



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

February 7, 2022

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

Dear Mr. Evers:

This letter is the ninth 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
---------------------	---------------------

• 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 **450 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 **305 pages** to you in their entirety and I am further releasing **72 pages** in part, with portions redacted, pursuant to Exemptions (b)(5), and (b)(6) of the FOIA (5 U.S.C. §552 (b)(5) and (b)(6)). Furthermore, I have determined that **73 pages** should be sent for consultation to others and returned to this Department for final disposition.

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:	Heck, Mia (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=70DBE2065D644B8DADBFA56C5D63553D-HECK, MIA>
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>; 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>; Broido, Tara (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2c3cd5c5afe049b6a8b48c25324c7465-Broido, Tar>; Kotwicki, Lauren (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=54d62ddb3fc4b358ab573ccc13fbbb7-Kotwicki, L>; Migliaccio-Grabill, Kate (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f902e34652a84a61ac85adaa853d80f6-Migliaccio,>; Channer, Amber (OS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b74c322c69df44669a06155edd78c7fa-Channer, Am>; Anderson-Villaluz, Dennis (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=61dfc265c6ce45f686ad00f9dfd27901-Anderson-Vi>
Subject:	OSG Comms Nightly Thursday March 5
Date:	2020/03/05 18:07:57
Priority:	Normal
Type:	Note

Dear Sir,

1. Attached is the transcript to your interview with Dana Perino. I also shared a nice note with you from her via email.
2. Here is your full list of scheduled media, including for Sunday shows. I included Fox Business for tomorrow because we are very close to having that confirmed.

-
Friday March 6

- 10:00 AM EST – Interview with Greta Van Susteren, Full Court Press, Gray TV
 - Location: CDC Studio
 - Specific topics:
 - CDC measures/actions
 - Community spread cases
 - Containment measures
 - Testing kits
 - Public health directives
 - Interview will be ~20 minutes
 - POC: Lisa Gray, Lisa.Allen@gray.tv
- 11:10 AM EST America's Newsroom
 - Location: CDC Studio
 - Topic: COVID-19
- 10:30-Noon Fox Business TBD

- Location: CDC Studio
- Topic: COVID-19
- POC: Haley.Gillman@FOXNEWS.COM
- 9:00PM ET Hour: 20/20
 - Location: TBD
 - Topic: COVID
 - Eric Strauss: Eric.M.Strauss@abc.com

Sunday March 8

- State of the Union w/Jake Tapper
 - Time: 9:00AM, Need to confirm hit time, format.
 - Location: 820 First Street, NE
 - POC: Polson.Kanneth@turner.com, (b)(6) mobile
 - POC: Christie.Johnson@turner.com
- Face the Nation
 - Time: Arrive by 10:00AM, exact hit time TBD
 - Location: 2020 M Street, NW; Carol Joynt will greet Dr. Adams
 - POC: Mary Hager: MHP@cbsnews.com, cell is (b)(6)

Mia Palmieri Heck
 Director of External Affairs
 Office of the Assistant Secretary for Health
 U.S. Department of Health and Human Services
 (202) 578-6071

Sender:	Heck, Mia (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=70DBE2065D644B8DADBFA56C5D63553D-HECK, MIA>
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>; Wright, Janet (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=41f672e2527b4f44891fb4f8e08cdfd-Wright, Jan>; Dulaigh, Joel (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02b15e96dc484db29682c1d336e63441-Dulaigh, Jo>; Broido, Tara (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2c3cd5c5afe049b6a8b48c25324c7465-Broido, Tar>; Kotwicki, Lauren (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=54d62ddb3fc4b358ab573ccc13fbbb7-Kotwicki, L>; Migliaccio-Grabill, Kate (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f902e34652a84a61ac85adaa853d80f6-Migliaccio,>; Channer, Amber (OS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b74c322c69df44669a06155edd78c7fa-Channer, Am>; Anderson-Villaluz, Dennis (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=61dfc265c6ce45f686ad00f9dfd27901-Anderson-Vi>
Sent Date:	2020/03/05 18:07:55
Delivered Date:	2020/03/05 18:07:57

From:	Fetalvo, Ninio J. EOP/OVP <(b)(6)@ovp.eop.gov>
To:	Heck, Mia (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=70dbe2065d644b8dadbf56c5d63553d-Heck, Mia>
Subject:	FW: TRANSCRIPT: Fox News' Dana Perino Interviews Surgeon General Jerome Adams About the Coronavirus
Date:	2020/03/05 14:17:43
Priority:	Normal
Type:	Note

FYI—He did great!

From: News Alerts <NewsAlerts@WHO.eop.gov>

Sent: Thursday, March 5, 2020 2:15 PM

Subject: TRANSCRIPT: Fox News' Dana Perino Interviews Surgeon General Jerome Adams About the Coronavirus

The Daily Briefing (FNC) – Jerome Adams (Coronavirus)

<https://mms.tveyes.com/transcript.asp?StationID=130&DateTime=3/5/2020%202:08:01%20PM&playclip=true&pbcc=search%3a%2b>

DANA PERINO: Let's bring in the nation's doctor, surgeon general, Dr. Jerome Adams. One of our favorites in public service. Can you explain the virus and the unknowns? Feels like we learn more every day how it's transmitted.

JEROME ADAMS: Thanks for having me. I want to be straight with the American people. I want them to know this virus is a new situation that is changing, we're learning about it every day. I want America to know the risk right now is low to the average American. We know there are higher risk groups. We know if you are older, if you have medical comorbidity like diabetes, heart disease, you're at higher risk. I want to give you perspective. 18,000 people have died of the flu in this country this year so far. As you mentioned, 11 people have died from coronavirus. While our hearts go out to each and every family who has lost an individual, it's important that we keep things in perspective and rerecognize that we can do things to keep our country safe.

PERINO: We have a lost of the tips to prevent it. Avoid being around people that are sick, avoid touching eyes, nose and mouth and stay home. You know, wash your hands frequently. There's also these recommendations from the CDC about a face mask. I loved your tweet the other what do you think about face mask?

ADAMS: It's important for folks to know that face masks are not recommended for the general public. Two things that people should know. Number 1, if you wear a face mask, you're more likely to touch your face and you can increase your risk of a respiratory disease like coronavirus or flu. Number 2 when people horde masks, they're not available for healthcare providers that need them. So my advice to folks, stop buying masks if you're part of a general public. Leave them for the healthcare providers so they

can take care of people that are sick.

PERINO: I was reading about a couple of universities on the west coast suggesting that students not travel out of the country for their spring break. Everybody likes to go and have a big party. They're encouraging them to stay in the United States. Is that a good idea?

ADAMS: I don't know that we're there yet. Every institution needs to think about, this I just got off the phone with the governor of Ohio. We talked with the governor of Connecticut earlier this week and the vice president and I were in Florida talking to the governor there last week. We want people to review their preparedness plans and think about what their triggers should be. What folks need to remember, these decisions are made and the state and local level, not the federal level and different. Seattle, you may do different things in terms of closures than what you'd do in Ohio or Connecticut right now. We've been here before. MRSA, sars. Now is time for people to execute plans and make sure they're making the right decisions.

PERINO: Two questions. One is because there's going to be more testing, we will likely see the number of cases for people testing positive go up. That isn't any reason for people to panic. Is that right?

ADAMS: Exactly. We expect to see more cases. Unfortunately we'll likely see more deaths. Again, many more people will likely die from the flu in this country this year than will get sick from coronavirus. And we want folks to do the things that they can do to control spread of disease. Another important thing is for people to get their flu shot. When hospitals are over full and with flu patients, they won't be able to take care of people with coronavirus. So there's things you can do to stay safe. Wearing a mask is not one of them.

PERINO: My last question, any advice for those of us in the media that want to cover the story responsibly and get information out to people. And not make them overly concerned or not undersell it either. Any advice for us?

ADAMS: We don't want to undersell this. This is a serious global health we want people to know we've been here before, know that we have the best team in the world. Tony Fauci, Robert Redfield, ambassador Burkes, working to keep them safe 24/7. If we do the things that we prepared to do, preparedness over panic, facts over fear and go to cdc.gov for regular updates, I'm confident we can get through this.

PERINO: You're a terrific surgeon general. Love having you. Thanks for your time.

Sender:	Fetalvo, Ninio J. EOP/OVP (b)(6) @ovp.eop.gov>
Recipient:	Heck, Mia (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=70dbe2065d644b8dadbf56c5d63553d-Heck, Mia>
Sent Date:	2020/03/05 14:16:18
Delivered Date:	2020/03/05 14:17:43

From:	Amin, Stacy <Stacy.Amin@fda.hhs.gov>
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.YDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>
CC:	McKeogh, Katherine (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c652f2c415b44dff8369dd7f4596f030-McKeogh, Ka>; Murphy, Ryan (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya>; Arbes, Sarah (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=106db0ac70a241a8b1323647c093d9bf-Arbes, Sara>; Steele, Danielle (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=38849c1f1ea74f2eb9eff75b531a9544-Steele, Dan>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Morse, Sara (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=eb3a04f7dbde41049bfd10f490d3e178-Morse, Sara>; Pence, Laura (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d1027e80d2334093870fdb436c5576cd-Pence, Laur>; Charrow, Robert (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00531138af454ce3ac0b5885bead345f-Charrow, Ro>; Lenihan, Keagan (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3cd1b7aba9034ddb936017780583af7d-keagan.leni>; Hahn, Stephen <SH1@fda.hhs.gov>; Gross, Karas (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0196431bcda14a679c3f11d17b30a5ac-kara.gross.>
Subject:	RE: LDTs and EUAs -- privileged/deliberative
Date:	2020/03/05 23:11:33
Priority:	Normal
Type:	Note

I can talk to him if you think it would help.

From: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>
Sent: Thursday, March 5, 2020 11:08 PM
To: Amin, Stacy <Stacy.Amin@fda.hhs.gov>
Cc: McKeogh, Katherine (OS) <Katherine.McKeogh@hhs.gov>; Murphy, Ryan (OS) <Ryan.Murphy1@hhs.gov>; Arbes, Sarah C (OS) <Sarah.Arbes@hhs.gov>; Steele, Danielle (OS) <Danielle.Steele@hhs.gov>; Harrison, Brian (OS) <Brian.Harrison@hhs.gov>; Morse, Sara N (OS) <Sara.Morse@hhs.gov>; Pence, Laura (OS) <Laura.Pence@hhs.gov>; Charrow, Robert (OS) <Robert.Charrow@hhs.gov>; Lenihan, Keagan <Keagan.Lenihan@fda.hhs.gov>; Hahn, Stephen <SH1@fda.hhs.gov>; Gross, Karas <Karas.Gross@fda.hhs.gov>
Subject: Re: LDTs and EUAs -- privileged/deliberative

It's worth pressing.

(b)(5)

Sent from my iPhone

On Mar 5, 2020, at 11:04 PM, Amin, Stacy <Stacy.Amin@fda.hhs.gov>wrote:

(b)(5)

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

Sent: Thursday, March 5, 2020 10:57 PM

To: Murphy, Ryan (OS) <Ryan.Murphy1@hhs.gov>

Cc: Amin, Stacy <Stacy.Amin@fda.hhs.gov>; Arbes, Sarah C (OS) <Sarah.Arbes@hhs.gov>; Steele, Danielle (OS) <Danielle.Steele@hhs.gov>; Stecker, Judy (OS) <Judy.Stecker@hhs.gov>; Harrison, Brian (OS) <Brian.Harrison@hhs.gov>; Morse, Sara N (OS) <Sara.Morse@hhs.gov>; Pence, Laura (OS) <Laura.Pence@hhs.gov>; Charrow, Robert (OS) <Robert.Charrow@hhs.gov>; Lenihan, Keagan <Keagan.Lenihan@fda.hhs.gov>; Hahn, Stephen <SH1@fda.hhs.gov>; Gross, Karas <Karas.Gross@fda.hhs.gov>

Subject: Re: LDTs and EUAs -- privileged/deliberative

Follow up:

Thanks, got this. Will add some language though in my article, I already note the EUA letters vis a vis Zika but from what I determined the FDA did not stop the hospitals from conducting the tests and in one case has misunderstood what was on a lab website. And there was nothing -- ie, no Obama rule -- that prevented the administration from acting sooner on EUAs. I'm glad we've clarified that the LDT draft guidance was not an issue

Katie McKeogh
Press Secretary
Office of the Assistant Secretary for Public Affairs
U.S. Department of Health and Human Services

On Mar 5, 2020, at 10:40 PM, Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>wrote:

(b)(5)

From: McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>
Sent: Thursday, March 5, 2020 10:38 PM
To: Amin, Stacy (FDA/OC) <Stacy.Amin@fda.hhs.gov>
Cc: Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Arbes, Sarah (HHS/ASL) <Sarah.Arbes@hhs.gov>; Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>; Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Morse, Sara (HHS/ASL) <Sara.Morse@hhs.gov>; Pence, Laura (HHS/ASL) <Laura.Pence@hhs.gov>; Charrow, Robert (HHS/OGC) <Robert.Charrow@hhs.gov>; Lenihan, Keagan (FDA/OC) <Keagan.Lenihan@fda.hhs.gov>; Hahn, Stephen <SH1@fda.hhs.gov>; Gross, Karas (FDA/OC) <Karas.Gross@fda.hhs.gov>
Subject: Re: LDTs and EUAs -- privileged/deliberative

To be clear sending this:

Change in Policy on Laboratory Developed Tests

After decades of not enforcing premarket review and other requirements for laboratory developed tests, in 2014, FDA issued a draft guidance asserting its regulatory authority over laboratory developed tests ("LDTs") and proposing to enforce pre- and post-market requirements.

<https://www.fda.gov/media/89841/download> An LDT is a subset of in vitro diagnostics that are intended for clinical use and are designed, manufactured, and used within a single laboratory.

The backlash to this proposal was severe, as some argued LDTs are practice of medicine and outside of FDA's jurisdiction. The proposal was never finalized. (Note - The 2014 guidance did not address EUAs.)

The Emergency Use Authorization authority was used to authorize in vitro diagnostics during H7N9 (2013), Coronavirus (2013), Ebola (2014), Enterovirus (2015), and Zika (2016). During the last administration, FDA required all labs to receive an EUA prior to patient testing during public health emergencies. That policy is not reflected in any written policy, but FDA did send letters for in vitro diagnostic testing without an EUA. For example,

- o <https://www.fda.gov/downloads/MedicalDevices/ResourcesforYou/Industry/UCM526388.pdf>
- o <https://www.fda.gov/downloads/MedicalDevices/ResourcesforYou/Industry/UCM492680.pdf>
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- o <https://www.fda.gov/downloads/MedicalDevices/ResourcesforYou/Industry/UCM490410.pdf>
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FDA was concerned that because of the public health emergency, it was even more important to ensure that ALL tests have EUAs, because of concern about false negatives.

In contrast, the policy we adopted last Saturday enables certain qualified labs to immediately use tests they developed and validated in order to achieve more rapid testing capacity in the U.S. and shows that we are flexible during this public health emergency.

Katie McKeogh
Press Secretary
Office of the Assistant Secretary for Public Affairs
U.S. Department of Health and Human Services

On Mar 5, 2020, at 10:36 PM, McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>wrote:

Understood. With Judy/Stacy/Ryan clearance, I will send this to Glenn.

Katie McKeogh
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U.S. Department of Health and Human Services

On Mar 5, 2020, at 10:35 PM, Amin, Stacy <Stacy.Amin@fda.hhs.gov>wrote:

(b)(5)

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

Sent: Thursday, March 5, 2020 10:33 PM

To: Murphy, Ryan (OS) <Ryan.Murphy1@hhs.gov>

Cc: Arbes, Sarah C (OS) <Sarah.Arbes@hhs.gov>; Amin, Stacy <Stacy.Amin@fda.hhs.gov>; Steele, Danielle (OS) <Danielle.Steele@hhs.gov>; Stecker, Judy (OS) <Judy.Stecker@hhs.gov>; Harrison, Brian (OS) <Brian.Harrison@hhs.gov>; Morse, Sara N (OS) <Sara.Morse@hhs.gov>; Pence, Laura (OS) <Laura.Pence@hhs.gov>; Charrow, Robert (OS) <Robert.Charrow@hhs.gov>; Lenihan, Keagan <Keagan.Lenihan@fda.hhs.gov>; Hahn, Stephen <SH1@fda.hhs.gov>; Gross, Karas <Karas.Gross@fda.hhs.gov>

Subject: Re: LDTs and EUAs -- privileged/deliberative

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Katie McKeogh
Press Secretary
Office of the Assistant Secretary for Public Affairs
U.S. Department of Health and Human Services

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- Ryan

draft, pre-decisional, deliberative communication

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Subject: LDTs and EUAs -- privileged/deliberative

(b)(5)

Stacy Cline Amin
Chief Counsel
Food and Drug Administration
Deputy General Counsel
Department of Health and Human Services

Sender:	Amin, Stacy <Stacy.Amin@fda.hhs.gov>
Recipient:	Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; McKeogh, Katherine (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c652f2c415b44dff8369dd7f4596f030-McKeogh, Ka>; Murphy, Ryan (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya>; Arbes, Sarah (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=106db0ac70a241a8b1323647c093d9bf-Arbes, Sara>; Steele, Danielle (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=38849c1f1ea74f2eb9eff75b531a9544-Steele, Dan>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Morse, Sara (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=eb3a04f7dbde41049bfd10f490d3e178-Morse, Sara>; Pence, Laura (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d1027e80d2334093870fdb436c5576cd-Pence, Laur>; Charrow, Robert (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00531138af454ce3ac0b5885bead345f-Charrow, Ro>; Lenihan, Keagan (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3cd1b7aba9034ddb936017780583af7d-keagan.leni>; Hahn, Stephen <SH1@fda.hhs.gov>; Gross, Karas (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0196431bcda14a679c3f11d17b30a5ac-kara.gross.>
Sent Date:	2020/03/05 23:11:07
Delivered Date:	2020/03/05 23:11:33
Message Flags:	Unread

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.OUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=C652F2C415B44DFF8369DD7F4596F030-MCKEOGH, KA>
To:	Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Murphy, Ryan (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya>
CC:	Amin, Stacy (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8575c6e15e234834be21c0f7e315bddc-stacy.amin.>; Arbes, Sarah (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=106db0ac70a241a8b1323647c093d9bf-Arbes, Sara>; Steele, Danielle (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=38849c1f1ea74f2eb9eff75b531a9544-Steele, Dan>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Morse, Sara (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=eb3a04f7dbde41049bfd10f490d3e178-Morse, Sara>; Pence, Laura (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d1027e80d2334093870fdb436c5576cd-Pence, Laur>; Charrow, Robert (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00531138af454ce3ac0b5885bead345f-Charrow, Ro>; Lenihan, Keagan (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3cd1b7aba9034ddb936017780583af7d-keagan.leni>; Hahn, Stephen <SH1@fda.hhs.gov>; Gross, Karas (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0196431bcda14a679c3f11d17b30a5ac-kara.gross.>
Subject:	RE: LDTs and EUAs -- privileged/deliberative
Date:	2020/03/05 23:32:14
Priority:	Normal
Type:	Note

Yes sending now.

From: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>
Sent: Thursday, March 5, 2020 11:31 PM
To: Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>
Cc: Amin, Stacy (FDA/OC) <Stacy.Amin@fda.hhs.gov>; McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>; Arbes, Sarah (HHS/ASL) <Sarah.Arbes@hhs.gov>; Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Morse, Sara (HHS/ASL) <Sara.Morse@hhs.gov>; Pence, Laura (HHS/ASL) <Laura.Pence@hhs.gov>; Charrow, Robert (HHS/OGC) <Robert.Charrow@hhs.gov>; Lenihan, Keagan (FDA/OC) <Keagan.Lenihan@fda.hhs.gov>; Hahn, Stephen <SH1@fda.hhs.gov>; Gross, Karas (FDA/OC) <Karas.Gross@fda.hhs.gov>
Subject: Re: LDTs and EUAs -- privileged/deliberative

(b)(5)

Sent from my iPhone

On Mar 5, 2020, at 11:30 PM, Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov> wrote:

(b)(5)

From: Amin, Stacy <Stacy.Amin@fda.hhs.gov>

Sent: Thursday, March 5, 2020 11:04 PM

To: McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>

Cc: Arbes, Sarah (HHS/ASL) <Sarah.Arbes@hhs.gov>; Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>; Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Morse, Sara (HHS/ASL) <Sara.Morse@hhs.gov>; Pence, Laura (HHS/ASL) <Laura.Pence@hhs.gov>; Charrow, Robert (HHS/OGC) <Robert.Charrow@hhs.gov>; Lenihan, Keagan (FDA/OC) <Keagan.Lenihan@fda.hhs.gov>; Hahn, Stephen <SH1@fda.hhs.gov>; Gross, Karas (FDA/OC) <Karas.Gross@fda.hhs.gov>

Subject: RE: LDTs and EUAs -- privileged/deliberative

(b)(5)

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

Sent: Thursday, March 5, 2020 10:57 PM

To: Murphy, Ryan (OS) <Ryan.Murphy1@hhs.gov>

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Subject: Re: LDTs and EUAs -- privileged/deliberative

Follow up:

Thanks, got this. Will add some language though in my article, I already note the EUA letters vis a vis Zika but from what I determined the FDA did not stop the hospitals from conducting the tests and in one case has misunderstood what was on a lab website. And there was nothing -- ie, no Obama rule -- that prevented the administration from acting sooner on EUAs. I'm glad we've clarified that the LDT draft guidance was not an issue

Katie McKeogh
Press Secretary
Office of the Assistant Secretary for Public Affairs
U.S. Department of Health and Human Services

On Mar 5, 2020, at 10:40 PM, Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>wrote:

(b)(5)

From: McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>
Sent: Thursday, March 5, 2020 10:38 PM
To: Amin, Stacy (FDA/OC) <Stacy.Amin@fda.hhs.gov>
Cc: Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Arbes, Sarah (HHS/ASL) <Sarah.Arbes@hhs.gov>; Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>; Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Morse, Sara (HHS/ASL) <Sara.Morse@hhs.gov>; Pence, Laura (HHS/ASL) <Laura.Pence@hhs.gov>; Charrow, Robert (HHS/OGC) <Robert.Charrow@hhs.gov>; Lenihan, Keagan (FDA/OC) <Keagan.Lenihan@fda.hhs.gov>; Hahn, Stephen <SH1@fda.hhs.gov>; Gross, Karas (FDA/OC) <Karas.Gross@fda.hhs.gov>
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Stacy Cline Amin
Chief Counsel
Food and Drug Administration
Deputy General Counsel
Department of Health and Human Services

Sender:	McKeogh, Katherine (OS/ASPA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=C652F2C415B44DFF8369DD7F4596F030-MCKEOGH, KA>
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The White House

Office of the Vice President

FOR IMMEDIATE RELEASE

March 5, 2020

REMARKS BY VICE PRESIDENT PENCE
AND GOVERNOR INSLEE
IN A PRESS BRIEFING

Pierce County Readiness Center
Tacoma, Washington

5:48 P.M. PST

GOVERNOR INSLEE: Welcome to Washington State. We've just finished very productive

meetings with the Vice President. We in Washington are very appreciative of him being here today. He not only helped us with some issues today in our partnership with the federal government, but he has already helped us in recently removing some federal restrictions that would have made it more difficult to have testing for the coronavirus, which we appreciate.

We had very helpful meetings, talking about our ability to increasing the testing capacity for the virus in the United States. We had some great discussions about some of our unemployment compensation issues to help more people who might be quarantined to be able to have assistance. We had discussions about the ability to have additional surge capacity in our medical delivery system and our ability to have immediate help from the federal government with one of our nursing homes and other capacity.

And I think that he has been very remarkably adept at fielding our inquiries, and I know he's going to go back and help to continue this effort.

I also want to compliment his agency directors, who have been assistance as much personally to me, giving us some additional scientific information. So I think we have a good partnership between the state of Washington and the federal government, and I'm very appreciative of him being here in such short order. Thank you, Mr. Vice President.

THE VICE PRESIDENT: Thanks, Governor Inslee. And to your outstanding healthcare team -- Dr. Wiesman -- it is good to be here. Washington State is on the frontlines of the coronavirus in America, and the people of Washington State should be proud of your state and local leadership, the healthcare leadership, the first responders. The way you've come alongside families that have been impacted has really represented the very best standard of care. And all of America's hearts are with the people of Washington State today.

Governor Inslee, as I told you, President Trump wanted me to be here to ensure the people of Washington State that we are with you and that the full resources of the federal government will continue to be brought to bear as people across the Seattle area and across Washington State deal with the coronavirus.

I do want to -- I do want to commend, Governor Inslee, your team's effort and the seamless partnership that was forged from the very beginning between our administration and your administration here at the state level.

Dr. Wiesman just informed me that he literally speaks to the head of the CDC every day, multiple times a day. We've had personnel on the ground, literally, since the first corona case was detected here in Washington State.

And President Trump wanted me to be here to talk to the people that are on the ground, the emergency center earlier today, to talk to policymakers here to ensure that we continue to provide that level of support.

I'm also pleased to be joined by so many members of Washington's delegation to the Congress of the United States. The good news was today that the United States Senate passed, as the House of Representatives did yesterday, legislation that will provide nearly \$8 billion in support.

And I want to thank these members of Congress for their efforts -- swift and bipartisan -- exactly what the American people would expect in a moment like this in the life of our nation.

The resources, Governor, as we discussed, are not simply resources for federal agencies, but rather there is also considerable investment available for states, like Washington, that are dealing with the coronavirus and also local healthcare providers. And we're truly grateful for their efforts.

We have, as the Governor just said, forged a strong partnership between the federal government and the state government, and we'll continue to look for ways to strengthen that in the days ahead.

As I stand before you today, at this moment in time, we have at least 150 cases of

coronavirus in the United States, including 70 confirmed cases in Washington State. Among the balance of those, some 49 are Americans that we returned home from China and from being on the cruise ship, the Diamond Princess.

And, of course, as we stand here today, our hearts grieve the loss of 12 Americans. And particularly to those families here in Washington State, please know that you have the condolences of every American and you're on our hearts for your loss.

While the coronavirus has spread in the Seattle area and new cases are detected around the country every day, the good news is that the vast majority of all of those who have contracted the coronavirus are recovering and doing well. The truth is that the risk of contracting the coronavirus to the average American remains low, according to all the health experts that I have here with me today and that are a part of our efforts at the national and state level.

And while there may be more cases detected in this state and around the country as we continue to expand testing, most cases, the experts tell me, will be mild, will have flu-like symptoms, and the Americans will -- involved will fully recover.

We have observed -- as you have, Governor, here in Washington State -- though, that seniors and Americans with underlying health conditions are particularly vulnerable to serious disease, and especially following the heartbreaking loss of life at the nursing home in Kirkland. But we've taken action to address that, just as you have here in Washington State.

The Director of the Center for Medicaid [Medicare] and Medicaid Services, Seema Verma, is with me today. And this week, at President Trump's direction, we raised the standards for all nursing homes in America with regard to guidelines for preventing the spread of infectious disease. And also at the President's direction, all 8,000 of our inspectors at CMS nationwide will be focusing all of their inspection efforts at nursing homes on compliance with federal standards for preventing the spread of infectious disease. We want to make every effort to ensure that our seniors and our nursing homes are as safe as possible from

the spread of the coronavirus.

And on the subject of testing, we've been making steady progress. And I was encouraged to hear, Governor, that -- that CDC has been able to provide kits to Washington State to meet your demand. But we know that while -- while we're meeting the demand of cases we know about today, we still have a ways to go to ensure the tests are available for any future cases and also for people across your state and across the country that may be concerned that they had contracted the coronavirus and want to obtain a test.

But I'm happy to report and have you confirm that the CDC has prioritized the delivery of coronavirus test kits to Washington State and to California. And I can assure you, Governor, we will continue to do so.

But by the end of next week, CDC's test supplier -- a company known as IDT -- will distribute kits across the country that will enable roughly 1.2 million Americans to be tested for the coronavirus. Those kits will be delivered in just a matter of a few days. By the end of next week, another 4 million tests will be available. But it's still just a beginning.

As our nation continues to hear of new cases every day, we want to make sure that testing is available broadly. And to that end, President Trump brought together the leaders of the top commercial labs in the country. As we speak, at the President's urging, they have formed a consortium, and we'll be working with the leading commercial labs in America who tell us that, in a matter of weeks, through validation efforts that we'll do through the FDA, they could well be in a position where, in the not-distant future, your doctor, your local pharmacy, your local MedCheck will have access to a coronavirus.

We have a ways to go, but President Trump said early on that we would bring a whole-of-government approach to confronting the coronavirus, and we have. But as the President met this week with the leaders of commercial laboratories, with the leaders of pharmaceutical companies, with leaders of other industries, the truth is: We're bringing the whole-of-America approach to this and American businesses are stepping up in new and in renewed ways to make sure that we have the resources, including the testing and

the development of therapies and, ultimately, in a year and a half, we hope, the development of a vaccine for the coronavirus. And every American should be grateful for that.

With regard to the tests themselves, once again, CMS has already made the changes necessary that -- that a coronavirus test is today now eligible for coverage under Medicare and Medicaid. And we'll be working with these members of Congress to ensure that coronavirus testing is included as an essential health benefit and therefore is covered by all the private insurance in the country as well.

There may still be gaps. We'll work with policymakers to ensure that the coronavirus is available for anyone who is concerned or suspected to have been exposed. But we're making great progress in ensuring that this -- that this test is available broadly to people across the country.

For up-to-date information on the status of the coronavirus, on best practices for preventing its spread, keeping your own health and your family's health secure, you can go to [coronavirus.gov](https://www.cdc.gov/coronavirus) for the latest information from the Centers for Disease Control.

Our message to families all across the state of Washington is simply this: We're with you. We are here to help. And we're going to stay with you every step of the way until the state of Washington and America sees our way through the coronavirus.

We are making progress. As I mentioned, federal assistance was approved by the United States Senate. President Trump is expected to sign the legislation tomorrow as he visits the CDC in Atlanta.

In that same spirit, I'm grateful to report that, on Air Force Two today, through the efforts of HHS, Governor, we've delivered 100,000 N95 respirators, over 100,000 surgical masks, more than 2,500 face shields, and thousands of disposable gowns and gloves to assist in making those resources available.

And also, we're truly grateful that a leading research company made more than 200 doses of an experimental therapeutic medication available for people that are struggling and having severe difficulty with coronavirus. And we have a commitment that those medicines will continue to be made available on a daily basis.

With that, I'd like to introduce the head of the Centers for Disease Control, Dr. Bob Redfield, for the latest information and your best counsel to the people of the state of Washington.

DR. REDFIELD: Thank you very much, Mr. Vice President. First, what I would like to say is that I am really grateful to be here to express CDC's appreciation for the dedication and efforts of the public health community and the people here in Washington as you begin to confront and continue to confront this outbreak.

I would also want to underscore what's important to all the citizens of this state. I want them to have great confidence in the judgment and leadership of their governor and their health department.

Right now, the state of Washington is really -- as the Vice President said, it's the tip of the spear. And we are all here to commit CDC's full support to assist you and work together to confront the challenges that this brings.

We implemented, at the beginning, very aggressive public health measures together to try to slow the spread in our country. You're now at a stage where we're beginning to see community transmission. And I just want to say, again, that it's a privilege that we have, at CDC, to be able to partner with, really, the strongest public health system that we have in this nation, within the state of Washington.

We need to continue to be committed to the importance of early case recognition. And I want people to realize that when new cases are identified, that's actually a success, not a failure. It shows that your public health community is out there doing their job with isolation and contact tracing.

And as we have one of the challenges to understand how do you really understand how to impact this virus for individuals that don't actually have symptoms, I will argue one of the most important ways to do that is practice public health and do early case recognition, isolation, and contact tracing. It's through the contact tracing that you're going to begin to identify that group.

I also just want to finish by saying that we're here, in partnership with your health department, to actually learn -- because this state is now, as I said, the tip of the spear as we begin to reinforce those control measures that we just talked about for containment, but begin now to implement different mitigation strategies in the population.

And I'll close by just re-echoing what the Vice President said: that the overall risk of coronavirus to the American public at this point is low. We're here to work in partnership to help the state of Washington begin to effectively continue to address, as we confront, the community spread that's here.

And again, I want the individual citizens of this state to recognize and have the confidence that they have, in my view, the best public health community in our nation to lead this effort.

Thank you very much.

THE VICE PRESIDENT: Governor Inslee, as the President said, we're all in this together. And I'm truly grateful for the opportunity to spend time with your team, to have the opportunity to spend time with Mayor Durkan, with King County officials, to hear a report from the ground.

We have -- we have a ways to go, but I know we'll get there together, and I know that we will -- we will continue to build on this seamless partnership between the national government, your administration here in the state of Washington, and all the extraordinary health officials, healthcare providers, and first responders that, each and

every day, in the weeks leading up to today, have been there for the people in this community.

As the President likes to say, this is an all-hands-on-deck effort, and we'll continue to bring the full resources of the federal government to support your efforts in the Seattle area and across the state of Washington. And we'll get through this together.

Thank you, Governor.

GOVERNOR INSLEE: Will you stand for some questions, Mr. Vice President?

THE VICE PRESIDENT: Certainly.

Q Mr. Vice President --

THE VICE PRESIDENT: Yes, please.

Q Can you talk about the federal efforts at the nursing home in Kirkland where most of the deaths here have occurred? Family members held a news conference today and had harsh criticism about the government response thus far.

THE VICE PRESIDENT: Well, let me say that, again, our hearts go out to the families of those who lost their life at the Kirkland nursing home.

And I'm going to recognize Seema Verma, the Administrator of the Center for Medicaid and Medicare Services in Washington, D.C., to speak about our efforts. But not only have we raised the national standard, but we're engaging in a very fulsome investigation in connection with, in cooperation with the State of Washington to find out and get to the bottom of what happened.

And -- but I want those families to know that our hearts are with them. And we're going to

continue to work diligently on the behalf of ensuring that that facility is safe and that all nursing homes in America are safe.

Seema?

ADMINISTRATOR VERMA: Thank you. As the Vice President said, you know, our hearts and minds are with the families and the folks that are at the Kirkland nursing home. You know, I will say this is personal for all of us. In my family, I have a 70-year old, 80-year old, and almost 90-year old. And when people put their families in a nursing home, that's a -- that's a tough decision. And they want to know that their loved ones are safe and they are secure.

So, in terms of what our response is, is we're -- we're working with the state, and the Governor and his staff have been terrific. The CDC is on the ground, they're in the nursing home, and they're investigating what's going on.

We will also send in a team from CMS, and we'll be looking at what the course of action is and what -- whether we need to -- how we address the patients that are in the nursing home. And we're doing that in conjunction with the state, so we'll be making that assessment over the next couple of days.

But I will tell you that our focus is on making sure that the patients that are in the nursing home are secure, they're safe. We're working on getting everybody tested in the nursing home.

And the other thing that we're doing is we're not just stopping at this nursing home; we're taking a very proactive approach across the entire nation. The first thing that we've done is we've put out guidance to all of the nursing homes, explaining to them or reemphasizing the infection control policies and procedures. Every facility in the United States has infection control policies. These have been longstanding policies and procedures that are in place. And so we're reemphasizing those. There's training -- free training available for all facilities.

That being said, we are also taking the nation's inspectors and having them focus particularly on infection control. So we're going proactively into nursing homes. And our goal here is not to be punitive, but to help them be prepared for what may happen and to hopefully prevent the spread of the coronavirus.

THE VICE PRESIDENT: Other questions?

Q Mr. Vice President, you talked about the infection rates being low. The World Health Organization came out this week, as you know, and said the mortality rate is 3.4 percent. Yet, the President of the United States said yesterday that those numbers are false and that he has a hunch the numbers will be significantly lower. Do you agree with the President's assessment?

THE VICE PRESIDENT: Well, let me -- we'll let our expert, Dr. Deborah Birx, address that. I think -- I think the President's point was that the world is still discovering the scope of the coronavirus because many people that contract the coronavirus have no symptoms. And evaluating the data that we have from China, from Italy, from South Korea that -- I know the World Health Organization has a number at this point, but I think Dr. Birx, who is our right arm at the White House on this, and, frankly, one of the leading experts in the world on infectious disease, I think is looking at those numbers every day. Do you want to speak to that?

Q But do you agree -- Mr. Vice President, do you agree with the President's assessment? It's a straightforward question.

THE VICE PRESIDENT: Well, let me -- let me let Dr. Birx -- I support the President's judgment that we're going to continue to learn more about this and that -- that, as we learn about how many people actually contract this disease, Dr. Birx, I think your judgment is we may well arrive at a -- at a lower number.

But allow me to let you speak to that.

DR. BIRX: Yeah, thank you. Because it's a really important question because it's an important question for the public. We know the public is concerned. Everyone who is a mom, a dad, who has a grandmother or a child is concerned about the numbers and what it means.

As we get numbers, country by country, we've been able to see in countries like South Korea, where they're doing broad testing. So they're finding the mild disease, the moderate disease, and the severe disease. Their mortality is in the 0.5 range, which is significantly less than the 3 percent. The 3 percent is concerning to all of us because we really want to understand where the virus is spreading, who we have to protect, who is the most vulnerable, who needs access to these novel and new development therapeutics.

And so we can really help resource and focus our energies where we know that the epidemic could have the largest impact, which we know, from Italy, the median age of people who succumb to the disease was 82. The numbers that were found to have the disease were in their 60s, which means they're still missing a lot of low-grade disease in younger individuals.

The good news from South Korea, at this point, is they haven't seen mortality or people dying or children dying. Not in China -- no one died under 10. And, in South Korea, so far, no one under 30.

But these numbers will continue to change, and we want to really emphasize again that not only are older people vulnerable, but people and young children that may have immunodeficiencies or other diseases also have to be protected. And so that's why we're asking communities -- these kinds of problems are solved when communities are working with state and local governments and federal governments together with one voice.

And together, we're translating everything that we know down to the community level, so people can make decisions for their families. And so, right now, the spectrum -- the average is what you -- what you said. But I don't like averages; I call them the "tyranny of

averages" because it lumps everybody together. And what we want to understand is who needs our help the most and how we prevent future death from this disease.

Q If the mortality rate does stay at the 3.4 percent, what do you have in place, plans in the future, to stop the spread of this virus?

DR. BIRX: Well, I think two things that really are important: One, the President held a meeting with pharmaceutical companies to really see who had promising therapeutics. So we're looking at this as a bridge. We know we need a vaccine. We know it's going to take a matter of months, to a year, to a year and a half, potentially, depending on how difficult vaccine development is.

But we heard from companies that were making therapeutics that they're in trials right now, here -- right in the Seattle area -- to really look at a promising drug to see if they could help change that mortality number. There are also companies talking about what we call "monoclonal antibodies." Those of you who are older remember getting an injection of immunoglobulin before you traveled overseas; it's capturing that in a new technology to really see if that's, again, a bridge to prevention, as well as treatment.

So all of these are being explored in a stepwise manner to really get to what you really -- we all want is decreasing the mortality from this illness. But we won't know the numbers that you ask about until we really understand the depth and breadth of the illness in communities like this. It's why we wanted to come here.

Q Mr. Vice President, of the \$8 billion that's been appropriated by Congress, how much of that money will come here to Washington State, the epicenter of the epidemic?

THE VICE PRESIDENT: Well, I can tell you that it was a -- it was a priority for the President that we not only support federal agencies in this legislation; that we recognize the vital importance of medical supplies, the state response; that we fund research and development, that we continue to fund vaccines, as Dr. Birx just said, and the development of therapeutics, which we believe will be available much more quickly than vaccines, which

could be another year and a half before they've been fully tested and approved.

But, at this point in time, about \$3.1 billion will be made available in the legislation alone for the -- for the purchase of medical supplies and those, of course, directly benefiting state and local health authorities. But there's some assistance for small businesses that are impacted, like in the Seattle area.

And I want to commend these members of Congress for the swift and substantive and thoughtful and balanced approach that they took passing this legislation. We think it is -- we think it is a reflection of, really, the very best of what Congress can do for the American people. And to do it as swiftly as they did, the President I am both grateful.

Q (Inaudible) dollar figures -- specific dollar figures from anyone there?

GOVERNOR INSLEE: (Inaudible.) The Vice President has assured me that this will be distributed entirely fairly, which means 50 percent for Washington and 50 percent for the rest of the nation (inaudible). (Laughter.)

THE VICE PRESIDENT: Jeff.

Q Thank you. Governor Inslee, a question for you. Jeff Mason with Reuters. You tweeted last week that after a discussion -- or during a discussion with the Vice President, you told him that your "work would be more successful if the Trump administration stuck to the science and told the truth." Do you still feel that way? And did you raise that with the Vice President today?

GOVERNOR INSLEE: No, we didn't talk about that today. I think everybody agrees here that we want to have the best science. I think there's been a unanimous opinion of everybody here today in that regard and I do believe that's very important going forward.

I want to tell you, I think we are hearing good science. Dr. Ridgefield [sic] has helped us out. Dr. Fauci, who I spoke with this afternoon has provided us some really useful

information and I think that's very helpful to us. We're getting good information from the agencies of the federal government and we appreciate that.

I know there's this issue about the mortality rate. I just want to suggest that we do not have the luxury of having debates of that nature right now.

We all agree that we need to ramp up dramatically our ability to find this disease and get more tests in the field. We all know we got to have all points on hand to increase manufacturing for our personal protective devices. We all know that we have to have a very vigorous effort to try to develop a vaccine as fast as humanly possible. And I'm just pleased -- and I think we have a good consensus about those things.

So we got to roll up our sleeves, and I think this has been a good day to do that.

THE VICE PRESIDENT: Thank you, Jeff.

Q The Vice President had a lot of nice things to say about your response.

GOVERNOR INSLEE: I'm sorry?

Q I'm just -- I said the Vice President was very complimentary of your response. I'm just wondering how would you judge the response by President Trump?

GOVERNOR INSLEE: I'm going to defer the answer to that question to the Vice President.

Q It was for you, sir, respectfully.

GOVERNOR INSLEE: Look, I've had more than a -- very robust disagreements with the current President. But I -- I want to focus today on the work we need to do in partnership. And I can tell you that I think that this is a good partnership moving forward. I think that we have a very good partnership and thousands of people in the

federal government, and we're not going to allow some disagreements with any one individual in that government to dissuade us from doing really important work for -- that are life and death issues for the people the state of Washington.

And I'm pleased with the results of our collaboration today. That's what I'll tell you.

Q Can I please get from one of the medical experts: Do we expect more testing?

(Cross-talk.)

Please. Do we expect more testing -- right? -- with the ramped-up capacity. With that, there is research that suggests that we'll see a lot more positive tests. What can you tell the American people, the people of Washington about what they should prepare to see and why they shouldn't panic when they do?

THE VICE PRESIDENT: Do you want to speak to that?

DR. BIRX: We will see more positive tests. And that is a really critical point: that we have more detection because this will give us real information and that's really why we're here. We know that this particular area is suffering. You saw the really difficult issues of the elderly and the frail succumbing to this illness.

We do believe, on the other side, that there are people with mild illness. And unless we find them also and understand where they are, it will be difficult to change the transmission dynamics.

So we're very interested in finding every case, sick or not sick, so that we can understand how this virus is transmitted. Early on in epidemics -- and it's only been two and a half months -- you only see the most desperately ill because those are the ones who come forward; those are the ones who are seen. We want to see those behind -- that we can only find by testing.

And so, the American people should actually be encouraged when we find mild cases and we find more flu-like cases because it will give us a real understanding of how to better respond to the epidemic.

MS. MILLER: All right, thanks guys.

THE VICE PRESIDENT: Thank you all very much.

END 6:20 P.M. PST

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Subject:	Please see the attached Capability Statement which demonstrates Culmen International's ability to support HHS and let me know when you would like to discuss in person
Date:	2020/03/05 23:53:57
Priority:	Normal
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Bob:

It was a pleasure speaking to you this afternoon. Again, congratulations on HHS asking you to run the department's Coronavirus *disease* (COVID-19) response. In my opinion, they could not have chosen a better, more qualified, person.

Culmen International, LLC is pleased to submit this Capability Statement to support you and the Department of Health and Human Services (HHS) in their mission to coordinate the Coronavirus response across US Government agencies, and in collaboration with non-governmental organizations (NGOs), industry, and international partners. Specifically, Culmen is prepared to draw on our expertise and past performance to immediately provide the following surge support:

- Technical and program management support for planning, analysis, and interagency coordination
- Procurement and logistics to identify sources, obtain and deliver critical supplies when and where needed
- Field testing, threat assessments and evaluations
- Data analysis and reporting to inform decision making, model disease propagation and spread, and provide analytical support

Additional information on our capabilities can be provided at your request.

After reviewing please let me know when you would like to meet and discuss in person. Name, a date, time, and place and I will be there in that I can only imagine that with this tasking you will want to surround yourself with people whom you have worked with in the past, whom you know and trust, and whom you know and have confidence to get a job done expeditiously without making excuses.

I also will be sending you a short four minute video that discusses how we (Culmen International) supported the Ebola virus outbreak. I think you will be impressed.

Looking forward to seeing you, catching up, and hopefully, with Culmen International, supporting you and HHS in this critical undertaking.

Best regards,

Richard

Richard G. Irwin
Special Programs
Culmen International, LLC
99 Canal Center Plaza
Suite 410
Alexandria, VA 22314
Mobile: (b)(6)
Work: 703 224-7000
Fax: 703 224-7006
richard.irwin@culmen.com
<https://protect2.fireeye.com/url?k=5c7f216a-002b3816-5c7f1055-0cc47adc5fa2-4ce182b9a453263f&u=http://www.culmen.com/>

Sender:	Richard Irwin < richard.irwin@culmen.com >
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Sent Date:	2020/03/05 23:53:37
Delivered Date:	2020/03/05 23:53:57

From:	AHLA Communities <DoNotReply@ConnectedCommunity.org>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Health Information Digest for Thursday March 5, 2020
Date:	2020/03/06 00:35:35
Priority:	Normal
Type:	Note

 [American Health Lawyers Association](#)

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Mar 5, 2020

Discussions

Coronavirus - Use of Telehealth  [external link to thread view](#)

1. [Cori, I am not aware of any exception that...](#) Marti Arvin
2. [You would need to fully understand the "free"...](#) Marti Arvin

3. Cori, The presence of an emergency does not... Elizabeth Pitman
4. Beth, thanks so much! I appreciate the... Cori Haper

[top](#)

1. Re: Coronavirus - Use of Telehealth



Mar 5, 2020 9:04 AM

Marti Arvin

Marti Arvin

Cori,

I am not aware of any exception that would allow for the use of an unsecure method. One other consideration of using methodology is that if it is compromised and information regarding the patient's condition is exposed that could have v consequences for the patient. Being even suspected of having the virus might be considered by some to be highly sensi similar to behavioral health or STDs. While there are not specific protections under state laws that I am aware of, he/sh the impact on the patient if the data were compromised because of the use of an unsecure method. This is a bit of catc the unsecure method likely better protects the physician and allows for a faster way to communicate. But the Security have an exception for this and the data is what I think a lot of people would consider of a "more" sensitive nature.

Marti Arvin

Executive Advisor

Phone: 512-402-8550 ext. 7051

Cell: (b)(6)



Global Health Conference & Exhibition

MARCH 9-13, 2020 • ORLANDO, FL signature_1667787652

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

A physician client has asked whether he can start seeing patients who may have symptoms of the COVID-19 virus outbreak. He wanted to know if there is an exception that allows use of unsecured technology for telehealth. The OCR's bulletin on HIPAA Privacy and Novel Coronavirus confirms that covered entities must implement physical, and technical safeguards of the HIPAA Security Rule to electronic protected health information. He is asking if I can advise him to go ahead and acquire secure videoconferencing technology?

Thanks,
Cori

Cori Haper
Thompson Hine LLP
Dayton OH
(937) 443-6856

[top](#)

2. [Re: Coronavirus - Use of Telehealth](#)



Mar 5, 2020 9:05 AM
[Marti Arvin](#)

[Marti Arvin](#)

You would need to fully understand the "free" service that is being provide and do an analysis of whether it makes the "free" service a business associate. While it might not you want to make sure you do the analysis because you would ne does.

Marti Arvin
Executive Advisor
Phone: 512-402-8550 ext. 7051
Cell: (b)(6)



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

I think he can have easy and free. OCR recent guidance is that emergencies do not relax privacy standards.

Many secure conference providers are making their technologies available at no cost, for an interim period: <https://www.coronavirus-spurs-offers-from-webex-google-and-others/>

Hope this helps,

Mark Eggleston, CISSP, GSEC, CHPS
Vice President, Chief Information Security and Privacy Officer
901 Market Street, Suite 500 Philadelphia, PA 19107
P: (215) 991-4388
[Website](#) | [Instagram](#) | [LinkedIn](#) | [Facebook](#) | [Twitter](#)



/var/folders/x3/mhmt63d6_7__dw2m19x7s180000gp/T/com.microsoft.Outlook/WebArchiveCopyPasteTem

[top](#)

3. Re: Coronavirus - Use of Telehealth



Mar 5, 2020 11:29 AM

Elizabeth Pitman

Elizabeth
Pitman

Cori, The presence of an emergency does not remove or relax the requirement to comply with the Security Rule. The O released on Feb. 3rd specifically states: In an emergency situation, covered entities must continue to implement reasonable safeguards to protect patient information against intentional or unintentional impermissible uses and disclosures. Further, covered entities (and their business associates) must apply the administrative, physical, and technical safeguards of the HIPAA Security Rule to protect protected health information. www.hhs.gov/sites/default/files/...

Also, the physician should have a BAA with the video-conference vendor.

A bill is currently pending that may relax reimbursement requirements for use of telehealth in emergency/disaster even though the bill does not propose to remove or relax compliance with the HIPAA Security Rule.

Best, Beth

Elizabeth N. Pitman

Partner

waller

Waller

Waller Lansden Dortch & Davis, LLP

1901 Sixth Avenue North

Birmingham, AL 35203

205.226.5704 (direct)

(b)(6)

(cell)

beth.pitman@wallerlaw.com

[vCard](#)

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

A physician client has asked whether he can start seeing patients who may have symptoms of the COVID-19 virus outbreak. The OCR's bulletin on HIPAA Privacy and Novel Coronavirus confirms that covered entities must implement physical, and technical safeguards of the HIPAA Security Rule to electronic protected health information. Is there any guidance advising him to go ahead and acquire secure videoconferencing technology?

Thanks,
Cori

Cori Haper
Thompson Hine LLP
Dayton OH
(937) 443-6856

[top](#)

4. [Re: Coronavirus - Use of Telehealth](#)



Mar 5, 2020 8:49 PM

Cori Haper

Cori Haper

Beth, thanks so much! I appreciate the information.

-Cori

Cori R. Haper | Partner | **Thompson Hine LLP**

10050 Innovation Drive, Suite 400 | Dayton, Ohio 45342

Office: 937.443.6856 | **Mobile:** (b)(6)

Fax: 937.443.6635 | **Email:** Cori.Haper@ThompsonHine.com

Web: <https://protect2.fireeye.com/url?k=bc376f27-e06266f7-bc375e18-0cc47a6a52de-b4cbf9ba76c14d86&u=http://www.thompsonhine.com/>

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

Cori, The presence of an emergency does not remove or relax the requirement to comply with the Security Rule. The O states: In an emergency situation, covered entities must continue to implement reasonable safeguards to protect patient information from impermissible uses and disclosures. Further, covered entities (and their business associates) must apply the administrative requirements of the Security Rule to electronic protected health information. www.hhs.gov/sites/default/files/...

Also, the physician should have a BAA with the video-conference vendor.

A bill is currently pending that may relax reimbursement requirements for use of telehealth in emergency/disaster events and may relax compliance with the HIPAA Security Rule.

Best, Beth

Elizabeth N. Pitman

Partner

waller

Waller

Waller Lansden Dortch & Davis, LLP

1901 Sixth Avenue North

Birmingham, AL 35203

205.226.5704 (direct)

(b)(6) (cell)

beth.pitman@wallerlaw.com

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Sent Date:	2020/03/06 00:35:22
Delivered Date:	2020/03/06 00:35:35

From:	Caitlin Owens <caitlin@axios.com>
To:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	Axios Vitals: Alarmist coronavirus information — Insurers cover testing — Large CEO pay packages
Date:	2020/03/06 06:16:38
Priority:	Normal
Type:	Note



Good morning. Happy Friday. There is no way that this week was only five days long.

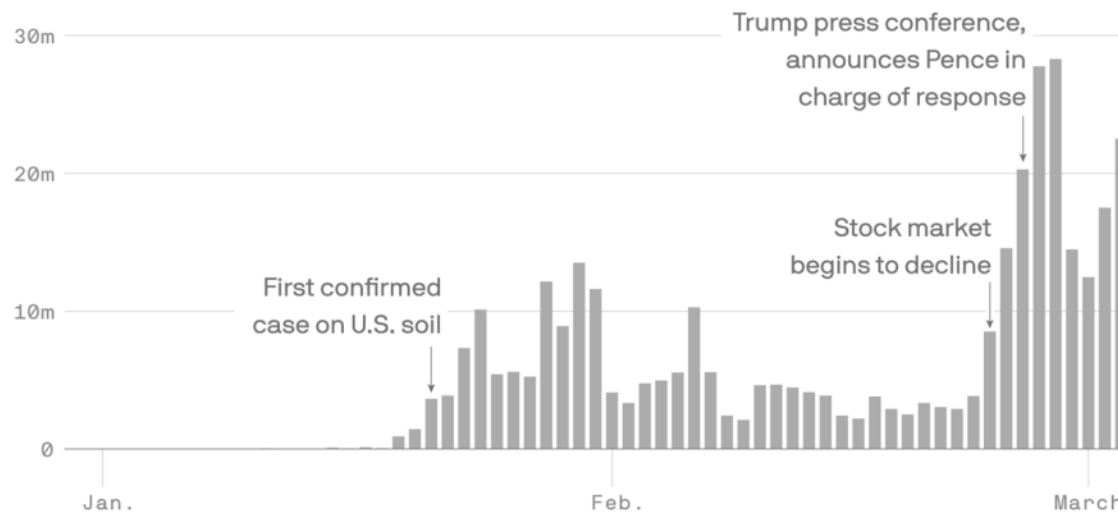
■ This week on "Axios on HBO:" A peek into Biden's secret governing plan, HUD Secretary Bernice Aragoni's playing field. *Watch Sunday 6pm ET/PT on all HBO platforms.*

Today's word count is 1,038, or a 4-minute read.

1 big thing: Coronavirus panic sells as alarmist information

Number of social media interactions on stories about coronavirus

Stories tracked by NewsWhip, Jan. 1 to March 3, 2020



Data: NewsWhip; Chart: Andrew Witherspoon/Axios

Many of the novel coronavirus stories getting shared the most on social media are packaged

Why it matters: Social media greases and amplifies dramatic headlines, while more functional

Details: The English-language story shared the most on Facebook since the outbreak began was

- Some of the other top-performing articles featured largely debunked claims, such as that
- One of the biggest dangers during this outbreak is the misinformation that has been spread

The big picture: Interest in the coronavirus has taken off in the last two weeks.

- The number of interactions on social media stories have increased 7x.
- Since Feb. 20, Google searches have increased 8x, according to Google Trends data.
- The number of cable news mentions has increased 3x, according to the Internet Archive

New research from scientists at Northeastern University suggests that contagions can spread

- • "A link between social contagions and real biological contagions are a feature of modern Science.

The bottom line: "Social media presents a mixed bag," says Scarpino. "We know social media empowers people to make the right decisions."

Go deeper: Coronavirus "infodemic" threatens world's health institutions



2. Insurers, states move to cover testing

Both health insurers and regulators are working to make sure that coronavirus diagnostic

Driving the news: California, New York and Washington state have announced that health p

- • Many health plans — including members of America's Health Insurance Plans — are vo
- • The Centers for Medicare and Medicaid Services emailed Medicare beneficiaries yester

Yes, but: State insurance commissioners don't have the authority to regulate self-insured plan

- • And, as WSJ points out, the state actions "focus on diagnosis, not treatment of COVID-

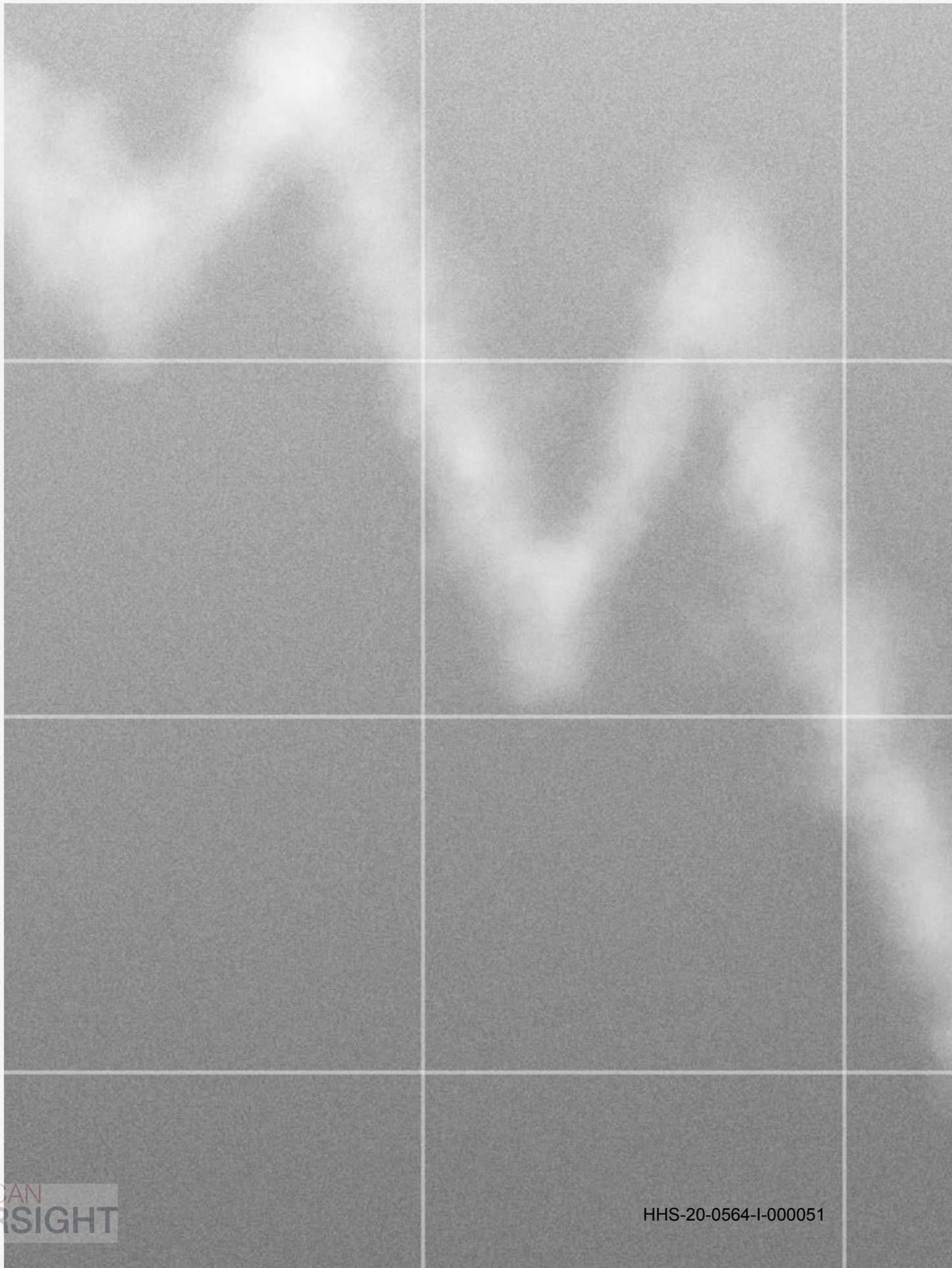
And while state regulators are addressing the provider visit associated with testing, insur

- • "We will cover needed diagnostic testing when ordered by a physician. We will take acti
- • But the related provider visits and other services "would be covered in accordance with



Share

3. Coronavirus rattles travelers — and airlines



Sender:	Caitlin Owens <caitlin@axios.com>
Recipient:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Sent Date:	2020/03/06 06:16:20
Delivered Date:	2020/03/06 06:16:38

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.YDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0280B227911B40B6B30A81B8574EDE6B-STECKER, JU>
To:	Crawford, Carol Y. (CDC/OD/OADC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7acbde0f6ca94daf919f2632cf0a76c8-Crawford, C>
CC:	Murphy, Ryan (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya>; Bonds, Michelle E. (CDC/OD/OADC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=458a7c66b66a4e9ca7bc1963da0bcb81-michelle.bo>; Galatas, Kate (CDC/OD/OADC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9e6fa4be928e48408ba114add868123e-Galatas, Ka>; Sokler, Lynn (CDC/OD/OADC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7c64629894bf4783886ed86560caa030-Sokler, L>; Pratt, Michael (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7c8eed0423de458d801882c30fd16c99-Pratt, Mich>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	Re: FOR REVIEW today by ASPA: Redfield email to staff re: POTUS
Date:	2020/03/06 07:38:41
Priority:	Normal
Type:	Note

Plus Brian Harrison.

Sent from my iPhone

On Mar 6, 2020, at 7:28 AM, Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>wrote:

Hi Ryan – Heard the news this morning that POTUS is not coming, I have not heard if the Secretary or others are still coming. If you have info to share, let us know. I’m at the office now -- 678-920-0578.

From: Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>
Sent: Thursday, March 5, 2020 10:04 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Cc: Bonds, Michelle E. (CDC/OD/OADC) <meb0@cdc.gov>; Galatas, Kate (CDC/OD/OADC) <kkg2@cdc.gov>; Sokler, Lynn (CDC/OD/OADC) <zsz0@cdc.gov>; Pratt, Michael (OS/ASPA) <Michael.Pratt@hhs.gov>; Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>
Subject: RE: FOR REVIEW today by ASPA: Redfield email to staff re: POTUS

Hey Carol – quick follow-up here. Let please touch base in the morning before sending anything out? I’d appreciate it.

Thanks,
Ryan

From: Murphy, Ryan (OS/ASPA)
Sent: Thursday, March 5, 2020 7:19 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Cc: Bonds, Michelle E. (CDC/OD/OADC) <meb0@cdc.gov>; Galatas, Kate (CDC/OD/OADC)

<kkg2@cdc.gov>; Sokler, Lynn (CDC/OD/OADC) <zs0@cdc.gov>; Pratt, Michael (OS/ASPA) <Michael.Pratt@hhs.gov>; Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>
Subject: RE: FOR REVIEW today by ASPA: Redfield email to staff re: POTUS

OVP and POTUS comms said ok.

From: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Sent: Thursday, March 5, 2020 4:33 PM
To: Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>
Cc: Bonds, Michelle E. (CDC/OD/OADC) <meb0@cdc.gov>; Galatas, Kate (CDC/OD/OADC) <kkg2@cdc.gov>; Sokler, Lynn (CDC/OD/OADC) <zs0@cdc.gov>; Pratt, Michael (OS/ASPA) <Michael.Pratt@hhs.gov>
Subject: FOR REVIEW today by ASPA: Redfield email to staff re: POTUS

(b)(5)

Sincerely,

Robert R. Redfield, MD
Director, CDC, and
Administrator, ATSDR

Sender:	Stecker, Judy (OS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0280B227911B40B6B30A81B8574EDE6B-STECKER, JU>
Recipient:	Crawford, Carol Y. (CDC/OD/OADC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7acbde0f6ca94daf919f2632cf0a76c8-Crawford, C>; Murphy, Ryan (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group

	(FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya>; Bonds, Michelle E. (CDC/OD/OADC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=458a7c66b66a4e9ca7bc1963da0bcb81-michelle.bo>; Galatas, Kate (CDC/OD/OADC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9e6fa4be928e48408ba114add868123e-Galatas, Ka>; Sokler, Lynn (CDC/OD/OADC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7c64629894bf4783886ed86560caa030-Sokler, L>; Pratt, Michael (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7c8eed0423de458d801882c30fd16c99-Pratt, Mich>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Sent Date:	2020/03/06 07:38:39
Delivered Date:	2020/03/06 07:38:41

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 Moring CDC Update - 06Mar20
Date:	2020/03/06 09:18:49
Priority:	Normal
Type:	Note

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COVID-19 Response update Mar 6, 2020

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Daily Report Summary

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

- # of confirmed and presumptive US cases of COVID-19: **205** including:
 - 156 confirmed or presumptive (i.e., positive by CDC test performed in state lab, pending confirmation at CDC) US cases presenting in the US**, locations of detection include Arizona (2), California (45), Florida (2), Georgia (2), Illinois (5), Massachusetts (2), Nevada, North Carolina, New Hampshire (2), NYC (2), New York State (12), Oregon (3), Rhode Island (2), Tennessee, Texas (3), Washington (70), Wisconsin
 - 3 among evacuees from Hubei Province**
 - 46 among evacuees from Diamond Princess**, including:
 - 29 diagnosed in Japan
 - 17 diagnosed after arrival in US
- # of total confirmed cases in China: **80,565**
- # of total confirmed deaths in China: **3,015**

Domestic Updates

1. US COVID-19 Cases

- 17 jurisdictions (16 states) reporting 33 US confirmed cases and 123 presumptive cases
- 3 cases among evacuees from Hubei repatriation cohort
- 46 cases among evacuees from Diamond Princess repatriation cohort (29 diagnosed in Japan, 17 diagnosed after arrival in US)

International Updates

Countries or territories with reported laboratory-confirmed COVID-19 cases and deaths.
Source: WHO Sit Rep 42. Data as of 05 March 2020

Global Summary – Total and new cases in the last 24 hours. Data as of 04:00 EST 5 Mar 2020 [Source: WHO SitRep]

Globally	China	Outside of	
----------	-------	------------	--

		China			
Confirmed Cases	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Countries
95,333 (2,241 new)	80,565 (143 new)	3,015 (31 new)	14,768 (2,098 new)	267 (53 new)	85 (5 new)

*China totals include: Hong Kong 104 cases, 2 deaths; Macau 10 cases; and Taiwan 42 cases and 1 death

Countries, territories or areas outside China with reported laboratory-confirmed COVID-19 cases and deaths. Data as of 04:00 EST, 05 Mar 2020[^] [Source: [WHO SitRep](#)]

Reporting Country/ Territory/ Area	Total confirmed* cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification [†]	Days since last reported case ^{**}
Western Pacific Region						
Republic of Korea	5,766	438	35	3	Local transmission	0
Japan	317	33	6	0	Local transmission	0
Singapore	110	0	0	0	Local transmission	1
Australia	66	23	3	2	Local transmission	0
Malaysia	50	0	0	0	Local transmission	1
Viet Nam	16	0	0	0	Local transmission	21
Philippines	3	0	1	0	Imported cases only	29
Cambodia	1	0	0	0	Imported cases only	37
New Zealand	2	0	0	0	Imported cases only	2
European Region						
Italy	3,089	587	107	27	Local transmission	0
Germany	262	66	0	0	Local transmission	0
France ^{^^}	282	73	4	0	Local transmission	0
Spain	198	47	1	1	Local transmission	0
the United	89	38	0	0	Local transmission	0

Kingdom ^{^^}						
Switzerland ^{^^}	56	20	0	0	Local transmission	0
Norway	56	23	0	0	Local transmission	0
Sweden	35	11	0	0	Local transmission	0
Netherlands	38	10	0	0	Local transmission	0
Austria	37	13	0	0	Imported cases only	0
Croatia	9	0	0	0	Local transmission	1
Greece	9	2	0	0	Local transmission	0
Israel	15	3	0	0	Local transmission	0
Finland	7	0	0	0	Local transmission	2
Denmark	10	2	0	0	Local transmission	0
Azerbaijan	3	0	0	0	Imported cases only	4
Czechia	5	0	0	0	Imported cases only	1
Georgia	3	0	0	0	Imported cases only	4
Romania	4	0	0	0	Local transmission	1
Iceland	26	10	0	0	Imported cases only	0
Russian Federation	3	0	0	0	Imported cases only	2
Bosnia and Herzegovina	2	2	0	0	Local transmission	0
Hungary	2	2	0	0	Imported cases only	0
Portugal	7	5	0	0	Local transmission	0
Andorra	1	0	0	0	Imported cases only	2
Armenia	1	0	0	0	Imported cases only	3
Belarus	6	5	0	0	Local transmission	0
Belgium	23	15	0	0	Local	0

					transmission	
Estonia	2	0	0	0	Imported cases only	1
Ireland	2	0	0	0	Imported cases only	1
Latvia	1	0	0	0	Imported cases only	2
Lithuania	1	0	0	0	Imported cases only	6
Luxembourg	1	0	0	0	Imported cases only	3
Monaco	1	0	0	0	Under investigation	4
North Macedonia	1	0	0	0	Imported cases only	7
Poland	1	0	0	0	Imported cases only	1
Slovenia	1	1	0	0	Imported cases only	0
Ukraine	1	0	0	0	Imported cases only	1
Liechtenstein	1	0	0	0	Imported cases only	1
San Marino	16	8	0	0	Local transmission	0
Territories**						
Gibraltar	1	0	0	0	Imported cases only	1
South-East Asia Region						
Thailand	47	4	1	0	Local transmission	0
India	29	23	0	0	Local transmission	0
Indonesia	2	0	0	0	Local transmission	3
Nepal	1	0	0	0	Imported cases only	41
Sri Lanka	1	0	0	0	Imported cases only	38
Eastern Mediterranean Region						
Iran (Islamic Republic of)	2,922	586	92	15	Local transmission	0
Kuwait	58	2	0	0	Imported cases	0

					only	
Bahrain	49	0	0	0	Imported cases only	2
UAE	27	0	0	0	Local transmission	1
Iraq	36	5	2	2	Imported cases only	0
Lebanon	13	0	0	0	Local transmission	2
Oman	15	3	0	0	Imported cases only	0
Pakistan	5	0	0	0	Imported cases only	2
Qatar	8	0	0	0	Imported cases only	1
Egypt	2	0	0	0	Imported cases only	3
Afghanistan	1	0	0	0	Imported cases only	9
Jordan	1	0	0	0	Imported cases only	2
Morocco	2	1	0	0	Imported cases only	0
Saudi Arabia	2	1	0	0	Imported cases only	0
Tunisia	1	0	0	0	Imported cases only	2
Territories**						
occupied Palestinian territory	4	4	0	0	Imported cases only	0
Region of the Americas						
the United States ^{§§}	129	21	9	3	Local transmission	0
Canada	30	0	0	0	Local transmission	1
Mexico	5	0	0	0	Imported cases only	3
Brazil	3	1	0	0	Imported cases only	0
Argentina	1	0	0	0	Imported cases only	1
Chile	1	0	0	0	Imported cases only	1
Dominican Republic	1	0	0	0	Imported cases only	3

Ecuador	7	0	0	0	Local transmission	1
Territories**						
Saint Martin	2	0	0	0	Under investigation	2
Saint Barthélemy	1	0	0	0	Under investigation	2
African Region						
Algeria	12	7	0	0	Local transmission	0
Nigeria	1	0	0	0	Imported cases only	6
Senegal	4	3	0	0	Imported cases only	0
Subtotal for all regions	14,062	2,098	261	53		
International conveyance (Diamond Princess)	706	0	6	0	Local transmission	3
Grand total§	14,768	2,098	267	53		

^ Numbers include both domestic and repatriated cases

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

^^Reduced from prior situation reports due to separation of territories, and Liechtenstein from Switzerland

§§ NOTE: This report is from March 5, so the case count of 129 was current at the time of reporting to WHO for inclusion in this report. The current US figure is 205 including 33 confirmed cases in the US, 123 presumptive cases in the US, 3 cases among Hubei repatriation cohort, and 46 cases among the Diamond Princess repatriation cohort.

Very Respectfully,

Secretary's Operations Center

U.S. Department of Health and Human Services (HHS)
Assistant Secretary for Preparedness and Response (ASPR)
200 Independence Ave. S.W.

Washington D.C. 20201
Office (202) 619-7800
Fax: 800-514-4256
Email: hhs.soc@hhs.gov

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Subject:	COVID-19 Moring CDC Update - 06Mar20
Date:	2020/03/06 09:18:48
Priority:	Normal
Type:	Note

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COVID-19 Response update Mar 6, 2020 INTERNAL - NOT FOR FURTHER DISTRIBUTION

Daily Report Summary

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

- # of confirmed and presumptive US cases of COVID-19: **205** including:
 - 156 confirmed or presumptive (i.e., positive by CDC test performed in state lab, pending confirmation at CDC) US cases presenting in the US**, locations of detection include Arizona (2), California (45), Florida (2), Georgia (2), Illinois (5), Massachusetts (2), Nevada, North Carolina, New Hampshire (2), NYC (2), New York State (12), Oregon (3), Rhode Island (2), Tennessee, Texas (3), Washington (70), Wisconsin
 - 3 among evacuees from Hubei Province**
 - 46 among evacuees from Diamond Princess**, including:
 - 29 diagnosed in Japan
 - 17 diagnosed after arrival in US
- # of total confirmed cases in China: **80,565**
- # of total confirmed deaths in China: **3,015**

Domestic Updates

1. US COVID-19 Cases

- 17 jurisdictions (16 states) reporting 33 US confirmed cases and 123 presumptive cases
- 3 cases among evacuees from Hubei repatriation cohort
- 46 cases among evacuees from Diamond Princess repatriation cohort (29 diagnosed in Japan, 17 diagnosed after arrival in US)

International Updates

Countries or territories with reported laboratory-confirmed COVID-19 cases and deaths.
Source: WHO Sit Rep 42. Data as of 05 March 2020

Global Summary – Total and new cases in the last 24 hours. Data as of 04:00 EST 5 Mar 2020 [Source: WHO SitRep]

Globally	China	Outside of	
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		China			
Confirmed Cases	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Countries
95,333 (2,241 new)	80,565 (143 new)	3,015 (31 new)	14,768 (2,098 new)	267 (53 new)	85 (5 new)

*China totals include: Hong Kong 104 cases, 2 deaths; Macau 10 cases; and Taiwan 42 cases and 1 death

Countries, territories or areas outside China with reported laboratory-confirmed COVID-19 cases and deaths. Data as of 04:00 EST, 05 Mar 2020[^] [Source: [WHO SitRep](#)]

Reporting Country/ Territory/ Area	Total confirmed* cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification [†]	Days since last reported case ^{**}
Western Pacific Region						
Republic of Korea	5,766	438	35	3	Local transmission	0
Japan	317	33	6	0	Local transmission	0
Singapore	110	0	0	0	Local transmission	1
Australia	66	23	3	2	Local transmission	0
Malaysia	50	0	0	0	Local transmission	1
Viet Nam	16	0	0	0	Local transmission	21
Philippines	3	0	1	0	Imported cases only	29
Cambodia	1	0	0	0	Imported cases only	37
New Zealand	2	0	0	0	Imported cases only	2
European Region						
Italy	3,089	587	107	27	Local transmission	0
Germany	262	66	0	0	Local transmission	0
France ^{^^}	282	73	4	0	Local transmission	0
Spain	198	47	1	1	Local transmission	0
the United	89	38	0	0	Local transmission	0

Kingdom ^{^^}						
Switzerland ^{^^}	56	20	0	0	Local transmission	0
Norway	56	23	0	0	Local transmission	0
Sweden	35	11	0	0	Local transmission	0
Netherlands	38	10	0	0	Local transmission	0
Austria	37	13	0	0	Imported cases only	0
Croatia	9	0	0	0	Local transmission	1
Greece	9	2	0	0	Local transmission	0
Israel	15	3	0	0	Local transmission	0
Finland	7	0	0	0	Local transmission	2
Denmark	10	2	0	0	Local transmission	0
Azerbaijan	3	0	0	0	Imported cases only	4
Czechia	5	0	0	0	Imported cases only	1
Georgia	3	0	0	0	Imported cases only	4
Romania	4	0	0	0	Local transmission	1
Iceland	26	10	0	0	Imported cases only	0
Russian Federation	3	0	0	0	Imported cases only	2
Bosnia and Herzegovina	2	2	0	0	Local transmission	0
Hungary	2	2	0	0	Imported cases only	0
Portugal	7	5	0	0	Local transmission	0
Andorra	1	0	0	0	Imported cases only	2
Armenia	1	0	0	0	Imported cases only	3
Belarus	6	5	0	0	Local transmission	0
Belgium	23	15	0	0	Local	0

					transmission	
Estonia	2	0	0	0	Imported cases only	1
Ireland	2	0	0	0	Imported cases only	1
Latvia	1	0	0	0	Imported cases only	2
Lithuania	1	0	0	0	Imported cases only	6
Luxembourg	1	0	0	0	Imported cases only	3
Monaco	1	0	0	0	Under investigation	4
North Macedonia	1	0	0	0	Imported cases only	7
Poland	1	0	0	0	Imported cases only	1
Slovenia	1	1	0	0	Imported cases only	0
Ukraine	1	0	0	0	Imported cases only	1
Liechtenstein	1	0	0	0	Imported cases only	1
San Marino	16	8	0	0	Local transmission	0
Territories**						
Gibraltar	1	0	0	0	Imported cases only	1
South-East Asia Region						
Thailand	47	4	1	0	Local transmission	0
India	29	23	0	0	Local transmission	0
Indonesia	2	0	0	0	Local transmission	3
Nepal	1	0	0	0	Imported cases only	41
Sri Lanka	1	0	0	0	Imported cases only	38
Eastern Mediterranean Region						
Iran (Islamic Republic of)	2,922	586	92	15	Local transmission	0
Kuwait	58	2	0	0	Imported cases	0

					only	
Bahrain	49	0	0	0	Imported cases only	2
UAE	27	0	0	0	Local transmission	1
Iraq	36	5	2	2	Imported cases only	0
Lebanon	13	0	0	0	Local transmission	2
Oman	15	3	0	0	Imported cases only	0
Pakistan	5	0	0	0	Imported cases only	2
Qatar	8	0	0	0	Imported cases only	1
Egypt	2	0	0	0	Imported cases only	3
Afghanistan	1	0	0	0	Imported cases only	9
Jordan	1	0	0	0	Imported cases only	2
Morocco	2	1	0	0	Imported cases only	0
Saudi Arabia	2	1	0	0	Imported cases only	0
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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>
Subject:	Supp
Date:	2020/03/06 09:42:10
Priority:	Normal
Type:	Note

On Wednesday, the House passed emergency supplemental funding of \$8.3 billion for the COVID-19 response by a vote of 415-2, and the Senate is expected to pass the bill on Thursday. HHS received \$6.5 billion in funding. The Small Business Administration, State Department, and the United States Agency for International Development (USAID) also receive funding.

SUMMARY

Total discretionary funding in the supplemental is \$7.8 billion. When including the mandatory score for a Medicare telehealth provision, the supplemental provides \$8.3 billion.

The Department of Health and Human Services (HHS) receives \$6.5 billion: \$2.2 billion for CDC; \$836 million for NIH; and \$3.1 billion for the Public Health and Social Services Emergency Fund (PHSSEF) for ASPR and HRSA Community Health Centers (\$100 million).

The Supplemental restores the \$136 million from the Secretary's transfer for COVID-19 and funds the Infectious Diseases Rapid Response Reserve Fund (IDRRRF) at \$300 million.

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Sent Date:	2020/03/06 09:42:07
Delivered Date:	2020/03/06 09:42:10

From:	Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>
To:	DLGDESK (HHS/ASPR/OPP) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2f1f856fe64345d3ac04f5afd847622b-DLGDESK.OS@>; Stannard, Paula (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f0892a057f83497e9390288c813b61d9-Stannard, P>; Agnew, Ann (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e5174d56b97948d0820e90e8d8136ee5-Agnew, Ann>; Trueman, Laura (HHS/IEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=99dcba4c6ea342c08d58f63e37d997e7-Trueman, La>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Bird, Catherine (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb9d9180497c49c4a06a0dd1f6043dc7-Bird, Cathe>; Hittle, Taylor (HHS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4a6a08d06d8648fda1e44f515f35eebb-Hittle, Pat>; Arbes, Sarah (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=106db0ac70a241a8b1323647c093d9bf-Arbes, Sara>; Murphy, Ryan (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya>; 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>; Tobias, Constance (HHS/DAB) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user039621bc>; Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; Schwartz, Erica (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=603e84a0e3744a5d8dcbd759f5dcad91-Schwartz, E>; Severino, Roger (HHS/OCR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=47bbbf66a9ec4d4b8b74ed8cb2029b31-Severino, R>; Grigsby, Garrett (HHS/OS/OGA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7cd78b4810d44b17b8711aaede9a9023-Grigsby, Gl>; Kerr, Lawrence (HHS/OS/OGA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8ce9de2e7497472bb758f8fd6e262c86-Kerr, Lawre>; Chang, William (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3cf70c842da144ab9bee61f353d932a0-Chang, Will>; Taitsman, Julie K (OIG/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c4b9727f82ed4ef1a58e3af1dcb1e8bb-julie.taits>; Griswold, Nancy (HHS/OMHA HQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2debac9db0d482eb4d9f43df71d3a23-Nancy J. 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Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Disbrow, Gary (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0fd5845defda4dc0bb45f8fac629cf09-Disbrow, Ga>; Phillips, Sally (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d6ce8134846423cb83b5b28464edb60-Phillips, S>; Greene, Jonathan (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1b692a4d6cff4afabbeea99d35336ece-Greene, Jon>; DeBord, Kristin (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d2cce28859884c1c835a9404885d6534-DeBord, Kri>; Vineyard, Michael (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userdcac6abd>; Dodgen, Daniel (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c23f0d7c1d634508918e1c87cf50c48c-Dodgen, Dan>; Imbriale, Samuel (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=usere7e54524>; Donnelly, Kelsey (OS/ASPR/SPPR) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=92628694fc884f0881c4ef23086b9942-Donnelly, K>; Haris, Mariam (OS/ASPR/SPPR) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5bc86417c474415091784515760ef89b-Harris, Mar>; Fucci, Michael (OS/ASPR/SPPR) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9dfa7aa39b43422385f7209e40a7371d-Fucci, Mich>; Roman-Stolte, Claudia (OS/ASPR/SPPR) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=51688a0dd62e478d9db7348c78b0a5b9-Roman-Stolt>; Austin, Meredith (uscg.mil) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9d5f9850a051458eae1ef58335e3c19-Meredith.L.>; Perdue, Christopher (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b1f65848ded24b15937eae3dcee7c827-Perdue, Chr>; Herrmann, Jack (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bebe389042ba411496b284f678ce7247-Herrmann, Ja>; Johnson, Robert (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0851e89240324306b78740a4a60745e2-Johnson, Ro>; Wong, Diana (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ea0c8b32a33b4ac586c2b5aa89c0df34-Wong, Diana>; Robertson, Lance (ACL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4e938be0d69e4311a7aa44b0915297a3-Robertson,>; Nicholls, Richard (ACL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fbd7ebe2c3b54c7ab98e4fd77ea59314-Nicholls, R>; Phillips, Christine (ACL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=600334a3db4c42be803247c2027c2c09-Phillips, C>; Blatner, Gretta (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=623cb123c2324236b1db6fb9153e0bbf-Blatner, Gr>; Feeney, Kathryn (OS/ASPR/IO) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3a2ebded25184b4497d305acee969322-Feeney, Kat>; Shirley, Mayo (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cee6afb88e0f45cda89a97d0081e7025-mayo.shirle>; Sheehy, Janice (FDA/ORA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb7cf0dc2efd4b298e689239b944f23c-janice.shee>; McDaniel, Eileen (HHS/OMHA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4ec60e4f20ac4f14a76d588e5f8ec329-McDaniel, E>; Lambert, Linda (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ce6824b6a92a4a4e893ea7b54e17eb3c-Lambert, Li>;

	Gin, Julia (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e4b899460dab4897b83dfd838c376bf9-Gin, Julia>; Adams, Steven A. (CDC/SNS/DSNS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f98462fe8d124743a437c7a80b3f60dd-Adams, Stev>; Wolf, Laura (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userb232d38c>; Lee, Scott (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userf6879348>; Cooper, Kevin (OS/ASPR/ORM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3460d98a33e6478a9baf70248f5432bc-Cooper, Kev>; Moudy, Robin (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d421d3e0f6474bc3857583cfc5870d69-Moudy, Robi>; Lawrence, Theresa (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=281df890cadd49ea9e8622a68fd9b726-Lawrence, T>; Baker, Michael (OS/IEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0d44d4176f724d7b92d08f5f989fbfd9-Baker, Mich>
CC:	Holland, Tara (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4f1a3394af074579815cfccf21462ae7-Holland, Ta>; Delvecchio, Paolo (SAMHSA/OMTO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7b11e3306cbd40a8bb83c9c381671acb-Delvecchio,>; Lobos, Elisa (SAMHSA/OFR/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4373665362594c8b833ac405b00358f1-Lobos, Eliz>; Bell, March (HHS/OCR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b058f58ea03648bfb1631467db5ff6d-Bell, March>; Frohboese, Robinsue (HHS/OCR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=57b8853f66da4cb99818c9e2632f77f8-Frohboese,>; Knutson, Donna (CDC/DDNID/NCEH/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=42c4369a164a4dc9b97b58230d04d368-Knutson, Do>; Mackay, Thomas (OS/ASPR/EEAA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user2e5f70d8>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>; Blackford, Carol W. (CMS/CM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=63ad10b43706420aa6578a500ad37a59-XL67>; Bradsher, Kris (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=af8103b9f1ce4d27b4e32ec850ce7268-Bradsher, K>; Payne, Skip (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=94ba9f17f14149b7b9d64b4b481059fa-PU1K>; Gettinger, Andrew (OS/ONC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=493de695a2254531840ab49b8e70c0d7-Gettinger,>; Abbey, Rachel (OS/OSCP) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ad175ade362e49828c4822c72a86f1f1-Abbey, Rach>; Toole, Katherine (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=58bc72625f7b4640a04f86e42288f1b1-Toole, Kath>; Gray, Nicole (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=55dfea07ef8846bcbb7f8231af757f5e08-Gray, Nicol>; Cosgrove, Sandra (OS/ASPR/EEAA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user0e81e587>; Chaput, Daniel (OS/ONC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=217b3bc89d6a4606b5b63c48d3e208f2-Chaput, Dan>; Parker, Jim (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7f7ac2e66aa043a6b7cb2eaf967ffa3-Parker, Jam>; Engels, Thomas (HRSA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2fe372dd5d0f41e59235d11629eba5f0-thomas.enge>
Subject:	RE: For review: SNS Policy Paper - COVID-19 Daily (3/5) Disaster Leadership Group Meeting
Date:	2020/03/06 09:49:14
Priority:	Normal
Type:	Note

HRSA has one substantive suggestoin to offer and an issue to put on the radar:

(b)(5)

Please advise how you would like us to provide responses on papers going forward, i.e., whether to reply to all the group or send to DLGDesk.

Thanks.

Diana Espinosa

Deputy Administrator, HRSA

From: DLGDESK (HHS/ASPR/OPP) <DLGDESK@hhs.gov>

Sent: Thursday, March 5, 2020 6:26 PM

To: Stannard, Paula (HHS/IOS) <Paula.Stannard@hhs.gov>; Agnew, Ann (HHS/IOS) <Ann.Agnew@hhs.gov>; Trueman, Laura (HHS/IEA) <Laura.Trueman@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>; Hittle, Taylor (HHS/ASFR) <Taylor.Hittle@hhs.gov>; Arbes, Sarah (HHS/ASL) <Sarah.Arbes@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Destro, Brenda (HHS/ASPE) <Brenda.Destro@hhs.gov>; Nevel, Amy (HHS/ASPE) <Amy.Nevel@HHS.GOV>; Tobias, Constance (HHS/DAB) <Constance.Tobias@hhs.gov>; Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Schwartz, Erica (HHS/OASH) <Erica.Schwartz@hhs.gov>; Severino, Roger (HHS/OCR) <Roger.Severino@hhs.gov>; Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>; Chang, William (HHS/OGC) <William.Chang@hhs.gov>; Taitsman, Julie K (OIG/IO) <Julie.Taitsman@oig.hhs.gov>; Griswold, Nancy (HHS/OMHA HQ) <Nancy.Griswold@hhs.gov>; Rucker, Donald (OS/ONC) <Donald.Rucker@hhs.gov>; Johnson, Lynn (ACF) <Lynn.Johnson@acf.hhs.gov>; Meyers, David (AHRQ/IOD) <David.Meyers@ahrq.hhs.gov>; McNellis, Robert (AHRQ/CEPI) <Robert.McNellis@ahrq.hhs.gov>; Patel, Anita (CDC/DDID/NCIRD/OD) <bop1@CDC.GOV>; Ethier, Kathleen (CDC/DDID/NCHHSTP/DASH) <kbe0@CDC.GOV>; Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>; sh1@fda.hhs.gov; Hinton, Denise (FDA/OC) <Denise.Hinton@fda.hhs.gov>; Cheever, Laura (HRSA) <LCheever@hrsa.gov>; Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>; Macrae, Jim (HRSA) <JMacrae@hrsa.gov>; Weahkee, Michael (IHS/HQ) <Michael.Weahkee@ihs.gov>; McCollum, Jeffrey T (IHS/HQ) <Jeffrey.McCollum@ihs.gov>; Frazier, Francis (IHS/HQ) <Francis.Frazier@ihs.gov>; Collins, Francis (NIH/OD) [E] <collinsf@od.nih.gov>; Fauci, Anthony (NIH/NIAID) [E] <aafauci@niaid.nih.gov>; Marston, Hilary (NIH/NIAID) [E] <hilary.marston@nih.gov>; McCance-Katz, Elinore (SAMHSA/OAS) <Elinore.Mccance-katz@samhsa.hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Yeskey, Kevin (OS/ASPR/IO)

<Kevin.Yeskey@hhs.gov>; Bright, Rick (OS/ASPR/BARDA) <Rick.Bright@hhs.gov>; Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>; Phillips, Sally (OS/ASPR/SPPR) <Sally.Phillips@hhs.gov>; Greene, Jonathan (OS/ASPR/EMMO) <Jonathan.Greene@hhs.gov>; DeBord, Kristin (OS/ASPR/SPPR) <Kristin.DeBord@hhs.gov>; Vineyard, Michael (OS/ASPR/IO) <Michael.Vineyard@HHS.GOV>; Dodgen, Daniel (OS/ASPR/SPPR) <Daniel.Dodgen@HHS.GOV>; Imbriale, Samuel (OS/ASPR/SIIM) <Samuel.Imbriale@hhs.gov>; Donnelly, Kelsey (OS/ASPR/SPPR) (CTR) <Kelsey.Donnelly@hhs.gov>; Haris, Mariam (OS/ASPR/SPPR) (CTR) <Mariam.Haris@hhs.gov>; Fucci, Michael (OS/ASPR/SPPR) (CTR) <Michael.Fucci@hhs.gov>; Roman-Stolte, Claudia (OS/ASPR/SPPR) (CTR) <Claudia.Roman-stolte@hhs.gov>; Austin, Meredith (uscg.mil) <Meredith.L.Austin@uscg.mil>; Perdue, Christopher (OS/ASPR/SPPR) <Christopher.Perdue@hhs.gov>; Herrmann, Jack (OS/ASPR/OEA) <John.Herrmann@hhs.gov>; Johnson, Robert (OS/ASPR/BARDA) <Robert.Johnson@hhs.gov>; Wong, Diana (OS/ASPR/SIIM) <Diana.Wong@hhs.gov>; Robertson, Lance (ACL) <Lance.Robertson@acl.hhs.gov>; Nicholls, Richard (ACL) <Richard.Nicholls@acl.hhs.gov>; Phillips, Christine (ACL) <Christine.Phillips@acl.hhs.gov>; Blatner, Gretta (OS/ASPR/BARDA) <Gretta.Blatner@hhs.gov>; Feeney, Kathryn (OS/ASPR/IO) (CTR) <Kathryn.Feeney@hhs.gov>; Shirley, Mayo (FDA/OC) <Mayo.Shirley@fda.hhs.gov>; Sheehy, Janice (FDA/ORA) <Janice.Sheehy@fda.hhs.gov>; McDaniel, Eileen (HHS/OMHA) <Eileen.McDaniel@hhs.gov>; Lambert, Linda (OS/ASPR/BARDA) <Linda.Lambert@hhs.gov>; Gin, Julia (OS/ASPR/SPPR) <Julia.Gin@hhs.gov>; Adams, Steven A. (CDC/SNS/DSNS) <saa1@CDC.GOV>; Wolf, Laura (OS/ASPR/SIIM) <Laura.Wolf@hhs.gov>; Lee, Scott (OS/ASPR/EMMO) <Scott.Lee@hhs.gov>; Cooper, Kevin (OS/ASPR/ORM) <Kevin.Cooper@hhs.gov>; Moudy, Robin (OS/ASPR/SPPR) <Robin.Moudy@hhs.gov>; Lawrence, Theresa (OS/ASPR/SPPR) <Theresa.Lawrence@HHS.GOV>; Baker, Michael (OS/IEA) <Michael.Baker@hhs.gov>
Cc: Holland, Tara (OS/ASPR/EMMO) <Tara.Holland@hhs.gov>; Delvecchio, Paolo (SAMHSA/OMTO) <Paolo.Delvecchio@samhsa.hhs.gov>; Lobos, Elisa (SAMHSA/OFR/OD) <Elisa.Lobos@samhsa.hhs.gov>; Bell, March (HHS/OCR) <March.Bell@hhs.gov>; Frohboese, Robinsue (HHS/OCR) <Robinsue.Frohboese@HHS.GOV>; Knutson, Donna (CDC/DDNID/NCEH/OD) <dbk2@cdc.gov>; Mackay, Thomas (OS/ASPR/EEAA) <Thomas.Mackay@hhs.gov>; Mango, Paul (HHS/IOS) <Paul.Mango@hhs.gov>; Blackford, Carol W. (CMS/CM) <Carol.Blackford@cms.hhs.gov>; Bradsher, Kris (HHS/ASL) <Kris.Bradsher@hhs.gov>; Payne, Skip (CMS/OA) <Skip.Payne@cms.hhs.gov>; Gettinger, Andrew (OS/ONC) <Andrew.Gettinger@hhs.gov>; Abbey, Rachel (OS/OSCP) <Rachel.Abbey@hhs.gov>; Toole, Katherine (OS/ASPR/SPPR) <Katherine.Toole@hhs.gov>; Gray, Nicole (OS/ASPR/IO) <Nicole.Gray1@hhs.gov>; Cosgrove, Sandra (OS/ASPR/EEAA) <Sandra.Cosgrove@hhs.gov>; Chaput, Daniel (OS/ONC) <Daniel.Chaput@hhs.gov>

Subject: For review: SNS Policy Paper - COVID-19 Daily (3/5) Disaster Leadership Group Meeting

Dear Disaster Leadership Group (DLG) Members,

Thank you for joining the DLG meeting this afternoon. Attached for your further review is an updated draft of the paper outlining policy options for distributing SNS assets to the states. We are asking that you review this draft and provide feedback to us by **10:00am on Friday, March 6**. Please note that we are looking for **substantive feedback only**. As noted at the DLG today, we will briefly discuss this during tomorrow's meeting. Also attached is the Summary of Conclusions from today's meeting.

If you have any questions or concerns, please reach out to me at Daniel.Dodgen@hhs.gov and kindly copy DLGDESK@hhs.gov.

Thank you,

Daniel Dodgen, Ph.D.

Senior Advisor

Office of the Assistant Secretary for Preparedness and Response (ASPR)

Office of Strategy, Policy, Planning and Requirements (SPPR)

HEALTH AND HUMAN SERVICES (DHHS) | O'Neill House Office Building | 200 C Street SW | Washington, DC 20515

o. (202) 245-0719

Daniel.Dodgen@HHS.Gov | <https://protect2.fireeye.com/url?k=a4d2095d-f8862076-a4d23862-0cc47a6d17cc-adba3ffc143af316&u=http://www.phe.gov/>

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Date:	2020/03/06 09:53:15
Priority:	Normal
Type:	Note



6

March 6, 2020

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Liberal billionaire John Arnold joins New York City to free violent suspects with arrest and release

Billionaire John Arnold, who calls himself a “special interest pot stirrer,” has decided to join New York City — which is suffering through a crime wave with its new arrest and release program — to meddle in the issue of bail reform. As part of Arnold’s scheme to remake the criminal justice system by releasing criminals before they are tried, he created a “Public Safety Assessment” (PSA) tool, which is basically a formula that is supposed to assess whether suspects are safe to be released before their trials. According to Arnold’s website, it is “a risk assessment tool that helps judges make accurate, efficient, and evidence-based decisions about which defendants should be detained prior to trial and which can be safely released.” New York City’s program differs insofar as the state has simply barred police from detaining criminals for most offenses. But the results are the same as criminals go free. Unsurprisingly, Arnold’s efforts at releasing criminals have encountered

a lot of resistance from law enforcement professionals from across the country who are alarmed at what they are seeing in municipalities that participate, and they just don't want to take the risk.

Cartoon: Mike Can't Get It Done

Mike Bloomberg spent at least \$7.7 million per delegate. In theory, if only he had spent \$15.8 billion, he might have won the 1991 delegates needed for the Democratic nomination.

Video: No more Pocahontas, coronavirus and Jim Jordan's Congressman of the Year award

Elizabeth Warren is out, the coronavirus spreads and ALG names Jim Jordan Congressman of the Year.

Byron York: Primaries show Trump GOP strength

"The Democratic Super Tuesday primaries made all the news, but many states had Republican primaries, too. The results of those contests suggest President Trump is in an extraordinarily strong position with GOP voters. His campaign believes the turnout also indicates that the president's strength extends beyond Republicans to independents, as well. Trump won the Texas primary with 94.1% of the vote. In 2004, the last time an incumbent Republican president ran for reelection, George W. Bush, a former Texas governor, won the Texas primary with 92.5% of the vote. This year, Trump won with 1,889,006 votes out of 2,007,314 Republican votes cast. Democrat Joe Biden won Texas with 716,030 votes out of 2,075,862 Democratic votes cast. Winning a higher percentage of the Texas primary vote than a former Texas governor indicates Trump's power in the party. And having such a large number of Republican votes in an essentially meaningless GOP primary, compared to Democratic votes in a hotly contested and enormously consequential primary, also suggests Republican muscle. The story was similar in other states... The bottom line is that, in a situation in which there was no significant contest, Republican voters turned out in great numbers to support the president."

Liberal billionaire John Arnold joins New York City to free violent suspects with arrest and release

By Richard McCarty

Billionaire John Arnold, who calls himself a “special interest pot stirrer,” has decided to join New York City — which is suffering through a crime wave with its new arrest and release program — to meddle in the issue of bail reform.

As part of Arnold’s scheme to remake the criminal justice system by releasing criminals before they are tried, he created a “Public Safety Assessment” (PSA) tool, which is basically a formula that is supposed to assess whether suspects are safe to be released before their trials. According to Arnold’s website, it is “a risk assessment tool that helps judges make accurate, efficient, and evidence-based decisions about which defendants should be detained prior to trial and which can be safely released.”

New York City’s program differs insofar as the state has simply barred police from detaining criminals for most offenses. But the results are the same as criminals go free.

Unsurprisingly, Arnold’s efforts at releasing criminals have encountered a lot of resistance from law enforcement professionals from across the country who are alarmed at what they are seeing in municipalities that participate, and they just don’t want to take the risk.

One law enforcement professional who opposes the use of the hedge fund manager’s formula is Eric Siddall, the vice president of the Los Angeles Association of Deputy District Attorneys. “We’re trying to use a method that hedge funds use to make money to make a determination of whether someone should be in custody or not... The problem is if a hedge fund makes a mistake, they lose money. If we make a mistake, someone dies,” said Siddell.

For those unfamiliar with Arnold, he is the former trader who collected the largest bonus in Enron's history and went on to found his own hedge fund before retiring at the age of 38. Maybe that's why he thinks it's safe to gamble with public safety.

Incredibly, the assessment tool assigned two armed robbery suspects the lowest risk score – a 1 out of 6. The two Indiana residents are alleged to have entered a New Orleans pharmacy early in the morning wearing gloves and hoodies, robbed the pharmacy at gunpoint, bound two employees with zip ties, and engaged in a shootout with police as they attempted to flee injuring an officer.

Fortunately, the PSA scores were completely disregarded and bail for each of the suspects was set at more than one million dollars. The assistant district attorney at the bail hearings asserted that the assessments were “unconscionable.” The district attorney followed up by calling the PSA's score for one of the suspects “absurd” and stated that it “shows exactly why the skepticism” of the PSA “is both warranted and deserved.”

Two former sheriffs – David Clark, the former sheriff of Milwaukee County, Wisconsin, and Bob White, the former sheriff of Pasco County, Florida – wrote an op-ed opposing the use of the PSA tool: “John Arnold claims to have cooked up a mathematical formula that can somehow predict whether a given criminal suspect will abscond or commit another crime — in other words, Mr. Arnold wants to play of game of Russian roulette but the gun is always pointed at your head, not his... Pre-trial release determinations are complicated and fraught with danger to the public. They are difficult decisions best made on a case-by-case evaluation of all the evidence and circumstances by an experienced judge who has heard arguments on all sides. You can't leave those decisions to a mathematical formula.”

In addition, Gov. Susana Martinez (R-N.M.), a former prosecutor with more than twenty years of experience, issued the following warning about the PSA tool: “Here in New Mexico, we've been working hard to crack down on a catch and release revolving door criminal justice system – a problem that irresponsible interpretations and rules implemented by courts and the Arnold pretrial risk assessment tool have only aggravated. New Mexico implemented this pretrial risk assessment tool to devastating results.

Even a supporter of the PSA tool admits there are significant problems. Alex Bastian, a San Francisco assistant district attorney who is also a spokesman for the district attorney's office stated, “We feel as though the calculations have not been done accurately on many occasions.”

Throughout Arnold's career of gambling on natural gas prices, formulas may have been helpful to him in amassing his fortune, but neither human nature, nor justice, nor public safety can be reduced down to a simple formula utilizing only basic information about a suspect. That is why the decision of whether or not to release a suspect from custody should be made by an experienced professional – one who is not relying on a magic formula.

Richard J. McCarthy is the Director of Research at Americans for Limited Government Foundation.

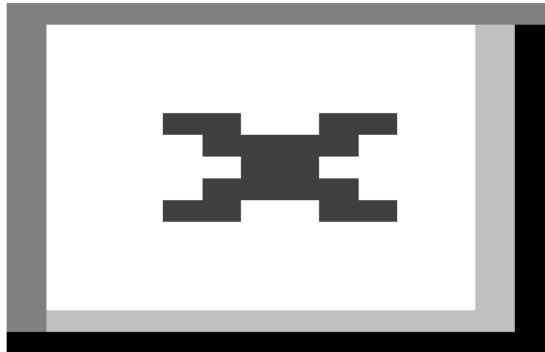
Cartoon: Mike Can't Get It Done

By A.F. Branco



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Video: No more Pocahontas, coronavirus and Jim Jordan's Congressman of the Year award



RickFrank3-5-20.png

To view online: https://www.youtube.com/watch?v=Kq4JCbzp_nU



toohotnottonote5.PNG

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washingtonexaminer3.png

Primaries show Trump GOP strength

By Byron York

The Democratic Super Tuesday primaries made all the news, but many states had Republican primaries, too. The results of those contests suggest President Trump is in an extraordinarily strong position with GOP voters. His campaign believes the turnout also indicates that the president's strength extends beyond Republicans to independents, as well.

Trump won the Texas primary with 94.1% of the vote. In 2004, the last time an incumbent Republican president ran for reelection, George W. Bush, a former Texas governor, won the Texas primary with 92.5% of the vote. This year, Trump won with 1,889,006 votes out of 2,007,314 Republican votes cast. Democrat Joe Biden won Texas with 716,030 votes out of 2,075,862 Democratic votes cast.

Winning a higher percentage of the Texas primary vote than a former Texas governor indicates Trump's power in the party. And having such a large number of Republican votes in an essentially meaningless GOP primary, compared to Democratic votes in a hotly contested and enormously consequential primary, also suggests Republican muscle.

The story was similar in other states. In Alabama, Trump won the Republican primary with 96.2% of the vote. In 2004, Bush won the Alabama primary with 92.8% of the vote. This year, Trump won with 695,469 votes out of 722,809 Republican votes cast. Biden won with 286,065 votes out of 452,278 Democratic votes cast.

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In some states, there was greater Democratic turnout than Republican. In Tennessee, for example, Trump won the Republican primary with 96.5% of the vote. In 2004, Bush won

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There were no competitive Republican contests in Minnesota, Virginia, and Maine.

The bottom line is that, in a situation in which there was no significant contest, Republican voters turned out in great numbers to support the president.

"There is unprecedented support and enthusiasm for President Trump in the Republican Party, and supporters are turning out in state primaries because they just can't wait to get involved in the process that will end with his re-election," said campaign spokesman Tim Murtaugh in an email exchange. "The president has inspired record turnout and record vote totals, but it's not just Republicans who are fired up. Our data shows that a quarter of people who register for the president's rallies are independents or Democrats. The president has unified Republicans, but he's also attracting new voters to his side as well."

Finally, the Super Tuesday results represented a last nail in the coffin for Never Trump Republicans-turned-Democrats who hoped to use the GOP primaries to damage the president's prospects for reelection. Last September, anti-Trump activist and former *Weekly Standard* editor Bill Kristol taunted Republicans who criticized GOP challengers for taking on the president.

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Now, Trump has indeed crushed his opponents in the primaries. And though he is certain to face formidable opposition in November, it will not come from within his party.

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Sent Date:	2020/03/06 09:52:52
Delivered Date:	2020/03/06 09:53:15

From:	Americans for Limited Government <media@limitgov.org>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Liberal billionaire John Arnold joins New York City to free violent suspects with arrest and release
Date:	2020/03/06 09:53:15
Priority:	Normal
Type:	Note



6

March 6, 2020

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Liberal billionaire John Arnold joins New York City to free violent suspects with arrest and release

Billionaire John Arnold, who calls himself a “special interest pot stirrer,” has decided to join New York City — which is suffering through a crime wave with its new arrest and release program — to meddle in the issue of bail reform. As part of Arnold’s scheme to remake the criminal justice system by releasing criminals before they are tried, he created a “Public Safety Assessment” (PSA) tool, which is basically a formula that is supposed to assess whether suspects are safe to be released before their trials. According to Arnold’s website, it is “a risk assessment tool that helps judges make accurate, efficient, and evidence-based decisions about which defendants should be detained prior to trial and which can be safely released.” New York City’s program differs insofar as the state has simply barred police from detaining criminals for most offenses. But the results are the same as criminals go free. Unsurprisingly, Arnold’s efforts at releasing criminals have encountered

a lot of resistance from law enforcement professionals from across the country who are alarmed at what they are seeing in municipalities that participate, and they just don't want to take the risk.

Cartoon: Mike Can't Get It Done

Mike Bloomberg spent at least \$7.7 million per delegate. In theory, if only he had spent \$15.8 billion, he might have won the 1991 delegates needed for the Democratic nomination.

Video: No more Pocahontas, coronavirus and Jim Jordan's Congressman of the Year award

Elizabeth Warren is out, the coronavirus spreads and ALG names Jim Jordan Congressman of the Year.

Byron York: Primaries show Trump GOP strength

"The Democratic Super Tuesday primaries made all the news, but many states had Republican primaries, too. The results of those contests suggest President Trump is in an extraordinarily strong position with GOP voters. His campaign believes the turnout also indicates that the president's strength extends beyond Republicans to independents, as well. Trump won the Texas primary with 94.1% of the vote. In 2004, the last time an incumbent Republican president ran for reelection, George W. Bush, a former Texas governor, won the Texas primary with 92.5% of the vote. This year, Trump won with 1,889,006 votes out of 2,007,314 Republican votes cast. Democrat Joe Biden won Texas with 716,030 votes out of 2,075,862 Democratic votes cast. Winning a higher percentage of the Texas primary vote than a former Texas governor indicates Trump's power in the party. And having such a large number of Republican votes in an essentially meaningless GOP primary, compared to Democratic votes in a hotly contested and enormously consequential primary, also suggests Republican muscle. The story was similar in other states... The bottom line is that, in a situation in which there was no significant contest, Republican voters turned out in great numbers to support the president."

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Unsurprisingly, Arnold’s efforts at releasing criminals have encountered a lot of resistance from law enforcement professionals from across the country who are alarmed at what they are seeing in municipalities that participate, and they just don’t want to take the risk.

One law enforcement professional who opposes the use of the hedge fund manager’s formula is Eric Siddall, the vice president of the Los Angeles Association of Deputy District Attorneys. “We’re trying to use a method that hedge funds use to make money to make a determination of whether someone should be in custody or not... The problem is if a hedge fund makes a mistake, they lose money. If we make a mistake, someone dies,” said Siddell.

For those unfamiliar with Arnold, he is the former trader who collected the largest bonus in Enron's history and went on to found his own hedge fund before retiring at the age of 38. Maybe that's why he thinks it's safe to gamble with public safety.

Incredibly, the assessment tool assigned two armed robbery suspects the lowest risk score – a 1 out of 6. The two Indiana residents are alleged to have entered a New Orleans pharmacy early in the morning wearing gloves and hoodies, robbed the pharmacy at gunpoint, bound two employees with zip ties, and engaged in a shootout with police as they attempted to flee injuring an officer.

Fortunately, the PSA scores were completely disregarded and bail for each of the suspects was set at more than one million dollars. The assistant district attorney at the bail hearings asserted that the assessments were "unconscionable." The district attorney followed up by calling the PSA's score for one of the suspects "absurd" and stated that it "shows exactly why the skepticism" of the PSA "is both warranted and deserved."

Two former sheriffs – David Clark, the former sheriff of Milwaukee County, Wisconsin, and Bob White, the former sheriff of Pasco County, Florida – wrote an op-ed opposing the use of the PSA tool: "John Arnold claims to have cooked up a mathematical formula that can somehow predict whether a given criminal suspect will abscond or commit another crime — in other words, Mr. Arnold wants to play of game of Russian roulette but the gun is always pointed at your head, not his... Pre-trial release determinations are complicated and fraught with danger to the public. They are difficult decisions best made on a case-by-case evaluation of all the evidence and circumstances by an experienced judge who has heard arguments on all sides. You can't leave those decisions to a mathematical formula."

In addition, Gov. Susana Martinez (R-N.M.), a former prosecutor with more than twenty years of experience, issued the following warning about the PSA tool: "Here in New Mexico, we've been working hard to crack down on a catch and release revolving door criminal justice system – a problem that irresponsible interpretations and rules implemented by courts and the Arnold pretrial risk assessment tool have only aggravated. New Mexico implemented this pretrial risk assessment tool to devastating results.

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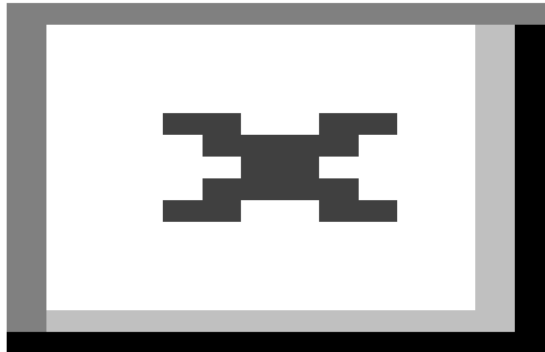
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Delivered Date:	2020/03/06 09:53:15

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CC:	Arbes, Sarah (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=106db0ac70a241a8b1323647c093d9bf-Arbes, Sara>; Morse, Sara (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=eb3a04f7dbde41049bfd10f490d3e178-Morse, Sara>
Subject:	RE: Constituent (b)(6) on Princess Cruise Ship
Date:	2020/03/06 10:24:17
Priority:	Normal
Type:	Note

Noted

We need the overall plan first which is in process

Brett P. Giroir, MD

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

From: Pence, Laura (HHS/ASL) <Laura.Pence@hhs.gov>
Sent: Friday, March 6, 2020 9:48 AM
To: Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>
Cc: Arbes, Sarah (HHS/ASL) <Sarah.Arbes@hhs.gov>; Morse, Sara (HHS/ASL) <Sara.Morse@hhs.gov>
Subject: Fwd: Constituent (b)(6) on Princess Cruise Ship

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Begin forwarded message:

From: "Bergstrom, Ben (Cramer)" <Ben_Bergstrom@cramer.senate.gov>
Date: March 6, 2020 at 9:26:53 AM EST
To: "Pence, Laura (HHS/ASL)" <Laura.Pence@hhs.gov>
Cc: "Chambers, Micah (Cramer)" <Micah_Chambers@cramer.senate.gov>, "Gruman, Mark (Cramer)" <Mark_Gruman@cramer.senate.gov>, "Stverak, Jason (Cramer)" <Jason_Stverak@cramer.senate.gov>
Subject: Constituent (b)(6) on Princess Cruise Ship

Laura,

I'm sure you are receiving a lot of Coronavirus related requests, but I wanted to flag a time sensitive matter for your attention.

(b)(6) is a constituent with (b)(6) who is currently on the Princess Cruise Ship off the coast of San Francisco. (b)(6)

As she states below, the Cruise ship medical team made it sound as if she would be given priority to get off of the ship, but it's unclear if they have any actual say in the matter. Is there anything that can be done for her? Any direction or help you can provide would be much appreciated.

I've copied the message we received regarding her situation below.

Thanks,
Ben

Ben Bergstrom
Legislative Assistant
Senator Kevin Cramer | North Dakota
SR-400 | 202-224-2043

 [cid:image001.png@01D4BE07.6C5B5380](#)  [cid:image002.png@01D4BE07.6C5B5380](#) 
 [cid:image003.png@01D4BE07.6C5B5380](#) [cid:image004.png@01D4BE07.6C5B5380](#)
[Email](#) [Website](#) [vCard](#)

From: Scott Hennen <scotth@flagfamily.com>
Date: March 6, 2020 at 7:14:32 AM EST
To: "Cramer, Kevin (Cramer)" <Batman@cramer.senate.gov>, "Gruman, Mark (Cramer)" <Mark_Gruman@cramer.senate.gov>, "Richards, Randy (Cramer)" <Randy_Richards@cramer.senate.gov>
Subject: Help with CDC?

Good Morning. As if you need any more to do, I wanted to share a story that you may be able to assist with.

(b)(6) need hero help. They are on the now infamous Princess Cruise ship off the coast of California. They live in Grand Forks. (b)(6)
(b)(6) Per below CDC has already given her priority to be taken off the ship.
Any Ideas on how to make it happen?

Her comment here: "I talked to the medical staff... They are going to put my name on a list to try and get me off the ship because the CDC gives me priority... It could or couldn't happen... Basically the ship is not in control at all at this point..."

Story here: Here is more from WDAY TV News tonight ;
<https://www.inforum.com/lifestyle/health/4984821-Grand-Forks-woman-fighting-cancer-husband-trapped-on-cruise-ship-under-coronavirus-quarantine#.XmHDTgj4PfA.facebook>

Thanks.

--

Scott Hennen
Host, What's On Your Mind Radio Show
KFYR, WZFG, KTGO & KLTC
Partner, Flag Family Media
ScottH@FlagFamily.com
855-200-1776 office

(b)(6) cell

With God, All Things Are Possible
Matthew 19:26

Sender:	Giroir, Brett (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A56FCE4755704C4CA031D621B46FD6F7-GIRORI, BRE>
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Subject:	RE: Constituent (b)(6) on Princess Cruise Ship
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Priority:	Normal
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Thank you, CDC has sent this to their cruise ship team so it's on their radar which will hopefully help too

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 200 Independence Avenue, SW
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 Office Phone: 202-690-7694

From: Pence, Laura (HHS/ASL) <Laura.Pence@hhs.gov>
Sent: Friday, March 6, 2020 9:48 AM
To: Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>
Cc: Arbes, Sarah (HHS/ASL) <Sarah.Arbes@hhs.gov>; Morse, Sara (HHS/ASL) <Sara.Morse@hhs.gov>
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SR-400 | 202-224-2043



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[Email](#) [Website](#) [vCard](#)

From: Scott Hennen <scotth@flagfamily.com>
Date: March 6, 2020 at 7:14:32 AM EST
To: "Cramer, Kevin (Cramer)" <Batman@cramer.senate.gov>, "Gruman, Mark (Cramer)" <Mark_Gruman@cramer.senate.gov>, "Richards, Randy (Cramer)" <Randy_Richards@cramer.senate.gov>
Subject: Help with CDC?

Good Morning. As if you need any more to do, I wanted to share a story that you may be able to assist with.

(b)(6) need hero help. They are on the now infamous Princess Cruise ship off the coast of California. They live in Grand Forks (b)(6)

(b)(6)

Per below CDC has already given her priority to be taken off the ship.
Any Ideas on how to make it happen?

Her comment here: "I talked to the medical staff... They are going to put my name on a list to try and get me off the ship because the CDC gives me priority... It could or couldn't happen... Basically the ship is not in control at all at this point..."

Story here: Here is more from WDAY TV News tonight ;

<https://www.inforum.com/lifestyle/health/4984821-Grand-Forks-woman-fighting-cancer-husband-trapped-on-cruise-ship-under-coronavirus-quarantine#.XmHDTgj4PfA.facebook>

Thanks.

--

Scott Hennen

Host, What's On Your Mind Radio Show

KFYR, WZFG, KTGO & KLTC

Partner, Flag Family Media

ScottH@FlagFamily.com

855-200-1776 office

(b)(6) cell

With God, All Things Are Possible

Matthew 19:26

Sender:	Pence, Laura (HHS/ASL) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D1027E80D2334093870FDB436C5576CD-PENCE, LAUR>
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Sent Date:	2020/03/06 10:26:32
Delivered Date:	2020/03/06 10:26:33
Message Flags:	Unread

From:	GHSI Secretariat (PHAC/ASPC) <phac.ghsi.secretariat.aspc@canada.ca>
To:	GHSI Secretariat (PHAC/ASPC) <phac.ghsi.secretariat.aspc@canada.ca>; Gibbons, Tracy (PHAC/ASPC) <tracy.gibbons@canada.ca>; Menard4, Philippe (PHAC/ASPC) <philippe.menard4@canada.ca>; Thornton, Sally (PHAC/ASPC) <sally.thornton@canada.ca>; <John-F.Ryan@ec.europa.eu>; <jerome.salomon@sante.gouv.fr>; <Heiko.Rottmann-Grossner@bmg.bund.de>; <c.damario@sanita.it>; <sahara-yasuyuki@mhlw.go.jp>; <hugo.lopez-gatell@salud.gob.mx>; <clara.swinson@dhsc.gov.uk>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; DOLEA, Carmen Mihaela <doleac@who.int>; Bikinas, Mallory (PHAC/ASPC) <mallory.bikinas@canada.ca>; <wolfgang.philipp@ec.europa.eu>; <agnes-marta.molnar@ec.europa.eu>; <coralie.giese@sante.gouv.fr>; <antoine.schwoerer@sante.gouv.fr>; <juliane.knop@bmg.bund.de>; <f.maraglino@sanita.it>; <karaki-keisuke@mhlw.go.jp>; <okamura-daisukeaa@mhlw.go.jp>; <kikikanre2@docomo.ne.jp>; <sugihara-jun@mhlw.go.jp>; OS Ricardo Cortes </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=287ead51ed2044fca29e05d55703e6dc-Ricardo.Cor>; <Dafne.ruiz@salud.gob.mx>; <kevin.dodds@dhsc.gov.uk>; <john.simpson@phe.gov.uk>; <rosa.manning@dhsc.gov.uk>; Moudy, Robin (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d421d3e0f6474bc3857583cfc5870d69-Moudy, Robi>; Fernandez, Jose (OS/OGA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=21d0317abb9f4d1bb2779f8b95826543-Fernandez,>; Weinberger, Collin (OS/OGA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=641554fc7843407585827af5898d9c26-Weinberger,>; Ayala, Ana (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=80a408be55b14221a42c2b91002d6bf7-Ayala, Ana>; <David.Russell@phe.gov.uk>; <shimazu@hp-emerg.med.osaka-u.ac.jp>; Sokolowski, Danny (HC/SC) <danny.sokolowski@canada.ca>; <HerzogC@rki.de>; <saito.t.aa@niph.go.jp>; Chandrasekera, Ruvani (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=678d9ff8e02d477ab5d0516bd3659a34-Chandraseke>; Gilmour, Matthew (PHAC/ASPC) <matthew.gilmour@canada.ca>; <antonino.dicaro@inmi.it>; Kuschak, Theodore (PHAC/ASPC) <theodore.kuschak@canada.ca>; Coleman, Norman (NIH/NCI) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=89266e4e2fad4eda8f4c160d7f4b426f-norman.cole>; Tewell, Adam (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0172af5d4c93452ea236821fffba4be6-Tewell, Ada>; <Jonathan.VanTam@dhsc.gov.uk>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3df222252ea468f81a70f6124cec7f1-carolyn.gre>; <Schulz-WeidhaasC@rki.de>; <Laura.Woodward@phe.gov.uk>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=855f8ca30adc4a59906fd6647ac8371d-Arthur, Ray>; Hercik, Christine (CDC/DDPHSIS/CGH/DGHP) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7c4600d1d1d14d559338ab4356992c68-christine.h>; Lee, Sumin (PHAC/ASPC) <sumin.lee@canada.ca>; Bayer Dr., Christophe -321 BMG <Christophe.Bayer@bmg.bund.de>; Hitchcock, Joseph <Joseph.Hitchcock@dhsc.gov.uk>;

	Covid-19spoc <Covid-19spoc@dhsc.gov.uk>
CC:	Holtherm Dr., Hans-Ulrich -6 BMG <Hans-Ulrich.Holtherm@bm.bund.de>
Subject:	GHSAG COVID-19 Teleconference
Date:	2020/03/06 10:34:44
Start Date:	2020/03/12 07:00:00
End Date:	2020/03/12 08:00:00
Priority:	Normal
Type:	Appointment
Location:	Telecon. (b)(6)
Attendees:	Gibbons, Tracy (PHAC/ASPC); Menard4, Philippe (PHAC/ASPC); Thornton, Sally (PHAC/ASPC); John-F.Ryan@ec.europa.eu; jerome.salomon@sante.gouv.fr; Heiko.Rottmann-Grossner@bm.bund.de; c.damario@sanita.it; sahara-yasuyuki@mhlw.go.jp; hugo.lopez-gatell@salud.gob.mx; clara.swinson@dhsc.gov.uk; Kadlec, Robert (OS/ASPR/IO); DOLEA, Carmen Mihaela; Bikinas, Mallory (PHAC/ASPC); wolfgang.philipp@ec.europa.eu; agnes-marta.molnar@ec.europa.eu; coralie.giese@sante.gouv.fr; antoine.schwoerer@sante.gouv.fr; juliane.knop@bm.bund.de; f.maraglino@sanita.it; karaki-keisuke@mhlw.go.jp; okamura-daisukeaa@mhlw.go.jp; kikikanre2@docomo.ne.jp; sugihara-jun@mhlw.go.jp; OS Ricardo Cortes; Dafne.ruiz@salud.gob.mx; kevin.dodds@dhsc.gov.uk; john.simpson@phe.gov.uk; rosa.manning@dhsc.gov.uk; Moudy, Robin (OS/ASPR/SPPR); Fernandez, Jose (OS/OGA); Weinberger, Collin (OS/OGA); Ayala, Ana (OS/ASPR/SPPR); David.Russell@phe.gov.uk; shimazu@hp-emerg.med.osaka-u.ac.jp; Sokolowski, Danny (HC/SC); HerzogC@rki.de; saito.t.aa@niph.go.jp; Chandrasekera, Ruvani (OS/ASPR/SPPR); Gilmour, Matthew (PHAC/ASPC); antonino.dicaro@inmi.it; Kuschak, Theodore (PHAC/ASPC); Coleman, Norman (NIH/NCI) [E]; Tewell, Adam (OS/ASPR/SPPR); Jonathan.VanTam@dhsc.gov.uk; Greene, Carolyn M. (CDC/DDID/NCIRD/ID); Schulz-WeidhaasC@rki.de; Laura.Woodward@phe.gov.uk; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP); Hercik, Christine (CDC/DDPHSIS/CGH/DGHP); Lee, Sumin (PHAC/ASPC); Bayer Dr., Christophe -321 BMG; Hitchcock, Joseph; Covid-19spoc; Holtherm Dr., Hans-Ulrich -6 BMG

Dear Senior Officials,

This is a meeting invitation for a **GHSAG teleconference regarding the current COVID-19 outbreak.**

****Update:** Find attached the agenda and a supporting document.

Please also see below information from our colleagues from the United Kingdom and United States regarding supply chain management of PPE.

****2nd Update:** Canada has shared information on supply chain management of PPE – please see below.

Teleconference Details:

International: (b)(6)
Canada and US: (b)(6)
Local (Ottawa): (b)(6)
Code: (b)(6)

Please do not hesitate to contact us should you have any questions or concerns.

Best regards,

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For your reference, please see below additional information from our Canadian, UK and US colleagues regarding **personal protective equipment supply and procurement**. Other members are welcome to share similar updates with the Secretariat, which will be compiled and circulated to the group.

Canada

Canada's approach regarding PPE (e.g. masks, gowns, gloves, sanitizer, disinfectant wipes, and extending to other health system priority products such as swabs, respirators) includes:

Moderating demand

- Providing guidance on appropriate use of PPE – for health workers and for community-based measures.
 - Guidance has been released on: *Standard infection prevention and control precautions and Interim guidance for acute healthcare settings*.
 - Guidance on *The use of public health measures to mitigate the spread of coronavirus disease* is also available, which outlines community measures including appropriate use of PPE.
- Occupational Health and Safety Guidelines are being developed for federal employees – including those providing services directly to the public.
- Emphasizing compliance with guidelines and good stewardship principles in communications with stakeholders including critical infrastructure partners.

Monitoring, assessing, influencing supply & facilitating procurement

- Working with provinces and territories:
 - The Public Health Agency of Canada (PHAC) manages the National Emergency Strategic Stockpile (NESS), focussed on health care/health system needs and providing surge capacity for provinces and territories. Provinces and territories manage their own supplies and stockpiles. However, in a pandemic we work collaboratively to: identify shortages and options for resolution; coordinate collaborative (bulk) procurement; and identify alternative products and suppliers.
 - The federal/provincial/territorial (FPT) Special Advisory Committee activated the FPT Logistics Advisory Committee on February 20th. The mandate is to: assess gaps in stockpiles; collaborate on procurement and analysis of supply options; and develop principles for allocation of scarce resources.
 - PHAC is leading work with interested provinces and territories, and is preparing the first collaborative (bulk) procurement for mid-March. Ontario, Yukon, Northwest Territories, Nunavut, Manitoba, Newfoundland and Labrador will participate.
 - These orders will leverage Government standing offers, and provide a good sense of capacity of traditional suppliers.
- Supply/supply chain monitoring, assessment, identification of alternative products/suppliers:
 - An initial analysis of key PPE was conducted, focussing on domestic supply/capacity. Analysis found no domestic manufacturing capability for the recommended N95 masks. Domestic capacity was identified regarding swabs/testing

kits, isolation/surgical gowns, hand sanitizer and cleaning wipes. Most producers have some global supply chain dependency.

- Next steps are to identify promising options for domestic supply – alternative products and potential private sector arrangements to support domestic production.
- Collaborative approaches with international partners:
 - Continued/ongoing discussions with WHO, GHSI, G7 and NAPAPI (US & Mexico) to maintain situational awareness globally, inform guidance and actions, and potentially identify areas for collaborative procurement.

Communications

- A strategic communications approach for health care workers, front line workers, and Canadians is essential. Critical messages include: hand hygiene, social distancing, respiratory etiquette, and appropriate use of PPEs (i.e. healthy people should not wear masks).
- Collaborative work with producers/suppliers to promote messaging concerning appropriate and safe use of PPE.

United Kingdom:

- The Department of Health is working closely with suppliers to understand the current and potential impact on supply chains. At present suppliers of some PPE products are reporting both constrained supply and increased demand. Suppliers of all other medical supplies are telling us that their business continuity arrangements are proving adequate for the time being.
- We initially contacted suppliers with a Wuhan/Hubei touchpoint and have now contacted all suppliers with a Chinese touchpoint. No immediate concerns have been reported, though some suppliers are worried about the impact that any longer term disruption might have. We are conducting a more detailed product assessment with these suppliers. We are also requesting suppliers conduct further analysis of global supply chains.
- We have asked suppliers to conduct risk assessments of their global supply chains and inform the Department of the output of those assessments.
- We have evidence of increased demand from some areas of the health and social care system.

United States:

The U.S. is working with partners across the global supply chain to evaluate and respond to reported shortages in personal protective equipment (PPE), particularly N95 respirators. On respiratory protective devices specifically, the U.S. is currently pursuing four courses of action (subject to change pending developments):

- **Buy more, make more:** Guaranteed government purchases with delayed delivery to increase manufacturing capacity. This can help to overcome risks of cancelled orders, etc. Goal is to make more N95s domestically and investigate if other types of manufacturing could also made.

- **Prioritize healthcare, and divert as appropriate from others:** Prioritize n95s for healthcare workers and first responders, and divert from others as appropriate. This is a complex issue, and work is ongoing on identifying mechanisms and potential needs.
- **Modify guidance and conserve:** Guiding healthcare organizations to plan for increased demand and decreased supply of personal protective equipment, using existing preparedness plans plus knowledge about current PPE inventory, ability of vendors to fill orders, and local conditions as they pertain to COVID-19. CDC offers strategies for the healthcare setting on how to [optimize supplies of N95 respirators](#) in the face of decreasing supply. Three general surge capacity strategies have been developed to prioritize measures to conserve N95 respirator supplies along the continuum of care, with a [checklist](#) to help facilities prioritize strategy implementation.
 - **Conventional capacity strategies** consist of providing patient care without changing daily practices such as using engineering controls, administrative controls, and the use of PPE. The controls should already be implemented in general infection prevention and control plans.
 - **Contingency capacity strategies** use conventional capacity strategies while also conserving N95 respirators by extending the use, limited re-use, and the use of respirators beyond their designated shelf life where health care professionals are not exposed to pathogens.
 - **Crisis capacity strategies** accompany and build on conventional and contingency capacity strategies. When N95 supplies are running low strategies for conservation include using N95 and other respirators beyond designated shelf life for healthcare delivery, use of respirators under standards used by other countries, limited re-use for COVID-19 patients, and prioritize the use of respirators and facemasks by activity type.
- **Communication strategy for effected industry, healthcare, public for the conservation of n95s:** Focused on whole-of-nation approach to implement the courses of action, highlighting that no one entity is capable of accomplishing the mission alone and that it will require work across government at all levels, across all industries, associations, non-profits and the public. Also focused on messaging that the public should NOT be using N95 respirators, and that it is essential that these are conserved for healthcare workers.

Sender:	GHSI Secretariat (PHAC/ASPC) <phac.ghsi.secretariat.aspc@canada.ca>
Recipient:	GHSI Secretariat (PHAC/ASPC) <phac.ghsi.secretariat.aspc@canada.ca>; Gibbons, Tracy (PHAC/ASPC) <tracy.gibbons@canada.ca>; Menard4, Philippe (PHAC/ASPC) <philippe.menard4@canada.ca>; Thornton, Sally (PHAC/ASPC) <sally.thornton@canada.ca>; <John-F.Ryan@ec.europa.eu>; <jerome.salomon@sante.gouv.fr>; <Heiko.Rottmann-Grossner@bmg.bund.de>; <c.damario@sanita.it>; <sahara-yasuyuki@mhlw.go.jp>; <hugo.lopez-gatell@salud.gob.mx>; <clara.swinson@dhsc.gov.uk>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; DOLEA, Carmen Mihaela <doleac@who.int>; Bikinas, Mallory (PHAC/ASPC) <mallory.bikinas@canada.ca>; <wolfgang.philipp@ec.europa.eu>; <agnes-marta.molnar@ec.europa.eu>; <coralie.giese@sante.gouv.fr>; <antoine.schwoerer@sante.gouv.fr>; <juliane.knop@bmg.bund.de>;

<f.maraglino@sanita.it>;
 <karaki-keisuke@mhlw.go.jp>;
 <okamura-daisukeaa@mhlw.go.jp>;
 <kikikanre2@docomo.ne.jp>;
 <sugihara-jun@mhlw.go.jp>;
 OS Ricardo Cortes </o=ExchangeLabs/ou=Exchange Administrative Group
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 <Dafne.ruiz@salud.gob.mx>;
 <kevin.dodds@dhsc.gov.uk>;
 <john.simpson@phe.gov.uk>;
 <rosa.manning@dhsc.gov.uk>;
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 Sokolowski, Danny (HC/SC) <danny.sokolowski@canada.ca>;
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 <saito.t.aa@niph.go.jp>;
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 <antonino.dicaro@inmi.it>;
 Kuschak, Theodore (PHAC/ASPC) <theodore.kuschak@canada.ca>;
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 Lee, Sumin (PHAC/ASPC) <sumin.lee@canada.ca>;
 Bayer Dr., Christophe -321 BMG <Christophe.Bayer@bmg.bund.de>;
 Hitchcock, Joseph <Joseph.Hitchcock@dhsc.gov.uk>;
 Covid-19spoc <Covid-19spoc@dhsc.gov.uk>;
 Holtherm Dr., Hans-Ulrich -6 BMG <Hans-Ulrich.Holtherm@bmg.bund.de>

Sent Date: 2020/03/06 10:34:44

From:	Tom Geier <tgeier@mmm.com>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
CC:	Andrea Hechavarria <ahechavarria@mmm.com>; Wolf, Laura (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userb232d38c>
Subject:	possible joint statement by Dr. Kadlec and Dr. Hahn re: Need for PREP Act "fix" (relative to EUA)
Date:	2020/03/06 10:44:50
Priority:	Normal
Type:	Note

Hi Dr. Kadlec –

As a follow-up to our conversation this morning, attached is the type of DRAFT statement from both you and Dr. Hahn that would be very helpful for providing clarity on the PREP Act issue (relative to the EUA).

Specifically, to address the concerns that we've repeatedly heard on the Hill over the past four days regarding the impact of the recent EUA (with many offices thinking this "solved" the liability issue) – and to ensure there is no longer any question on the Hill regarding the position of both ASPR and FDA on the need to "fix" the PREP Act statute to remove the ambiguity on this issue – below and attached is the type of joint statement that could make a HUGE difference (with ISEA being able to disseminate it broadly during the ongoing discussions on the issue, even as it is sent to the media). Not only would this demonstrate the unified support of ASPR and FDA for a legislative fix, but it would also prevent a lot of back and forth calls from the Hill to both your office and FDA to see what your positions are (while ensuring there is no miscommunication depending on which staffer takes the call!).

In addition, this statement would address the benefits of such a narrow, targeted fix for both COVID-19 and potential, future public health emergencies (which is one of the false criticisms of the current legislative proposals, since the bill has been narrowed down considerably from its first iterations to the current focus on only NIOSH-certified respirators) – and highlight the fact that the PREP Act protects not only manufacturers, but also distributors, hospitals, state and local governments, etc. who administer and disseminate countermeasures.

Thank you for your interest in this approach!

Best regards, Tom

NEED FOR PREP ACT LEGISLATION PERTAINING TO RESPIRATORY PROTECTION

Joint Statement of

Robert Kadlec, M.D., Assistant Secretary for Preparedness and Response (ASPR)

Stephen Hahn, M.D., Commissioner, US Food and Drug Administration (FDA)

"Independent of the recent EUA that was issued by the FDA relative to NIOSH-approved respirators, it is critical that Congress expeditiously adopt legislation to ensure all NIOSH-approved respirators are

unambiguously eligible for PREP Act protection during the current COVID-19 outbreak and during any future, potential public health emergency.

Such legislation will ensure hospitals and healthcare providers are confident in the efficacy and appropriateness of utilizing all appropriate NIOSH-approved respirators in a manner consistent with CDC guidance, which – in turn – will ensure the ongoing availability of critically needed surgical N95 respirators when and where needed.

Furthermore, by removing the current uncertainties and ambiguities in the statute, any potential suppliers of such respirators will be encouraged to do so, even as respiratory manufacturers and distributors – and the hospitals, state and local governments, and other entities involved in the administration and dispensing of NIOSH-approved respirators – receive the same PREP Act protections as is unambiguously provided for drugs, biological products, and devices in current law.

Ensuring all appropriate countermeasures are readily supplied and available for deployment is essential for protecting public health, and this narrow, targeted clarification to the PREP Act will provide critically needed assistance in this effort during public health emergencies.”



Tom Geier | Head of Federal Government Affairs

3M Government Affairs

1425 K Street NW, Suite 300 | Washington, DC 20005-3565 | United States

Office: 202-414-3003 | Fax: 202-414-3038

tgeier@mmm.com



Sender:	Tom Geier <tgeier@mmm.com>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Andrea Hechavarria <ahechavarria@mmm.com>; Wolf, Laura (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userb232d38c>
Sent Date:	2020/03/06 10:41:06
Delivered Date:	2020/03/06 10:44:50

From:	Oxner, Julie (OS/ASPR/OEA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F96241C6A5F8401A9A218C259F2E614A-OXNER, JULI>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Ford-Barnes, Arwenithia (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d533abc24cbe44b79f6fddc6b08737a6-Ford-Barnes>; Wolf, Laura (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userb232d38c>
CC:	Waters, Cicely (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00e638c4ddf64006bcc009e8032dd700-Waters, Cic>
Subject:	FW: possible joint statement by Dr. Kadlec and Dr. Hahn??
Date:	2020/03/06 10:48:13
Priority:	Normal
Type:	Note

Good morning,

(b)(5)

Julie

From: Oxner, Julie (OS/ASPR/OEA)
Sent: Friday, March 6, 2020 10:46 AM
To: Pence, Laura (HHS/ASL) <Laura.Pence@hhs.gov>; Arbes, Sarah (HHS/ASL) <Sarah.Arbes@hhs.gov>
Cc: Waters, Cicely (OS/ASPR/OEA) <Cicely.Waters@hhs.gov>
Subject: FW: possible joint statement by Dr. Kadlec and Dr. Hahn??

Good morning,

(b)(5)

Julie

From: "Tom Geier" <tgeier@mmm.com>
Subject: possible joint statement by Dr. Kadlec and Dr. Hahn??
Date: 05 March 2020 23:38
To: "Wolf, Laura (OS/ASPR/SIIM)" <Laura.Wolf@hhs.gov>
Cc: "Andrea Hechavarria" <ahechavarria@mmm.com>

Hi Laura!

To address concerns that we've heard on the Hill regarding the impact of the recent EUA (with many offices thinking this "solved" the liability issue) – and to ensure there is no longer any question on the Hill regarding the position of both ASPR and FDA on the need to "fix" the PREP Act statute to remove any ambiguity on this issue – I was wondering if it might be possible for Dr. Kadlec and Dr. Hahn to issue a joint statement on this issue?

Specifically, attached and below is the type of statement that I think would make a HUGE difference on the Hill (with ISEA being able to disseminate it broadly during the ongoing discussions on the issue), as it would demonstrate the unified support of ASPR and FDA for a legislative fix – and also prevent a lot of back and forth calls from the Hill to both your office and FDA to see what your position are!

In addition, it also addresses the benefits of such a narrow, targeted fix for both COVID-19 and potential, future public health emergencies – and highlights the fact that the PREP Act protects not only manufacturers, but also distributors, hospitals, state and local governments, etc. who administer and disseminate countermeasures. [At the same time, it would also ensure there is no miscommunication depending on who takes the call in the respective agencies!]

Though I'm sure getting a joint statement isn't easy, please let me know your thoughts!
Thank you! Tom



Tom Geier | Head of Federal Government Affairs

3M Government Affairs

1425 K Street NW, Suite 300 | Washington, DC 2005-3565 | United States

Office: 202-414-3003 | Fax: 202-414-3038

tgeier@mmm.com



NEED FOR PREP ACT LEGISLATION PERTAINING TO RESPIRATORY PROTECTION

Joint Statement of

Robert Kadlec, M.D., Assistant Secretary for Preparedness and Response (ASPR)

Stephen Hahn, M.D., Commissioner, US Food and Drug Administration (FDA)

It is critical that Congress expeditiously adopt legislation to ensure all NIOSH-approved respirators are unambiguously eligible for PREP Act protection during the current COVID-19 outbreak and during any future, potential public health emergency.

Such legislation will ensure hospitals and healthcare providers are confident in the efficacy and appropriateness of utilizing all appropriate NIOSH-approved respirators in a manner consistent with CDC guidance, which – in turn – will ensure the ongoing availability of critically needed surgical N95 respirators when and where needed.

Furthermore, by removing the current uncertainties and ambiguities in the statute, any potential suppliers of such respirators will be encouraged to do so, even as respiratory manufacturers and distributors – and the hospitals, state and local governments, and other entities involved in the administration and dispensing of NIOSH-approved respirators – receive the same PREP Act protections as is unambiguously provided for drugs, biological products, and devices in current law.

Ensuring all appropriate countermeasures are readily supplied and available for deployment is essential for protecting public health, and this narrow, targeted addition to the PREP Act will provide critically needed assistance in this effort during public health emergencies

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Recipient:	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>; Ford-Barnes, Arwenethia (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d533abc24cbe44b79f6fddc6b08737a6-Ford-Barnes>; Wolf, Laura (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userb232d38c>; Waters, Cicely (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00e638c4ddf64006bcc009e8032dd700-Waters, Cic>
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Delivered Date:	2020/03/06 10:48:13

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To:	Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>
CC:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	Re: WH in-town pool report #5/ More details of POTUS remarks at coronavirus bill signing
Date:	2020/03/06 10:50:44
Priority:	Normal
Type:	Note

Copy

Pre decisional/deliberative

Sent from my iPhone

On Mar 6, 2020, at 10:39 AM, Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>wrote:

(b)(5)

Brett P. Giroir, MD

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

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

Sent: Friday, March 6, 2020 10:36 AM

To: Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>

Subject: Fwd: WH in-town pool report #5/ More details of POTUS remarks at coronavirus bill signing

Azar told reporters: "I just want to make it clear that in terms of tests, we have provided all the tests to the state of Washington and the state of California that they've asked for. The production and shipping of tests that we've talked about all week is completely on schedule."

"All of the CDC tests, the tests that are available to test up to 75,000 people, CDC has shipped to America's public health labs. Those are out. Then IDT, the private contractor working with CDC to ship to the private sector and hospitals, has already shipped enough tests for 700,000 tests.

"And the remaining lots are arriving at CDC this morning for quality control and should get out as we forecast this weekend and then next week we'll keep ramping up production. So as many as 4 million tests next week are going to be driving forward. So everything is on schedule for the testing."

Sent from my iPhone

Begin forwarded message:

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

Date: March 6, 2020 at 10:07:12 AM EST

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

Subject: WH in-town pool report #5/ More details of POTUS remarks at coronavirus bill signing

Reply-To: White House Press Office <info@mail.whitehouse.gov>

From: David Smith <david.smith@theguardian.com>

Sent: Friday, March 6, 2020 9:57 AM

Subject: WH in-town pool report #5/ More details of POTUS remarks at coronavirus bill signing

POTUS entered the Diplomatic Room at 8.54am, wearing black bomber jacket, white shirt with unbuttoned collar and no tie, and khakis, accompanied by Health Secretary Alex Azar. POTUS sat down at a desk that had the presidential seal.

He said: "We're going to Tennessee to meet the governor and a lot of people. Some of you are coming along, I assume, is that right? So we're signing the 8.3 billion. I asked for two and a half and I got 8.3 and I'll take it."

He signed the congressional emergency supplemental spending bill to contain the spread of the coronavirus. He held the bill up for the cameras, which clicked and flashed.

"So here we are, 8.3 billion. We're doing very well. But it's an unforeseen problem, not a problem. Came out of nowhere but we're taking care of it.

"We have big news on the ship. A lot of things are happening on the ship. People are being tested right now and I just spoke to the governor of California, Gavin Newsom. We had a good conversation, we're both working on the ship together. It's close to 5,000 people, so big ship. We're doing testing on those people. OK."

POTUS asked for other papers and they were brought to him. He signed them. POTUS asked Azar: "Do you have anything to say to the press?"

Azar told reporters: "I just want to make it clear that in terms of tests, we have provided all the tests to the state of Washington and the state of California that they've asked for. The production and shipping of tests that we've talked about all week is completely on schedule.

"All of the CDC tests, the tests that are available to test up to 75,000 people, CDC has shipped to America's public health labs. Those are out. Then IDT, the private contractor working with CDC to ship to the private sector and hospitals, has already shipped enough tests for 700,000 tests.

"And the remaining lots are arriving at CDC this morning for quality control and should get out as we forecast this weekend and then next week we'll keep ramping up production. So as many as 4 million tests next week are going to be driving forward. So everything is on schedule for the testing."

More to follow.

--

David Smith

Washington bureau chief

Guardian News &Media

+1 202 517 8909

+1 646 935 9047

david.smith@theguardian.com

twitter: @SmithInAmerica



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Recipient:	Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Sent Date:	2020/03/06 10:50:43
Delivered Date:	2020/03/06 10:50:44

From:	Robert Levitt (b)(6)@hotmail.com>
To:	Robert Levitt (b)(6)@hotmail.com>
Subject:	Dr. Levitt's COVID-19 Update Morning Edition 6 March 2020
Date:	2020/03/06 11:01:03
Priority:	Normal
Type:	Note

Dear All,

Below is a summary of my most recent reading on COVID-19:

Compound Interest has an article on sanitizers which are effective against SARS-CoV-2. The sanitizer should be alcohol based with an alcohol percentage between 60% and 95%. Wash hands with 3 ml for 20 seconds to kill the Wuhan virus. Alcohol works because the Wuhan virus is an enveloped RNA virus, and alcohol destroys its envelope. See:

https://www.compoundchem.com/2020/03/04/hand-sanitisers/?utm_source=Nature+Briefing&utm_campaign=e44050dc5e-briefing-dy-20200305&utm_medium=email&utm_term=0_c9dfd39373-e44050dc5e-42078415

Becker's... reports that Public Citizen has filed a letter with the FDA to learn the name of the product involved in diagnosis or treatment of COVID-19 that the vendor has run short of. See: https://www.beckershospitalreview.com/pharmacy/public-citizen-slams-the-fda-for-not-identifying-drug-in-coronavirus-related-shortage.html?origin=PharmacyE&utm_source=PharmacyE&utm_medium=email&oly_enc_id=0573J6191345F30

Withholding the drug's name and manufacturer is legal. But this would not be legal if the President declared a public health emergency.

President Trump signed the **\$8.3 Billion bill** from Congress to fight COVID-19. See: <https://protect2.fireeye.com/url?k=a2a78cff-fef2852f-a2a7bdc0-0cc47a6a52de-68456ce155b8a62e&u=https://www.hotsr.com/news/2020/mar/06/sweeping-senate-vote-sends-trump-8-3b-b/>

This is a good bill from Congress. **Read Sen. Cantwell's and Rep. DeLauro's comments about the really good parts of the bill.**

Now is the time for **President Trump and President Xi to jointly sponsor a X Prize of \$1 Billion** for the first safe human Wuhan virus vaccine within 3 months + \$25 Million in seed money for the top 20 labs working on a vaccine. Labs to be chosen by Dr. Fauci.

WSJ has published this morning an Ed/Op by former chair of the WH Council of Economic Advisors calling for a **Stimulus Bill for the novel coronavirus**: <https://www.wsj.com/articles/the-case-for-a-big-coronavirus-stimulus-11583448500>

I support this idea, as I expect the Fed Chairman does from his comments earlier this week when he announced the interest rate drop.

More later,
RGL, M.D.

If you wish to unsubscribe to this email service, please contact Dr. Robert Levitt at levittrg@hotmail.com and include in the subject line: Unsubscribe.

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Sender:	Robert Levitt <(b)(6)@hotmail.com>
Recipient:	Robert Levitt <(b)(6)@hotmail.com>
Sent Date:	2020/03/06 11:00:25
Delivered Date:	2020/03/06 11:01:03
Message Flags:	Unread

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Subject:	RE: Draft grid
Date:	2020/03/06 11:33:35
Priority:	Normal
Type:	Note

done

Arwenthia Ford-Barnes

Executive Assistant to the ASPR | *Dr. Robert Kadlec*

Office: (202) 205-8905 Mobile: (b)(6)

Email: Arwenthia.FordBarnes@hhs.gov



cid:image001.jpg@01D25524.FE41BB70

While others rest...we 'ASPR' are fighting the mission...

From: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Sent: Friday, March 6, 2020 11:25 AM
To: Ford-Barnes, Arwenthia (OS/ASPR/IO) <Arwenthia.FordBarnes@hhs.gov>
Subject: Fwd: Draft grid

Please print ASAP 5 copies

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Begin forwarded message:

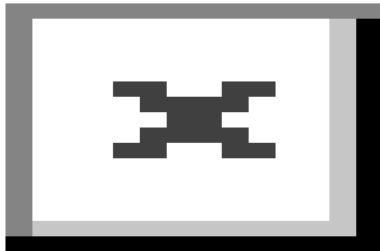
From: "Burke, William (CarnCorp)" <WBurke@carnival.com>
Date: March 6, 2020 at 10:15:10 AM EST
To: "'Kadlec, Robert (OS/ASPR/IO)'" <Robert.Kadlec@hhs.gov>
Subject: Draft grid

Bob,

Please see the following. Easier on a computer.

Bill

CDC	Criteria	Aircraft standard	Current C
-----	----------	-------------------	-----------

category			risk asses Grand Pr
High risk	Living in the same household as, being an intimate partner of, or providing care in a nonhealthcare setting (such as a home) for a person with symptomatic laboratory-confirmed COVID-19 infection <i>without using recommended precautions</i> for <u>home care</u> and <u>home isolation</u>	N/A	CDC initia • • - o - c - p • •
Medium risk	Close contact with a person with symptomatic laboratory-confirmed COVID-19 Close contact is defined as: a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting	On an aircraft, being seated within 6 feet (two meters) of a traveler with symptomatic laboratory-confirmed COVID-19 infection; this distance correlates approximately with 2 seats in each direction  cid:image001.jpg@01D5F329.AD14FC20	CDC initia • •

	area or room with a COVID-19 case – or – b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)		
Low risk	Was the person in the same indoor environment as a case for a prolonged period but did not meet the definition of close contact (e.g., in the same classroom or same hospital waiting room)?	On an aircraft, being seated within two rows of a traveler with symptomatic laboratory-confirmed COVID-19 but not within 6 feet (2 meters) (<u>refer to graphic above</u>) AND not having any exposures that meet a medium- or a high-risk definition (<u>refer to graphic above</u>) US-based crew members who are on layovers in countries with sustained (community or widespread) transmission should limit their activities in public and their interactions with local populations and practice social distancing while in those countries. Crew members who follow these recommendations, and who have no known exposure to persons with COVID-19, are assessed as low risk. These crew members should self-monitor for 14 days after their layovers under the supervision of the air carrier’s occupational health program. These crew members have no movement restrictions while in the United States and may continue to work on passenger or cargo flights as long as they remain asymptomatic	CDC initial N/A
No identifiable risk	Interactions with a person with symptomatic laboratory-confirmed COVID-19 infection that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.	Interactions with a person with symptomatic laboratory-confirmed COVID-19 infection that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.	CDC initial N/A

Sender: Ford-Barnes, Arwenitha (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D533ABC24CBE44B79F6FDDC6B08737A6-FORD-

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To:	AMA2 (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c145629cc8ac4858bf1f0ce5dd0461dc-AMA2!>
Subject:	Kennedy, Upton pressure CMS on Medicaid telehealth coverage during coronavirus outbreak
Date:	2020/03/06 12:06:42
Priority:	Normal
Type:	Note

Kennedy, Upton pressure CMS on Medicaid telehealth coverage during coronavirus outbreak

By Mohana Ravindranath

03/06/2020 12:05 PM EST

Reps. Joe Kennedy of Massachusetts and Fred Upton of Michigan are urging CMS to push states to cover virtual care during the coronavirus outbreak, according to a letter shared with POLITICO.

The \$8.3 billion coronavirus emergency funding package allows HHS secretary Alex Azar to waive reimbursement restrictions on telehealth for Medicare patients. But Medicaid and Children's Health Insurance Program benefits vary by state.

States are authorized to cover telehealth services, according to CMS. But not all states have done so, the lawmakers wrote to administrator Seema Verma. They urged CMS to encourage every state to cover virtual care.

It's essential that "the ability to perform telemedicine services does not reset solely with Medicare" during the coronavirus outbreak, they wrote.

HHS officials have promoted telehealth as a way to treat lower-risk patients at home, minimizing exposure to the virus and reserving in-person treatment for those who need it most.

Lawmakers and telemedicine advocates had advocated for a broader telehealth measure in the emergency funding package that would have let Azar waive Medicare payment restrictions in all public health or national emergencies — not just coronavirus.

The provision that made it into the package only applies to the coronavirus emergency and is limited to clinicians who have preexisting relationships with patients; telemedicine advocates are still pushing for broader coverage.

To view online:

<https://protect2.fireeye.com/url?k=e28b77d3-bede7ec0-e28b46ec-0cc47adb5650-67f9ef4ab32ae6a5&u=https://subscriber.politicopro.com/ehealth/whiteboard/2020/03/kennedy->

[upton-pressure-cms-on-medicaid-telehealth-coverage-during-coronavirus-outbreak-3977442](#)

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Delivered Date:	2020/03/06 12:06:42

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: Grand Princess Cruise Ship with potential COVID-19, California, CA (Update #4)
Date:	2020/03/06 12:18:20
Priority:	Normal
Type:	Note

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Good afternoon Dr. Kadlec,

BLUF: The Grand Princess Cruise ship has a number of positive COVID-19 cases. Activities to be implemented for the upcoming response include: quarantine, initial screening, transition, logistics and wrap around services, lodging, PPE and the use of PPE. For HHS next steps, please see attached draft document.

- Ships Manifest:
 - 3,544 passengers
 - 700+ California residents
 - 1,270 non-California residents
 - 452 non-U.S. citizens
 - 231 Canadian citizens
 - 113 U.K. citizens
- A total of 46 persons have been swabbed
 - 21 symptomatic passengers tested positive for COVID-19
 - 24 symptomatic passengers tested negative for COVID-19
 - 1 passenger inconclusive

The SOC will continue to monitor this incident and report as needed. *This notification is limited distribution and is intended for HHS Senior Leadership Only. **DO NOT FORWARD.** This notification was sent to the COVID-19 Senior Leadership distribution list.*

Very Respectfully,

Secretary's Operations Center

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



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Delivered Date:	2020/03/06 12:18:20
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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: Grand Princess Cruise Ship with potential COVID-19, California, CA (Update #4)
Date:	2020/03/06 12:18:19
Priority:	Normal
Type:	Note

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Good afternoon Dr. Kadlec,

BLUF: The Grand Princess Cruise ship has a number of positive COVID-19 cases. Activities to be implemented for the upcoming response include: quarantine, initial screening, transition, logistics and wrap around services, lodging, PPE and the use of PPE. For HHS next steps, please see attached draft document.

- Ships Manifest:
 - 3,544 passengers
 - 700+ California residents
 - 1,270 non-California residents
 - 452 non-U.S. citizens
 - 231 Canadian citizens
 - 113 U.K. citizens
- A total of 46 persons have been swabbed
 - 21 symptomatic passengers tested positive for COVID-19
 - 24 symptomatic passengers tested negative for COVID-19
 - 1 passenger inconclusive

The SOC will continue to monitor this incident and report as needed. *This notification is limited distribution and is intended for HHS Senior Leadership Only. **DO NOT FORWARD.** This notification was sent to the COVID-19 Senior Leadership distribution list.*

Very Respectfully,

Secretary's Operations Center

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



cid:image001.jpg@01D5F26A.B3B50DA0

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Recipient:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Sent Date:	2020/03/06 12:18:11
Delivered Date:	2020/03/06 12:18:19
Message Flags:	Unread

From:	Haynes, Benjamin (CDC/OD/OADC) <fxq2@cdc.gov>
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.(FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Heck, Mia (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=70dbe2065d644b8dadbfa56c5d63553d-Heck, Mia>
CC:	Wright, Janet (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=41f672e2527b4f44891fb4fbe08cdfd-Wright, Jan>; Migliaccio-Grabill, Kate (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f902e34652a84a61ac85adaa853d80f6-Migliaccio,>; Channer, Amber (OS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b74c322c69df44669a06155edd78c7fa-Channer, Am>; Sherman, Jennifer (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f30fe7fae664419fa654b20edccb1e78-Sherman, Je>; Anderson-Villaluz, Dennis (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=61dfc265c6ce45f686ad00f9dfd27901-Anderson-Vi>; Dulaigh, Joel (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02b15e96dc484db29682c1d336e63441-Dulaigh, Jo>
Subject:	Re: Materials to review before 10AM
Date:	2020/03/06 12:33:46
Priority:	Normal
Type:	Note

Numbers are updated:

164 total cases in US. 110 of those are not linked to travel to affected areas which means that state and local public health officials are still investigating how these people were infected. These sharp increases in numbers can be attributed to states being able to test and identify cases in their communities.

Benjamin Haynes
News Media Branch
404-451-4039

From: Haynes, Benjamin (CDC/OD/OADC) <fxq2@cdc.gov>

Sent: Friday, March 6, 2020 6:35 AM

To: Adams, Jerome (HHS/OASH); Heck, Mia (HHS/OASH)

Cc: Wright, Janet (HHS/OASH); Migliaccio-Grabill, Kate (HHS/OASH); Channer, Amber (OS/OASH); Sherman, Jennifer (HHS/OASH); Anderson-Villaluz, Dennis (HHS/OASH); Dulaigh, Joel (HHS/OASH)

Subject: Re: Materials to review before 10AM

Dr Adams:

On the community spread number I would use this for the first bullet:

There is significant number cases in the US that are not linked to travel to affected areas which means that state and local public health officials are still investigating how these people were infected. CDC will be updating numbers this morning, but as of last night there were almost 50 cases in this category.

I will send an updated bullet once they have verified the new numbers, I think it's a significant jump though.

Benjamin Haynes
News Media Branch

404-451-4039

From: Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>

Sent: Friday, March 6, 2020 2:10 AM

To: Heck, Mia (HHS/OASH)

Cc: Wright, Janet (HHS/OASH); Migliaccio-Grabill, Kate (HHS/OASH); Channer, Amber (OS/OASH); Haynes, Benjamin (CDC/OD/OADC); Sherman, Jennifer (HHS/OASH); Anderson-Villaluz, Dennis (HHS/OASH); Dulaigh, Joel (HHS/OASH)

Subject: Re: Materials to review before 10AM

Thanks!

VADM Jerome Adams
20th US Surgeon General

On Mar 5, 2020, at 11:45 PM, Heck, Mia (HHS/OASH) <Mia.Heck@hhs.gov> wrote:

Dr. Adams:

Below are some materials to review before Greta tomorrow (Friday) at 10:00 AM. Per Ben (cc'd) our CDC colleague let us know if you'd like more direct language to deliver the message with.

(b)(5)

- CDC measures/actions
- Community spread cases
- Containment measures
- Testing kit
- Public health directives

Scroll down for talking points:

Begin forwarded message:

From: "Haynes, Benjamin (CDC/OD/OADC)" <fxq2@cdc.gov>

Date: March 5, 2020 at 11:22:56 PM EST

To: "Heck, Mia (HHS/OASH)" <Mia.Heck@hhs.gov>

Cc: "Migliaccio-Grabill, Kate (HHS/OASH)" <Kate.Migliaccio-Grabill@hhs.gov>

Subject: RE: Connections

(b)(5)

(b)(5)

(b)(5)

From: Heck, Mia (HHS/OASH) <Mia.Heck@hhs.gov>
Sent: Thursday, March 5, 2020 10:07 PM
To: Haynes, Benjamin (CDC/OD/OADC) <fxq2@cdc.gov>
Cc: Migliaccio-Grabill, Kate (HHS/OASH) <Kate.Migliaccio-Grabill@hhs.gov>
Subject: Re: Connections

Hi Ben!

Thank you for responding so quickly. Dr. Adams is doing a taped interview with Greta tomorrow at 10am at CDC studio - his flight departs DC early AM. These are the topics Greta's team sent over to prep:

- CDC measures/actions
- Community spread cases
- Containment measures
- Testing kits
- Public health directives

I requested some top line on testing kits which we are supposed to get but we haven't received yet. If you have anything for the SG to review on his flight I would appreciate it; he will defer to CDC but doesn't want to deflect too much.

Thank you again for reaching out so quickly and thank you in advance for anything you might be able to provide.

Mia

Sent from my iPhone

On Mar 5, 2020, at 9:39 PM, Haynes, Benjamin (CDC/OD/OADC) <fxq2@cdc.gov>wrote:

Hi Mia,

Shoot me your topics and I will get you some bullets. Depending on his schedule we may have to update once or twice

Benjamin Haynes
News Media Branch
404-451-4039

From: Migliaccio-Grabill, Kate (HHS/OASH) <Kate.Migliaccio-Grabill@hhs.gov>
Sent: Thursday, March 5, 2020 6:33:44 PM
To: Heck, Mia (HHS/OASH) <Mia.Heck@hhs.gov>; Haynes, Benjamin (CDC/OD/OADC) <fxq2@cdc.gov>
Subject: Connections

Hi Mia,

Connecting with you Ben who will be able to help. He said we should be getting several updates throughout the day for talkers.

Kate

Sender:	Haynes, Benjamin (CDC/OD/OADC) < fxq2@cdc.gov >
Recipient:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Heck, Mia (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=70dbe2065d644b8dadbf56c5d63553d-Heck, Mia>; Wright, Janet (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=41f672e2527b4f44891fb4f8e08cdfd-Wright, Jan>; Migliaccio-Grabill, Kate (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f902e34652a84a61ac85adaa853d80f6-Migliaccio,>; Channer, Amber (OS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b74c322c69df44669a06155edd78c7fa-Channer, Am>; Sherman, Jennifer (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f30fe7fae664419fa654b20edccb1e78-Sherman, Je>; Anderson-Villaluz, Dennis (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=61dfc265c6ce45f686ad00f9dfd27901-Anderson-Vi>; Dulaigh, Joel (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02b15e96dc484db29682c1d336e63441-Dulaigh, Jo>
Sent Date:	2020/03/06 12:33:11
Delivered Date:	2020/03/06 12:33:46

Message Flags: Unread

From:	Harrison, Brian (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D145EFC9C35C4865ACA6E9D47786B204-HARRISON, B>
To:	Parker, Jim (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7f7ac2e66aa043a6b7cb2eaf967ffa3-Parker, Jam>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>
Subject:	FW: Kennedy, Upton pressure CMS on Medicaid telehealth coverage during coronavirus outbreak
Date:	2020/03/06 12:33:00
Priority:	Normal
Type:	Note

From: POLITICO Pro eHealth <politicoemail@politicopro.com>

Sent: Friday, March 6, 2020 12:06 PM

To: Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>

Subject: Kennedy, Upton pressure CMS on Medicaid telehealth coverage during coronavirus outbreak

Kennedy, Upton pressure CMS on Medicaid telehealth coverage during coronavirus outbreak

By Mohana Ravindranath

03/06/2020 12:05 PM EST

Reps. Joe Kennedy of Massachusetts and Fred Upton of Michigan are urging CMS to push states to cover virtual care during the coronavirus outbreak, according to a letter shared with POLITICO.

The \$8.3 billion coronavirus emergency funding package allows HHS secretary Alex Azar to waive reimbursement restrictions on telehealth for Medicare patients. But Medicaid and Children's Health Insurance Program benefits vary by state.

States are authorized to cover telehealth services, according to CMS. But not all states have done so, the lawmakers wrote to administrator Seema Verma. They urged CMS to encourage every state to cover virtual care.

It's essential that "the ability to perform telemedicine services does not reset solely with Medicare" during the coronavirus outbreak, they wrote.

HHS officials have promoted telehealth as a way to treat lower-risk patients at home, minimizing exposure to the virus and reserving in-person treatment for those who need it most.

Lawmakers and telemedicine advocates had advocated for a broader telehealth measure in the emergency funding package that would have let Azar waive Medicare payment restrictions in all

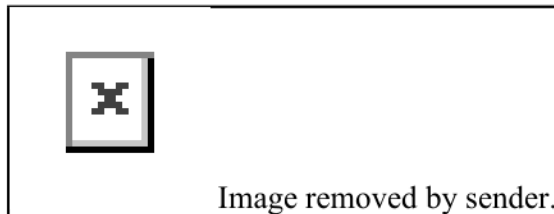
public health or national emergencies — not just coronavirus.

The provision that made it into the package only applies to the coronavirus emergency and is limited to clinicians who have preexisting relationships with patients; telemedicine advocates are still pushing for broader coverage.

To view online:

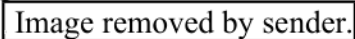
<https://protect2.fireeye.com/url?k=2ede1e5c-728b174f-2ede2f63-0cc47adb5650-124bf6e4f27f3a56&u=https://subscriber.politicopro.com/ehealth/whiteboard/2020/03/kennedy-upton-pressure-cms-on-medicaid-telehealth-coverage-during-coronavirus-outbreak-3977442>

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Sent Date:	2020/03/06 12:33:44
Delivered Date:	2020/03/06 12:33:00

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To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	Summary: Indiana State has First Presumptive Positive COVID-19 Case
Date:	2020/03/06 13:11:24
Priority:	Normal
Type:	Note

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Good afternoon Dr. Kadlec,

BLUF: The first presumptive positive COVID-19 case has been reported in Indiana.

- The Indiana State Department of Health announced its first confirmed case of COVID-19.
- The Governor has declared a Public Health Emergency in response to this first case.
- The individual has been self-monitoring and self-quarantining after a recent trip to Boston.

The SOC will continue to monitor this incident and report as needed. *This notification is limited distribution and is intended for HHS Senior Leadership Only. **DO NOT FORWARD.** This notification was sent to the COVID-19 Senior Leadership distribution list.*

Very Respectfully,

Secretary's Operations Center

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

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Sent Date:	2020/03/06 13:10:41
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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: Indiana State has First Presumptive Positive COVID-19 Case
Date:	2020/03/06 13:10:53
Priority:	Normal
Type:	Note

UNCLASSIFIED // FOR OFFICIAL USE ONLY

Good afternoon Dr. Kadlec,

BLUF: The first presumptive positive COVID-19 case has been reported in Indiana.

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- The Governor has declared a Public Health Emergency in response to this first case.
- The individual has been self-monitoring and self-quarantining after a recent trip to Boston.

The SOC will continue to monitor this incident and report as needed. *This notification is limited distribution and is intended for HHS Senior Leadership Only. **DO NOT FORWARD.** This notification was sent to the COVID-19 Senior Leadership distribution list.*

Very Respectfully,

Secretary's Operations Center

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200 Independence Ave. S.W.
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Sent Date:	2020/03/06 13:10:41
Delivered Date:	2020/03/06 13:10:53
Message Flags:	Unread

From:	Laird Burnett <Laird.Burnett@kp.org>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	Kaiser Permanente and COVID-19--CDC guidelines
Date:	2020/03/06 13:53:01
Priority:	Normal
Type:	Note

Dr. Kadlec,

I'm with Kaiser Permanente, based here in DC. Peter Urbanowicz suggested that I reach out to you.

As you may know, Kaiser Permanente has been and is treating a number of COVID-19 positive patients in our facilities in California, Oregon and Washington State. We have begun to accumulate a fair amount of experience with what is involved in diagnosing and treating affected patients.

We have significant concerns about CDC's continued adherence to the aerosol guidelines for associated precautions. This is resulting in serious losses of clinical staff to furlough and inappropriate/excessive use of limited supplies of PPE—neither which are sustainable, particularly as testing ramps up in the coming days.

Our clinical leadership is past the point of being convinced that CDC should adopt the "droplet" standard for precautions, which would be consistent with how the virus is transmitted. This would, in turn, allow state and local authorities to move in the same direction. Without this clear guidance from CDC we fear that state and local authorities will not act.

I'd welcome the chance to talk about this and to connect you with our clinical leaders who are directly involved.

Thanks for your consideration,

Laird Burnett

Laird D. Burnett
VP Government Relations
Kaiser Permanente

202-216-1900 (office)
(b)(6) (mobile)

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Sender: Laird Burnett <Laird.Burnett@kp.org>

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Sent Date:	2020/03/06 13:52:50
Delivered Date:	2020/03/06 13:53:01
Message Flags:	Unread

From:	Sector.Partnership <Sector.Partnership@hq.dhs.gov>
To:	Sector.Partnership <Sector.Partnership@hq.dhs.gov>
Subject:	CISA Insights – Risk Management for COVID-19
Date:	2020/03/06 14:03:47
Priority:	Normal
Type:	Note

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Partners,

Today, the Cybersecurity and Infrastructure Security Agency (CISA) issued a *CISA Insights* document titled, “**Risk Management for COVID-19**” detailing steps to help executives think through physical, supply chain, and cybersecurity issues that may arise as a result of this ongoing public health concern. According to the U.S. Centers for Disease Control and Prevention (CDC), COVID-19 has been detected in locations across the world, including multiple areas throughout the United States. You can review the new document at [CISA.gov/insights](https://www.cisa.gov/insights).

As the nation’s risk advisor, we are sharing this readiness information to help you and your team plan for potential organizational and workforce impacts from COVID-19. That includes taking steps like identifying mission essential functions, updating incident response plans, factoring in workforce changes in a distributed environment, the possibility of malicious cyber actors taking advantage of public concern by conducting phishing attacks and disinformation campaigns.

This is a public document, so please share with anyone who might be able to use this information. We will keep you updated as more information becomes available.

For authoritative information and resources on COVID-19, including situation reports, guidance, and more, visit [CDC’s website](https://www.cdc.gov) and [CISA.gov/coronavirus](https://www.cisa.gov/coronavirus).

Respectfully,

Cybersecurity and Infrastructure Security Agency



CISA Wordmark CMYK 20181115_4 color seal with dk blue text

Sender:	Sector.Partnership <Sector.Partnership@hq.dhs.gov>
Recipient:	Sector.Partnership <Sector.Partnership@hq.dhs.gov>
Sent Date:	2020/03/06 14:02:57
Delivered Date:	2020/03/06 14:03:47
Message Flags:	Unread

From:	HHS Region 7 (OS/IEA) <hhsregion7@HHS.GOV>
SentVia:	HHSRegion7_Update <HHSREGION7_UPDATE@LIST.NIH.GOV>
To:	<HHSREGION7_UPDATE@LIST.NIH.GOV>
Subject:	HHS Region 7 Update- March 6, 2020
Date:	2020/03/06 14:14:45
Priority:	Normal
Type:	Note



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HHS NEWS UPDATES...

Health Mart Independent Pharmacies Donate Their Dispensing Services to HHS to Support the Ending the HIV Epidemic Initiative



The U.S. Department of Health and Human Services (HHS) and [Health Mart](#)  announced that more than 3,300 Health Mart independent pharmacies agreed to donate their dispensing services to support *Ready, Set, PrEP*, the HHS program that provides free PrEP medication to uninsured individuals. As part of that donation, Health Mart pharmacies will provide patient counseling and take steps to promote medication adherence as well as provide free PrEP medications in store at no cost for those eligible.

"Ensuring all people in both urban and rural communities have access to HIV prevention and care services is critical to Ending the HIV Epidemic," said Assistant Secretary for Health Brett P. Giroir, M.D. "Health Mart independent pharmacies will play an important role in further expanding patient access to free PrEP medications in these traditionally underserved areas." The announcement was made today at [Grubb's Pharmacy](#)  in Washington, D.C.'s Anacostia neighborhood.

The program is a key component of the initiative, *Ending the HIV Epidemic (EHE)*:

A Plan for America. EHE aims to reduce the number of new HIV infections in the United States by 75% in five years and by 90% in 10 years. By increasing awareness of PrEP and its access, the *Ready, Set, PrEP* program can provide thousands of people a safe, effective way to prevent HIV and bring the U.S. one step closer to ending the HIV epidemic.

"We are proud to do our part in ending the HIV epidemic," said Health Mart President Nimesh Jhaveri. "Health Mart independent pharmacists understand the important role they play in patient care. Participating in this initiative and donating their time and resources showcase their commitment to improving the health of their communities."

Although more than one million people at risk for HIV in the United States could benefit from PrEP medications, only a small fraction get them. The Centers for Disease Control and Prevention and the U.S. Preventive Services Task Force recommend PrEP for individuals at risk of acquiring HIV. When taken daily, PrEP is highly effective for preventing HIV.

For More Information

Beginning no later than March 30, 2020, qualified patients can obtain the PrEP medications at the more than 24,500 participating pharmacy locations throughout 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands or through mail order—all at no cost to patients. These donating pharmacies represent about a third of all the pharmacies in the United States.

Eligibility requirements are available at [GetYourPrEP.com](https://www.getyourprep.com)  or by calling 855-447-8410. To learn more about PrEP's role in ending the HIV epidemic, visit [*Ending the HIV Epidemic: A Plan for America*](#). For an explanation of how the program works and more information about HIV/AIDS prevention, testing, treatment, and research, visit [HIV.gov](https://www.hiv.gov). To learn more about *Ready, Set, PrEP*, please visit [GetYourPrEP.com](https://www.getyourprep.com) and [hiv.gov](https://www.hiv.gov).

Follow [@HIVgov](https://twitter.com/HIVgov)  on Twitter, like [HIV.gov on Facebook](https://www.facebook.com/HIVgov) 

[exit disclaimer icon](#), and [sign up for the HIV.gov listserv](#) to stay up to date on the latest developments on *Ending the HIV Epidemic: A Plan for America*.

About Health Mart

Health Mart [exit disclaimer icon](#) is the nation's fastest-growing independent pharmacy franchise with more than 5,000 locally owned community pharmacies across all 50 states. Health Mart pharmacists provide personalized care and take the time to help patients understand their prescription-drug coverage, how to safely manage multiple medications, and how to take advantage of lower-cost medication options. Patients can find a locally-owned Health Mart pharmacy by visiting [healthmart.com](#) [exit disclaimer icon](#).

As an important member of the healthcare team, Health Mart pharmacists possess strong clinical knowledge and collaborate with patients and other healthcare providers to help patients manage and improve their health. The Health Mart franchise is owned by Health Mart Systems, Inc., which is part of [McKesson Corporation](#) [exit disclaimer icon](#). Pharmacists and pharmacy owners interested in learning more can explore [join.healthmart.com](#) [exit disclaimer icon](#).

HHS Announces Initial Funding to Jurisdictions Supporting COVID-19 Response



This week, the U.S. Department of Health and Human Services (HHS), through the Centers for Disease Control and Prevention (CDC) is announcing upcoming action to provide initial resources to a limited number of state and local jurisdictions in support of our nation's response to the coronavirus disease 2019 (COVID-19).

Americans should be prepared for the possibility of a COVID-19 outbreak in their community. The community can take measures to reduce the spread of COVID-19.

How to prepare and take action for COVID-19:

- • [At Home](#)
- • [K-12 Schools and Childcare Programs](#)
- • [Colleges and Universities](#)
- • [At Work](#)
- • [Community and Faith-Based Organizations](#)

- • Large Community Events/Mass Gatherings
- • Healthcare Facilities
- • First Responders

For more information about COVID-19, please visit CDC's website: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

It is the mission of the U.S. Department of Health & Human Services to enhance and protect the health and well-being of all Americans.



To unsubscribe from the HHSREGION7_UPDATE list, click the following link:
http://list.nih.gov/cgi-bin/wa.exe?SUBED1=HHSREGION7_UPDATE&A=1

Sender:	HHS Region 7 (OS/IEA) <hhsregion7@HHS.GOV>; HHSRegion7_Update <HHSREGION7_UPDATE@LIST.NIH.GOV>
Recipient:	<HHSREGION7_UPDATE@LIST.NIH.GOV>
Sent Date:	2020/03/06 14:14:11
Delivered Date:	2020/03/06 14:14:45
Message Flags:	Unread

From:	Richard Irwin <richard.irwin@culmen.com>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	Video of our Culmen International efforts in supporting the Defense Threat Reduction Agency (DTRA) with the Ebola Virus
Date:	2020/03/06 15:09:14
Priority:	Normal
Type:	Note

Bob:

Good afternoon. In addition to our Culmen International LLC Capability Statement, I wanted to share with you a six minute video of our efforts in supporting the Defense Threat Reduction Agency (DTRA) with the Ebola Virus.

(b)(4)

We also FedEx'ed a disk containing the video to your office after speaking to Arwenthia under FEDEX Tracking # 7779 5374 9010 to arrive Monday morning in the event that you cannot open the attached video..

As mentioned, we are very pleased to submit our capabilities to support you and the Department of Health and Human Services' (HHS) mission to coordinate the Coronavirus response and are prepared to draw on our expertise and past performance to immediately provide surge support in the four areas outlined in the Capability Statement:

- • Technical and program management support for planning, analysis, and interagency coordination
- • Procurement and logistics to identify sources, obtain and deliver critical supplies when and where needed
- • Field testing, threat assessments and evaluations
- • Data analysis and reporting to inform decision making, model disease propagation and spread, and provide analytical support

Please let me know when you would like to meet in person to discuss further.

In the interim, try to have a good weekend, albeit I am sure that you will be quite busy.

Best regards,

Richard

Richard G. Irwin
Special Programs
Culmen International, LLC
99 Canal Center Plaza

Suite 410
Alexandria, VA 22314
Mobile: (b)(6)
Work: 703 224-7000
Fax: 703 224-7006
richard.irwin@culmen.com
<https://protect2.fireeye.com/url?k=6b80e0d3-37d4c9f8-6b80d1ec-0cc47a6d17cc-8f4df9d221476cc6&u=http://www.culmen.com/>

From: Richard Irwin
Sent: Thursday, March 5, 2020 11:54 PM
To: robert.kadlec@hhs.gov
Subject: Please see the attached Capability Statement which demonstrates Culmen International's ability to support HHS and let me know when you would like to discuss in person

Bob:

It was a pleasure speaking to you this afternoon. Again, congratulations on HHS asking you to run the department's Coronavirus *disease* (COVID-19) response. In my opinion, they could not have chosen a better, more qualified, person.

Culmen International, LLC is pleased to submit this Capability Statement to support you and the Department of Health and Human Services (HHS) in their mission to coordinate the Coronavirus response across US Government agencies, and in collaboration with non-governmental organizations (NGOs), industry, and international partners. Specifically, Culmen is prepared to draw on our expertise and past performance to immediately provide the following surge support:

- Technical and program management support for planning, analysis, and interagency coordination
- Procurement and logistics to identify sources, obtain and deliver critical supplies when and where needed
- Field testing, threat assessments and evaluations
- Data analysis and reporting to inform decision making, model disease propagation and spread, and provide analytical support

Additional information on our capabilities can be provided at your request.

After reviewing please let me know when you would like to meet and discuss in person. Name, a date, time, and place and I will be there in that I can only imagine that with this tasking you will want to surround yourself with people whom you have worked with in the past, whom you know and trust, and whom you know and have confidence to get a job done expeditiously without making excuses.

I also will be sending you a short four minute video that discusses how we (Culmen International) supported the Ebola virus outbreak. I think you will be impressed.

Looking forward to seeing you, catching up, and hopefully, with Culmen International, supporting you and HHS in this critical undertaking.

Best regards,

Richard

Richard G. Irwin
Special Programs
Culmen International, LLC
99 Canal Center Plaza
Suite 410
Alexandria, VA 22314

Mobile: (b)(6)

Work: 703 224-7000

Fax: 703 224-7006

richard.irwin@culmen.com

<https://protect2.fireeye.com/url?k=29584dd0-750c64fb-29587cef-0cc47a6d17cc-2fd1bfea35518f10&u=http://www.culmen.com/>

Sender:	Richard Irwin < richard.irwin@culmen.com >
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Sent Date:	2020/03/06 15:08:41
Delivered Date:	2020/03/06 15:09:14
Message Flags:	Unread

From:	Robert Rutkowski <r_e_rutkowski@att.net>
To:	<elizabeth_strimer@mccconnell.senate.gov>; <rocint@schumer.senate.gov>; <dan.meyer@mail.house.gov>; <george.kundanis@mail.house.gov>
CC:	<Tina.Wood@ed.gov>; HHS Secretary (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5e3fce8f00194d8d94fc91094888d811-HHS Secreta>; Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Call to Introduce Paid Sick Leave and Release Comprehensive Health, Safety and Economic Plan to Fight Coronavirus
Date:	2020/03/06 15:09:38
Priority:	Normal
Type:	Note

Senator Mitch McConnell
RUSSELL SENATE OFFICE BUILDING
WASHINGTON DC 20510
Phone: (202) 224-2541
Elizabeth_Strimer@mccconnell.senate.gov

Representative Kevin McCarthy
Republican Majority Leader
2421 Rayburn House Office Building
Washington, DC 20515
Phone: (202) 225-2915
Fax: (202) 225-2908
dan.meyer@mail.house.gov

Speaker Nancy Pelosi
OFFICE OF THE SPEAKER
H-232 The Capitol
Washington, DC 20515
Phone: (202) 225-0600
Fax: (202) 225-2012
george.kundanis@mail.house.gov

Senator Chuck Schumer
Democratic Leader
RUSSELL SENATE OFFICE BUILDING
Washington, DC 20510
rocint@schumer.senate.gov

Representative Steny Hoyer
House Majority Leader
Legislative Correspondence Team
1705 Longworth House Office Building
Washington DC 20515
Office: (202) 225-4131
Fax: (202) 225-4300
<https://protect2.fireeye.com/url?k=1feea54e-43bbac5d-1fee9471-0cc47adb5650-e0d1e541e3ee798a&u=https://www.majorityleader.gov/content/email-whip>

Re: Call to Introduce Paid Sick Leave and Release Comprehensive Health, Safety and Economic Plan to Fight Coronavirus

Dear Congressional Leaders:

In the wake of the continued spread of the coronavirus in the U.S., educators, healthcare professionals, public employees, hotel, food

service, airport, warehouse and casino workers across the country—are calling on the federal government to issue clear national guidance and take decisive action to support these workers and the people they care for, including, among other things, a national policy on paid sick time.

It is in our national interest that our leaders take decisive action to protect America's workers and the general public today and into the future.

It is essential that Congress take decisive action to prevent the spread of the coronavirus and that workers stay home when they are sick. Whatever monies Congress allocates toward virus response must take into account workers' time and must include paid sick leave. Not everyone can afford to take time off when they're sick. That's why there is no better moment to enact national policy on paid sick time.

The emergency \$8.3 billion from Congress is an important step toward increasing the availability and decreasing the cost of coronavirus tests, developing an affordable vaccine, and increasing aid to state and local health budgets, but the impacted people on the ground are asking for answers—based on science, not supplies—now. The president and vice president must understand: Coronavirus can't be solved with a tweet or a sound bite.

Health and Human Services Secretary Alex Azar and Education Secretary Betsy DeVos should issue evidence-based guidance on the precautions, preparations, and protocols schools and hospitals should be taking both to prevent further cases, and to handle current diagnoses. In the absence of a coordinated national response, too many states and localities are being forced to develop their own.

But that's not all. It's good Trump finally took notice of the virus when the Dow Jones dropped precipitously, but Main Street is more important right now than Wall Street. We need an economic plan that considers the well-being of communities across America, which includes a national program of paid sick leave in times of public health emergencies, quarantines, school and other potential workplace closures; more increases to unemployment insurance; and additional economic support for businesses that may be affected by a pandemic. For the majority of people in America who live paycheck to paycheck, a day without work means a day without pay, so it's well past time for a national paid sick leave law to protect them, and the communities they serve.

In times of crisis, people look to their government for protection and for answers—right now, the federal government is woefully unprepared, and unions and other public institutions are being forced to fill in the gaps. Fighting a public health emergency cannot be a political issue.

Yours sincerely,
Robert E. Rutkowski

cc:
Secretary Betsy DeVos
via
Tina Wood
Management Analyst
Control Correspondence & Communications Unit
Executive Office
Office of Elementary and Secondary Education
U.S. Department of Education
400 Maryland Ave., SW, LBJ Building
Washington, DC 20202
Tina.Wood@ed.gov

Alex Azar, Secretary of Health and Human Services
Office of the Secretary
U.S. Department of Health & Human Services

200 Independence Avenue, S.W. Mail Stop: FL6- 638G.47
Washington, D.C. 20201
Phone: 202-690-7000
Secretary@HHS.gov, Alex.Azar@hhs.gov

2527 Faxon Court
Topeka, Kansas 66605-2086
P/F: 1 785 379-9671
E-mail: r_e_rutkowski@att.net

Sender:	Robert Rutkowski <r_e_rutkowski@att.net>
Recipient:	<elizabeth_strimer@mccconnell.senate.gov>; <rocint@schumer.senate.gov>; <dan.meyer@mail.house.gov>; <george.kundanis@mail.house.gov>; <Tina.Wood@ed.gov>; HHS Secretary (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5e3fce8f00194d8d94fc91094888d811-HHS Secreta>; Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/06 15:08:52
Delivered Date:	2020/03/06 15:09:38
Message Flags:	Unread

From:	US-CERT <US-CERT@ncas.us-cert.gov>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	Defending Against COVID-19 Cyber Scams
Date:	2020/03/06 15:13:17
Priority:	Normal
Type:	Note



CISA
CYBER+INFRASTRUCTURE

Cybersecurity and Infrastructure Security Agency Logo

National Cyber Awareness System:

Defending Against COVID-19 Cyber Scams

03/06/2020 01:53 PM EST

Original release date: March 6, 2020

The Cybersecurity and Infrastructure Security Agency (CISA) warns individuals to remain vigilant for scams related to Coronavirus Disease 2019 (COVID-19). Cyber actors may send emails with malicious attachments or links to fraudulent websites to trick victims into revealing sensitive information or donating to fraudulent charities or causes. Exercise caution in handling any email with a COVID-19-related subject line, attachment, or hyperlink, and be wary of social media pleas, texts, or calls related to COVID-19.

CISA encourages individuals to remain vigilant and take the following precautions.

- Avoid clicking on links in unsolicited emails and be wary of email attachments. See [Using Caution with Email Attachments](#) and [Avoiding Social Engineering and Phishing Scams](#) for more information.
- Use trusted sources—such as legitimate, [government websites](#)—for up-to-date, fact-based information about COVID-19.
- Do not reveal personal or financial information in email, and do not respond to email solicitations for this information.
- Verify a charity's authenticity before making donations. Review the Federal Trade Commission's page on [Charity Scams](#) for more information.

- Review CISA Insights on [Risk Management for COVID-19](#) for more information.

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Sender:	US-CERT <US-CERT@ncas.us-cert.gov>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Sent Date:	2020/03/06 15:12:57
Delivered Date:	2020/03/06 15:13:17
Message Flags:	Unread

From:	Asbel Montes <asbel.montes@acadian.com>
To:	Brady, Will (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fa197652dadf4048ad6764b3f9d4a528-Brady, Will>; Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>
Subject:	Fwd: COVID-19 Ambulance Requests - Follow Up
Date:	2020/03/06 16:06:48
Priority:	Normal
Type:	Note

FYI only....Your team has been great to work with. I just wanted to make sure y'all were aware of our requests.

We are also coordinating with some members of Congress, as well.

Let me know if you have any questions.

----- Forwarded message -----

From: **Axelrod, Corinne (CMS/CM)** <Corinne.Axelrod@cms.hhs.gov>
Date: Fri, Mar 6, 2020 at 11:04 AM
Subject: RE: COVID-19 Ambulance Requests - Follow Up
To: Asbel Montes <asbel.montes@acadian.com>, Gruber, Amy L. (CMS/CM) <Amy.Gruber@cms.hhs.gov>, Shirey-Losso, Sarah K. (CMS/CM) <Sarah.SHIREY-LOSSO@cms.hhs.gov>
CC: Kathy Lester <klester@lesterhealthlaw.com>

Thank you Asbel! We will discuss with our leadership and get back to you as soon as possible.

CAPT Corinne Axelrod, M.P.H.

Deputy Director (Acting), Division of Ambulatory Services

Hospital and Ambulatory Policy Group, Centers for Medicare and Medicaid Services (CMS)

410-786-5620 (Phone), 410-786-4490 (Fax)

corinne.axelrod@cms.hhs.gov

From: Asbel Montes <asbel.montes@acadian.com>
Sent: Friday, March 6, 2020 11:59 AM
To: Axelrod, Corinne (CMS/CM) <Corinne.Axelrod@cms.hhs.gov>; Gruber, Amy L. (CMS/CM) <Amy.Gruber@cms.hhs.gov>; Shirey-Losso, Sarah K. (CMS/CM) <Sarah.SHIREY-LOSSO@cms.hhs.gov>
Cc: Kathy Lester <klester@lesterhealthlaw.com>
Subject: COVID-19 Ambulance Requests - Follow Up

Corinne, Amy and Sarah,

It was great speaking with you today! Thank you for your quick response and call coordination. As promised, I have detailed below our requests for consideration. I have also copied Kathy Lester of Lester Law, PLLC, a consultant for the American Ambulance Association (AAA), as she is also working on something similar on behalf of the AAA.

1. Waiver to allow ambulance suppliers and providers to transport patients that call the 9-1-1 or equivalent system with COVID-19 symptoms or confirmed cases to destination sites that are not a hospital.
2. Allow for ambulance suppliers and providers to treat COVID-19 patients in their home and allow for reimbursement at the Advanced Life Support reimbursement base rate (similar to the waiver regarding the Emergency Triage, Treatment and Transport CMMI initiative). This would allow ambulance suppliers to provide care in place for those patients who are PUI or confirmed thus limiting exposure in other healthcare settings.
3. Waiver to allow all responses related to COVID-19 to be billed at the Advanced Life Support rate, regardless if ALS interventions were performed. Since COVID-19 is following infectious disease protocols, such as decontamination, PPE, etc...(these extraordinary responses have additional costs not normally related to traditional ALS ambulance transports) and will require Paramedic level scope of practice.
4. Prioritize unplanned COVID-19 test kits for unconfirmed cases tested in the field due to a 9-1-1 or equivalent response.

5. Prioritize PPE gear for Emergency Medical Services personnel and allow funding for the additional PPE gear needed in inventory due to pandemic.

Let me know if you have any additional questions. We will also be sending this request to several members of the Congressional delegation who have inquired what our needs are in emergency medical services.

Again, thank you so much and we look forward to working with HHS. I know things are moving fast so I am including my cell phone number should you need to speak with me directly about any of these requests, 337.412.8709.

Asbel Montes | Sr. VP of Strategic Initiatives & Innovation

Acadian Companies

130 E Kaliste Saloom | Lafayette, LA | 70508

O: 337.291.3310 | F: 337.291.4230

<https://protect2.fireeye.com/url?k=117c3b86-4d2822fa-117c0ab9-0cc47adc5fa2-1082c8b108785ce9&u=https://protect2.fireeye.com/url?k=72152c1d-2e413561-72151d22-0cc47adc5fa2-6b0cc15b152db0a4&u=http://www.acadian.com/>



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Asbel Montes
Acadian Companies
SVP of Strategic Initiatives & Innovation

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Sent Date:	2020/03/06 16:04:22
Delivered Date:	2020/03/06 16:06:48

From:	HHS Office of Public Affairs <hhsopa@hhs.gov>
To:	Brooks, John (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=646c7a34da9148189df0d76a885388b9-Brooks, Joh>
Subject:	HHS solicits proposals for development of medical products for novel coronavirus
Date:	2020/03/06 16:52:15
Priority:	Normal
Type:	Note



U.S. Department of Health and
Human Services

News Release

202-205-8117
asprmedia@hhs.gov
www.hhs.gov/news
 Twitter [@SpoxHHS](https://twitter.com/SpoxHHS)

FOR IMMEDIATE RELEASE
 Friday, March 6, 2020

HHS solicits proposals for development of medical products for novel coronavirus

As part of the government-wide effort to mitigate the spread of COVID-19 in U.S. communities, the U.S. Department of Health and Human Services (HHS) has updated a broad agency announcement (BAA) to focus specifically on products to diagnose, prevent or treat coronavirus infections.

The Biomedical Advanced Research and Development Authority ([BARDA](#)), part of the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR), issued the BAA, [BAA-18-100-SOL-00003-Amendment 13](#), to solicit proposals for advanced development and licensure of COVID-19 diagnostics, vaccines, or medicines such as therapeutics or antivirals.

“Amid the expanding global outbreak of COVID-19, Americans need diagnostics, vaccines, and medicines to mitigate the potential impact of this virus”, said BARDA

Director Rick Bright, Ph.D. “To accelerate the availability of these lifesaving tools, BARDA took an important step today to request proposals for development of COVID-19 diagnostics, vaccines, or therapeutics, many of which will be developed using existing platform technologies to permit rapid development.”

BARDA will provide funding as well as expertise and core services to support development projects selected through this BAA. These products include diagnostic tests (assays); vaccines; therapeutics; medications to help regulate or normalize the immune system (immunomodulators); therapeutics targeting lung repair; medicines that prevent infections either before or after exposure to the virus (pre-exposure or post-exposure prophylaxis); respiratory protective devices; and ventilators.

There are currently no approved diagnostics, vaccines or treatments for COVID-19 infections. However, the U.S. Food and Drug Administration (FDA) issued two emergency use authorization of diagnostic tests from the Centers for Disease Control and Prevention (CDC) and other authorized public health laboratories, and for use of New York State’s Wadsworth diagnostics test. In addition, FDA also issued a new policy Feb. 29 to help expedite the availability of diagnostics.

HHS continues to work across the U.S. government, including with the Department of Defense, to review potential products from public and private sectors to identify promising candidates that could detect or protect against or treat COVID-19 for development and licensure. HHS divisions, including the National Institutes of Health (NIH) and ASPR, have begun supporting development of multiple vaccines and treatments for COVID-19.

To obtain information about any potential products in development in the private sector that could be used in responding to the novel coronavirus outbreak, the U.S. government launched a single point-of-entry website for innovators and product developers to submit brief descriptions of their diagnostics, therapeutics, vaccines, and other products or technologies being developed for COVID-19.

To shorten the time to apply for product licensure and to reduce the spread of COVID-19, federal agencies are particularly interested in identifying products and technologies that have progressed beyond non-clinical studies, have established domestic large-scale commercial Good Manufacturing Practices (cGMP) manufacturing capability, and have utilized a platform used to manufacture a product already approved by the FDA.

In addition, BARDA opened an easy broad agency announcement, an EZ-BAA, seeking diagnostics that utilize platforms already cleared by the FDA, with a viable plan to meet requirements for the FDA to consider emergency use authorization within 12 weeks.

About HHS, ASPR, and BARDA

HHS works to enhance and protect the health and well-being of all Americans, providing for effective health and human services and fostering advances in medicine, public health, and social services. The mission of ASPR is to save lives and protect Americans from 21st century health security threats. Within ASPR, BARDA invests in the innovation, advanced

research and development, acquisition, and manufacturing of medical countermeasures – vaccines, drugs, therapeutics, diagnostic tools, and non-pharmaceutical products needed to combat health security threats. To date, 54 BARDA-supported products have achieved regulatory approval, licensure or clearance.

###

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Sent Date:	2020/03/06 16:51:02
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Message Flags:	Unread

From:	HHS Office of Public Affairs <hhsopa@hhs.gov>
To:	Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>
Subject:	HHS solicits proposals for development of medical products for novel coronavirus
Date:	2020/03/06 16:52:39
Priority:	Normal
Type:	Note



U.S. Department of Health and
Human Services

News Release

202-205-8117
asprmedia@hhs.gov
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FOR IMMEDIATE RELEASE
 Friday, March 6, 2020

HHS solicits proposals for development of medical products for novel coronavirus

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The Biomedical Advanced Research and Development Authority ([BARDA](#)), part of the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR), issued the BAA, [BAA-18-100-SOL-00003-Amendment 13](#), to solicit proposals for advanced development and licensure of COVID-19 diagnostics, vaccines, or medicines such as therapeutics or antivirals.

“Amid the expanding global outbreak of COVID-19, Americans need diagnostics, vaccines, and medicines to mitigate the potential impact of this virus”, said BARDA

Director Rick Bright, Ph.D. “To accelerate the availability of these lifesaving tools, BARDA took an important step today to request proposals for development of COVID-19 diagnostics, vaccines, or therapeutics, many of which will be developed using existing platform technologies to permit rapid development.”

BARDA will provide funding as well as expertise and core services to support development projects selected through this BAA. These products include diagnostic tests (assays); vaccines; therapeutics; medications to help regulate or normalize the immune system (immunomodulators); therapeutics targeting lung repair; medicines that prevent infections either before or after exposure to the virus (pre-exposure or post-exposure prophylaxis); respiratory protective devices; and ventilators.

There are currently no approved diagnostics, vaccines or treatments for COVID-19 infections. However, the U.S. Food and Drug Administration (FDA) issued two emergency use authorization of diagnostic tests from the Centers for Disease Control and Prevention (CDC) and other authorized public health laboratories, and for use of New York State’s Wadsworth diagnostics test. In addition, FDA also issued a new policy Feb. 29 to help expedite the availability of diagnostics.

HHS continues to work across the U.S. government, including with the Department of Defense, to review potential products from public and private sectors to identify promising candidates that could detect or protect against or treat COVID-19 for development and licensure. HHS divisions, including the National Institutes of Health (NIH) and ASPR, have begun supporting development of multiple vaccines and treatments for COVID-19.

To obtain information about any potential products in development in the private sector that could be used in responding to the novel coronavirus outbreak, the U.S. government launched a single point-of-entry website for innovators and product developers to submit brief descriptions of their diagnostics, therapeutics, vaccines, and other products or technologies being developed for COVID-19.

To shorten the time to apply for product licensure and to reduce the spread of COVID-19, federal agencies are particularly interested in identifying products and technologies that have progressed beyond non-clinical studies, have established domestic large-scale commercial Good Manufacturing Practices (cGMP) manufacturing capability, and have utilized a platform used to manufacture a product already approved by the FDA.

In addition, BARDA opened an easy broad agency announcement, an EZ-BAA, seeking diagnostics that utilize platforms already cleared by the FDA, with a viable plan to meet requirements for the FDA to consider emergency use authorization within 12 weeks.

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From:	HHS Office of Public Affairs <hhsopa@hhs.gov>
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From:	HHS Office of Public Affairs <hhsopa@hhs.gov>
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Subject:	HHS solicits proposals for development of medical products for novel coronavirus
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Sent Date:	2020/03/06 16:51:06
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From:	Michael, Gretchen (OS/ASPR/OEA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0632B4526D6447B5AF26552AFDE05C33-MICHAEL, GR>
To:	Navarro, Peter K. EOP/WHO <Peter.K.Navarro@who.eop.gov>
CC:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	FW: HHS solicits proposals for development of medical products for novel coronavirus
Date:	2020/03/06 16:54:25
Priority:	Normal
Type:	Note

Dr. Navarro –

Per your request, this news release just went out from HHS.

V/R
Gretchen

From: HHS Office of Public Affairs <hhsopa@hhs.gov>
Sent: Friday, March 6, 2020 4:51 PM
To: Michael, Gretchen (OS/ASPR/OEA) <Gretchen.Michael@hhs.gov>
Subject: HHS solicits proposals for development of medical products for novel coronavirus



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Subject:	Trump administration still struggling to ramp up coronavirus testing
Date:	2020/03/06 17:52:50
Priority:	Normal
Type:	Note

Trump administration still struggling to ramp up coronavirus testing

By David Lim

03/06/2020 05:44 PM EST

Nearly a week after the first U.S. coronavirus death was announced, the Trump administration admitted Friday that it had not yet met its target for increasing the number of people being tested.

HHS Secretary Alex Azar told reporters that the government had shipped out materials for 700,000 coronavirus tests — well short of the 1.5 million that Vice President Mike Pence had said would be available to hospitals this week, in [remarks on Wednesday](#).

Reaching the 1.5 million test target hinges on distributing 2,500 coronavirus test kits produced by a CDC contractor, Integrated DNA Technologies. Some kits have been sent out, and the remainder are in quality control testing at CDC.

"The last lots are here being validated by Dr. [Steve] Monroe's team as we speak," Azar said late Friday during a visit to the agency's Atlanta headquarters. He said that "up to 4 million tests" would be available by the end of next week.

In the meantime, the Trump administration is struggling to provide a clear picture of how many people are being tested for the coronavirus. Conflicting, and sometimes misleading, statements by top officials have fueled confusion over how many samples labs are processing, and how quickly that number could grow.

"We've already tested over 3,600 people for the virus," [Azar said Sunday](#) on Face the Nation. "We now have the capability out in the field to test 75,000 people."

Two days later, CDC Principal Deputy Director Anne Schuchat told the Senate health committee that [her agency had tested more than 3,000 specimens](#) taken from roughly 500 people — a fraction of what Azar claimed. That same day, an FDA spokesperson told POLITICO that state and local public health labs had enough supplies on hand to test 15,000 people, but said that capacity would grow to 75,000 people by the end of the week.

Sen. [Patty Murray](#), the Senate health committee's ranking member, slammed the mixed messaging, saying it hinders businesses', schools' and families' ability to make informed

decisions. The Washington Democrat's home state has been hit hard by the coronavirus, with at least 75 confirmed cases and 12 deaths so far.

"It is deeply concerning and utterly unacceptable that top-ranking Administration officials charged with responding to this crisis are confusing people and contradicting health experts rather than giving them the facts," Murray told POLITICO.

When asked about the discrepancy between Azar and Schuchat's statements, an HHS spokesperson told POLITICO that Azar correctly said 3,600 tests, instead of 3,600 people, at a House Ways and Means hearing last week.

At least 23 states have now confirmed cases of the coronavirus, including clusters of community-acquired infections in Washington state and New York.

The administration has faced increasing criticism over the slow roll out of testing, driven by problems with a diagnostic test the CDC developed for use in public health labs across the country.

Seventy-two public health labs in 45 states and Washington DC had verified CDC's diagnostic test for the coronavirus as of Friday, according to the Association of Public Health Laboratories. But the group cautioned that each lab can only test 100 samples per day, and at least two samples from each patient must be tested to arrive at a diagnosis.

"We're rapidly expanding our testing capacity, so these numbers will change," an HHS spokesperson told POLITICO. "Moving forward, we expect exponentially more tests to be distributed as additional manufacturers ramp up production."

Commercial lab companies, such as Quest Diagnostics and LabCorp, are beginning to run their own in-house coronavirus tests with permission from the FDA, but an industry source told POLITICO that private labs will be limited to a few thousand tests per day at first.

"For really high volume you need to get the platforms from the manufacturers," the source said. "If you're going to have something that really ramps up the throughput, you're going to need the Abbotts, the Thermo Fishers. It will take some time."

Caitlin Oprysko contributed to this report.

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Subject:	Trump administration still struggling to ramp up coronavirus testing
Date:	2020/03/06 17:46:31
Priority:	Normal
Type:	Note

Trump administration still struggling to ramp up coronavirus testing

By David Lim

03/06/2020 05:44 PM EST

Nearly a week after the first U.S. coronavirus death was announced, the Trump administration admitted Friday that it had not yet met its target for increasing the number of people being tested.

HHS Secretary Alex Azar told reporters that the government had shipped out materials for 700,000 coronavirus tests — well short of the 1.5 million that Vice President Mike Pence had said would be available to hospitals this week, in [remarks on Wednesday](#).

Reaching the 1.5 million test target hinges on distributing 2,500 coronavirus test kits produced by a CDC contractor, Integrated DNA Technologies. Some kits have been sent out, and the remainder are in quality control testing at CDC.

"The last lots are here being validated by Dr. [Steve] Monroe's team as we speak," Azar said late Friday during a visit to the agency's Atlanta headquarters. He said that "up to 4 million tests" would be available by the end of next week.

In the meantime, the Trump administration is struggling to provide a clear picture of how many people are being tested for the coronavirus. Conflicting, and sometimes misleading, statements by top officials have fueled confusion over how many samples labs are processing, and how quickly that number could grow.

"We've already tested over 3,600 people for the virus," [Azar said Sunday](#) on Face the Nation. "We now have the capability out in the field to test 75,000 people."

Two days later, CDC Principal Deputy Director Anne Schuchat told the Senate health committee that [her agency had tested more than 3,000 specimens](#) taken from roughly 500 people — a fraction of what Azar claimed. That same day, an FDA spokesperson told POLITICO that state and local public health labs had enough supplies on hand to test 15,000 people, but said that capacity would grow to 75,000 people by the end of the week.

Sen. [Patty Murray](#), the Senate health committee's ranking member, slammed the mixed messaging, saying it hinders businesses', schools' and families' ability to make informed

decisions. The Washington Democrat's home state has been hit hard by the coronavirus, with at least 75 confirmed cases and 12 deaths so far.

"It is deeply concerning and utterly unacceptable that top-ranking Administration officials charged with responding to this crisis are confusing people and contradicting health experts rather than giving them the facts," Murray told POLITICO.

When asked about the discrepancy between Azar and Schuchat's statements, an HHS spokesperson told POLITICO that Azar correctly said 3,600 tests, instead of 3,600 people, at a House Ways and Means hearing last week.

At least 23 states have now confirmed cases of the coronavirus, including clusters of community-acquired infections in Washington state and New York.

The administration has faced increasing criticism over the slow roll out of testing, driven by problems with a diagnostic test the CDC developed for use in public health labs across the country.

Seventy-two public health labs in 45 states and Washington DC had verified CDC's diagnostic test for the coronavirus as of Friday, according to the Association of Public Health Laboratories. But the group cautioned that each lab can only test 100 samples per day, and at least two samples from each patient must be tested to arrive at a diagnosis.

"We're rapidly expanding our testing capacity, so these numbers will change," an HHS spokesperson told POLITICO. "Moving forward, we expect exponentially more tests to be distributed as additional manufacturers ramp up production."

Commercial lab companies, such as Quest Diagnostics and LabCorp, are beginning to run their own in-house coronavirus tests with permission from the FDA, but an industry source told POLITICO that private labs will be limited to a few thousand tests per day at first.

"For really high volume you need to get the platforms from the manufacturers," the source said. "If you're going to have something that really ramps up the throughput, you're going to need the Abbotts, the Thermo Fishers. It will take some time."

Caitlin Oprysko contributed to this report.

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Subject:	Summary: Kentucky has First Presumptive Positive COVID-19 Case
Date:	2020/03/06 17:53:02
Priority:	Normal
Type:	Note

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Good evening Dr. Kadlec,

BLUF: The first presumptive positive COVID-19 case has been reported in Kentucky.

- The Governor of Kentucky announced its first confirmed case of COVID-19.
- The case was confirmed by the Kentucky Department of Public Health.
- The individual is being isolated at a medical facility in Lexington, KY.
- The Governor has declared a State of Emergency in response to this first case.

The SOC will continue to monitor this incident and report as needed. *This notification is limited distribution and is intended for HHS Senior Leadership Only. **DO NOT FORWARD.** This notification was sent to the COVID-19 Senior Leadership distribution list.*

Very Respectfully,

Secretary's Operations Center

U.S. Department of Health and Human Services (HHS)
Assistant Secretary for Preparedness and Response (ASPR)
200 Independence Ave. S.W.
Washington D.C. 20201
Office (202) 619-7800
Fax: 800-514-4256
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Date:	2020/03/06 18:19:19
Priority:	Normal
Type:	Note

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Good evening Dr. Kadlec,

BLUF: The first presumptive positive COVID-19 case has been reported in Oklahoma.

- The Governor of Oklahoma announced its first confirmed case of COVID-19.
- The case was confirmed by the Tulsa Health Department.
- The individual is a male in his 50s with recent travel history to Italy.
- The location of the individual and status of isolation is unknown at this time.

The SOC will continue to monitor this incident and report as needed. *This notification is limited distribution and is intended for HHS Senior Leadership Only. **DO NOT FORWARD.** This notification was sent to the COVID-19 Senior Leadership distribution list.*

Very Respectfully,

Secretary's Operations Center

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Assistant Secretary for Preparedness and Response (ASPR)
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Washington D.C. 20201
Office (202) 619-7800
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Austin, Meredith (uscg.mil) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9d5f9850a051458eae1ef58335e3c19-Meredith.L.>; Wolf, Laura (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userb232d38c>;

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Mackay, Thomas (OS/ASPR/EEAA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user2e5f70d8>; Moudy, Robin (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d421d3e0f6474bc3857583cfc5870d69-Moudy, Robi>; Dodgen, Daniel (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c23f0d7c1d634508918e1c87cf50c48c-Dodgen, Dan>; Gettinger, Andrew (OS/ONC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=493de695a2254531840ab49b8e70c0d7-Gettinger,>; Abbey, Rachel (OS/OSCP) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ad175ade362e49828c4822c72a86f1f1-Abbey, Rach>; Lennon, Todd (HRSA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=13ca34c861d34fa9a21d4f430430457f-todd.lennon>; Dasher, David (HHS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7c60fe8d812c4b5583ae8a988b28e20c-Dasher, Dav>; Kellogg, Rachel (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=897ed8e8d85f4105b2bf0705fc476e32-Kellogg, Ra>; Bettencourt, Alice (HHS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=52fdb7d3c3634c939a5fa9607bdaeafe-Bettencourt>; Cochran, Norris (HHS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f76f7dcd5ea4c7598a7a7df07ed5db4-Cochran, No>; Cederberg, Christina (OS/ASPR/EEAA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user7a881e56>;

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CC:	Cosgrove, Sandra (OS/ASPR/EEAA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user0e81e587>; Holland, Tara (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4f1a3394af074579815cfcfc21462ae7-Holland, Ta>; Dafflito, Scott (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9bd71e3aec6a4af3ad242da2c0961a9e-Dafflito,>; Hall, Bill (HHS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02b39f27f3b4469a960054b23545cc24-Hall, Bill>; Jackson, Zhoowan (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user8cd5dd07>; Krohmer, Jon (dot.gov) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=46c6513591aa4142b2c1c85354dd1816-Jon.Krohmer>; Haigwood, Patricia (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6f7552ba649f42369f5d2cce45889841-Haigwood, P>; Donis, Ruben (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=af00dcf720cb429f8e2accbe06ee32ff-Donis, Rube>; Oshansky, Christine (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d7bd764440b44b06af644cdcd22e42d6-Oshansky, C>; Cormier, Justin (HHS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ca6c54da7a6e425397e5e4df903b605c-Cormier, Ju>; Goyle, Suraj (OS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c9cb3e21e988418a84e4880aff168b3d-Goyle, Sura>; Cabezas, Miriam (HHS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f071029f18394c96883bf73fbd15ea68-Cabezas, Mi>
Subject:	COVID-19 Daily Disaster Leadership Group Meeting
Date:	2020/03/06 18:49:20
Start Date:	2020/03/09 15:00:00
End Date:	2020/03/09 16:00:00
Priority:	Normal
Type:	Appointment
Location:	Conference Number: (b)(6) Access Code: (b)(6)
Attendees:	Haris, Mariam (OS/ASPR/SPPR) (CTR); Fucci, Michael (OS/ASPR/SPPR) (CTR); Donnelly, Kelsey (OS/ASPR/SPPR) (CTR); Roman-Stolte, Claudia (OS/ASPR/SPPR) (CTR); Stannard, Paula (HHS/IOS); Mango, Paul (HHS/IOS); Agnew, Ann (HHS/IOS); Trueman, Laura (HHS/IEA); Kadlec, Robert (OS/ASPR/IO); Bird, Catherine (OS/OGC); Hittle, Taylor (HHS/ASFR); Arbes, Sarah (HHS/ASL); Bradsher, Kris (HHS/ASL); Murphy, Ryan (OS/ASPA); Destro, Brenda (HHS/ASPE); Nevel, Amy (HHS/ASPE); Tobias, Constance (HHS/DAB); Giroir, Brett (HHS/OASH); Schwartz, Erica (HHS/OASH); Severino, Roger (HHS/OCR); Bell, March (HHS/OCR); Frohboese, Robinsue (HHS/OCR); Grigsby, Garrett (HHS/OS/OGA); Kerr, Lawrence (HHS/OS/OGA); Chang, William (HHS/OGC); Taitsman, Julie K (OIG/IO); Griswold, Nancy (HHS/OMHA HQ); McDaniel, Eileen (HHS/OMHA); Rucker, Donald (OS/ONC); Chaput, Daniel (OS/ONC); Johnson, Lynn (ACF); Robertson, Lance (ACL); Nicholls, Richard (ACL); Phillips, Christine (ACL); Meyers, David (AHRQ/IOD); McNellis, Robert (AHRQ/CEPI); Patel, Anita (CDC/DDID/NCIRD/OD); Ethier, Kathleen (CDC/DDID/NCHHSTP/DASH); Knutson, Donna (CDC/DDNID/NCEH/OD); Brookes, Brady (CMS/OA); Payne, Skip (CMS/OA); Blackford, Carol W. (CMS/CM); sh1@fda.hhs.gov; Hinton, Denise (FDA/OC); Cheever, Laura (HRSA); Espinosa, Diana (HRSA); Macrae, Jim (HRSA); Weahkee, Michael (IHS/HQ); McCollum, Jeffrey T (IHS/HQ); Frazier, Francis (IHS/HQ); Collins, Francis (NIH/OD) [E]; Fauci, Anthony (NIH/NIAID) [E]; Marston, Hilary (NIH/NIAID) [E]; McCance-Katz, Elinore (SAMHSA/OAS); Delvecchio, Paolo (SAMHSA/OMTO); Lobos,

Elisa (SAMHSA/OFR/OD); Shuy, Bryan (OS/ASPR/IO); Yeskey, Kevin (OS/ASPR/IO); Bright, Rick (OS/ASPR/BARDA); Disbrow, Gary (OS/ASPR/BARDA); Lambert, Linda (OS/ASPR/BARDA); Phillips, Sally (OS/ASPR/SPPR); Smith, Matthew (OS/ASPR/COOP); Greene, Jonathan (OS/ASPR/EMMO); Cooper, Kevin (OS/ASPR/ORM); Imbriale, Samuel (OS/ASPR/SIIM); Gin, Julia (OS/ASPR/SPPR); Adams, Steven A. (CDC/SNS/DSNS); Lee, Scott (OS/ASPR/EMMO); Austin, Meredith (uscg.mil); Wolf, Laura (OS/ASPR/SIIM); Perdue, Christopher (OS/ASPR/SPPR); Herrmann, Jack (OS/ASPR/OEA); Johnson, Robert (OS/ASPR/BARDA); Wong, Diana (OS/ASPR/SIIM); Vineyard, Michael (OS/ASPR/IO); Mackay, Thomas (OS/ASPR/EEAA); Moudy, Robin (OS/ASPR/SPPR); Dodgen, Daniel (OS/ASPR/SPPR); Gettinger, Andrew (OS/ONC); Abbey, Rachel (OS/OSCP); Lennon, Todd (HRSA); Dasher, David (HHS/ASFR); Rachel Kellogg (HHS/OS) (Rachel.Kellogg@hhs.gov); Bettencourt, Alice (HHS/ASFR); Norris Cochran (HHS/ASFR) (norris.cochran@hhs.gov); Cederberg, Christina (OS/ASPR/EEAA); Bishop, Ralph (SAMHSA); Watson, Ryan (SAMHSA); Thornton, Cody R. (OS/ASPR/SIIM); Cosgrove, Sandra (OS/ASPR/EEAA); Cote, Mick (OS/ASPR/EMMO); Lawrence, Theresa (OS/ASPR/SPPR); Hadzibegovic, Diana (OS/ASPR/SPPR); Donato, Darrin (OS/ASPR/SPPR); Holland, Tara (OS/ASPR/EMMO); Dafflitto, Scott (OS/ASPR/EMMO); Moughalian, Jen (HHS/ASFR); Bill Hall (HHS/ASPA) (bill.hall@hhs.gov); Jackson, Zhuowan (OS/ASPR/SPPR); Krohmer, Jon (dot.gov); Colf, Leremy (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Robinson, Shante (OS/ASPR/SPPR) (CTR); Haigwood, Patricia (HHS/OASH); Donis, Ruben (OS/ASPR/BARDA); Oshansky, Christine (OS/ASPR/BARDA); Cormier, Justin (HHS/ASFR); Houchens, Christopher (OS/ASPR/BARDA); Newland, Matthew (OS/ASPR/BARDA); Mair, Michael (FDA/OC); Goyle, Suraj (OS/ASFR); Cabezas, Miriam (HHS/ASFR); awang@usaid.gov; Ignacio, Joselito (FEMA.DHS.GOV); Chew, Heather (hq.dhs.gov); john.p.polowczyk.mil@mail.mil; steven.p.whitney.mil@mail.mil

Dear Disaster Leadership Group (DLG) Members:

The Office of the Assistant Secretary for Preparedness and Response (ASPR) will convene a daily DLG meeting. The purpose of these meetings is to resolve COVID-19 policy issues coming from the White House or from HHS Leadership. If you are aware of any critical policy issues that emerged during the day, please be prepared to discuss them with this group.

Read Ahead Materials

Read ahead materials will be added as an update to this invitation as early in the day as possible so that invitees have time to review prior to the meeting.

Conference Line

Conference Number: (b)(6)

Meeting Access Code: (b)(6)

If you have any questions, please reach out to me Dan Dodgen (Daniel.Dodgen@hhs.gov) and kindly copy DLGDESK@hhs.gov.

Respectfully,

Daniel Dodgen, Ph.D.

Senior Advisor

Office of the Assistant Secretary for Preparedness and Response (ASPR)

Office of Strategy, Policy, Planning and Requirements (SPPR)

HEALTH AND HUMAN SERVICES (DHHS) | O'Neill House Office Building | 200 C Street SW | Washington, DC 20515

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(CDC/SNS/DSNS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f98462fe8d124743a437c7a80b3f60dd-Adams, Stev>; Lee, Scott (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userf6879348>; Austin, Meredith (uscg.mil) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9d5f9850a051458eae1ef58335e3c19-Meredith.L.>; Wolf, Laura (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userb232d38c>; Perdue, Christopher (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b1f65848ded24b15937eae3dcee7c827-Perdue, Chr>; Herrmann, Jack (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bebe389042ba411496b284f678ce7247-Herrmann, Ja>; Johnson, Robert (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0851e89240324306b78740a4a60745e2-Johnson, Ro>; Wong, Diana (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ea0c8b32a33b4ac586c2b5aa89c0df34-Wong, Diana>; Vineyard, Michael (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userdcac6abd>; Mackay, Thomas (OS/ASPR/EEAA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user2e5f70d8>; Moudy, Robin (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d421d3e0f6474bc3857583cfc5870d69-Moudy, Robi>; Dodgen, Daniel (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c23f0d7c1d634508918e1c87cf50c48c-Dodgen, Dan>; Gettinger, Andrew (OS/ONC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=493de695a2254531840ab49b8e70c0d7-Gettinger,>; Abbey, Rachel (OS/OSCP) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ad175ade362e49828c4822c72a86f1f1-Abbey, Rach>; Lennon, Todd (HRSA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=13ca34c861d34fa9a21d4f430430457f-todd.lennon>; Dasher, David (HHS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7c60fe8d812c4b5583ae8a988b28e20c-Dasher, Dav>; Kellogg, Rachel (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=897ed8e8d85f4105b2bf0705fc476e32-Kellogg, Ra>; Bettencourt, Alice (HHS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=52fdb7d3c3634c939a5fa9607bdaaeafe-Bettencourt>; Cochran, Norris (HHS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f76f7dccc5ea4c7598a7a7df07ed5db4-Cochran, No>; Cederberg, Christina (OS/ASPR/EEAA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user7a881e56>; Bishop, Ralph (SAMHSA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e68f6979b407419dba5dd160043193eb-Bishop, Ral>; Watson, Ryan (SAMHSA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=598f1c49295249c1af2d9b54bddb065c-Watson, Rya>; Thornton, Cody R. 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CC:

Update: See the agenda for today's meeting attached.

Dear Disaster Leadership Group (DLG) Members:

The Office of the Assistant Secretary for Preparedness and Response (ASPR) will convene a daily DLG meeting. The purpose of these meetings is to resolve COVID-19 policy issues coming from the White House or from HHS Leadership. If you are aware of any critical policy issues that emerged during the day, please be prepared to discuss them with this group.

Read Ahead Materials

Read ahead materials will be added as an update to this invitation as early in the day as possible so that invitees have time to review prior to the meeting.

Meeting Logistics & Conference Line

-
Conference Number: (b)(6)

Meeting Access Code: (b)(6)

These sessions will be held in conference room 624D.7, located in the Humphrey Building at 200 Independence Avenue SW, Washington DC, 20201. A conference line is provided for those of you unable to join the meeting in person.

If you have any questions, please reach out to me Dan Dodgen (Daniel.Dodgen@hhs.gov) and kindly copy DLGDESK@hhs.gov.

Respectfully,

Daniel Dodgen, Ph.D.

Senior Advisor

Office of the Assistant Secretary for Preparedness and Response (ASPR)

Office of Strategy, Policy, Planning and Requirements (SPPR)

HEALTH AND HUMAN SERVICES (DHHS) | O'Neill House Office Building | 200 C Street SW | Washington, DC 20515

o. (202) 245-0719

Daniel.Dodgen@HHS.Gov | www.phe.gov

Recipient:

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the White House or from HHS Leadership. If you are aware of any critical policy issues that emerged during the day, please be prepared to discuss them with this group.

Read Ahead Materials

Read ahead materials will be added as an update to this invitation as early in the day as possible so that invitees have time to review prior to the meeting.

Meeting Logistics & Conference Line

Conference Number:

(b)(6)

Meeting Access Code:

(b)(6)

These sessions will be held in conference room 624D.7, located in the Humphrey Building at 200 Independence Avenue SW, Washington DC, 20201. A conference line is provided for those of you unable to join the meeting in person.

If you have any questions, please reach out to me Dan Dodgen (Daniel.Dodgen@hhs.gov) and kindly copy DLGDESK@hhs.gov.

Respectfully,

Daniel Dodgen, Ph.D.

Senior Advisor

Office of the Assistant Secretary for Preparedness and Response (ASPR)

Office of Strategy, Policy, Planning and Requirements (SPPR)

HEALTH AND HUMAN SERVICES (DHHS) | O'Neill House Office Building | 200 C Street SW | Washington, DC 20515

o. (202) 245-0719

Daniel.Dodgen@HHS.Gov | www.phe.gov

Recipient:

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To:

<john.p.polowczyk.mil@mail.mil>;
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Mariam.Haris <□塏柵禮慈 | 莖坎>;
Michael.Fucci <□塏柵禮慈 | 莖坎>;
Kelsey.Donnely <□塏柵禮慈 | 莖坎>;
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DEspinosa.HRSA;
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Rick.Bright@hhs.gov <Bright, Rick (OS/ASPR/BARDA)>;
Gary.Disbrow@hhs.gov <Disbrow, Gary (OS/ASPR/BARDA)>;
Linda.Lambert@hhs.gov <Lambert, Linda (OS/ASPR/BARDA)>;
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渠坵堃D <michael.vineyard.os>;
Thomas.Mackay@hhs.gov <Mackay, Thomas (OS/ASPR/EEAA)>;
Robin.Moudy@hhs.gov <Moudy, Robin (OS/ASPR/SPPR)>;
Daniel.Dodgen@HHS.GOV <Dodgen, Daniel (OS/ASPR/SPPR)>;
Andrew.Gettinger@hhs.gov <Gettinger, Andrew (OS/ONC)>;
Rachel.Abbey@hhs.gov <Abbey, Rachel (OS/OSCP)>;
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☐ 曄棚漕愨 | 莖坎;
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AMERICAN
OVERSIGHT

Cancellation update: We are working to make the DLG aligned with the new Task Force structures. As such, the DLG meeting is canceled for today. If you have any questions, please do not hesitate to email the DLG Mailbox [DLGdesk@hhs.gov]. Thank you for your patience during this time.

Dear Disaster Leadership Group (DLG) Members:

The Office of the Assistant Secretary for Preparedness and Response (ASPR) will convene a daily DLG meeting. The purpose of these meetings is to resolve COVID-19 policy issues coming from the White House or from HHS Leadership. If you are aware of any critical policy issues that emerged during the day, please be prepared to discuss them with this group.

Read Ahead Materials

Read ahead materials will be added as an update to this invitation as early in the day as possible so that invitees have time to review prior to the meeting.

Conference Line

Conference Number: (b)(6)

Meeting Access Code: (b)(6)

WebEx:

(b)(6)

If you have any questions, please reach out to me Dan Dodgen (Daniel.Dodgen@hhs.gov) and kindly copy DLGDESK@hhs.gov.

Respectfully,

Daniel Dodgen, Ph.D.

Senior Advisor

Office of the Assistant Secretary for Preparedness and Response (ASPR)

Office of Strategy, Policy, Planning and Requirements (SPPR)

HEALTH AND HUMAN SERVICES (DHHS) | O'Neill House Office Building | 200 C Street SW | Washington, DC 20515

o. (202) 245-0719

Daniel.Dodgen@HHS.Gov | www.phe.gov

Recipient:

<john.p.polowczyk.mil@mail.mil>;
DLGDESK <[REDACTED]>;
Mariam.Haris <[REDACTED]>;

[illegible]

DEspinosa.HRSA;
 Macrae, Jim (HRSA);
 □ 璽棚漕愁 | 莖坎;
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 Gary.Disbrow@hhs.gov <Disbrow, Gary (OS/ASPR/BARDA)>;
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Gin, Julia (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e4b899460dab4897b83dfd838c376bf9-Gin, Julia>; Adams, Steven A. (ASPR/SNS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f98462fe8d124743a437c7a80b3f60dd-Adams, Stev>; Lee, Scott (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userf6879348>;

Austin, Meredith (uscg.mil) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9d5f9850a051458eae1ef58335e3c19-Meredith.L.>; Wolf, Laura (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userb232d38c>;

Perdue, Christopher (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b1f65848ded24b15937eae3dcee7c827-Perdue, Chr>; Herrmann, Jack (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bebe389042ba411496b284f678ce7247-Herrmann, Ja>; Johnson, Robert (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0851e89240324306b78740a4a60745e2-Johnson, Ro>; Wong, Diana (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ea0c8b32a33b4ac586c2b5aa89c0df34-Wong, Diana>; Vineyard, Michael (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userdcac6abd>;

Mackay, Thomas (OS/ASPR/EEAA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user2e5f70d8>; Moudy, Robin (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d421d3e0f6474bc3857583cfc5870d69-Moudy, Robi>; Dodgen, Daniel (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c23f0d7c1d634508918e1c87cf50c48c-Dodgen, Dan>; Gettinger, Andrew (OS/ONC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=493de695a2254531840ab49b8e70c0d7-Gettinger,>; Abbey, Rachel (OS/OSCP) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ad175ade362e49828c4822c72a86f1f1-Abbey, Rach>; Lennon, Todd (HRSA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=13ca34c861d34fa9a21d4f430430457f-todd.lennon>; Dasher, David (HHS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7c60fe8d812c4b5583ae8a988b28e20c-Dasher, Dav>; Kellogg, Rachel (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=897ed8e8d85f4105b2bf0705fc476e32-Kellogg, Ra>; Bettencourt, Alice (HHS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=52fdb7d3c3634c939a5fa9607bdaeafe-Bettencourt>; Cochran, Norris (HHS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f76f7dcd5ea4c7598a7a7df07ed5db4-Cochran, No>; Cederberg, Christina (OS/ASPR/EEAA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user7a881e56>;

Bishop, Ralph (SAMHSA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e68f6979b407419dba5dd160043193eb-Bishop, Ral>; Watson, Ryan (SAMHSA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=598f1c49295249c1af2d9b54bddd065c-Watson, Rya>; Thornton, Cody R. (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=95c6126d2f9a4c1fb1174b59b0c3dc19-Thornton, C>; Cote, Mick (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user9459b24b>;

Lawrence, Theresa (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=281df890cadd49ea9e8622a68fd9b726-Lawrence, T>; Hadzibegovic, Diana (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=usere3f75d0a>;

Donato, Darrin (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cb26cc0a104c4493860a49a8cab39911-Donato, Dar>; Moughalian, Jen (HHS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a1ec840c6a2d4adbb9c91e420a23c7eaf-Moughalian,>; Colf, Leremy (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=Colf, Leremy>;

DeBord, Kristin (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d2cce28859884c1c835a9404885d6534-DeBord, Kri>; Robinson, Shante (OS/ASPR/SPPR) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group

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CC:	Cosgrove, Sandra (OS/ASPR/EEAA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user0e81e587>; Holland, Tara (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4f1a3394af074579815cfcfc21462ae7-Holland, Ta>; Dafflitto, Scott (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9bd71e3aec6a4af3ad242da2c0961a9e-Dafflitto,>; Hall, Bill (HHS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02b39f27f3b4469a960054b23545cc24-Hall, Bill>; Jackson, Zhoowan (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user8cd5dd07>; Krohmer, Jon (dot.gov) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=46c6513591aa4142b2c1c85354dd1816-Jon.Krohmer>; Haigwood, Patricia (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6f7552ba649f42369f5d2cce45889841-Haigwood, P>; Donis, Ruben (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=af00dcf720cb429f8e2accbe06ee32ff-Donis, Rube>; Oshansky, Christine (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d7bd764440b44b06af644cdcd22e42d6-Oshansky, C>; Cormier, Justin (HHS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ca6c54da7a6e425397e5e4df903b605c-Cormier, Ju>; Goyle, Suraj (OS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c9cb3e21e988418a84e4880aff168b3d-Goyle, Sura>; Cabezas, Miriam (HHS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f071029f18394c96883bf73fbd15ea68-Cabezas, Mi>
Subject:	COVID-19 Daily Disaster Leadership Group Meeting
Date:	2020/03/06 18:49:20
Start Date:	2020/03/09 15:00:00
End Date:	2020/03/09 16:00:00
Priority:	Normal
Type:	Appointment
Location:	Conference Number: (b)(6) Access Code (b)(6)
Attendees:	Haris, Mariam (OS/ASPR/SPPR) (CTR); Fucci, Michael (OS/ASPR/SPPR) (CTR); Donnelly, Kelsey (OS/ASPR/SPPR) (CTR); Roman-Stolte, Claudia (OS/ASPR/SPPR) (CTR); Stannard, Paula (HHS/IOS); Mango, Paul (HHS/IOS); Agnew, Ann (HHS/IOS); Trueman, Laura (HHS/IEA); Kadlec, Robert (OS/ASPR/IO); Bird, Catherine (OS/OGC); Hittle, Taylor (HHS/ASFR); Arbes, Sarah (HHS/ASL); Bradsher, Kris (HHS/ASL); Murphy, Ryan (OS/ASPA); Destro, Brenda (HHS/ASPE); Nevel, Amy (HHS/ASPE); Tobias, Constance (HHS/DAB); Giroir, Brett (HHS/OASH); Schwartz, Erica (HHS/OASH); Severino, Roger (HHS/OCR); Bell, March (HHS/OCR); Frohboese, Robinsue (HHS/OCR); Grigsby, Garrett (HHS/OS/OGA); Kerr, Lawrence (HHS/OS/OGA); Chang, William (HHS/OGC); Taitzman, Julie K (OIG/IO); Griswold, Nancy (HHS/OMHA HQ); McDaniel, Eileen (HHS/OMHA); Rucker, Donald (OS/ONC); Chaput, Daniel (OS/ONC); Johnson, Lynn (ACF); Robertson, Lance (ACL); Nicholls, Richard (ACL); Phillips, Christine (ACL); Meyers, David (AHRQ/IOD); McNellis, Robert (AHRQ/CEPI); Patel, Anita (CDC/DDID/NCIRD/OD); Ethier, Kathleen (CDC/DDID/NCHHSTP/DASH); Knutson, Donna (CDC/DDID/NCIRD/OD); Brookes, Brady (CMS/OA); Payne, Skip (CMS/OA); Blackford, Carol W. (CMS/CM); sh1@fda.hhs.gov; Hinton, Denise (FDA/OC); Cheever, Laura (HRSA); Espinosa, Diana (HRSA); Macrae, Jim (HRSA); Weahkee, Michael (IHS/HQ); McCollum, Jeffrey T (IHS/HQ); Frazier, Francis (IHS/HQ); Collins, Francis (NIH/OD) [E]; Fauci, Anthony (NIH/NIAD) [E]; Marston, Hilary

(NIH/NIAID) [E]; McCance-Katz, Elinore (SAMHSA/OAS); Delvecchio, Paolo (SAMHSA/OMTO); Lobos, Elisa (SAMHSA/OFR/OD); Shuy, Bryan (OS/ASPR/IO); Yeskey, Kevin (OS/ASPR/IO); Bright, Rick (OS/ASPR/BARDA); Disbrow, Gary (OS/ASPR/BARDA); Lambert, Linda (OS/ASPR/BARDA); Phillips, Sally (OS/ASPR/SPPR); Smith, Matthew (OS/ASPR/COOP); Greene, Jonathan (OS/ASPR/EMMO); Cooper, Kevin (OS/ASPR/ORM); Imbriale, Samuel (OS/ASPR/SIIM); Gin, Julia (OS/ASPR/SPPR); Adams, Steven A. (CDC/SNS/DSNS); Lee, Scott (OS/ASPR/EMMO); Austin, Meredith (uscg.mil); Wolf, Laura (OS/ASPR/SIIM); Perdue, Christopher (OS/ASPR/SPPR); Herrmann, Jack (OS/ASPR/OEA); Johnson, Robert (OS/ASPR/BARDA); Wong, Diana (OS/ASPR/SIIM); Vineyard, Michael (OS/ASPR/IO); Mackay, Thomas (OS/ASPR/EEAA); Moudy, Robin (OS/ASPR/SPPR); Dodgen, Daniel (OS/ASPR/SPPR); Gettinger, Andrew (OS/ONC); Abbey, Rachel (OS/OSCP); Lennon, Todd (HRSA); Dasher, David (HHS/ASFR); Rachel Kellogg (HHS/OS) (Rachel.Kellogg@hhs.gov); Bettencourt, Alice (HHS/ASFR); Norris Cochran (HHS/ASFR) (norris.cochran@hhs.gov); Cederberg, Christina (OS/ASPR/EEAA); Bishop, Ralph (SAMHSA); Watson, Ryan (SAMHSA); Thornton, Cody R. (OS/ASPR/SIIM); Cosgrove, Sandra (OS/ASPR/EEAA); Cote, Mick (OS/ASPR/EMMO); Lawrence, Theresa (OS/ASPR/SPPR); Hadzibegovic, Diana (OS/ASPR/SPPR); Donato, Darrin (OS/ASPR/SPPR); Holland, Tara (OS/ASPR/EMMO); Dafflitto, Scott (OS/ASPR/EMMO); Moughalian, Jen (HHS/ASFR); Bill Hall (HHS/ASPA) (bill.hall@hhs.gov); Jackson, Zhoowan (OS/ASPR/SPPR); Krohmer, Jon (dot.gov); Colf, Leremy (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Robinson, Shante (OS/ASPR/SPPR) (CTR); Haigwood, Patricia (HHS/OASH); Donis, Ruben (OS/ASPR/BARDA); Oshansky, Christine (OS/ASPR/BARDA); Cormier, Justin (HHS/ASFR); Houchens, Christopher (OS/ASPR/BARDA); Newland, Matthew (OS/ASPR/BARDA); Mair, Michael (FDA/OC); Goyle, Suraj (OS/ASFR); Cabezas, Miriam (HHS/ASFR); awang@usaid.gov; Ignacio, Joselito (FEMA.DHS.GOV); Chew, Heather (hq.dhs.gov); john.p.polowczyk.mil@mail.mil; steven.p.whitney.mil@mail.mil

Dear Disaster Leadership Group (DLG) Members:

The Office of the Assistant Secretary for Preparedness and Response (ASPR) will convene a daily DLG meeting. The purpose of these meetings is to resolve COVID-19 policy issues coming from the White House or from HHS Leadership. If you are aware of any critical policy issues that emerged during the day, please be prepared to discuss them with this group.

Read Ahead Materials

Read ahead materials will be added as an update to this invitation as early in the day as possible so that invitees have time to review prior to the meeting.

Conference Line

Conference Number: (b)(6)

Meeting Access Code: (b)(6)

If you have any questions, please reach out to me Dan Dodgen (Daniel.Dodgen@hhs.gov) and kindly copy DLGDESK@hhs.gov.

Respectfully,

Daniel Dodgen, Ph.D.

Senior Advisor

Office of the Assistant Secretary for Preparedness and Response (ASPR)

Office of Strategy, Policy, Planning and Requirements (SPPR)

HEALTH AND HUMAN SERVICES (DHHS) | O'Neill House Office Building | 200 C Street SW | Washington, DC 20515

o. (202) 245-0719

Daniel.Dodgen@HHS.Gov | www.phe.gov

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Sent Date: 2020/03/06 18:49:20

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Update: See the agenda for today's meeting attached.

Dear Disaster Leadership Group (DLG) Members:

The Office of the Assistant Secretary for Preparedness and Response (ASPR) will convene a daily DLG meeting. The purpose of these meetings is to resolve COVID-19 policy issues coming from the White House or from HHS Leadership. If you are aware of any critical policy issues that emerged during the day, please be prepared to discuss them with this group.

Read Ahead Materials

Read ahead materials will be added as an update to this invitation as early in the day as possible so that invitees have time to review prior to the meeting.

Meeting Logistics & Conference Line

-
Conference Number: (b)(6)

Meeting Access Code: (b)(6)

These sessions will be held in conference room 624D.7, located in the Humphrey Building at 200 Independence Avenue SW, Washington DC, 20201. A conference line is provided for those of you unable to join the meeting in person.

If you have any questions, please reach out to me Dan Dodgen (Daniel.Dodgen@hhs.gov) and kindly copy DLGDESK@hhs.gov.

Respectfully,

Daniel Dodgen, Ph.D.

Senior Advisor

Office of the Assistant Secretary for Preparedness and Response (ASPR)

Office of Strategy, Policy, Planning and Requirements (SPPR)

HEALTH AND HUMAN SERVICES (DHHS) | O'Neill House Office Building | 200 C Street SW | Washington, DC 20515

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Update:

Dear all,

We are looking forward to today’s discussion on prioritization of PPE. As background, please see the attached CDC guidance on “Allocating and Targeting Pandemic Influenza Vaccine During an Influenza Pandemic.” This document was cleared by the interagency, most recently in 2018. Please focus on Table 1 on page 9.

Also attached is a draft document for discussion, tailoring that table to COVID-19 and PPE. We look forward to your guidance and input to revise and finalize these recommendations.

Dear Disaster Leadership Group (DLG) Members:

The Office of the Assistant Secretary for Preparedness and Response (ASPR) will convene a daily DLG meeting. The purpose of these meetings is to resolve COVID-19 policy issues coming from the White House or from HHS Leadership. If you are aware of any critical policy issues that emerged during the day, please be prepared to discuss them with this group.

Read Ahead Materials

Read ahead materials will be added as an update to this invitation as early in the day as possible so that invitees have time to review prior to the meeting.

Meeting Logistics & Conference Line

Conference Number:

Meeting Access Code:

These sessions will be held in conference room 624D.7, located in the Humphrey Building at 200 Independence Avenue SW, Washington DC, 20201. A conference line is provided for those of you unable to join the meeting in person.

If you have any questions, please reach out to me Dan Dodgen (Daniel.Dodgen@hhs.gov) and kindly copy DLGDESK@hhs.gov.

Respectfully,

Daniel Dodgen, Ph.D.

Senior Advisor

Office of the Assistant Secretary for Preparedness and Response (ASPR)

Office of Strategy, Policy, Planning and Requirements (SPPR)

HEALTH AND HUMAN SERVICES (DHHS) | O'Neill House Office Building | 200 C Street SW | Washington, DC 20515

o. (202) 245-0719

Daniel.Dodgen@HHS.Gov | www.phe.gov

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Update: Agenda and read-ahead materials are attached.

Dear Disaster Leadership Group (DLG) Members:

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Read ahead materials will be added as an update to this invitation as early in the day as possible so that invitees have time to review prior to the meeting.

Conference Number: (b)(6)
Meeting Access Code: (b)(6)
WebEx:

(b)(6)

Respectfully,

Office of Strategy, Policy, Planning and Requirements (SPPR)

Daniel.Dodgen@HHS.Gov | www.phe.gov

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Update: The attached documents include (1) the Courses of Action for Strategic National Stockpile Ventilator Allocation paper; (2) The agenda for today’s DLG; and (3) The presentation to be displayed during today’s DLG. Also attached is the Summary of Conclusions from our DLG on Wednesday, March 18.

We ask that you review the paper prior to the start of the meeting.

We also encourage senior leaders to call-in or designate representatives with your full authority. Today’s discussion of Allocation Strategy for SNS-held Ventilators will produce

recommendations to be forwarded to the Task Force, so we want input from leadership across HHS.

Disaster Leadership Group Team

Office of the Assistant Secretary for Preparedness and Response (ASPR)
Office of Strategy, Policy, Planning, and Requirements (SPPR)

HEALTH AND HUMAN SERVICES (HHS)

DLGDesk@hhs.gov | www.phe.gov

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Conference Line

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Conference Number: (b)(6)
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WebEx:

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If you have any questions, please reach out to me Dan Dodgen (Daniel.Dodgen@hhs.gov) and kindly copy DLGDESK@hhs.gov.

Respectfully,

Daniel Dodgen, Ph.D.

Senior Advisor

Office of the Assistant Secretary for Preparedness and Response (ASPR)
Office of Strategy, Policy, Planning and Requirements (SPPR)

HEALTH AND HUMAN SERVICES (DHHS) | O'Neill House Office Building | 200 C Street SW | Washington, DC 20515

o. (202) 245-0719

Daniel.Dodgen@HHS.Gov | www.phe.gov

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(CMS/CM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=63ad10b43706420aa6578a500ad37a59-XL67>; <sh1@fda.hhs.gov>; Hinton, Denise (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a90be508b91e4a19b4839a1ce4f4b75f-denise.hint>; Cheever, Laura (HRSA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7abed2a972f64581a427f024d65befcc-laura.cheev>; 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.>; Weahkee, Michael (IHS/HQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e3cef0a48d0842dfb636569257ca0e92-michael.wea>; McCollum, Jeffrey T (IHS/HQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00c2c3ddd8fc4c19b20ee1e27ae3af6a-jeffrey.mcc>; Frazier, Francis (IHS/HQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5bc0d0e10f7349a38310945505c38fe9-francis.fra>; Collins, Francis (NIH/OD) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4bd4f570bdcb43f2800bf986fa40d75f-francis.col>; Fauci, Anthony (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6be8229aa7-anthony.fau>; Marston, Hilary (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=93be476c17024bbcbcb5b44add01fe6a8-hilary.mars>; McCance-Katz, Elinore (SAMHSA/OAS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d8b39d0626bb43c9b297678d56a03bc2-Mccance-Kat>; Delvecchio, Paolo (SAMHSA/OMTO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7b11e3306cbd40a8bb83c9c381671acb-Delvecchio,>; Lobos, Elisa (SAMHSA/OFR/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4373665362594c8b833ac405b00358f1-Lobos, Eliz>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>; Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Disbrow, Gary (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0fd5845defda4dc0bb45f8fac629cf09-Disbrow, Ga>; Lambert, Linda (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ce6824b6a92a4a4e893ea7b54e17eb3c-Lambert, Li>; Phillips, Sally (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d6ce8134846423cb83b5b28464edb60-Phillips, S>; Smith, Matthew (OS/ASPR/COOP) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3d182aa88a8844b39c3bb123832c2164-Smith, Matt>; Greene, Jonathan (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group

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	; EX <塏□滓塏動 丿菟稭卂伯添塏動 丿菟禮禮义弁剔哟噉[則問□校甜毓輗⊗匱跡叫□乃劍鈴偉羣呖□乃佩匱 ?管蘭筈碼柏舡管(舡舡)們?襪□剂住菡繡間R>; 塏□滓塏動 丿菟稭卂伯添塏動 丿菟禮禮义弁剔哟噉[則問□校甜毓輗⊗匱跡叫□乃劍鈴偉羣呖□乃篋熈匪 ≡く 賢孖繡愴藪腦休襪膜塚煩□征玆久動E <Borden, Cheryl Ann (OS/ASPR/SPPR)>; Falcon, Jessica (OS/ASPR/SIIM); <d>; /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=Rowe, Anna <優□滓塏 丿城拚>; ?? <Epting, Mallory (OS/ASPR/SPPR) (CTR)>; <EX>;
CC:	EX <塏□滓塏動 丿菟稭卂伯添塏動 丿菟禮禮义弁剔哟噉[則問□校甜毓輗⊗匱跡叫□乃劍鈴偉羣呖□乃嘶蔡 げ移菡崙7>; EX <塏□滓塏動 丿菟稭卂伯添塏動 丿菟禮禮义弁剔哟噉[則問□校甜毓輗⊗匱跡叫□乃劍鈴偉羣呖□乃佩从 ?恬柗う 侶孃舡匪襪襪(舡舡)蘭葉□佈輗 丿呖A>; EX <塏□滓塏動 丿菟稭卂伯添塏動 丿菟禮禮义弁剔哟噉[則問□校甜毓輗⊗匱跡叫□乃劍鈴偉羣呖□乃恠膜 □?葉坵舡棧祉□(舡)繡繡恠?恠□穠襪靈呖?>; EX <塏□滓塏動 丿菟稭卂伯添塏動 丿菟禮禮义弁剔哟噉[則問□校甜毓輗⊗匱跡叫□乃劍鈴偉羣呖□乃氣簾 恬□補筭份愴恠⊗匹簪筭孖孖繡(舡)秦鯢鯢鯢>
Subject:	Canceled: COVID-19 Daily Disaster Leadership Group Meeting
Importance:	High
Priority:	Urgent
Type:	OLE.CLASS.{00061055-0000-0000-C000-000000000046}

Cancellation update: We are working to align the DLG with the new Task Force structures. As such, the DLG meeting is canceled for today. If you have any questions, please do not hesitate to email the DLG Mailbox [DLGdesk@hhs.gov]. Thank you for your patience during this time.

The Office of the Assistant Secretary for Preparedness and Response (ASPR) will convene a daily DLG meeting. The purpose of these meetings is to resolve COVID-19 policy issues coming from the White House or from HHS Leadership. If you are aware of any critical policy issues that emerged during the day, please be prepared to discuss them with this group.

HHS-20-0564-I-000267

Read Ahead Materials

Read ahead materials will be added as an update to this invitation as early in the day as possible so that invitees have time to review prior to the meeting.

Conference Line

Conference Number:

(b)(6)

Meeting Access Code:

(b)(6)

WebEx:

(b)(6)

If you have any questions, please reach out to me Dan Dodgen (Daniel.Dodgen@hhs.gov) and kindly copy DLGDESK@hhs.gov.

Respectfully,

Daniel Dodgen, Ph.D.

Senior Advisor

Office of the Assistant Secretary for Preparedness and Response (ASPR)

Office of Strategy, Policy, Planning and Requirements (SPPR)

HEALTH AND HUMAN SERVICES (DHHS) | O'Neill House Office Building | 200 C Street SW | Washington, DC 20515

o. (202) 245-0719

Daniel.Dodgen@HHS.Gov | www.phe.gov

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Gin, Julia (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e4b899460dab4897b83dfd838c376bf9-Gin, Julia>; Adams, Steven A. (ASPR/SNS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f98462fe8d124743a437c7a80b3f60dd-Adams, Stev>; Lee, Scott (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userf6879348>;

Austin, Meredith (uscg.mil) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9d5f9850a051458eae1ef58335e3c19-Meredith.L.>; Wolf, Laura (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userb232d38c>;

Perdue, Christopher (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b1f65848ded24b15937eae3dcee7c827-Perdue, Chr>; Herrmann, Jack (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bebe389042ba411496b284f678ce7247-Herrmann, Ja>; Johnson, Robert (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0851e89240324306b78740a4a60745e2-Johnson, Ro>; Wong, Diana (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ea0c8b32a33b4ac586c2b5aa89c0df34-Wong, Diana>; Vineyard, Michael (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userdcac6abd>;

Mackay, Thomas (OS/ASPR/EEAA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user2e5f70d8>; Moudy, Robin (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d421d3e0f6474bc3857583cfc5870d69-Moudy, Robi>; Dodgen, Daniel (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c23f0d7c1d634508918e1c87cf50c48c-Dodgen, Dan>; Gettinger, Andrew (OS/ONC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=493de695a2254531840ab49b8e70c0d7-Gettinger,>; Abbey, Rachel (OS/OSCP) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ad175ade362e49828c4822c72a86f1f1-Abbey, Rach>; Lennon, Todd (HRSA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=13ca34c861d34fa9a21d4f430430457f-todd.lennon>; Dasher, David (HHS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7c60fe8d812c4b5583ae8a988b28e20c-Dasher, Dav>; Kellogg, Rachel (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=897ed8e8d85f4105b2bf0705fc476e32-Kellogg, Ra>; Bettencourt, Alice (HHS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=52fdb7d3c3634c939a5fa9607bdaeafe-Bettencourt>; Cochran, Norris (HHS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f76f7dcd5ea4c7598a7a7df07ed5db4-Cochran, No>; Cederberg, Christina (OS/ASPR/EEAA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user7a881e56>;

Bishop, Ralph (SAMHSA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e68f6979b407419dba5dd160043193eb-Bishop, Ral>; Watson, Ryan (SAMHSA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=598f1c49295249c1af2d9b54bddd065c-Watson, Rya>; Thornton, Cody R. (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=95c6126d2f9a4c1fb1174b59b0c3dc19-Thornton, C>; Cote, Mick (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user9459b24b>;

Lawrence, Theresa (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=281df890cadd49ea9e8622a68fd9b726-Lawrence, T>; Hadzibegovic, Diana (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user3f75d0a>;

Donato, Darrin (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cb26cc0a104c4493860a49a8cab39911-Donato, Dar>; Moughalian, Jen (HHS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a1ec840c6a2d4adbbc91e420a23c7eaf-Moughalian,>; Colf, Leremy (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=Colf, Leremy>;

DeBord, Kristin (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d2cce28859884c1c835a9404885d6534-DeBord, Kri>; Robinson, Shante (OS/ASPR/SPPR) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group

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CC:	Cosgrove, Sandra (OS/ASPR/EEAA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user0e81e587>; Holland, Tara (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4f1a3394af074579815cfcfc21462ae7-Holland, Ta>; Dafflitto, Scott (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9bd71e3aec6a4af3ad242da2c0961a9e-Dafflitto,>; Hall, Bill (HHS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02b39f27f3b4469a960054b23545cc24-Hall, Bill>; Jackson, Zhoowan (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user8cd5dd07>; Krohmer, Jon (dot.gov) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=46c6513591aa4142b2c1c85354dd1816-Jon.Krohmer>; Haigwood, Patricia (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6f7552ba649f42369f5d2cce45889841-Haigwood, P>; Donis, Ruben (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=af00dcf720cb429f8e2accbe06ee32ff-Donis, Rube>; Oshansky, Christine (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d7bd764440b44b06af644cdcd22e42d6-Oshansky, C>; Cormier, Justin (HHS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ca6c54da7a6e425397e5e4df903b605c-Cormier, Ju>; Goyle, Suraj (OS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c9cb3e21e988418a84e4880aff168b3d-Goyle, Sura>; Cabezas, Miriam (HHS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f071029f18394c96883bf73fbd15ea68-Cabezas, Mi>
Subject:	COVID-19 Daily Disaster Leadership Group Meeting
Date:	2020/03/06 18:49:20
Start Date:	2020/03/09 15:00:00
End Date:	2020/03/09 16:00:00
Priority:	Normal
Type:	Appointment
Location:	Conference Number: (b)(6) Access Code: (b)(6)
Attendees:	Haris, Mariam (OS/ASPR/SPPR) (CTR); Fucci, Michael (OS/ASPR/SPPR) (CTR); Donnelly, Kelsey (OS/ASPR/SPPR) (CTR); Roman-Stolte, Claudia (OS/ASPR/SPPR) (CTR); Stannard, Paula (HHS/IOS); Mango, Paul (HHS/IOS); Agnew, Ann (HHS/IOS); Trueman, Laura (HHS/IEA); Kadlec, Robert (OS/ASPR/IO); Bird, Catherine (OS/OGC); Hittle, Taylor (HHS/ASFR); Arbes, Sarah (HHS/ASL); Bradsher, Kris (HHS/ASL); Murphy, Ryan (OS/ASPA); Destro, Brenda (HHS/ASPE); Nevel, Amy (HHS/ASPE); Tobias, Constance (HHS/DAB); Giroir, Brett (HHS/OASH); Schwartz, Erica (HHS/OASH); Severino, Roger (HHS/OCR); Bell, March (HHS/OCR); Frohboese, Robinsue (HHS/OCR); Grigsby, Garrett (HHS/OS/OGA); Kerr, Lawrence (HHS/OS/OGA); Chang, William (HHS/OGC); Taitzman, Julie K (OIG/IO); Griswold, Nancy (HHS/OMHA HQ); McDaniel, Eileen (HHS/OMHA); Rucker, Donald (OS/ONC); Chaput, Daniel (OS/ONC); Johnson, Lynn (ACF); Robertson, Lance (ACL); Nicholls, Richard (ACL); Phillips, Christine (ACL); Meyers, David (AHRQ/IOD); McNellis, Robert (AHRQ/CEPI); Patel, Anita (CDC/DDID/NCIRD/OD); Ethier, Kathleen (CDC/DDID/NCHHSTP/DASH); Knutson, Donna (CDC/DDID/NCIRD/OD); Brookes, Brady (CMS/OA); Payne, Skip (CMS/OA); Blackford, Carol W. (CMS/CM); sh1@fda.hhs.gov; Hinton, Denise (FDA/OC); Cheever, Laura (HRSA); Espinosa, Diana (HRSA); Macrae, Jim (HRSA); Weahkee, Michael (IHS/HQ); McCollum, Jeffrey T (IHS/HQ); Frazier, Francis (IHS/HQ); Collins, Francis (NIH/OD) [E]; Fauci, Anthony (NIH/NIAID) [E]; Marston, Hilary

(NIH/NIAID) [E]; McCance-Katz, Elinore (SAMHSA/OAS); Delvecchio, Paolo (SAMHSA/OMTO); Lobos, Elisa (SAMHSA/OFR/OD); Shuy, Bryan (OS/ASPR/IO); Yeskey, Kevin (OS/ASPR/IO); Bright, Rick (OS/ASPR/BARDA); Disbrow, Gary (OS/ASPR/BARDA); Lambert, Linda (OS/ASPR/BARDA); Phillips, Sally (OS/ASPR/SPPR); Smith, Matthew (OS/ASPR/COOP); Greene, Jonathan (OS/ASPR/EMMO); Cooper, Kevin (OS/ASPR/ORM); Imbriale, Samuel (OS/ASPR/SIIM); Gin, Julia (OS/ASPR/SPPR); Adams, Steven A. (CDC/SNS/DSNS); Lee, Scott (OS/ASPR/EMMO); Austin, Meredith (uscg.mil); Wolf, Laura (OS/ASPR/SIIM); Perdue, Christopher (OS/ASPR/SPPR); Herrmann, Jack (OS/ASPR/OEA); Johnson, Robert (OS/ASPR/BARDA); Wong, Diana (OS/ASPR/SIIM); Vineyard, Michael (OS/ASPR/IO); Mackay, Thomas (OS/ASPR/EEAA); Moudy, Robin (OS/ASPR/SPPR); Dodgen, Daniel (OS/ASPR/SPPR); Gettinger, Andrew (OS/ONC); Abbey, Rachel (OS/OSCP); Lennon, Todd (HRSA); Dasher, David (HHS/ASFR); Rachel Kellogg (HHS/OS) (Rachel.Kellogg@hhs.gov); Bettencourt, Alice (HHS/ASFR); Norris Cochran (HHS/ASFR) (norris.cochran@hhs.gov); Cederberg, Christina (OS/ASPR/EEAA); Bishop, Ralph (SAMHSA); Watson, Ryan (SAMHSA); Thornton, Cody R. (OS/ASPR/SIIM); Cosgrove, Sandra (OS/ASPR/EEAA); Cote, Mick (OS/ASPR/EMMO); Lawrence, Theresa (OS/ASPR/SPPR); Hadzibegovic, Diana (OS/ASPR/SPPR); Donato, Darrin (OS/ASPR/SPPR); Holland, Tara (OS/ASPR/EMMO); Dafflitto, Scott (OS/ASPR/EMMO); Moughalian, Jen (HHS/ASFR); Bill Hall (HHS/ASPA) (bill.hall@hhs.gov); Jackson, Zhoowan (OS/ASPR/SPPR); Krohmer, Jon (dot.gov); Colf, Leremy (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Robinson, Shante (OS/ASPR/SPPR) (CTR); Haigwood, Patricia (HHS/OASH); Donis, Ruben (OS/ASPR/BARDA); Oshansky, Christine (OS/ASPR/BARDA); Cormier, Justin (HHS/ASFR); Houchens, Christopher (OS/ASPR/BARDA); Newland, Matthew (OS/ASPR/BARDA); Mair, Michael (FDA/OC); Goyle, Suraj (OS/ASFR); Cabezas, Miriam (HHS/ASFR); awang@usaid.gov; Ignacio, Joselito (FEMA.DHS.GOV); Chew, Heather (hq.dhs.gov); john.p.polowczyk.mil@mail.mil; steven.p.whitney.mil@mail.mil

Dear Disaster Leadership Group (DLG) Members:

The Office of the Assistant Secretary for Preparedness and Response (ASPR) will convene a daily DLG meeting. The purpose of these meetings is to resolve COVID-19 policy issues coming from the White House or from HHS Leadership. If you are aware of any critical policy issues that emerged during the day, please be prepared to discuss them with this group.

Read Ahead Materials

Read ahead materials will be added as an update to this invitation as early in the day as possible so that invitees have time to review prior to the meeting.

Conference Line

Conference Number: (b)(6)
Meeting Access Code: (b)(6)

If you have any questions, please reach out to me Dan Dodgen (Daniel.Dodgen@hhs.gov) and kindly copy DLGDESK@hhs.gov.

Respectfully,

Daniel Dodgen, Ph.D.

Senior Advisor

Office of the Assistant Secretary for Preparedness and Response (ASPR)

Office of Strategy, Policy, Planning and Requirements (SPPR)

HEALTH AND HUMAN SERVICES (DHHS) | O'Neill House Office Building | 200 C Street SW | Washington, DC 20515

o. (202) 245-0719

Daniel.Dodgen@HHS.Gov | www.phe.gov

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Update: See the agenda for today's meeting attached.

Dear Disaster Leadership Group (DLG) Members:

The Office of the Assistant Secretary for Preparedness and Response (ASPR) will convene a daily DLG meeting. The purpose of these meetings is to resolve COVID-19 policy issues coming from the White House or from HHS Leadership. If you are aware of any critical policy issues that emerged during the day, please be prepared to discuss them with this group.

Read Ahead Materials

Read ahead materials will be added as an update to this invitation as early in the day as possible so that invitees have time to review prior to the meeting.

Meeting Logistics & Conference Line

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Conference Number: (b)(6)

Meeting Access Code: (b)(6)

These sessions will be held in conference room 624D.7, located in the Humphrey Building at 200 Independence Avenue SW, Washington DC, 20201. A conference line is provided for those of you unable to join the meeting in person.

If you have any questions, please reach out to me Dan Dodgen (Daniel.Dodgen@hhs.gov) and kindly copy DLGDESK@hhs.gov.

Respectfully,

Daniel Dodgen, Ph.D.

Senior Advisor

Office of the Assistant Secretary for Preparedness and Response (ASPR)

Office of Strategy, Policy, Planning and Requirements (SPPR)

HEALTH AND HUMAN SERVICES (DHHS) | O'Neill House Office Building | 200 C Street SW | Washington, DC 20515

o. (202) 245-0719

Daniel.Dodgen@HHS.Gov | www.phe.gov

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Update:

Dear all,

We are looking forward to today's discussion on prioritization of PPE. As background, please see the attached CDC guidance on "Allocating and Targeting Pandemic Influenza Vaccine During an Influenza Pandemic." This document was cleared by the interagency, most recently in 2018. Please focus on Table 1 on page 9.

Also attached is a draft document for discussion, tailoring that table to COVID-19 and PPE. We look forward to your guidance and input to revise and finalize these recommendations.

Dear Disaster Leadership Group (DLG) Members:

The Office of the Assistant Secretary for Preparedness and Response (ASPR) will convene a daily DLG meeting. The purpose of these meetings is to resolve COVID-19 policy issues coming from the White House or from HHS Leadership. If you are aware of any critical policy issues that emerged during the day, please be prepared to discuss them with this group.

Read Ahead Materials

Read ahead materials will be added as an update to this invitation as early in the day as possible so that invitees have time to review prior to the meeting.

Meeting Logistics & Conference Line

Conference Number: (b)(6)

Meeting Access Code: (b)(6)

These sessions will be held in conference room 624D.7, located in the Humphrey Building at 200 Independence Avenue SW, Washington DC, 20201. A conference line is provided for those of you unable to join the meeting in person.

If you have any questions, please reach out to me Dan Dodgen (Daniel.Dodgen@hhs.gov) and kindly copy DLGDESK@hhs.gov.

Respectfully,

Daniel Dodgen, Ph.D.

Senior Advisor

Office of the Assistant Secretary for Preparedness and Response (ASPR)

Office of Strategy, Policy, Planning and Requirements (SPPR)

HEALTH AND HUMAN SERVICES (DHHS) | O'Neill House Office Building | 200 C Street SW | Washington, DC 20515

o. (202) 245-0719

Daniel.Dodgen@HHS.Gov | www.phe.gov

Recipient:

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Update: Agenda and read-ahead materials are attached.

Dear Disaster Leadership Group (DLG) Members:

The Office of the Assistant Secretary for Preparedness and Response (ASPR) will convene a daily DLG meeting. The purpose of these meetings is to resolve COVID-19 policy issues coming from the White House or from HHS Leadership. If you are aware of any critical policy issues that emerged during the day, please be prepared to discuss them with this group.

Read Ahead Materials

Read ahead materials will be added as an update to this invitation as early in the day as possible so that invitees have time to review prior to the meeting.

Conference Line

-
Conference Number: (b)(6)
Meeting Access Code: (b)(6)
WebEx:

(b)(6)

If you have any questions, please reach out to me Dan Dodgen (Daniel.Dodgen@hhs.gov) and kindly copy DLGDESK@hhs.gov.

Respectfully,

Daniel Dodgen, Ph.D.

Senior Advisor

Office of the Assistant Secretary for Preparedness and Response (ASPR)

Office of Strategy, Policy, Planning and Requirements (SPPR)

HEALTH AND HUMAN SERVICES (DHHS) | O'Neill House Office Building | 200 C Street SW | Washington, DC 20515

o. (202) 245-0719

Daniel.Dodgen@HHS.Gov | www.phe.gov

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Update: The attached documents include (1) the Courses of Action for Strategic National Stockpile Ventilator Allocation paper; (2) The agenda for today’s DLG; and (3) The presentation to be displayed during today’s DLG. Also attached is the Summary of Conclusions from our DLG on Wednesday, March 18.

We ask that you review the paper prior to the start of the meeting.

We also encourage senior leaders to call-in or designate representatives with your full authority. Today’s discussion of Allocation Strategy for SNS-held Ventilators will produce

recommendations to be forwarded to the Task Force, so we want input from leadership across HHS.

Disaster Leadership Group Team

Office of the Assistant Secretary for Preparedness and Response (ASPR)
Office of Strategy, Policy, Planning, and Requirements (SPPR)

HEALTH AND HUMAN SERVICES (HHS)

DLGDesk@hhs.gov | www.phe.gov

Dear Disaster Leadership Group (DLG) Members:

The Office of the Assistant Secretary for Preparedness and Response (ASPR) will convene a daily DLG meeting. The purpose of these meetings is to resolve COVID-19 policy issues coming from the White House or from HHS Leadership. If you are aware of any critical policy issues that emerged during the day, please be prepared to discuss them with this group.

Read Ahead Materials

Read ahead materials will be added as an update to this invitation as early in the day as possible so that invitees have time to review prior to the meeting.

Conference Line

-
Conference Number:

Meeting Access Code:

WebEx:

If you have any questions, please reach out to me Dan Dodgen (Daniel.Dodgen@hhs.gov) and kindly copy DLGDESK@hhs.gov.

Respectfully,

Daniel Dodgen, Ph.D.

Senior Advisor

Office of the Assistant Secretary for Preparedness and Response (ASPR)
Office of Strategy, Policy, Planning and Requirements (SPPR)

HEALTH AND HUMAN SERVICES (DHHS) | O'Neill House Office Building | 200 C Street SW | Washington, DC 20515

o. (202) 245-0719

Daniel.Dodgen@HHS.Gov | www.phe.gov

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Subject:	Canceled: COVID-19 Daily Disaster Leadership Group Meeting
Importance:	High
Priority:	Urgent
Type:	OLE.CLASS.{00061055-0000-0000-C000-000000000046}

Cancellation update: We are continuing to align the DLG with the new Task Force structures. As such, the DLG meeting is canceled for Thursday, March 26 and Friday, March 27. If you have any questions, please do not hesitate to email the DLG Mailbox [DLGdesk@hhs.gov]. Thank you for your patience during this time.

Dear Disaster Leadership Group (DLG) Members:

The Office of the Assistant Secretary for Preparedness and Response (ASPR) will convene a daily DLG meeting. The purpose of these meetings is to resolve COVID-19 policy issues coming from the White House or from HHS Leadership. If you are aware of any critical policy issues that emerged during the day, please be prepared to discuss them with this group.

Read Ahead Materials

Read ahead materials will be added as an update to this invitation as early in the day as possible so that invitees have time to review prior to the meeting.

Conference Line

Conference Number: (b)(6)

Meeting Access Code: (b)(6)

WebEx:

(b)(6)

If you have any questions, please reach out to me Dan Dodgen (Daniel.Dodgen@hhs.gov) and kindly copy DLGDESK@hhs.gov.

Respectfully,

Daniel Dodgen, Ph.D.

Senior Advisor

Office of the Assistant Secretary for Preparedness and Response (ASPR)

Office of Strategy, Policy, Planning and Requirements (SPPR)

HEALTH AND HUMAN SERVICES (DHHS) | O'Neill House Office Building | 200 C Street SW | Washington, DC 20515

o. (202) 245-0719

Daniel.Dodgen@HHS.Gov | www.phe.gov

Recipient:

Cooper, Kevin (OS/ASPR/ORM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3460d98a33e6478a9baf70248f5432bc-Cooper, Kev>; DLGDESK (HHS/ASPR/OPP) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2f1f856fe64345d3ac04f5afd847622b-DLGDESK.OS@>; Haris, Mariam (OS/ASPR/SPPR) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5bc86417c474415091784515760ef89b-Harris, Mar>; Fucci, Michael (OS/ASPR/SPPR) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9dfa7aa39b43422385f7209e40a7371d-Fucci, Mich>; Donnelly, Kelsey (OS/ASPR/SPPR) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=92628694fc884f0881c4ef23086b9942-Donnelly, K>; Roman-Stolte, Claudia (OS/ASPR/SPPR) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=51688a0dd62e478d9db7348c78b0a5b9-Roman-Stolt>; EX

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?? <Phillips, Christine (ACL)>;
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Subject:	Canceled: COVID-19 Daily Disaster Leadership Group Meeting
Importance:	High
Priority:	Urgent
Type:	OLE.CLASS.{00061055-0000-0000-C000-000000000046}

Cancellation update: We are continuing to align the DLG with the new Task Force structures. As such, the DLG meeting is canceled for Thursday, March 26 and Friday, March 27. If you have any questions, please do not hesitate to email the DLG Mailbox [DLGdesk@hhs.gov]. Thank you for your patience during this time.

Dear Disaster Leadership Group (DLG) Members:

The Office of the Assistant Secretary for Preparedness and Response (ASPR) will convene a daily DLG meeting. The purpose of these meetings is to resolve COVID-19 policy issues coming from the White House or from HHS Leadership. If you are aware of any critical policy issues that emerged during the day, please be prepared to discuss them with this group.

Read Ahead Materials

Read ahead materials will be added as an update to this invitation as early in the day as possible so that invitees have time to review prior to the meeting.

Conference Line

Conference Number:

(b)(6)

Meeting Access Code:

(b)(6)

WebEx:

(b)(6)

If you have any questions, please reach out to me Dan Dodgen (Daniel.Dodgen@hhs.gov) and kindly copy DLGDESK@hhs.gov.

Respectfully,

Daniel Dodgen, Ph.D.

Senior Advisor

Office of the Assistant Secretary for Preparedness and Response (ASPR)

Office of Strategy, Policy, Planning and Requirements (SPPR)

AMERICAN
OVERSIGHT

From:	DLGDESK (HHS/ASPR/OPP) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=2F1F856FE64345D3AC04F5AFD847622B-DLGDESK.OS@>
To:	DLGDESK (HHS/ASPR/OPP) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2f1f856fe64345d3ac04f5afd847622b-DLGDESK.OS@>; Harris, Mariam (OS/ASPR/SPPR) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5bc86417c474415091784515760ef89b-Harris, Mar>; Fucci, Michael (OS/ASPR/SPPR) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9dfa7aa39b43422385f7209e40a7371d-Fucci, Mich>; Donnelly, Kelsey (OS/ASPR/SPPR) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=92628694fc884f0881c4ef23086b9942-Donnelly, K>; Roman-Stolte, Claudia (OS/ASPR/SPPR) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=51688a0dd62e478d9db7348c78b0a5b9-Roman-Stolt>; Stannard, Paula (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f0892a057f83497e9390288c813b61d9-Stannard, P>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>; Agnew, Ann (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e5174d56b97948d0820e90e8d8136ee5-Agnew, Ann>; Trueman, Laura (HHS/IEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=99dcb4c6ea342c08d58f63e37d997e7-Trueman, La>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Bird, Catherine (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb9d9180497c49c4a06a0dd1f6043dc7-Bird, Cathe>; Hittle, Taylor (HHS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4a6a08d06d8648fda1e44f51f35eebb-Hittle, Pat>; Arbes, Sarah (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=106db0ac70a241a8b1323647c093d9bf-Arbes, Sara>; Bradsher, Kris (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=af8103b9f1ce4d27b4e32ec850ce7268-Bradsher, K>; Murphy, Ryan (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya>; 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>; Tobias, Constance (HHS/DAB) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user039621bc>; Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; Schwartz, Erica (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=603e84a0e3744a5d8dcbd759f5dcd91-Schwartz, E>; Severino, Roger (HHS/OCR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=47bbbf66a9ec4d4b8b74ed8cb2029b31-Severino, R>; Bell, March (HHS/OCR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b058f58ea03648bfbb1631467db5ff6d-Bell, March>; Frohboese, Robinsue (HHS/OCR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=57b8853f66da4cb99818c9e2632f77f8-Frohboese,>; Grigsby, Garrett (HHS/OS/OGA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7cd78b4810d44b17b8711aaede9a9023-Grigsby, GI>; Kerr, Lawrence (HHS/OS/OGA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8ce9de2e7497472bb758f8fd6e262c86-Kerr, Lawre>; Chang, William (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3cf70c842da144ab9bee61f353d932a0-Chang, Will>; Taitsman, Julie K (OIG/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c4b9727f82ed4ef1a58e3af1dcb1e8bb-julie.taits>; Griswold, Nancy (HHS/OMHA HQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2debac9db0d482eb4d9f43df71d3a23-Nancy J. Gr>; McDaniel, Eileen (HHS/OMHA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4ec60e4f20ac4f14a76d588e5f8ec329-McDaniel, E>; Rucker, Donald (OS/ONC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=56c304886bf3464694559621e2688ec5-Rucker, Don>; Chaput, Daniel (OS/ONC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=217b3bc89d6a4606b5b63c48d3e208f2-Chaput, Dan>; Johnson, Lynn (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e08aee07c094419ab78da8fbb9b8be3e-Johnson, Ly>;

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Subject:	COVID-19 Daily Disaster Leadership Group Meeting
Date:	2020/03/06 18:49:20
Start Date:	2020/03/09 15:00:00
End Date:	2020/03/09 16:00:00
Priority:	Normal
Type:	Appointment
Location:	Conference Number: (b)(6) Access Code: (b)(6) Room #: 624D.7 Humphrey Building at 200 Independence Avenue SW, Washington DC, 20201
Attendees:	Haris, Mariam (OS/ASPR/SPPR) (CTR); Fucci, Michael (OS/ASPR/SPPR) (CTR); Donnelly, Kelsey (OS/ASPR/SPPR) (CTR); Roman-Stolte, Claudia (OS/ASPR/SPPR) (CTR); Stannard, Paula (HHS/IOS); Mango, Paul (HHS/IOS); Agnew, Ann (HHS/IOS); Trueman, Laura (HHS/IEA); Kadlec, Robert

(OS/ASPR/IO); Bird, Catherine (OS/OGC); Hittle, Taylor (HHS/ASFR); Arbes, Sarah (HHS/ASL); Bradsher, Kris (HHS/ASL); Murphy, Ryan (OS/ASPA); Destro, Brenda (HHS/ASPE); Nevel, Amy (HHS/ASPE); Tobias, Constance (HHS/DAB); Giroir, Brett (HHS/OASH); Schwartz, Erica (HHS/OASH); Severino, Roger (HHS/OCR); Bell, March (HHS/OCR); Frohboese, Robinsue (HHS/OCR); Grigsby, Garrett (HHS/OS/OGA); Kerr, Lawrence (HHS/OS/OGA); Chang, William (HHS/OGC); Taitzman, Julie K (OIG/IO); Griswold, Nancy (HHS/OMHA HQ); McDaniel, Eileen (HHS/OMHA); Rucker, Donald (OS/ONC); Chaput, Daniel (OS/ONC); Johnson, Lynn (ACF); Robertson, Lance (ACL); Nicholls, Richard (ACL); Phillips, Christine (ACL); Meyers, David (AHRQ/IOD); McNellis, Robert (AHRQ/CEPI); Patel, Anita (CDC/DDID/NCIRD/OD); Ethier, Kathleen (CDC/DDID/NCHHSTP/DASH); Knutson, Donna (CDC/DDNID/NCEH/OD); Brookes, Brady (CMS/OA); Payne, Skip (CMS/OA); Blackford, Carol W. (CMS/CM); sh1@fda.hhs.gov; Hinton, Denise (FDA/OC); Cheever, Laura (HRSA); Espinosa, Diana (HRSA); Macrae, Jim (HRSA); Weahkee, Michael (IHS/HQ); McCollum, Jeffrey T (IHS/HQ); Frazier, Francis (IHS/HQ); Collins, Francis (NIH/OD) [E]; Fauci, Anthony (NIH/NIAID) [E]; Marston, Hilary (NIH/NIAID) [E]; McCance-Katz, Elinore (SAMHSA/OAS); Delvecchio, Paolo (SAMHSA/OMTO); Lobos, Elisa (SAMHSA/OFR/OD); Shuy, Bryan (OS/ASPR/IO); Yeskey, Kevin (OS/ASPR/IO); Bright, Rick (OS/ASPR/BARDA); Disbrow, Gary (OS/ASPR/BARDA); Lambert, Linda (OS/ASPR/BARDA); Phillips, Sally (OS/ASPR/SPPR); Smith, Matthew (OS/ASPR/COOP); Greene, Jonathan (OS/ASPR/EMMO); Cooper, Kevin (OS/ASPR/ORM); Imbriale, Samuel (OS/ASPR/SIIM); DeBord, Kristin (OS/ASPR/SPPR); Gin, Julia (OS/ASPR/SPPR); Adams, Steven A. (CDC/SNS/DSNS); Lee, Scott (OS/ASPR/EMMO); Austin, Meredith (uscg.mil); Wolf, Laura (OS/ASPR/SIIM); Perdue, Christopher (OS/ASPR/SPPR); Herrmann, Jack (OS/ASPR/OEA); Johnson, Robert (OS/ASPR/BARDA); Wong, Diana (OS/ASPR/SIIM); Vineyard, Michael (OS/ASPR/IO); Mackay, Thomas (OS/ASPR/EEAA); Moudy, Robin (OS/ASPR/SPPR); Dodgen, Daniel (OS/ASPR/SPPR); Gettinger, Andrew (OS/ONC); Abbey, Rachel (OS/OSCP); Lennon, Todd (HRSA); Dasher, David (HHS/ASFR); Rachel Kellogg (HHS/OS) (Rachel.Kellogg@hhs.gov); Bettencourt, Alice (HHS/ASFR); Norris Cochran (HHS/ASFR) (norris.cochran@hhs.gov); Cederberg, Christina (OS/ASPR/EEAA); Bishop, Ralph (SAMHSA); Watson, Ryan (SAMHSA)

Dear Disaster Leadership Group (DLG) Members:

The Office of the Assistant Secretary for Preparedness and Response (ASPR) will convene a daily DLG meeting. The purpose of these meetings is to resolve COVID-19 policy issues coming from the White House or from HHS Leadership. If you are aware of any critical policy issues that emerged during the day, please be prepared to discuss them with this group.

Read Ahead Materials

Read ahead materials will be added as an update to this invitation as early in the day as possible so that invitees have time to review prior to the meeting.

Meeting Logistics & Conference Line

Conference Number: (b)(6)

Meeting Access Code: (b)(6)

These sessions will be held in conference room 624D.7, located in the Humphrey Building at 200 Independence Avenue SW, Washington DC, 20201. A conference line is provided for those of you unable to join the meeting in person.

If you have any questions, please reach out to me Dan Dodgen (Daniel.Dodgen@hhs.gov) and kindly copy DLGDESK@hhs.gov.

Respectfully,

Daniel Dodgen, Ph.D.

Senior Advisor

Office of the Assistant Secretary for Preparedness and Response (ASPR)

Office of Strategy, Policy, Planning and Requirements (SPPR)

HEALTH AND HUMAN SERVICES (DHHS) | O'Neill House Office Building | 200 C Street SW | Washington, DC 20515

o. (202) 245-0719

Daniel.Dodgen@HHS.Gov | www.phe.gov

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(CMS/CM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=63ad10b43706420aa6578a500ad37a59-XL67>; <sh1@fda.hhs.gov>; Hinton, Denise (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a90be508b91e4a19b4839a1ce4f4b75f-denise.hint>; Cheever, Laura (HRSA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7abed2a972f64581a427f024d65befcc-laura.cheev>; 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.>; Weahkee, Michael (IHS/HQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e3cef0a48d0842dfb636569257ca0e92-michael.wea>; McCollum, Jeffrey T (IHS/HQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00c2c3ddd8fc4c19b20ee1e27ae3af6a-jeffrey.mcc>; Frazier, Francis (IHS/HQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5bc0d0e10f7349a38310945505c38fe9-francis.fra>; Collins, Francis (NIH/OD) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4bd4f570bdcb43f2800bf986fa40d75f-francis.col>; Fauci, Anthony (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau>; Marston, Hilary (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=93be476c17024bbcb5b44add01fe6a8-hilary.mars>; McCance-Katz, Elinore (SAMHSA/OAS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d8b39d0626bb43c9b297678d56a03bc2-Mccance-Kat>;

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Adams, Steven A. (CDC/SNS/DSNS) <saa1@cdc.gov>;

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Update: See the agenda for today's meeting attached.

Dear Disaster Leadership Group (DLG) Members:

The Office of the Assistant Secretary for Preparedness and Response (ASPR) will convene a daily DLG meeting. The purpose of these meetings is to resolve COVID-19 policy issues coming from the White House or from HHS Leadership. If you are aware of any critical policy issues that emerged during the day, please be prepared to discuss them with this group.

Read Ahead Materials

Read ahead materials will be added as an update to this invitation as early in the day as possible so that invitees have time to review prior to the meeting.

Meeting Logistics & Conference Line

-
Conference Number: (b)(6)
Meeting Access Code: (b)(6)

These sessions will be held in conference room 624D.7, located in the Humphrey Building at 200 Independence Avenue SW, Washington DC, 20201. A conference line is provided for those of you unable to join the meeting in person.

If you have any questions, please reach out to me Dan Dodgen (Daniel.Dodgen@hhs.gov) and kindly copy DLGDESK@hhs.gov.

Respectfully,

Daniel Dodgen, Ph.D.

Senior Advisor

Office of the Assistant Secretary for Preparedness and Response (ASPR)

Office of Strategy, Policy, Planning and Requirements (SPPR)

HEALTH AND HUMAN SERVICES (DHHS) | O'Neill House Office Building | 200 C Street SW | Washington, DC 20515

o. (202) 245-0719

Daniel.Dodgen@HHS.Gov | www.phe.gov

Recipient:

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Update:

Dear all,

We are looking forward to today’s discussion on prioritization of PPE. As background, please see the attached CDC guidance on “Allocating and Targeting Pandemic Influenza Vaccine During an Influenza Pandemic.” This document was cleared by the interagency, most recently in 2018. Please focus on Table 1 on page 9.

Also attached is a draft document for discussion, tailoring that table to COVID-19 and PPE. We look forward to your guidance and input to revise and finalize these recommendations.

Dear Disaster Leadership Group (DLG) Members:

The Office of the Assistant Secretary for Preparedness and Response (ASPR) will convene a daily DLG meeting. The purpose of these meetings is to resolve COVID-19 policy issues coming from the White House or from HHS Leadership. If you are aware of any critical policy issues that emerged during the day, please be prepared to discuss them with this group.

Read Ahead Materials

Read ahead materials will be added as an update to this invitation as early in the day as possible so that invitees have time to review prior to the meeting.

Meeting Logistics & Conference Line

Conference Number:

Meeting Access Code:

These sessions will be held in conference room 624D.7, located in the Humphrey Building at 200 Independence Avenue SW, Washington DC, 20201. A conference line is provided for those of you unable to join the meeting in person.

If you have any questions, please reach out to me Dan Dodgen (Daniel.Dodgen@hhs.gov) and kindly copy DLGDESK@hhs.gov.

Office of Strategy, Policy, Planning and Requirements (SPPR)

Daniel.Dodgen@HHS.Gov | www.phe.gov

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<塤〇滓塹塢 丂蒯穉卂伯添塹塢 丂蒯漣禮乂弁剔哟嘍[則問□校甜毓輒⊗匱臨呌□乃劍鈴偉萆唳□乃𪔐埤
籜稭琿秬伏枏觶ゝㄥ紀恁悠膾簪□剝蓮▷匠刹A>;
EX
<塤〇滓塹塢 丂蒯穉卂伯添塹塢 丂蒯漣禮乂弁剔哟嘍[則問□校甜毓輒⊗匱臨呌□乃劍鈴偉萆唳□乃栖航
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俩篤伙嫫倖□岫□藪駟案□恐ゝ□蓋吃快剂E>;
EX <Amy.Nevel@HHS.GOV>;
<Tobias, Constance (HHS/DAB)>;
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<Schwartz, Erica (HHS/OASH)>:

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Gr>; McDaniel, Eileen (HHS/OMHA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4ec60e4f20ac4f14a76d588e5f8ec329-McDaniel, E>; Rucker, Donald (OS/ONC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=56c304886bf3464694559621e2688ec5-Rucker, Don>; Chaput, Daniel (OS/ONC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=217b3bc89d6a4606b5b63c48d3e208f2-Chaput, Dan>; Johnson, Lynn (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e08aee07c094419ab78da8fbb9b8be3e-Johnson, Ly>;

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Lawrence, Theresa (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=281df890cadd49ea9e8622a68fd9b726-Lawrence, T>; Hadzibegovic, Diana (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user3f75d0a>;

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Date:	2020/03/06 18:49:20
Start Date:	2020/03/09 15:00:00
End Date:	2020/03/09 16:00:00
Priority:	Normal
Type:	Appointment
Location:	Conference Number: (b)(6) Access Code (b)(6)
Attendees:	Haris, Mariam (OS/ASPR/SPPR) (CTR); Fucci, Michael (OS/ASPR/SPPR) (CTR); Donnelly, Kelsey (OS/ASPR/SPPR) (CTR); Roman-Stolte, Claudia (OS/ASPR/SPPR) (CTR); Stannard, Paula (HHS/IOS); Mango, Paul (HHS/IOS); Agnew, Ann (HHS/IOS); Trueman, Laura (HHS/IEA); Kadlec, Robert (OS/ASPR/IO); Bird, Catherine (OS/OGC); Hittle, Taylor (HHS/ASFR); Arbes, Sarah (HHS/ASL); Bradsher, Kris (HHS/ASL); Murphy, Ryan (OS/ASPA); Destro, Brenda (HHS/ASPE); Nevel, Amy (HHS/ASPE); Tobias, Constance (HHS/DAB); Giroir, Brett (HHS/OASH); Schwartz, Erica (HHS/OASH); Severino, Roger (HHS/OCR); Bell, March (HHS/OCR); Frohboese, Robinsue (HHS/OCR); Grigsby, Garrett (HHS/OS/OGA); Kerr, Lawrence (HHS/OS/OGA); Chang, William (HHS/OGC); Taitsman, Julie K (OIG/IO); Griswold, Nancy (HHS/OMHA HQ); McDaniel, Eileen (HHS/OMHA); Rucker, Donald (OS/ONC); Chaput, Daniel (OS/ONC); Johnson, Lynn (ACF); Robertson, Lance (ACL); Nicholls, Richard (ACL); Phillips, Christine (ACL); Meyers, David (AHRQ/IOD); McNellis, Robert (AHRQ/CEPI); Patel, Anita (CDC/DDID/NCIRD/OD); Ethier, Kathleen (CDC/DDID/NCHHSTP/DASH); Knutson, Donna (CDC/DDNID/NCEH/OD); Brookes, Brady (CMS/OA); Payne, Skip (CMS/OA); Blackford, Carol W. (CMS/CM); sh1@fda.hhs.gov; Hinton, Denise (FDA/OC); Cheever, Laura (HRSA); Espinosa, Diana (HRSA); Macrae, Jim (HRSA); Weahkee, Michael (IHS/HQ); McCollum, Jeffrey T (IHS/HQ); Frazier, Francis (IHS/HQ); Collins, Francis (NIH/OD) [E]; Fauci, Anthony (NIH/NIAID) [E]; Marston, Hilary (NIH/NIAID) [E]; McCance-Katz, Elinore (SAMHSA/OAS); Delvecchio, Paolo (SAMHSA/OMTO); Lobos,

Elisa (SAMHSA/OFR/OD); Shuy, Bryan (OS/ASPR/IO); Yeskey, Kevin (OS/ASPR/IO); Bright, Rick (OS/ASPR/BARDA); Disbrow, Gary (OS/ASPR/BARDA); Lambert, Linda (OS/ASPR/BARDA); Phillips, Sally (OS/ASPR/SPPR); Smith, Matthew (OS/ASPR/COOP); Greene, Jonathan (OS/ASPR/EMMO); Cooper, Kevin (OS/ASPR/ORM); Imbriale, Samuel (OS/ASPR/SIIM); Gin, Julia (OS/ASPR/SPPR); Adams, Steven A. (CDC/SNS/DSNS); Lee, Scott (OS/ASPR/EMMO); Austin, Meredith (uscg.mil); Wolf, Laura (OS/ASPR/SIIM); Perdue, Christopher (OS/ASPR/SPPR); Herrmann, Jack (OS/ASPR/OEA); Johnson, Robert (OS/ASPR/BARDA); Wong, Diana (OS/ASPR/SIIM); Vineyard, Michael (OS/ASPR/IO); Mackay, Thomas (OS/ASPR/EEAA); Moudy, Robin (OS/ASPR/SPPR); Dodgen, Daniel (OS/ASPR/SPPR); Gettinger, Andrew (OS/ONC); Abbey, Rachel (OS/OSCP); Lennon, Todd (HRSA); Dasher, David (HHS/ASFR); Rachel Kellogg (HHS/OS) (Rachel.Kellogg@hhs.gov); Bettencourt, Alice (HHS/ASFR); Norris Cochran (HHS/ASFR) (norris.cochran@hhs.gov); Cederberg, Christina (OS/ASPR/EEAA); Bishop, Ralph (SAMHSA); Watson, Ryan (SAMHSA); Thornton, Cody R. (OS/ASPR/SIIM); Cosgrove, Sandra (OS/ASPR/EEAA); Cote, Mick (OS/ASPR/EMMO); Lawrence, Theresa (OS/ASPR/SPPR); Hadzibegovic, Diana (OS/ASPR/SPPR); Donato, Darrin (OS/ASPR/SPPR); Holland, Tara (OS/ASPR/EMMO); Dafflitto, Scott (OS/ASPR/EMMO); Moughalian, Jen (HHS/ASFR); Bill Hall (HHS/ASPA) (bill.hall@hhs.gov); Jackson, Zhuowan (OS/ASPR/SPPR); Krohmer, Jon (dot.gov); Colf, Leremy (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Robinson, Shante (OS/ASPR/SPPR) (CTR); Haigwood, Patricia (HHS/OASH); Donis, Ruben (OS/ASPR/BARDA); Oshansky, Christine (OS/ASPR/BARDA); Cormier, Justin (HHS/ASFR); Houchens, Christopher (OS/ASPR/BARDA); Newland, Matthew (OS/ASPR/BARDA); Mair, Michael (FDA/OC); Goyle, Suraj (OS/ASFR); Cabezas, Miriam (HHS/ASFR); awang@usaid.gov; Ignacio, Joselito (FEMA.DHS.GOV); Chew, Heather (hq.dhs.gov); john.p.polowczyk.mil@mail.mil; steven.p.whitney.mil@mail.mil

Dear Disaster Leadership Group (DLG) Members:

The Office of the Assistant Secretary for Preparedness and Response (ASPR) will convene a daily DLG meeting. The purpose of these meetings is to resolve COVID-19 policy issues coming from the White House or from HHS Leadership. If you are aware of any critical policy issues that emerged during the day, please be prepared to discuss them with this group.

Read Ahead Materials

Read ahead materials will be added as an update to this invitation as early in the day as possible so that invitees have time to review prior to the meeting.

Conference Line

Conference Number: (b)(6)

Meeting Access Code: (b)(6)

If you have any questions, please reach out to me Dan Dodgen (Daniel.Dodgen@hhs.gov) and kindly copy DLGDESK@hhs.gov.

Respectfully,

Daniel Dodgen, Ph.D.

Senior Advisor

Office of the Assistant Secretary for Preparedness and Response (ASPR)

Office of Strategy, Policy, Planning and Requirements (SPPR)

HEALTH AND HUMAN SERVICES (DHHS) | O'Neill House Office Building | 200 C Street SW | Washington, DC 20515

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Daniel.Dodgen@HHS.Gov | www.phe.gov

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Sent Date: 2020/03/06 18:49:20

To:

	Adams, Steven A. (CDC/SNS/DSNS) <saa1@cdc.gov>; □收欄讀□療□裕 <>; 츨뽰뽰궐뽰뽰; 詮2뽰뽰뽰뽰뽰뽰; 뽰뽰뽰뽰뽰뽰뽰; 궐□血互궐□□□; 妈□標궐궐□妄; 擇궐궐궐궐□駟궐궐; 嶺궐궐궐궐궐궐궐궐궐; >友궐궐궐궐궐궐궐; 晋□窓乎休至궐궐; □□檢□궐궐궐; 咸궐궐궐궐궐궐궐; 1; 0; »; ¼; ½; ¾; <EX>; <EX>; Á; 궐궐궐궐궐궐궐궐궐; d <Ã>; /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=281df890cadd49ea9e8622a68fd9b726-Lawrence, T <뽰뽰궐궐궐궐궐궐>; </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user3f75d0a>; <d>; </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a1ec840c6a2d4adbbc91e420a23c7eaf-Moughalian,>; <d>; sip:sandra.cosgrove@hhs.gov </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user0e81e587>; Holland, Tara (OS/ASPR/EMMO); d <紹궐궐궐궐궐궐궐>; sip:bill.hall@hhs.gov </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02b39f27f3b4469a960054b23545cc24-Hall, Bill>; Jon.krohmer@dot.gov; <??>; <??>; <??>
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Update: See the agenda for today's meeting attached.

Dear Disaster Leadership Group (DLG) Members:

The Office of the Assistant Secretary for Preparedness and Response (ASPR) will convene a daily DLG meeting. The purpose of these meetings is to resolve COVID-19 policy issues coming from the White House or from HHS Leadership. If you are aware of any critical policy issues that emerged during the day, please be prepared to discuss them with this group.

Read Ahead Materials

Read ahead materials will be added as an update to this invitation as early in the day as possible so that invitees have time to review prior to the meeting.

Meeting Logistics & Conference Line

-
Conference Number: (b)(6)

Meeting Access Code: (b)(6)

These sessions will be held in conference room 624D.7, located in the Humphrey Building at 200 Independence Avenue SW, Washington DC, 20201. A conference line is provided for those of you unable to join the meeting in person.

If you have any questions, please reach out to me Dan Dodgen (Daniel.Dodgen@hhs.gov) and kindly copy DLGDESK@hhs.gov.

Respectfully,

Daniel Dodgen, Ph.D.

Senior Advisor

Office of the Assistant Secretary for Preparedness and Response (ASPR)

Office of Strategy, Policy, Planning and Requirements (SPPR)

HEALTH AND HUMAN SERVICES (DHHS) | O'Neill House Office Building | 200 C Street SW | Washington, DC 20515

o. (202) 245-0719

Daniel.Dodgen@HHS.Gov | www.phe.gov

Recipient:

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Respectfully,

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To:

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Michael.Fucci <□雙柵禮慈 | 莖坎>;
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Rick.Bright@hhs.gov <Bright, Rick (OS/ASPR/BARDA)>;
Gary.Disbrow@hhs.gov <Disbrow, Gary (OS/ASPR/BARDA)>;
Linda.Lambert@hhs.gov <Lambert, Linda (OS/ASPR/BARDA)>;
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Thomas.Mackay@hhs.gov <Mackay, Thomas (OS/ASPR/EEAA)>;
Robin.Moudy@hhs.gov <Moudy, Robin (OS/ASPR/SPPR)>;
Daniel.Dodgen@HHS.GOV <Dodgen, Daniel (OS/ASPR/SPPR)>;
Andrew.Gettinger@hhs.gov <Gettinger, Andrew (OS/ONC)>;
Rachel.Abbey@hhs.gov <Abbey, Rachel (OS/OSCP)>;
Lennon, Todd (HRSA);
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cancellation good morning the dlgs meeting for monday march 23 is canceled thank you dear disaster leadership group dlgs members the office of the assistant secretary for preparedness and response aspr will convene a daily dlgs meeting the purpose of these meetings is to resolve covid 19 policy issues coming from the white house or from hhs leadership if you are aware of any critical policy issues that emerged during the day please be prepared to discuss them with this group read ahead materials read ahead materials will be added as an update to this invitation as early in the day as possible so that invitees have time to review prior to the meeting conference line conference number 202 774 2300 meeting access code 999 021 008 webex <https://meetingserver.hhs.gov/joinmeeting.do?mtid=d40fae08b1dc97bb5567609f33d88a6d> if you have any questions please reach out to me dan dodgen daniel.dodgen@hhs.gov and kindly copy dlgsdesk@hhs.gov respectfully daniel.dodgen@hhs.gov ph d senior advisor office of the assistant secretary for preparedness and response aspr office of strategy policy planning and requirements sppr health and human services dhhs o neill house office building 200 c street sw washington dc 20515 o 202 245 0719 daniel.dodgen@hhs.gov www.phe.gov !zmdaniel.dodgen@hhs.gov !zmdaniel.dodgen@hhs.gov !zmdaniel.dodgen@hhs.gov !zmdaniel.dodgen@hhs.gov !zmdlgsdesk@hhs.gov !zmdlgsdesk@hhs.gov !zmdlgsdesk@hhs.gov !zmdaniel.dodgen@hhs.gov !zmdaniel.dodgen@hhs.gov !zmdaniel.dodgen@hhs.gov !zmdaniel.dodgen@hhs.gov

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