It seems to me that after opposing needle exchange program during his time in the House, the vice president listened to the facts and science his advisors presented and then changed his mind. That would reflect someone who does very much believe in science.

Another follow up: Does the surgeon general believe that the vice president is more prepared to combat coronavirus because of his experience combating HIV in Indiana?

Best,

Philip Wegmann
White House Reporter
RealClearPolitics
P: (260)715-7867
T: @PhilipWegmann

From: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Sent: Tuesday, March 3, 2020 4:29 PM
To: Philip Wegmann <pwegmann@realclearpolitics.com>
Subject: RE: Comment Request: Indiana HIV Outbreak

Hi Philip,
Thanks for reaching out. I have the below for you, **attributable to Surgeon General Adams:**

"When I was the State Health Commissioner in Indiana, I worked closely with then-Governor Pence. That was especially true during the HIV outbreak that we saw in Scott County. Working together, we helped address the outbreak by implementing comprehensive syringe services programs (SSPs) that helped change the scope of the unprecedented crisis. As a result, our efforts became a model for how other states and localities respond to similar crises – states like Kentucky, for example, went from zero to more than 70 comprehensive SSPs, to prevent future outbreaks and help people in need of care."

Best,
Jenn

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

From: Philip Wegmann <pwegmann@realclearpolitics.com>
Sent: Tuesday, March 3, 2020 3:23 PM
To: ASH Media <ASHMedia@hhs.gov>
Subject: Comment Request: Indiana HIV Outbreak

Hello,

Phil Wegmann here with RCP. I'm working on a story about how the vice president responded to an HIV outbreak in Indiana when he was governor there. I know that the surgeon general was Pence's state health commissioner at the time. Does he think that the then-governor acted decisively in the matter?

I've spoken with Joey Fox who was legislative director for the Indiana State Department of Health at the time, as well as the former sheriff of the county affected by the outbreak. It would be great to include the surgeon general's voice in this piece. Thank you for your consideration!

My deadline is noon tomorrow.

Best,

Philip Wegmann
White House Reporter

RealClearPolitics
P: (260)715-7867
T: @PhilipWegmann

Sender:	Sherman, Jennifer (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F30FE7FAE664419FA654B20EDCCB1E78-SHERMAN, JE>
Recipient:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Sent Date:	2020/03/03 20:55:26
Delivered Date:	2020/03/03 20:55:27

From:	Sherman, Jennifer (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F30FE7FAE664419FA654B20EDCCB1E78-SHERMAN, JE>
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Subject:	FW: CDC opens up coronavirus testing, Pence says
Date:	2020/03/03 21:02:52
Priority:	Normal
Type:	Note

From: POLITICO Pro Health Care <politicoemail@politicopro.com>
Sent: Tuesday, March 3, 2020 8:59 PM
To: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Subject: CDC opens up coronavirus testing, Pence says

CDC opens up coronavirus testing, Pence says

By Brianna Ehley, Meridith McGraw

03/03/2020 08:57 PM EST

The CDC is broadly expanding who can be tested for the coronavirus, Vice President Mike Pence announced Tuesday, as the Trump administration scrambles to detect cases that may have been missed because of delays in testing.

Under the new guidance, “any American can get tested” if a doctor suspects the virus, Pence told reporters at the White House. He added that people no longer need to show specific symptoms as the CDC had previously required. The change could dramatically increase demand for testing at a time when public health experts are concerned that the country's testing capacity is still weeks behind.

Pence said the new testing guidelines came after several governors informed him “there was an impression that tests would not be administered to people who were only mildly symptomatic.” It also comes after a California patient last week was confirmed positive for the virus days after being denied a test under CDC criteria.

The agency previously advised doctors to only test patients if they had known exposure to someone with the virus, travel history to an affected region or had symptoms of a serious respiratory illness.

The Trump administration in recent days has faced criticism for delays in testing because of earlier problems with its diagnostic tests. Pence said the U.S. plans to send 2,500 new test kits out by the end of the week, which he claimed can test 1.5 million samples. Public health labs say patients typically require at least two samples.

Pence also said private companies are expected to dramatically boost the amount of test kits on the market, though experts question whether there are enough laboratories to test a large surge of samples.

As of Tuesday, officials have confirmed 77 cases in the U.S. across 13 states and nine deaths, all reported in Washington state.

Seven of those deaths involved patients from a nursing home near Seattle. Pence said he spoke with Washington Gov. Jay Inslee earlier Tuesday. A CDC team is on the ground in Washington, and the Centers for Medicare and Medicaid Services has deployed investigators to the nursing home.

President Donald Trump and Pence visited the National Institutes of Health on Tuesday to discuss treatments and the development of a vaccine, which agency Director Anthony Fauci said won't likely be ready until next year.

Officials reiterated that the immediate risk to the American public remains low, though cautioned that could quickly change.

“The big unknown that I think we’re going to be able to address as we get much more widespread ability to test is the degree of infection that might be out there,” Fauci said.

Concerns of broader community spread come just as a \$7.5 billion emergency funding package for coronavirus response efforts stalled on Capitol Hill Tuesday over disagreements about vaccine availability and hospital reimbursement costs. State and local health departments, already strapped for cash, say they need funding to prepare especially in the event that the virus becomes widespread in their communities.

Joining Pence at the briefing — which was not televised — were members of the coronavirus task force including Deborah Birx, who is leading the response; CMS Administrator Seema Verma; CDC Director Robert Redfield; and FDA Commissioner Stephen Hahn.

Pence said he plans to meet Wednesday with airline industry executives to discuss “contact tracing data” and greater cooperation among the airports tasked with screening people coming back into the United States.

David Lim contributed to this report.

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Sender:	Sherman, Jennifer (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F30FE7FAE664419FA654B20EDCCB1E78-SHERMAN, JE>
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Subject:	Governor's Summit on COVID-19 Preparedness
Date:	2020/03/03 21:23:47
Start Date:	2020/03/05 12:30:00
End Date:	2020/03/05 13:00:00
Priority:	Normal
Type:	Appointment
Location:	HHS Studio

Yes, speeches at the Summit are open press, including SG. Breakout sessions closed. Media avail planned. Waiting for detail on the media avail.
Sent from my iPhone

On Mar 3, 2020, at 7:26 PM, Heck, Mia (HHS/OASH) <Mia.Heck@hhs.gov> wrote:
Doug: Could you confirm Governor DeWine's COVID Summit is open press?
Sent from my iPhone

On Mar 3, 2020, at 7:48 PM, Murphy, Ryan (OS/ASP) <Ryan.Murphy1@hhs.gov> wrote:

I'll flag for OVP comms that the SG is participating in this event and that it will be open press – assuming that is still the case. Can someone confirm for me that this is still open press?

From: Heck, Mia (HHS/OASH) <Mia.Heck@hhs.gov>
Sent: Tuesday, March 3, 2020 7:13 PM
To: Baker, Michael (OS/IEA) <Michael.Baker@hhs.gov>
Cc: Wilker, Michael (HHS/ASP) <Michael.Wilker@hhs.gov>; O'brien, Douglas (OS/IEA) <Douglas.Obrien@hhs.gov>; Wright, Janet (HHS/OASH) <Janet.Wright@HHS.GOV>; Rigas, Laura (HHS/IEA) <Laura.Rigas@hhs.gov>; Johnston, Darcie (HHS/IEA) <Darcie.Johnston@hhs.gov>; Beck, Gary (OS/IEA) <Gary.Beck@hhs.gov>; Reilly, Erin (OS/IEA) <Erin.Reilly@hhs.gov>; Gabuzzi, Sam (OS/IEA) <Sam.Gabuzzi@hhs.gov>; Nix, Samuel (HHS/ASP) <Samuel.Nix@hhs.gov>; Karen Foster (<kfoster@hhs.tv>) <kfoster@hhs.tv>; Morgan Courbois (<mcourbois@hhs.tv>) <mcourbois@hhs.tv>; Brunson, Brandy (HHS/OASH/OSG) <Brandy.Brunson@hhs.gov>; Valentine, Steven (HHS/OASH)

<Steven.Valentine@hhs.gov>; Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>

Subject: Re: Skype/Video capabilities

Thank you! Jenn will be our Thurs/Fri I will be assisting the SG in her stead 202.578.6071
Sent from my iPhone

On Mar 3, 2020, at 7:02 PM, Baker, Michael (OS/IEA) <Michael.Baker@hhs.gov> wrote:

Hi all –

Wrapping up a lot of email traffic and confirming a few details here:

- Surgeon General is a go for this. Our target time slot is for 12:30pm -1:00pm.
 - o Note – of course I will say the usual caveat we all know: if he’s asked to be somewhere by the WH, its beyond our control, etc. etc.
- Doug will handle the connection with the Ohio team and make sure agenda reflects HHS’s preferred time slot.
- Doug will connect our studio team with the technical team there.
- Brandy, please hold the time on the SG’s calendar.
- OSG Comms/ASPA, I’m not sure what the process is for notifying OVP of this engagement, but I will leave that to you.

If I can be helpful, please don’t hesitate to reach out to me, but I think moving forward this will mostly be for Team SG, Team ASPA, and Team Region 5. I would suggest starting a new email chain with the appropriate people for coordination.

Thanks all!

Michael

Cell: (b)(6)

From: Wilker, Michael (HHS/ASPA) <Michael.Wilker@hhs.gov>

Sent: Tuesday, March 3, 2020 12:06 PM

To: Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Reilly, Erin (OS/IEA) <Erin.Reilly@hhs.gov>; Valentine, Steven (HHS/OASH) <Steven.Valentine@hhs.gov>

Cc: O'brien, Douglas (OS/IEA) <Douglas.Obrien@hhs.gov>; Rigas, Laura (HHS/IEA) <Laura.Rigas@hhs.gov>; Johnston, Darcie (HHS/IEA) <Darcie.Johnston@hhs.gov>; Heck, Mia (HHS/OASH) <Mia.Heck@hhs.gov>; Beck, Gary (OS/IEA) <Gary.Beck@hhs.gov>; Gabuzzi, Sam (OS/IEA) <Sam.Gabuzzi@hhs.gov>; Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>; Baker, Michael (OS/IEA) <Michael.Baker@hhs.gov>; Nix, Samuel (HHS/ASPA) <Samuel.Nix@hhs.gov>; Karen Foster (kfoster@hhs.tv) <kfoster@hhs.tv>; Morgan Courbois (mcourbois@hhs.tv) <mcourbois@hhs.tv>

Subject: RE: Skype/Video capabilities

Please put us in touch with the technical team. We need to know the time slot as we have other productions in the studio on Thursday that we may need to move.

We have Skype, satellite and fiber connectivity from the HHS Studio. We would want to test whichever path we use.

Adding Karen and Morgan from the Studio Team for awareness.

Michael

Michael Wilker
Director, Broadcast Communications
HHS/OS/ASPA
202.260.1315
Michael.Wilker@hhs.gov
www.hhs.gov
www.hhs.tv

From: Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>
Sent: Tuesday, March 3, 2020 11:58 AM
To: Reilly, Erin (OS/IEA) <Erin.Reilly@hhs.gov>; Valentine, Steven (HHS/OASH) <Steven.Valentine@hhs.gov>
Cc: O'brien, Douglas (OS/IEA) <Douglas.Obrien@hhs.gov>; Rigas, Laura (HHS/IEA) <Laura.Rigas@hhs.gov>; Johnston, Darcie (HHS/IEA) <Darcie.Johnston@hhs.gov>; Heck, Mia (HHS/OASH) <Mia.Heck@hhs.gov>; Beck, Gary (OS/IEA) <Gary.Beck@hhs.gov>; Gabuzzi, Sam (OS/IEA) <Sam.Gabuzzi@hhs.gov>; Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>; Baker, Michael (OS/IEA) <Michael.Baker@hhs.gov>; Wilker, Michael (HHS/ASPA) <Michael.Wilker@hhs.gov>; Nix, Samuel (HHS/ASPA) <Samuel.Nix@hhs.gov>
Subject: RE: Skype/Video capabilities

+ Wilker/Nix w/ Studio for any assist you all can provide. Thank you all.

From: Reilly, Erin (OS/IEA) <Erin.Reilly@hhs.gov>
Sent: Tuesday, March 3, 2020 11:41 AM
To: Valentine, Steven (HHS/OASH) <Steven.Valentine@hhs.gov>
Cc: O'brien, Douglas (OS/IEA) <Douglas.Obrien@hhs.gov>; Rigas, Laura (HHS/IEA) <Laura.Rigas@hhs.gov>; Johnston, Darcie (HHS/IEA) <Darcie.Johnston@hhs.gov>; Heck, Mia (HHS/OASH) <Mia.Heck@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Beck, Gary (OS/IEA) <Gary.Beck@hhs.gov>; Gabuzzi, Sam (OS/IEA) <Sam.Gabuzzi@hhs.gov>; Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>; Baker, Michael (OS/IEA) <Michael.Baker@hhs.gov>
Subject: Re: Skype/Video capabilities

Adding Michael.

On Mar 3, 2020, at 11:38 AM, Valentine, Steven (HHS/OASH) <Steven.Valentine@hhs.gov> wrote:
+Jenn (OSG)

From: O'brien, Douglas (OS/IEA) <Douglas.Obrien@hhs.gov>
Sent: Tuesday, March 3, 2020 11:37 AM
To: Rigas, Laura (HHS/IEA) <Laura.Rigas@hhs.gov>; Johnston, Darcie (HHS/IEA) <Darcie.Johnston@hhs.gov>; Reilly, Erin (OS/IEA) <Erin.Reilly@hhs.gov>; Heck, Mia (HHS/OASH) <Mia.Heck@hhs.gov>; Valentine, Steven (HHS/OASH) <Steven.Valentine@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Beck, Gary (OS/IEA) <Gary.Beck@hhs.gov>
Cc: Gabuzzi, Sam (OS/IEA) <Sam.Gabuzzi@hhs.gov>
Subject: FW: Skype/Video capabilities

Attached is the agenda and invite for the Ohio Summit on Thursday. Per the agenda, they are hoping to slot an HHS speaker in the 1025-1045 time. (but they can be flexible up to 1300 when breakouts begin).

We also have the contact information for the technical staff at the facility who can work with ASPA's studio staff to handle the video uplink.

Hope this information helps.

Doug

From: Russ.Kennedy@odh.ohio.gov <Russ.Kennedy@odh.ohio.gov>
Sent: Tuesday, March 3, 2020 10:20 AM
To: O'brien, Douglas (OS/IEA) <Douglas.Obrien@hhs.gov>
Cc: Erica.Hawkins@dot.ohio.gov
Subject: RE: Skype/Video capabilities

Hi, Doug...Lance has asked me to follow up with you to give you a contact for making the Skyping technical arrangements for Thursday's Governor's Summit on COVID-19 Preparedness. Your contact is Erica Hawkins, Chief Communications Officer for the Ohio Department of Transportation where we're holding the Summit. I'm copying Erica on this email so that she'll have your contact info from your signature block below. Meanwhile, here's Erica's contact info:

Erica Hawkins
Chief Communications Officer
Ohio Department of Transportation
Office: (614) 387-0834
Cell: (b)(6)

I'm also attaching copies of the Summit invitation and agenda.

Regards,

Russ Kennedy
Deputy Director/Director of External Affairs
Ohio Department of Health
246 North High Street

Columbus, Ohio 43215
Office: (614) 995-7973
www.odh.ohio.gov
<image002.jpg>

From: O'brien, Douglas (OS/IEA) <Douglas.Obrien@hhs.gov>
Sent: Monday, March 2, 2020 4:28 PM
To: Himes, Lance <Lance.Himes@odh.ohio.gov>
Subject: Skype/Video capabilities

Lance,

So we don't have to go through any last minute theatrics, can you put me in contact with the right person to arrange for skype or video conferencing between HHS HQ and ODOT?

I am confident we are going to get someone good booked for this summit, but it may be a relatively late call so having the technical side nailed down now would be a big boost.

Thanks,

Doug

Douglas S. O'Brien
Regional Director
US Department of Health and Human Services
233 N. Michigan Avenue
Suite 1300
Chicago, Illinois 60601
312-353-5160
douglas.obrien@hhs.gov

<image003.jpg>

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The White House

Office of the Vice President

FOR IMMEDIATE RELEASE

March 3, 2020

PRESS BRIEFING
 BY VICE PRESIDENT PENCE
 AND MEMBERS OF THE WHITE HOUSE CORONAVIRUS TASK FORCE

James S. Brady Press Briefing Room

5:57 P.M. EST

THE VICE PRESIDENT: Good afternoon, everybody. We just completed today's meeting of the

White House Coronavirus Task Force. As you know, the President spoke this morning to county officials. And I want to remind everyone, as the President did today, that when it comes to health issues, state and local health authorities are in the lead, and the President reflected on that today.

The President also traveled with Dr. Fauci and the Secretary to the National Institute of Health and had a briefing there. For our part, I was on Capitol Hill. This team briefed the Republican Senate caucus, and we were invited to and briefed the Democrat Senate caucus.

Tomorrow we'll be on the House side. Our schedule is still firming up in the course of the day. But we had the opportunity to have a fulsome discussion about policies, and not just limited to the supplemental but, very broadly, dealing with the issue of the coronavirus in the country. And we were grateful for the opportunity to appear before both of those caucuses.

Let me give you just a couple of topline numbers. At this point, we are at 77 domestic cases of coronavirus. Sadly, Washington State confirmed three additional deaths today. Our condolences go to the families of those that were lost. That puts us at nine deaths, domestic. And they were individuals at either in a nursing home or who had been critically ill. And their families have our condolences.

We are at 13 states, plus New York City -- 14 total jurisdictions at this point -- where we have coronavirus cases currently operating.

I've had conversations today with the governor of Illinois and -- as well as the governor of Washington State, and good and productive conversations. And we're extremely grateful for the leadership the governors across the country and their health departments are providing in this instance.

Today, a couple of decision points from the White House Coronavirus Task Force. Today, we will issue new guidance from the CDC that will make it clear that any American can be tested with no restrictions, subject to doctor's orders. Several governors said to me that there was an impression that the test would not be administered to people who were only mildly

symptomatic. We are issuing new guidance, effective immediately, from the CDC that will make it clear that any clinician on health authority can administer the test.

Testing was much a focal point of our efforts today. Dr. Birx and the Secretary and I convened a conference call with CEOs of some of the nation's leading commercial laboratories. At this point, as the experts around me can describe, we are addressing the testing issue in a variety of ways. CDC-approved tests are moving out. We should have 2,500 kits out before the end of this week, which represents about 1.5 million tests. Those are being focused on hospitals in the areas that have been affected, as well as hospitals that have requested those tests.

In addition to that, IDT is also spinning up their manufacturing for tests. I am told that there'll be up to a million a week by next week. And in our meetings with the CEOs of commercial laboratories -- and I'm going to have Dr. Birx speak to this -- we will be meeting tomorrow, here at the White House, with those CEOs, to clear away any potential barriers to them leaning all the way in.

It was inspiring to be with the pharmaceutical companies yesterday who had already formed a consortium to begin to share resources and share information about meeting the need both with therapeutics and with the development of a vaccine. And we'll be challenging, as we did today, on the President's behalf -- we'll be challenging the commercial laboratories in the country to spin up their capacity to collaborate and be able to process testing much more rapidly.

Seema Verma will elaborate for you, but tonight, the task force has authorized the decision that we're going to put all inspection resources, at the state level, focused on infectious disease, looking at nursing homes being a focal point of vulnerability and a vulnerable population. And Seema will clarify that with you, in addition to a variety of new sets of guidance that CMS is going to be issuing to nursing homes to really focus -- focus our energy and our efforts on protecting the most vulnerable and where we see the locus of the coronavirus today.

Finally, we today -- OMB will be issuing a new guidance. We will be directing all federal government agencies to review internal travel policies and to adhere to State Department

advisories with regard to international travel.

Let me say again that, as Dr. Fauci reiterated again today, the threat of the coronavirus to the American public remains low. And as we continue to evaluate our circumstances, we'll continue to bring recommendations to the President for changes. But at this point, we're simply directing a review of internal travel policies of all federal agencies and directing them to adhere to State Department advisories.

Before I introduce the Secretary, let me also say tomorrow we'll be meeting with the CEOs of all the major airline carriers here. The topic will be contact tracing data and how we can -- we have a strong relationship in the 11 airports that have been assisting us with screening personnel coming back into the country -- we call them "funneling airports" -- but we're going to be meeting with CEOs tomorrow to talk about even greater cooperation from them.

But again, I would just -- I would just conclude by saying that tomorrow will be one week since the President asked me to lead the White House effort. And I couldn't be more proud or more impressed with the efforts at HHS, CDC, all of our agencies -- NIH. And I couldn't be more proud to see the way states and local governments have had a seamless relationship with federal agencies in responding to this. And that's the relationship that we have forged.

We'll continue to build on that, and we'll continue to focus this week obviously on ensuring that, in the supplemental bill, we not only make sure that the federal agencies are properly funded, but as I've told 50 governors and 3 territorial governors, we're going to make sure that state agencies and local healthcare providers also have the resources to be able to meet their needs without hesitation, to lean into this effort. As the President said, this is all hands on deck. We're all in this together, and we're going to continue to bring a whole-of-government approach.

With that, let me recognize the Secretary and then Dr. Birx, and we'll each make some comments and take a few questions. Okay?

Mr. Secretary?

SECRETARY AZAR: Great. Thank you very much, Mr. Vice President. And thank you all. As the Vice President mentioned, and I'm sure we'll all reiterate, at this time, the threat to any individual American remains low from the coronavirus.

As we've said, that can change rapidly. We are watching for that constantly. And, of course, with regard to any individual in contact with someone who is positive for the coronavirus, that risk is, of course, higher.

We're working to keep that risk low. We are aggressively deployed. The CDC is out in the state of Washington, out in Santa Clara County in California, assisting with community mitigation steps, taking the lessons that we have both from our pandemic action plan, as well as from the Singapore and Hong Kong cases -- what they've been able to do and some of the steps they've been able to get this situation more under control there.

I'm also very pleased to announce that the President of United States has donated his quarterly check to the Office of the Assistant Secretary of Health at HHS to fund the coronavirus preparedness and response activities. So, very pleased to receive that check today.

We continue to make significant advances, in particular on removing barriers and moving forward in our response activities, basically using every day that we have gained by the President's strong actions to take advantage of those days to advance the ball.

So, today, the President was up at NIAID, Dr. Fauci's institute, where he was informed that, just yesterday, the Food and Drug Administration authorized the entry into clinical trial -- phase one clinical trials of the vaccine candidate developed by NIAID scientists, who he got to meet today, and working with Moderna. So, hopefully, within again five to six weeks, that will be in humans and phase one clinical trials as a result of the FDA clearance.

In addition, just last night, the FDA and CDC issued guidance with regard to these respirator masks, the N95 masks that you see that look more like cones on someone's face -- healthcare

workers. Something people don't know is most of those N95 masks -- the respirators, they're called -- in the United States are used in the construction trades and industrial trade. So, construction workers, miners.

And yesterday, the FDA and CDC issued guidance under an emergency use authorization, making it clear that those industrial N95 masks are approved and appropriate for use by healthcare providers under the current exigent circumstances of the novel coronavirus. That will free up a massive amount of additional supply in the marketplace for our healthcare providers, even as we engage in procurement activities under the supplemental that we hope to get to produce even more of those.

And then, finally, Dr. Hahn is going to be discussing with you some really important deregulatory work that we did. We think it's right-sizing regulation with regard to diagnostic testing that we did on Sunday morning that is unleashing massive capacity in the United States for lab developed testing. So with that, let me stop.

Mr. Vice President, thank you.

THE VICE PRESIDENT: Great. Thank you, Mr. Secretary. And let me -- and perhaps Dr. Fauci can amplify this in just a moment: The American people do not have to buy a mask. The focus of our administration's efforts in this area, as I talked to Governor Pritzker today in Illinois, is we have a -- we have a reserve of some 43 million masks.

SECRETARY AZAR: Masks overall.

THE VICE PRESIDENT: We're working on -- I'll be traveling to 3M in Minnesota. The supplemental will contemplate a contract with that company and Honeywell and others to produce masks. And what we want to do is focus and make available the medical devices and protection for our healthcare workers.

And so, whatever you can do to get the word out to the American people that it is not necessary

for the American people to buy masks in the midst of the coronavirus spread in the country. The risk remains low. And I'll let the physicians describe that to you if there's questions.

Let me introduce Dr. Birx for her comments.

DR. BIRX: Thank you. Thank you, Mr. Vice President. So, yesterday, we talked about not only the vaccine development but the work ongoing in therapeutics, which will be available much earlier, as well as novel work on monoclonal antibodies.

For those of you who are in the audience who may be a little older, who used to get immunoglobulin before you traveled, it's on that same principle. It can be used both as a protective, as well as a therapeutic. And so there's work going on for that.

Today, we worked very hard and concentrated on the public -- the private sector to really get them engaged in testing, because we know every family is concerned, particularly mixed-generation families and households where there's both young children and the elderly that we know are at higher risk, potentially, for more sickness and actually more severe cases.

And so we know that the private sector is going to be critical in getting those assays immediately available in more the pediatric clinics, the CVSs, and so that anybody who wants a test can access tests.

Those are discussions we will have tomorrow and be able to really summarize on the movement towards making diagnostics more available, not only the nucleic acid diagnostics but the diagnostics that allow us to see who has been infected previously and really understand what the prevalence and incidence of this disease is -- because it's very difficult right now, when you're only looking at the sickest, to really understand how broad infections may or may not be.

So we're excited about that work that's going to happen tomorrow. Thank you.

THE VICE PRESIDENT: Okay. Very good. Thank you, Dr. Birx.

Seema?

ADMINISTRATOR VERMA: Thank you. As the Vice President said, we will be focusing all of our state agency resources that are involved in inspecting nursing homes and other healthcare facilities to focus on infection control practices. Healthcare providers are going to play a very critical role in preventing the spread of the coronavirus, and CMS has a unique role in holding healthcare providers accountable for maintaining these essential health and safety standards.

We're also issuing a call to action to hospitals, nursing homes, dialysis providers, and all healthcare facilities to review their infection control and emergency preparedness procedures to ensure that they are in compliance with CMS regulatory requirements.

In addition, we are reissuing some guidance around infection control, around transfers between nursing homes and hospitals, encouraging and requiring them to consult with local healthcare officials. And we're also issuing some guidance around screening visitors and healthcare workers.

The third item that we're releasing today is guidance to state inspectors who physically visit and evaluate healthcare facilities. The guidance provides information on the latest CDC protocols that they must follow when inspecting these facilities with suspected cases of respiratory illness. Inspectors should be coordinating with the CDC, CMS, and local healthcare officials. And they should also make sure that they have the appropriate protective -- personal protective equipment.

We've also deployed -- CMS has deployed two of our infection control specialists to CDC in Atlanta so that we can remain in lockstep with the CDC as the situation evolves. And this will allow us to coordinate our policies in real time.

And finally, CMS is preparing to send a team of inspectors to Washington State to inspect the nursing home, dialysis facility, and hospital that was involved in the recent COVID-19 cases so

we can determine if all federal health and safety regulations were followed.

And we'll be evaluating the situation daily and continue to provide updates. Thank you.

THE VICE PRESIDENT: Very good. Dr. Fauci?

DR. FAUCI: I'll just take a quick moment to just reiterate what was said about the visit to the NIH by the President. And we were able to map out and discuss -- and something that we want to make sure everyone understands: He saw it firsthand the process of vaccine development and why it's very, very important that you do it in a stepwise fashion -- even though we're going more quickly than we've ever done that -- and that is to go through a phase one trial to show that it is safe, and then even a phase two trial, which will take several months.

So if you're looking at what's going to be available, the one dictum that you always know in medicine is: First, do no harm. And we've got to make sure that if we're going to protect the American people, if we're going to be giving them a vaccine to otherwise healthy people to protect them, we've got to make sure we have a vaccine that is safe and that is proven to be effective. Not only just safe with any side effects, but there have been situations where even vaccines have actually made someone worse. So we got to make sure that we don't do that.

That's the reason why, even though we're going at rocket speed, it's not going to be at least a year to a year and a half before we have a product that we would be able to confidently say let's rev it up and give. Not the case with therapeutics, because therapeutics -- you're giving it to someone who is already ill, and you're trying to save their life. That doesn't mean you're reckless with it; it means that you have almost an immediate answer as to whether it works.

So there are a couple of big trials that are going on in China, and there is one that's going on right here in the United States, testing a single drug. And there'll be other drugs to do that, testing whether or not if you do "standard of care" versus "standard of care versus a drug," whether or not that drug will actually be effective.

I was asked the question outside when we landed from the NIH, "When will that be?" It will be when you get enough data, and the Data and Safety Monitoring Board -- which is a group that independently looks at the data to determine are you actually making things worse or are you making things better. And they look at the data intimately.

Someone asked me, "Will that be two months, three months, five months?" We don't know. It will be when the time comes when they look at the data, if -- and this is a big "if" -- don't misinterpret it -- if a drug is effective, then you would make it available to individuals. Not guessing if it's effective, but is it effective.

Thank you.

THE VICE PRESIDENT: Thank you, Dr. Fauci.

Dr. Hahn?

DR. HAHN: Good afternoon, and thank you for the opportunity to clarify some of the issues that have been in the press and concerns by the American people around the diagnostic testing.

So, first of all, this is a test that is not what we call a point-of-care test. It's not like the strep test, where you go in a doctor's office and you get that test done. This is a test where a swab is done and it's sent to a laboratory, and in the laboratory they can perform that.

Currently, this test is available in state public health labs, based upon the great work that CDC has done to develop this test. And the type of test is called a PCR test. So CDC developed this test and has been distributing this to state public health laboratories. And by current count, there are 46 state public health laboratories that have access to this test and can do this testing around the country.

So, additional tests are being performed by a company -- or being developed -- not developed, but being manufactured by a company called Integrated DNA Technologies, IDT. They're

working with CDC to increase the capacity of the CDC-developed test. They're giving those tests to CDC to further disseminate to the public health laboratories. They are also receiving orders from around the country -- academic healthcare institutions, big hospitals, as well as commercial laboratories around the country -- to further disseminate that test.

Their estimate is that, by the end of this week, they will be able to have shipped 1 million tests to these non-public health laboratories. In subsequent weeks, they expect to escalate even further their manufacturing to higher numbers than that. We don't have estimates for that for you at this time.

But we expect that the shipment of those tests, the non-public health labs, will significantly increase the capacity around the country for testing.

On Saturday, you know we issued an emergency use authorization, which provided a deregulatory and -- regulatory flexibility approach to what's called LDTs, or laboratory developed tests. That means X hospital in whatever state, whatever county, if they're certified, can develop their own laboratory based test. They notify us when that occurs, and then 15 days later provide us the validation data.

We use the same validation criteria. These are experienced laboratories, and we've already heard from four laboratories around the country that they've developed these tests and have started using those tests. So you can see this is a layered approach to increase our capacity.

And finally, FDA has been working with large commercial laboratories over the last three to four weeks, using our EUA approach, to help develop additional testing capacity.

And as the Vice President mentioned, we met with members today, over the phone, of large laboratories to actually discuss their expanded capacity and to further increase the availability of these tests for Americans.

So one last point: What can the average American expect in terms of availability of this

test? Well, first of all, as we mentioned, CDC will be issuing new guidance with respect to the fact that a physician should be able to order this test, based upon their own clinical assessment of that patient.

And, secondly, we expect that their access -- Americans' access to this test will increase as more and more laboratories around the country have availability of this test. That should increase next week and further in the weeks ahead as more and more tests are available. Thank you.

DR. REDFIELD: Thank you, Mr. Vice President. I think what I would -- I want to make a few points. The first point I want to make is to recognize the, really, 24/7 work that the state and local, territorial, tribal health departments are doing.

They have -- they're at the front lines responding to this, implementing the principles that we've talked about before that are so important for this public health approach: early case identification, isolation of those individuals that are confirmed, and then aggressive contact tracing to try to identify additional cases. And then it repeats to isolation contact tracing.

We're going to continue to see new cases diagnosed in the community across this country. But that really is a success, in my view, not a failure, of the incredible public health community that we have in these states and these local health departments, tribal and territorial.

I also would like to make a comment to the American people. I want them to be prepared for the reality that there are going to be more cases in the community. But I want them to continue their daily lives. I want them to be mindful of the opportunity, again, to prepare themselves and their families as we see this. As I mentioned I want these new cases to be viewed as a success, in one sense, of our effective public health community, and not a failure.

Finally, I just want to reemphasize what was said -- one thing else that they can do. These protective masks, they really are for healthcare professionals that are taking care of these individuals that are sick in the hospital. We need all the American public to be part of -- as the Vice President says, we're all on the same team here. And one of the most important components

of that team is the American public.

And I want them to recognize: If we felt there was a public health reason for them to be going out to develop masks, those of us here -- Tony and myself -- would tell you. But these masks are meant for the healthcare professionals that are at the frontlines trying to care these men and women that are quite sick.

And lastly, I just want to reemphasize once more what was set already by the Secretary and the Vice President. Again, despite these new community cases, the risk at this time to the American public remains low.

Thank you very much.

THE VICE PRESIDENT: Thank you. We'll take a few questions. Thanks. Jim? Go ahead.

Q Yes, Mr. Vice President. You said that any American can be tested. Just follow up on that: Is that going to be free? And for Americans who can't afford that testing, what's going to be done to make sure they can be tested?

And just as a matter of, you know, why we're in this setting and not in an on-camera setting -- can you explain why this briefing is off camera, that we can't record the audio from this briefing? Are you finding that these briefings are not reassuring Americans?

THE VICE PRESIDENT: Well, I think, on the first point, allow me to have Bob come back up. But I think you're going to see us in here every day answering questions --

Q But we don't see you right now.

THE VICE PRESIDENT: -- and to give the American people the up-to-date information.

But the President was at NIH today. The President addressed the country today. What we want to

do is give real-time information in a steady pace and be fully transparent to everybody. So I appreciate your cooperation with that.

I expect we'll be back on camera tomorrow, if you got a question you want on camera.

Bob, let me -- let me yield to Bob here.

SECRETARY AZAR: And Seema also.

THE VICE PRESIDENT: And Seema. Let me -- there will be coverage for this. We're going to make it very clear that Medicare covers these. Maybe you could start there.

ADMINISTRATOR VERMA: Sure.

THE VICE PRESIDENT: Medicare covers these. Medicaid covers these. We're sending out that guidance immediately.

But, you know, when I talked -- when I talked to some state officials, there was a sense that the tests would not be administered to people that were mildly symptomatic. We're issuing clear guidance that, subject to a doctor's orders, any American can be tested. And so we're removing that barrier, but I'll let them speak to --

ADMINISTRATOR VERMA: Sure.

THE VICE PRESIDENT: -- some of the public support for the cost.

ADMINISTRATOR VERMA: Sure. So this is a diagnostic test. So if you went to a doctor today -- if you have health insurance and you got a test for strep or the flu, all of that would be covered within your insurance. That is an essential health benefit. So in the exchanges in Medicaid and in Medicare, this is a covered service. So this should be, you know, pretty routine.

And I'll turn it over to Dr. Redfield to talk about uninsured populations.

DR. REDFIELD: Yeah, thank you.

Q Did you see that this are some reports -- some anecdotal reports of a gentleman going in, in Florida, or something like that, and having a bill for \$3,000 after he underwent the coronavirus test? That was reported in the Miami Herald. Are you seeing anecdotal cases -- forgive me for interrupting but I just -- that was something that caught my eye.

ADMINISTRATOR VERMA: Yeah, and I can't speak to the specifics of that case. But if you're in the Medicaid program, if you're in the Medicare program, if you're covered by the exchanges, that would be a covered service. It's a routine diagnostic test.

THE VICE PRESIDENT: We'll look at it though. My team will write that one down and we'll pull it up.

DR. REDFIELD: I just want to emphasize the tests that CDC provides to the public health community, as you heard Dr. Hahn talk about, that test is provided free of charge to our public health laboratories across the country.

Q Mr. Vice President?

THE VICE PRESIDENT: Good. Yeah. Please.

Q You talked about masks. Dr. Redfield talked about masks. And I also have a question for Dr. Redfield, if I could. Senators Fischer and Sinema have introduced a bill offering limited liability to companies that produce these masks to try to ramp up production. Is that something you believe is necessary?

THE VICE PRESIDENT: Senator Fischer talked to me about that over the weekend, and we're looking at it, and maybe well in the context of the supplemental. But I'd refer you to the White

House Leg. Council about what the status of that is. But I certainly told her we strongly support any effort to continue production and availability of masks -- masks and gloves.

And something I talked to Governor Pritzker about in Illinois today is what we want our healthcare workers to know is that they're going to have the resources to administer care to patients and be properly protected in their own right. As we continue to gather data about how far the coronavirus has spread, we don't want our healthcare workers to be lacking any of the proper gear.

Q And to Dr. Redfield: Dr. Redfield, do you have a projection of if, given the current rate of spread of this virus, it will spread to all 50 states? And if so, when?

DR. REDFIELD: You know, one of the things I've learned since I've had this opportunity is, we got to stay grounded in data. We're not -- we really can't see the future. We really don't know this virus very well. We're being introduced.

But what we do know for sure, that in the right settings, it does have the potential to move quickly, when you think that just a couple weeks ago there were less than 3 cases in Korea and now there's 4,500. So I just think we -- I'm going to leave it like that. We'll just have to see how the data evolves.

THE VICE PRESIDENT: We'll follow up. Thanks.

Q Thank you, Mr. Vice President. Well, I think we've all learned a lot in this whole process, and you've been, as you said, in the job about a week now since the President tasked you with this. What do we expect to learn in the next week? And what don't we know about this virus? And I don't know if that's for you for Dr. Birx or --

THE VICE PRESIDENT: I think that's a great Dr. Fauci question. He's been at this a real long time, and he's the one we're all leaning on.

Dr. Fauci?

DR. FAUCI: Well, there are several things that we don't know, I mean about the virus in general. For example, the degree to which asymptomatic infection a person can actually transmit. We know that it occurs because we have anecdotal information from case reports and just anecdotal back and forth with our Chinese colleagues. We don't know the extent to which that occurs.

The big unknown that I think we're going to be able to address as we get much more widespread ability to test is the degree of infection that might be out there that we don't think, just looking at what's going on, but we want to be sure. I mean, you want to make decisions -- when we talk about risk and things like that -- you want to make decisions based on data. And hopefully, very soon, we'll get a lot more data. And when we get a lot more data, we'll be able to upgrade, yeah.

Q And what is “soon”? Is it days, weeks?

DR. FAUCI: You know, I have to look at the people about the testing and when they're going to be --

DR. HAHN: We already talked about the test timelines. Yeah.

DR. FAUCI: Yeah. You already spoke about the test timeline.

THE VICE PRESIDENT: Yeah. Right.

Q Dr. Fauci, how confident are you that China has been providing accurate information about the virus and its spread?

DR. FAUCI: Right now, today, I'm pretty confident. I mean, in the beginning, you know there was that issue where it was said that the virus was transmitted only from an animal reservoir to a human, when actually there was ongoing transmission for a few weeks. But, right now, the data

that we're getting from them, the Chinese scientists -- not any other of the members of what goes on there from a political standpoint -- but the scientists are reporting cases now, one after the other. I have had the opportunity to review them. I actually -- Bob and I wrote an editorial in the New England Journal of Medicine, based on one of those cases.

So I think what we're getting right now is good information.

The other thing that's important, that I mentioned the other day, is that as part of the WHO-sponsored team, we had two people on that -- one from the CDC and one from the NIH -- who are back now putting together a report. So we're going to get some better information right now. But I really don't think that there's a degree of, quote, "cover-up" that we're missing. I don't think so.

THE VICE PRESIDENT: But let me -- but let me also -- if I can amplify on that point: In the last several days, there have been fewer newer cases in China than in the rest of the world.

Q And why is that?

THE VICE PRESIDENT: I -- and why is that? (Laughter.) Get used to this.

DR. FAUCI: Okay, so the Chinese have really been -- I would have to use that word -- rather "draconian" in the things that they've done. They've created a degree of -- you talk about social distancing; I think this is taking it to somewhat of the extreme. They've shut down travel. They've shut down major cities. They have an entire city of Wuhan, which is 11 million people. There are about 55 million people in different cities that are not able to have that kind of free transportation as you would have imagined in a country like China.

And right now, some of the cities, like Beijing and Shanghai, they've said that if you've been out of the city, you can't come into the city from where you've been unless you have 14 days, essentially, of self-isolation. So they have taken social distancing to its farthest extreme, something that I don't think would be tenable in this country.

THE VICE PRESIDENT: Please.

Q Thank you, Mr. Vice President. It's a travel question. Especially, Dr. Redfield, you talk about how this is moving so quickly. The President had tweeted out that high-risk countries -- those coming from high-risk countries will be treated when they arrive in America. Is that happening? Are those coming from Italy, from South Korea -- when they arrive here in the United States, are they being tested? And are there other people being tested here in America when they arrive from other countries?

THE VICE PRESIDENT: Well, we are now screening 100 percent of all travelers taking direct flights from all airports in Italy and South Korea to the United States of America. At this moment, as of this morning, the screening is taking place and it is -- multiple-layered screening is taking place in those countries, in cooperation and coordination with us.

We did have a discussion today with Homeland Security officials, and they are preparing recommendations to the President regarding screening on our end if we determine that that is also necessary.

But all passengers on all direct flights from all airports in Italy and South Korea are now being screened on multiple occasions before they board. Okay?

Q Can I just add quickly about the market reaction you saw today? The Fed took a pretty big step with its cut. The markets don't seem to have thought that that was enough. I'm wondering what you think, if anything, the federal government, the administration should do. In other words, why is it only up to the Fed to calm markets? Should you be considering a tax measure, a spending measure? Is there anything you need to do to sort of stop the bleeding, if you will, in the markets?

THE VICE PRESIDENT: Well, I'm going to stay focused on the task the President gave me -- and I promise you it's what the President is focused on -- and that's the health and safety of the

American people. We had a big day on Wall Street yesterday. I think it set a record. Today, I don't know where it closed, but it was a little down.

You know, we really do believe the fundamentals of this economy are strong. You look at lowest unemployment in 50 years, consumer confidence is high. I was just informed two days ago, from one source, that consumer spending continues, at least through the most recent report, to be very strong. Housing is strong.

So the President has said to us: The priority is the health and safety of the American people. We believe the strength of the American economy will take care of itself. But I'll leave it to our economic team to give any further.

Please.

Q Mr. Vice President --

THE VICE PRESIDENT: I'll take a couple more because I appreciate you doing a briefing in this context.

Q Can you just clarify broadly, based on what the officials have said tonight, are there enough tests for the demand that is required?

THE VICE PRESIDENT: Let me let the experts say that.

Dr. Hahn?

DR. HAHN: We are increasing demand -- or increasing capacity over the next several weeks. We will see increasing demand, and we're trying to meet that demand with increasing capacity, as I mentioned.

Q So is that a no?

DR. HAHN: It's -- we're -- right now, I'd say we need more capacity, and that's what we're doing.

Q And, Mr. Vice President, one sort of personal follow-up.

THE VICE PRESIDENT: Yeah. Can I respond to that?

Q Yeah, of course.

THE VICE PRESIDENT: It's a really good question. You know, I spoke to Governor Inslee today in Washington, and he informed me that now their university and their state labs are able to be conducting the testing, he said. They'll be able to do -- I think the timeframe was 1,000 tests a week at one of the facilities. So they're moving forward.

Because when I started talking with governors last week, one of the things they said was, "We want to be able to do the testing in our facilities." Okay? And I want to commend the Secretary, I want to commend FDA, for just rolling their sleeves up, making some changes this weekend. So now we've got states doing it.

That, we believe, is in a position to deal with the cases that we know and the communities that are being impacted, to a large degree. But with regard to the general public, it's the reason why Dr. Birx recommended today -- and we acted immediately -- to bring -- we had a conference call with the CEOs of the top commercial labs in the country. I mean, the people that are going to be able to produce at a volume that -- right now, we're focusing on hospitals, we're focusing on universities in affected areas.

But by having these massive commercial lab -- Quest and other companies that'll be here at the White House tomorrow -- and we'll have you all in when they're in -- is we want to get tests distributed to, you know -- I mean, when my kids were little, we went to MedCheck. Right? I mean, go to CVS to be able to pick up -- to hit -- to reach that many Americans, we're going to partner with the commercial sector.

Did I say all of that right?

DR. BIRX: Perfectly, Mr. Vice President. (Laughter.)

Q My one follow-up, sir, was: You, apparently, were at a school where a student ended up being quarantined later. Any concern about your own exposure to this?

THE VICE PRESIDENT: No. None. No. We're using a lot of common sense. It's a good time of the year to wash your hands. I shake a lot of hands.

How about right here? I'll grab a couple more, especially for them.

Q Mr. Vice President, the new guidance from the CDC today, which makes it clear any American can be tested subject to doctor's orders, is that a result of lessons learned in these earlier cases? What's the impetus for this new guidance?

THE VICE PRESIDENT: Well, it is from input that we received from some leaders at the state level, who were under the impression there are -- people at the laboratory level were under the impression that the only people that should be tested are people that are more than mildly symptomatic.

And we are issuing new guidance to make it clear that, subject to a doctor's orders, anyone can be tested. So we don't want -- we don't want any confusion on that point, not to say there was confusion. But we're issuing new guidance on that, and we'll be publishing that. Bob, that'll be published either tonight --

DR. REDFIELD: Yeah, either tonight or early in the morning.

THE VICE PRESIDENT: First thing in the morning. Okay? To be (inaudible). Please.

Q So I want to go back to something that was talked about just a second ago, in China. Public health experts say the best way to control the spread of the virus, I guess, is to sort of shut down group gatherings, shuttering schools, closing factories, limiting travel gatherings. Is that something the White House is discussing? Is that -- is there any potential that these types of measures will be taken to sort of get this right under control?

THE VICE PRESIDENT: Well, I think I want to have Bob come back up here because I think, you know, having been a governor, I can tell you that I know intuitively that these decisions are best made at the state and local level. You know, I've spoken to some governors about decisions that are being made. We defer to them, and we respect the decision.

But what we announced today, and OMB will be putting out guidance tonight, is that we are simply going to ask all federal agencies to review internal travel procedures, and to adhere to all State Department advisories. Specifically, we're going to make it clear, if it says "do not travel," you do not travel. If it says "additional precaution," take additional precaution. Okay?

Let me go back here. Right there.

Q Thank you, Mr. Vice President. Yesterday you had this meeting -- the task force had a meeting with the pharmaceutical executives.

THE VICE PRESIDENT: We did.

Q And I'm sure that was useful. Is this an ongoing, regular type of meeting that you will have with them? Was this a one-off? When is your next scheduled meeting with pharmaceutical executives in terms of finding solutions from them to deal with the coronavirus?

THE VICE PRESIDENT: I think it's a great question. Do you want to take that one?

DR. HAHN: It's a great question. We're having ongoing discussions with all the developers of therapeutics and diagnostics on a regular basis. In fact, as you saw yesterday, they all mentioned

the collaborative relationship with the FDA is ongoing. We will continue that as we develop more therapeutics.

THE VICE PRESIDENT: And I don't know that it got widely reported, but they told us yesterday that they had formed a consortium already, that they were beginning to share information. And I informed the CEOs of the commercial laboratories about that today, and they'll make their own decision.

But one of the things that we heard from one of the CEOs was that they have enormous capabilities, but seeing -- and maybe you could unpack that -- the capacity issue is something. They want to share information about capacity -- and you can clear that -- on testing.

DR. BIRX: Yeah, I think many of you have gone to your clinics, and you'll see a little box outside. And so the tests are done in the clinic but then they're shipped to the lab.

And so that we want to match that capacity of collection with the ability to run the assay. And so that's what our discussion will be tomorrow, and I think that's a really critical point to really link those two pieces perfectly, because if your turnaround times get very long, then it's very difficult for the family and the patients. And so we want test results to be achieved very quickly, as well as the specimens being able to be collected and go to the facilities to be run.

THE VICE PRESIDENT: Okay. One more back here. Eamon?

Q Thank you, Mr. Vice President. Today, Google announced that it's canceling one of its big annual developers conferences -- a big annual event for them. Is that the right call? Are companies that are canceling travel and conferences overreacting, or is that the right decision for them to make now?

THE VICE PRESIDENT: Mr. Secretary, you want to take a swing at that, and then maybe we'll have Dr. Fauci speak to it -- what our posture is officially, and we'll have the --

SECRETARY AZAR: Yeah. So, officially, we don't have guidance on companies canceling

travel domestically. We've got our outside-the-country State Department advisories. But the general rule is: Use common sense. We're just asking people to use common sense. And that's the basis of the OMB guidance that's going to go out for federal employees.

And if employers think they minimize some risk by doing that, use common sense on that front. We're not advising people to do that, to cancel those. We're continuing to evaluate that.

It's important to remember: Right now, we have very limited number of cases and very limited spread here in the United States today. Very localized community transmission.

As I think everybody on this stage has said, that can change very rapidly, and as we get more diagnostics out into the field, we're going to learn more about where it may have spread. We don't have an epidemiological reason to think that there are a lot of cases, but that could have happened.

We do respiratory disease surveillance regularly from the CDC. We have not seen spikes or unexplained trends in our respiratory disease surveillance that would suggest unknown pockets. But we want to be very candid with you and the American people: There are going to be more cases, and increased diagnostics are going to yield more cases. And as we learn about that, we will make advice about travel.

But, right now, it's just use common sense, be thoughtful about it, assess your own individual condition. You know the example I used earlier today is, you know, if you're medically frail and if you're aged, medically frail, whatever, maybe not the best time to visit a relative in a skilled nursing facility in a community that has community spread right now. Okay? Common sense. Common sense.

THE VICE PRESIDENT: Dr. Fauci, how about --

Q The question was about conventions.

THE VICE PRESIDENT: You want to put a button on that?

DR. FAUCI: Yeah, I mean --

SECRETARY AZAR: And I said -- and I told you. And I told you: We do not have any advisory we are giving about conventions or other business travel restrictions. Companies will make their own decisions based on their assessment and common sense.

THE VICE PRESIDENT: Dr. Fauci, do you want to close on that?

Q The President is speaking in Las Vegas --

DR. FAUCI: Yeah, just to underscore what Secretary Azar said: You know, I can't speak, nor can any of us speak, for any individual company. I think the leaders of that company -- it depends on, you know, risk, how -- their own assessments. They may feel, "Since we're not 100 percent sure of what's going on, I don't want to take a chance. What are we going to lose by cancelling it? Let's just wait and see." I think that was the reason for that decision, but that's not a broad, general decision for the country.

THE VICE PRESIDENT: We will be back tomorrow. As I said, tomorrow we'll be meeting with airline executives. We're meeting with commercial laboratory executives. We're continuing to interact with all of our agencies and at the task force meeting. And we'll come back in. And I appreciate it very much.

And I think, Katie, still shots are fine on this. Everything is on the record. I hope this is helpful. We're going to keep it coming, folks. And -- but to the extent that you can convey the facts to the American public, it would be a great service.

And the key fact here is, based on the experts, the risk of coronavirus to the American public remains low. But we have engaged a whole-of-government approach. We are leaning into this effort. We have made progress on making testing available, and we're going to work to continue

to broaden that out very significantly, not in months, but in the weeks ahead, for the American public. And we're going to keep putting their health and safety first.

So, thank you all.

END 6:46 P.M. EST

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