



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

March 7, 2022

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

Dear Mr. Evers:

This letter is the tenth 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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e. ~~[~50 records] For the key term “Emergency” limit responsive records to those that also include “DPA” or “Defense Production Act,” for the full time period of the search.~~

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

~~viii. Isolation~~

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

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

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

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

~~xiii. Containment~~

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

- i. Disease
- ii. Virus

The Department processed **429 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 **281 pages** to you in their entirety and I am further releasing **63 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 **88 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:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.DIBOHF23SPDLT)/CN=RECIPIENTS/CN=7F7AC2E66AA043A6B7CB2EAAF967FFA3-PARKER, JAM>
To:	Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
CC:	Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>
Subject:	Fwd: State of Emergency in CA COVID-19; Federal Emergency Declaration Needed
Date:	2020/03/06 18:50:33
Priority:	Normal
Type:	Note

Want to make sure this gets to the right person.

Jim

Sent from my iPhone

Begin forwarded message:

From: "Macrae, Jim (HRSA)" <JMacrae@hrsa.gov>
Date: March 6, 2020 at 6:31:54 PM EST
To: "Parker, Jim (HHS/IOS)" <Jim.Parker@hhs.gov>
Cc: "Engels, Thomas (HRSA)" <TEngels@hrsa.gov>, "Espinosa, Diana (HRSA)" <DEspinosa@hrsa.gov>, "Giroir, Brett (HHS/OASH)" <Brett.Giroir@hhs.gov>
Subject: Fwd: State of Emergency in CA COVID-19; Federal Emergency Declaration Needed

FYI.
Jim

Sent from my iPhone

Begin forwarded message:

From: Carmela Castellano-Garcia <ccastellano@cpca.org>
Date: March 6, 2020 at 6:12:14 PM EST
To: "Alex Azar (Secretary@HHS.gov)" <Secretary@HHS.gov>
Cc: "Macrae, Jim (HRSA)" <JMacrae@hrsa.gov>, "Andie Patterson (HealthPlus Advocates)" <andie@healthplusadvocates.org>
Subject: State of Emergency in CA COVID-19; Federal Emergency Declaration Needed

Dear Secretary Azar,

I write to you today on behalf of California's 1370 community health centers (CHCs) who provide quality and comprehensive care to 7.2 million patients annually. California's CHCs are working tirelessly, and in partnership with local and county departments of public health, to do everything they can to support the COVID-19 response. However, we need to and can be doing more, and require a federal declaration of a state of emergency for California in order to do so.

As you are aware, there are currently 53 positive cases in California and, unfortunately, the first fatality was reported just yesterday. Despite Governor Gavin Newsom declaring a State of Emergency to help the state prepare for broader spread of COVID-19, CHCs are prohibited from delivering care outside the four walls due to our Medicaid State Plan. Last year, the California legislature passed [AB1494](#), which would allow health centers to bill for services delivered through alternative care models (e.g. telephonic visits) during declared statewide emergencies. Unfortunately, according to our Medicaid Department, it cannot be enacted unless there is also a declared state of emergency from the Health and Human Services department, which would trigger California's ability to waive certain visit and billing rules.

We stand with our state's leadership and urge you to declare an emergency in California, allowing our Medicaid department to adequately prepare and proactively manage the COVID-19 pandemic, and to increase access to needed care to California's most vulnerable populations through community health centers.

If you have any questions on our response to COVID-19, please do not hesitate to contact me on my cell at (b)(6)

Regards,

Carmela

Carmela Castellano-Garcia

President & Chief Executive Officer
California Primary Care Association



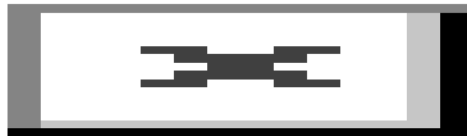
[916-440-8170](tel:916-440-8170)

ccastellano@cpcpa.org



<https://protect2.fireeye.com/url?k=59b2ea9c-05e6f3e0-59b2dba3-0cc47adc5fa2-4f40a13335e92a94&u=http://www.cpcra.org/>

1231 I Street, Suite 400, Sacramento, CA 95814



CENSUS 2020

EMAIL SIGNATURE

CPCA is committed to advancing the mission of 1,300 not-for-profit community health centers that provide comprehensive, quality health care services to one in seven Californians each year. The mission of CPCA is to lead and position community clinics, health centers, and networks through advocacy, education and services as key players in the health care delivery system to improve the health status of their communities.

Sender:	Parker, Jim (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7F7AC2E66AA043A6B7CB2EAAF967FFA3-PARKER, JAM>
Recipient:	Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>
Sent Date:	2020/03/06 18:50:31
Delivered Date:	2020/03/06 18:50:33

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.DIBOHF23SPDLT)/CN=RECIPIENTS/CN=1D8863B643654B1AAD9A38C952AF613E-MANGO, PAUL>
To:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>
Subject:	Fwd: State of Emergency in CA COVID-19; Federal Emergency Declaration Needed
Date:	2020/03/06 19:03:19
Priority:	Normal
Type:	Note

FYSA

Sent from my iPhone

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From: "Parker, Jim (HHS/IOS)" <Jim.Parker@hhs.gov>
Date: March 6, 2020 at 6:50:33 PM EST
To: "Shuy, Bryan (OS/ASPR/IO)" <Bryan.Shuy@hhs.gov>, "Kadlec, Robert (OS/ASPR/IO)" <Robert.Kadlec@hhs.gov>
Cc: "Mango, Paul (HHS/IOS)" <Paul.Mango@hhs.gov>
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Regards,

Carmela

Carmela Castellano-Garcia

President & Chief Executive Officer
California Primary Care Association



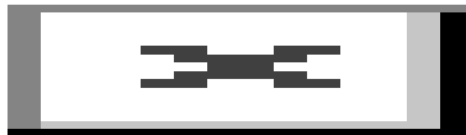
916-440-8170



ccastellano@cpca.org

<https://protect2.fireeye.com/url?k=59b2ea9c-05e6f3e0-59b2dba3-0cc47adc5fa2-4f40a13335e92a94&u=http://www.cpc.org/>

1231 I Street, Suite 400, Sacramento, CA 95814



CENSUS 2020

EMAIL SIGNATURE

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Sender:	Mango, Paul (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=1D8863B643654B1AAD9A38C952AF613E-MANGO, PAUL>
Recipient:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>
Sent Date:	2020/03/06 19:03:17
Delivered Date:	2020/03/06 19:03:19

Message Flags: Unread

From:	Ford-Barnes, Arwenithia (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D533ABC24CBE44B79F6FDDC6B08737A6-FORD-BARNES>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	FW: COVID-19 HHS Response: Alignment of OPDIV/STAFDIV Activities
Date:	2020/03/06 19:06:37
Priority:	Normal
Type:	Note

Arwenithia Ford-Barnes

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

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

Email: Arwenithia.FordBarnes@hhs.gov



cid:image001.jpg@01D25524.FE41BB70

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

From: Herrmann, Jack (OS/ASPR/OEA) <John.Herrmann@hhs.gov>
Sent: Friday, March 6, 2020 6:10 PM
To: Ford-Barnes, Arwenithia (OS/ASPR/IO) <Arwenithia.FordBarnes@hhs.gov>
Subject: FW: COVID-19 HHS Response: Alignment of OPDIV/STAFDIV Activities

Hi Arwenithia,

When you send the email from Dr. Kadlec's mailbox that we just discussed can you please make sure that it goes both to the group that received the original email (which I believe Victoria sent) and the group I provided in the document that was attached with the draft language.

Thank you!

Jack Herrmann, MEd, NCC, LMHC
 Director (Acting), National Healthcare Preparedness Programs
 Office of Emergency Management and Medical Operations, Readiness Division
 Office of the Assistant Secretary for Preparedness and Response

HEALTH AND HUMAN SERVICES (DHHS) | Thomas P. O'Neill Federal Building | 200 C Street SW | Washington, DC 20515
 o. (202) 205-5886 | m. (b)(6)
jack.herrmann@hhs.gov | www.phe.gov

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From: Dafflito, Scott (OS/ASPR/EMMO) <Scott.Dafflito@hhs.gov>
Sent: Friday, March 6, 2020 6:05 PM
To: Herrmann, Jack (OS/ASPR/OEA) <John.Herrmann@hhs.gov>
Subject: RE: COVID-19 HHS Response: Alignment of OPDIV/STAFDIV Activities

Hi Jack, when this gets sent, could you please forward to the Task Force mailbox and me for tracking?

Also, not sure if you want to mention it should go to the original invitee list from last week AND the attachment of attendees.

Thanks!
Scott

From: Herrmann, Jack (OS/ASPR/OEA) <John.Herrmann@hhs.gov>
Sent: Friday, March 6, 2020 2:09 PM
To: Ford-Barnes, Arwenithia (OS/ASPR/IO) <Arwenithia.FordBarnes@hhs.gov>; Callahan, Victoria (OS/ASPR/IO) (CTR) <Victoria.Callahan@hhs.gov>
Cc: Allen, Ronald (OS/ASPR/OEA) <Ronald.Allen1@hhs.gov>; Waters, Cicely (OS/ASPR/OEA) <Cicely.Waters@hhs.gov>; Islam, Ahmed (OS/ASPR/OEA) (CTR) <Ahmed.Islam@hhs.gov>; Dafflito, Scott (OS/ASPR/EMMO) <Scott.Dafflito@hhs.gov>; Marlowe, Amelia (OS/ASPR/OEA) (CTR) <Amelia.Marlowe@hhs.gov>
Subject: COVID-19 HHS Response: Alignment of OPDIV/STAFDIV Activities
Importance: High

Hi Arwenithia and Victoria,

Please find below the language for an email that has to come from Dr. Kadlec's email box today. This is a follow up to the meeting he called with all STAFFDIVs/OPDIVs this past Wednesday. There is some time sensitive info which is why it needs to go out today. Could you please send it out under his signature to the attached list.

Please let me know if you have any questions.

Regards,
Jack

Jack Herrmann, MEd, NCC, LMHC
Director (Acting), National Healthcare Preparedness Programs
Office of Emergency Management and Medical Operations, Readiness Division
Office of the Assistant Secretary for Preparedness and Response

Disclaimer:

This message is intended for the exclusive use of the recipient(s) named above. It may contain information that is PROTECTED, PRIVILEGED, and/or CONFIDENTIAL, and it should not be disseminated, distributed, or copied to persons not authorized to receive such information. All sensitive documents must be properly labeled before dissemination via email. If you are not the intended recipient, any dissemination, distribution, or copying is strictly prohibited. If you have received this communication in error, please erase all copies of the message and its attachments and notify us immediately.

—
Dear HHS Colleagues,

Thank you (and/or your designee) for joining us on Wednesday. Convening the HHS OPDIVs and STAFFDIVs was an important step to maintaining open lines of communication in response to COVID-19. The information and feedback you provided my staff during the meeting will enable us to move forward together in our efforts to maintain the health care sector and strengthen its ability to protect patients, the health care workforce, and the public during the COVID-19 response.

During Wednesday's discussion, you shared your near-term top priorities, operational challenges, and support needs. This information will allow the Health Care System Resilience Task Force to identify opportunities for collaboration and potential gaps to be filled in the coming weeks. Some initial themes emerged from the meeting that we will follow up on. These include the need to:

- • Increase situational awareness and collaboration within HHS and across USG agencies
 - • Coordinate consistent responses to frequently asked questions
 - • Align shared activities across the Department
- • Align HHS components on guidance for modifying or delaying grant deliverables or requirements for HHS-associated grant programs
- • Incorporate the needs of at-risk populations and those with access and functional needs in response and outreach efforts, including language translation
- • Address supply chain challenges and limited availability of PPE and other supplies for the health care workforce
- • Ensure continuity of HHS operations and HHS workforce safety during COVID-19 response

Several of you suggested to us that Wednesday's group should continue to meet on a regular basis as a forum to address ongoing operational and information-sharing demands during the COVID-19 response. Please save the tentative date of March 18, 2020 for our next meeting.

In the meantime, if you do not currently have representation on the following task forces, I invite you to identify a representative to join by submitting your representative's name, title, email address, and the task force they would like to sit on to ASPR.HCSRTF@hhs.gov by **Monday, March 9, at 5:00pm**.

- **The Health Care System Resilience Task Force** facilitates public-private sector collaboration to support ongoing response and mitigation efforts nationwide. The task force works to establish

and maintain a common operating picture of health care system resilience, providing actionable decision support products to federal leaders and private sector partners. It typically convenes Tuesday and Thursday afternoons for an hour.

- **The Communications Task Force** coordinates public affairs, Congressional affairs and stakeholder engagement messages and activities relative to the COVID-19 outbreak. The Communications Task Force works closely with the all other response Task Forces while receiving strategic guidance from and feeding information to ASPA, ASL and IEA to help ensure alignment of efforts and awareness of activities across all HHS divisions.

Thank you for your contributions to the Department's mission to enhance the health and well-being of all Americans. I know our ongoing efforts will continue to empower public and private actors at all levels to take the most effective action to contain and mitigate the impacts of COVID-19.

If there is anything you need from ASPR or across HHS to help carry out your near term priorities, please let me know.

Respectfully,

Bob Kadlec
ASPR

Sender:	Ford-Barnes, Arwenitha (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D533ABC24CBE44B79F6FDDC6B08737A6-FORD-BARNES>
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Sent Date:	2020/03/06 19:06:35
Delivered Date:	2020/03/06 19:06:37

From:	Commissioned Corps HQ (HHS/OSG) <COMMCORPS-HQ@HHS.GOV>
SentVia:	Headquarters, Commissioned Corps <COMMCORPS-HQ@LIST.NIH.GOV>
To:	<COMMCORPS-HQ@LIST.NIH.GOV>
Subject:	ICYMI: Feds Send Medical 'Strike Team' to Washington State Nursing Home Hit by Coronavirus
Date:	2020/03/06 19:16:08
Priority:	Normal
Type:	Note

Dear Commissioned Corps Officers,

We would like to share a [great news story with you](#). A copy of the story is listed below.

Feds Send Medical 'Strike Team' to Washington State Nursing Home Hit by Coronavirus

The team was deployed to a Washington state nursing home that has emerged as the epicenter of the U.S. coronavirus outbreak.

**By [Steve Sternberg](#), U.S. News and World Reports
March 6, 2020, at 4:29 p.m.**

THE FEDERAL GOVERNMENT has dispatched a "strike team" of U.S. Public Health Service Commissioned Corps officers to the Life Care Center in Kirkland, the Washington state nursing home. The team is made up of 28 physicians, physicians' assistants, nurses, technicians and other medical care personnel and has already begun caring for elderly members of the nursing home that has been hard hit by the COVID-19 virus, Adm. Brett P. Giroir, M.D., the head of the Public Health Service Commissioned Corps, tells U.S. News.

"We have responded to a request from the state of Washington to dispatch a team to support the care of individuals in Life Care Center in Kirkland," says Giroir, deputy incident commander of the COVID-19 response. "They are on the ground now, doing what we do best, taking care of people."

The U.S. Public Health Service Commissioned Corps, made up of 6,100 uniformed officers, is one of eight U.S. uniformed services and the only one devoted to health and safety.

The Seattle strike team was dispatched within 24 hours of the request, Giroir says. To date, the Public Health Service has dispatched more than 700 commissioned officers to serve in a variety of roles in the COVID-19 response, including caring for more than 50 critically ill Americans and a number of Japanese who were evacuated from the Diamond Princess cruise ship.

By Feb. 20, [researchers say](#), 619 of the ship's 3,700 passengers and crew tested positive for the virus, an infection rate of about 17%.

"Our teams were deployed to assist in the assessment of the cruise ship and evacuate and expatriate Americans from the ship to the United States," Giroir says.

Leading the effort was [Rear Adm. Richard Childs, M.D.](#), clinical director of the National Heart, Lung and Blood Institute, in Bethesda, Maryland, who returned to the United States today to begin setting up a war room, Public Health Service spokeswoman Cmdr. Kate.Migliaccio-Grabill says.

Many of the patients were so ill that mechanical ventilation wasn't sufficient. They needed extreme critical care with a device called ECMO, which essentially bypasses ailing, nonfunctioning lungs to oxygenate the blood.

"It is useful when your lungs are so sick there is no alternative," Giroir says, allowing them to rest and heal.

On Feb. 15, Giroir dispatched a team to Japan to work with the U.S. Embassy, Japan's ministry of health and the drug firm Gilead Sciences to provide compassionate access to the company's experimental Ebola drug called remdesivir, which is one of many of antivirals that have been tested against COVID-19.

"We don't know if it makes a difference, but we know that those Americans have the best possible chance to recover when the cavalry arrives," Giroir says.

Laboratory tests suggest the drug shows promise, health officials say.

"There's only one drug right now that we think may have real efficacy. And that's remdesivir," says Bruce Aylward, a senior adviser and international leader of the World Health Organization's joint mission to China, at a Feb. 24 press conference.

The service has begun preparing contingency plans to step in if U.S. hospitals are overwhelmed by patients. He noted that Wuhan doubled its patient capacity in a month because so many COVID-19 patients needed prolonged hospitalization.

"If this thing gets worse, as we anticipate that it could, systems may be overwhelmed," Giroir says. "We're preparing for that mission."

The plan includes 10 to 12 coronavirus clinical strike teams, made up of groups of physicians, advanced practice providers, nurses and behavioral health providers, Giroir says. "They could take care of 300 to 500 patients each. We know that people with this disease need oxygen and IV fluids for prolonged periods of time. We could take care of them even in a makeshift facility like a gym or convention center."

When they are not responding to health emergencies, Public Health Service officers work in a slew of federal agencies, including the Department of Health and Human Services, the Centers for Disease Control and Prevention and the Food and Drug Administration. There are no enlisted personnel, and all officers wear uniforms that closely resemble those of the Navy.

The Public Health Service has responded to virtually every major public health emergency in the U.S. and abroad, including Ebola, Zika virus, SARS and other emerging infectious diseases. Indeed, members of the team that responded to the Life Care Center outbreak previously responded to the Ebola outbreak in West Africa.

Kate Migliaccio Grabill, MPH
CDR, USPHS
Commissioned Corps Communications

Please do not reply to this email. This mailbox is not monitored. This is an official communication to Commissioned Corps officers of the U.S. Public Health Service from Commissioned Corps Headquarters (CCHQ). All active duty officers are automatically

subscribed to this listserv based on their official email addresses as registered in the RedDOG application. For security reasons, CCHQ will not accept requests to be added to the Listserv.

Sender:	Commissioned Corps HQ (HHS/OSG) <COMMCORPS-HQ@HHS.GOV>; Headquarters, Commissioned Corps <COMMCORPS-HQ@LIST.NIH.GOV>
Recipient:	<COMMCORPS-HQ@LIST.NIH.GOV>
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Delivered Date:	2020/03/06 19:16:08

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Subject:	Fwd: PPE exclusions from US China tariff lists
Date:	2020/03/06 19:42:56
Priority:	Normal
Type:	Note

For the Secretary's FYI

Sent from my iPhone

Begin forwarded message:

From: "Bleimund, Emily (OS/OGA)" <Emily.Bleimund@hhs.gov>

Date: March 6, 2020 at 3:30:29 PM EST

To: "Grigsby, Garrett (HHS/OS/OGA)" <Garrett.Grigsby@hhs.gov>, "Mciff, Colin (HHS/OS/OGA)" <Colin.Mciff@hhs.gov>, "Carlson, Craig (OS/ASPR/ICC/SIIM)" <Craig.Carlson@hhs.gov>, "Wolf, Laura (OS/ASPR/SIIM)" <Laura.Wolf@hhs.gov>, "Christl, Thomas (OS/ASPR/SIIM)" <Thomas.Christl@hhs.gov>, "Seiler, Brittney (OS/ASPR/SIIM)" <Brittney.Seiler@hhs.gov>, "Aasen, Adam (HHS/OS/OGA)" <Adam.Aasen@hhs.gov>, "Ayala, Ana (OS/ASPR/SPPR)" <Ana.Ayala@hhs.gov>, "Chai, Shuen (OS/OGA)" <Shuen.Chai@hhs.gov>, "Chandrasekera, Ruvani (OS/ASPR/SPPR)" <Ruvani.Chandrasekera@hhs.gov>, "Durand, Lizette (OS/OGA)" <Lizette.Durand@hhs.gov>, "Elvander, Erika (OS/OGA)" <Erika.Elvander@hhs.gov>, "Fernandez, Jose (OS/OGA)" <Jose.Fernandez@hhs.gov>, "Ferrey, Seth (OS/OGA)" <Seth.Ferrey@hhs.gov>, "Kerr, Lawrence (HHS/OS/OGA)" <Lawrence.Kerr@hhs.gov>, "Kibunja, Julia (OS/OGA)" <Julia.Kibunja@hhs.gov>, "Koo, Han (OS/OGA) (CTR)" <Han.Koo@hhs.gov>, "Kopolow, Aimee (OS/OGA)" <Aimee.Kopolow@hhs.gov>, "LaHood, Natalie (OS/OGA)" <Natalie.Lahood@hhs.gov>, "Locus, Tiffany (OS/OGA)" <Tiffany.Locus@hhs.gov>, "Lopez, Arnela (OS/OGA)" <Arnela.Lopez@hhs.gov>, "Moudy, Robin (OS/ASPR/SPPR)" <Robin.Moudy@hhs.gov>, "Schmeissner, Peter (HHS/OGA)" <Peter.Schmeissner@hhs.gov>, "Tewell, Adam (OS/ASPR/SPPR)" <Adam.Tewell@hhs.gov>, "Weinberger, Collin (OS/OGA)" <Collin.Weinberger@hhs.gov>, "Parrish-Fuentes, Adrienne (STATE.GOV)" <ParrishFuentesAL@state.gov>, "Cowling, Krylicia (HHS/OS/OGA)" <Krylicia.Cowling@hhs.gov>, "Ross, Bruce (FDA/ORA)" <Bruce.Ross@fda.hhs.gov>, "Abdoo, Mark (FDA/OC)" <Mark.Abdoo@fda.hhs.gov>, "Zebley, Kyle (HHS/OS/OGA)" <Kyle.Zebley@hhs.gov>

Subject: PPE exclusions from US China tariff lists

Colleagues,

After discussions with HHS staff and a request from Dr. Kadlec, USTR has approved exclusions from the China tariff lists for a number of personal protective equipment products (see announcement attached). These exclusions had been requested by industry last year, but Ambassador Lighthizer decided to grant them specifically because of the coronavirus outbreak and response. The exclusions announced today are from tariff list 4A. They include, broadly speaking, cleaning wipes, exam gloves, bed pads, isolation gowns, surgical drapes, OR towels, shoe covers and face masks. There are a number of other items that USTR has asked for more detail on, and for which ASPR has reached out directly to industry, and there are also items on tariff List 3 on which we are still awaiting USTR action. I will keep you posted on any progress on those fronts.

The announcement hit the news in the last hour: <https://www.reuters.com/article/us-health-coronavirus-usa-tariffs-idUSKBN20T2ON>

Emily

Emily Bleimund, JD, MA
Director, Trade and Health
Office of Global Affairs
U.S. Department of Health and Human Services
202-691-2188
Mobile: (b)(6)
www.hhs.gov/global

Sender:	Grigsby, Garrett (HHS/OS/OGA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7CD78B4810D44B17B8711AAEDE9A9023-GRIGSBY, GL>
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Sent Date:	2020/03/06 19:42:55
Delivered Date:	2020/03/06 19:42:56
Message Flags:	Unread

From:	Jess S <(b)(6)>@outlook.com>
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Disbrow, Gary (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0fd5845defda4dc0bb45f8fac629cf09-Disbrow, Ga>; Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Wallace, Rodney (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b4654f8f0c0f4623b9e47465e9e1037a-Wallace, Ro>; Johnson, Robert (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0851e89240324306b78740a4a60745e2-Johnson, Ro>
CC:	Bob Kadlec <(b)(6)>@gmail.com>
Subject:	Re: Potential additional diagnostic capability
Date:	2020/03/06 19:43:29
Priority:	Normal
Type:	Note

Bob, roger and thanks.

The only info I have is a contact, Dr. Steve Schallhorn, CAPT USN Retired, email address:

(b)(6)>@yahoo.com. After our telecon he was going to contact the company with the info to submit White Paper.

Very Respectfully, Jess

From: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>

Sent: Friday, March 6, 2020 7:27 PM

To: Jess S; Disbrow, Gary (OS/ASPR/BARDA); Bright, Rick (OS/ASPR/BARDA); Wallace, Rodney (OS/ASPR/BARDA); Johnson, Robert (OS/ASPR/BARDA)

Cc: Bob Kadlec

Subject: Re: Potential additional diagnostic capability

Jess thanks please pass info to the BARDA team copied. Best. Bob

Sent from my iPhone

On Mar 6, 2020, at 7:22 PM, Jess S <(b)(6)>@outlook.com> wrote:

Bob, FYSA I was speaking with multiple medical doctors over at Fort Belvoir....they know I had worked in JPEO CBD and ASPR over the past 11 years. Each one wanted me to pass along their sincerest thanks in all what you, your staff and the interagency task force are doing every day to protect the American people.

As an aside one doctor put me in touch with a medical professional in California. We spoke via telephone today. He was contacted by a small medical company named Avelino. They claim that have developed a rapid diagnostic test for the Corona virus. This company has been in contact with the FDA and have just successfully concluded a validation study.

The doctor I spoke with asked how can this company contact HHS? I suggested [PHE.gov](https://www.phe.gov) and [Medicalcountermeasures.gov](https://www.mediccountermeasures.gov). I recommended they submit a White Paper soonest along with the

studies validated by the FDA. I have no idea if this is all true, but I have no reason to believe this effort is not true. The doctor I spoke with is a retired US Navy Captain, ophthalmologist and Chief Medical Officer for a large medical device company called Zeiss. I thought you should know of this news.

Very Respectfully, Jess

Jess A Scarbrough,

Brigadier General United States Army Retired

Deputy Assistant Secretary/Director/SES

United States Federal Government Retired

email address: (b)(6)@outlook.com

Sender:	Jess S (b)(6)@outlook.com>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Disbrow, Gary (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0fd5845defda4dc0bb45f8fac629cf09-Disbrow, Ga>; Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Wallace, Rodney (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b4654f8f0c0f4623b9e47465e9e1037a-Wallace, Ro>; Johnson, Robert (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0851e89240324306b78740a4a60745e2-Johnson, Ro>; Bob Kadlec (b)(6)@gmail.com>
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Delivered Date:	2020/03/06 19:43:29

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Subject:	HHS Updates: COVID-19
Date:	2020/03/06 19:49:39
Priority:	Normal
Type:	Note

Dear Colleagues:

Here's your roundup of HHS news this week!

COVID-19

- This week Congress passed and the President signed an \$8.3 billion dollar funding bill to address COVID-19.
- Secretary Azar and other members of the COVID-19 task force continued to meet with key stakeholders, including governors, [long-term healthcare providers](#), [airline industry CEO's](#), and [diagnostic lab CEO's](#).
- [NIH](#) and CDC are fundamental to the effort to address COVID-19 and had visits from the President this week. Here's the [readout](#) from the NIH visit and roundtable briefing.
- In addition, Secretary Azar and others briefed both the House and Senate on COVID-19 efforts.

As the Vice President said after one of the meetings with private sector leaders, addressing COVID-19 demands not just a “whole of government” approach, it will take a “whole of America” approach. With more states getting cases, this is becoming clearer and clearer to our private sector and community partners.

Here's some additional news of the week on COVID-19:

[HHS Announced Initial Funding to Jurisdictions](#) on Wednesday, supporting COVID-19 response: State and local governments have been essential in the ongoing work to contain the spread of COVID-19 in the US, and the Administration wants to ensure they have the support they need. Using funds provided to CDC through the HHS Secretary's Transfer, CDC will:

- Award an initial \$25 million cooperative agreement to states and local jurisdictions who have borne the largest burden of response and preparedness activities to date. This is an initial award for those jurisdictions who require immediate assistance for activities such as monitoring of travelers, data management, lab equipment, supplies, staffing, shipping, infection control, and surge staffing.
- Award an initial \$10 million cooperative agreement to state and local jurisdictions to begin implementation of coronavirus surveillance across the U.S., building on existing influenza activities and other surveillance systems. This initial award is for a limited number of jurisdictions.

HHS to Procure Respirators for healthcare workers fighting COVID-19:

HHS intends to purchase 500 million N95 respirators over the next 18 months for the Strategic National Stockpile (SNS). Moreover, the FDA granted a request from the CDC for an emergency use authorization to allow health care personnel to use certain National Institute for Occupational Safety and Health approved respirators during the COVID-19 outbreak. The SNS acquisition along with the FDA and CDC action will help maximize the number of respirators available to meet the needs of the US health care workers who are on the front lines in battling the spread of COVID-19.

Info on COVID-19: [CDC's outbreak page](#).

Secretary Azar Met with CVS Health and John Hopkins Medicine

This week, Secretary Azar met separately with the CEOs of Johns Hopkins Medicine and CVS Health. If you have not seen the Johns Hopkins' interactive [map and dashboard](#) charting the spread of COVID-19 cases across the globe, you have to check it out. In the Secretary's meeting with CVS Health, they discussed CVS Health's newly launched [HealthHub program](#), which offers education, health counseling, and wellness services.

Deputy Secretary at NIHCM

Earlier this week, Deputy Secretary Hargan spoke at the National Institute for Health Care Management (NIHCM) on COVID-19 as well as an update on our [Regulatory Sprint to Coordinated Care](#).

Surgeon General and the Latino Coalition

The Latino Coalition, a nationwide non-profit of Hispanic business owners, held their Legislative Summit on Wednesday to discuss key issues in the small business community. Surgeon General Jerome Adams spoke about the coronavirus prior to President [Trump's keynote address](#).

Are You the 33%?

In honor of March being National Kidney Month, HHS launched a nationwide kidney risk awareness campaign with the National Kidney Foundation (NKF) and the American Society of Nephrology (ASN). [The 'Are You the 33%?' Campaign](#) will help raise awareness of the risk of kidney disease and help Americans take steps to improve their kidney health.

Ending the HIV Epidemic Initiative

HHS and Health Mart [announced](#) on Tuesday that more than 3,300 Health Mart independent pharmacies have agreed to donate their dispensing services to support HHS's "Ready, Set, PrEP" program that provides free PrEP medication to uninsured Americans. In addition to providing free PrEP medications in store at no cost for those that are eligible, Health Mart pharmacies will provide patient counseling and take steps to promote medication adherence. For more information on PrEP and the initiative, please visit [Ending the HIV Epidemic: A Plan for America](#).

FDA Bans Electrical Stimulation Devices for Self-Injurious or Aggressive Behavior

The FDA published a [final rule](#) to ban electrical stimulation devices (ESDs) used for self-injurious or aggressive behavior because they present an unreasonable and substantial risk of illness or injury that cannot be corrected or eliminated through new or updated device labeling. The act of banning a device is [rare](#) (the FDA has only banned two other medical devices), but the FDA has the authority to take this action when necessary to protect the health of the public. Here's the full [press release](#).

Wishing everyone a good weekend, especially to all the ladies. Happy International Women's Day on Sunday!

Laura

Laura C. Trueman
Director, Office of Intergovernmental and External Affairs
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington D.C. 20201
Laura.Trueman@hhs.gov
202-690-6060 (main office)

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Sent Date:	2020/03/06 19:49:36
Delivered Date:	2020/03/06 19:49:39

From:	Jim Ainsworth (b)(6)@comcast.net>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>; Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Fauci, Anthony (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau>; Hauguel, Teresa (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b02ca0f5213343879ca5ddea5dfef8b4-teresa.bern>
Subject:	Coronavirus Pandemic Projection Model Shows 2.16 Million Deaths in USA By July 4th If All Domestic Travel Not Curtailed
Date:	2020/03/06 19:51:21
Priority:	Normal
Type:	Note

***ALERT: Pandemic Projection
Model Shows 2.16 Million Deaths
in USA by July 4th If Nothing
Done to Halt Nearly All Domestic Travel
(Air, Rail, Roads)***

Emergency measures must take place to avoid catastrophe

Mike Adams | Natural News - March 6, 2020



ALERT: Pandemic Projection Model Shows 2.16 Million Deaths in USA by July 4th If
Nothing Done to Halt Nearly All Domestic Travel (Air, Rail, Roads)



Today I finished tweaking the first draft of a pandemic projection model that simulates the spread of the coronavirus in the United States. The assumptions of the model are explained here, and you will find they are extremely conservative (using R0 value of just 1.82, for example).

The model's predictions are nothing short of apocalyptic if the virus is allowed to spread without restraint across the United States. According to the model, there will be 2.16 million dead Americans by July 4th if domestic travel is not aggressively halted very soon (see the full projections below). This is not a prediction, since I believe that state governments and the federal government will intervene long before July 4th to declare, essentially, *medical martial law*.

That is now the only remaining option to stop the spread. It must be done soon. It may already be too late to prevent millions from getting infected.

Before we get to the conclusions of the model, here are the assumptions. As you will quickly see, these are very conservative assumptions:

– R0 value of 1.82, spread out across 14 days. In other words, every 1 infected person spreads the virus to another 1.82 additional people over the

course of 14 days. This addresses the “velocity” of the spread. The daily velocity here is 0.13, meaning 1 person spreads to an average of 0.13 additional people per day. (Over 14 days, that’s 1.82 people.)

- After 14 days, a 98% recovery rate for previously infected people.
- No “recurring infections” for previously infected people.
- A 2% mortality rate among those who are infected. The WHO currently says mortality is 3.4% but we are going with a lower number to keep these projections more conservative. This model assumes they die after 14 days and then stop spreading once dead.
- Under this model, the number of total aggregate infections roughly doubles in a little over 7 days.
- We assume a newly infected person become infectious after 24 hours of being infected and remains infectious for the full 14 days, then stops being infectious because they are either immune or dead.
- Those who recover or are dead are removed from the “actively infected” pool so that the simulation only accounts for those who have acquired a new infection within the last 14 days.

– We are aware that 14 days may not be the final correct number, but it is a working number for the current draft of this model. This model will be updated with new data over time.

– The number of newly infected is calculated daily. In essence, this projection model is “compounded” daily.

Caveats and possible weaknesses:

– This model is still in a rough draft form and will no doubt be improved as additional data become available. The model is not yet peer reviewed and should not be cited as predictions or facts.

– The 2% mortality rate used in the simulation has a lag time of 14 days, so if you look at the raw numbers, it doesn’t appear to be 2%. That’s because we assume it takes 14 days for infected people to expire.

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Subject:	Coronavirus Pandemic Projection Model Shows 2.16 Million Deaths in USA By July 4th If All Domestic Travel Not Curtailed
Date:	2020/03/06 19:51:20
Priority:	Normal
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Mike Adams | Natural News - March 6, 2020



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The model's predictions are nothing short of apocalyptic if the virus is allowed to spread without restraint across the United States. According to the model, there will be 2.16 million dead Americans by July 4th if domestic travel is not aggressively halted very soon (see the full projections below). This is not a prediction, since I believe that state governments and the federal government will intervene long before July 4th to declare, essentially, *medical martial law*.

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Subject:	Coronavirus Pandemic Projection Model Shows 2.16 Million Deaths in USA By July 4th If All Domestic Travel Not Curtailed
Date:	2020/03/06 19:51:30
Priority:	Normal
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But this model is using very conservative, low numbers like $R_0=1.82$. That means you might only have less than 30 days before the whole system starts to crater.

It also means, by the way, that naysayers and skeptics can still argue for the next 45 days or so that this epidemic is still “small in America.” That’s the nature of exponential growth: It seems really small at first, then it suddenly explodes overnight, out of control and beyond anyone’s expectations.

That's because human beings were built to think in linear fashion, not exponential. Even I didn't realize how quickly this explodes until I ran this model.

And I dare not use higher assumptions that are probably more accurate, perhaps out of my own fear of what that means for society. If those higher number are accurate — such as $R_0 = 4.5$ — then it's already too late and the collapse of society is now “baked in” for 2020. Let us hope that isn't the case, but you can safely assume the decision makers at the CDC, FDA and NIH are woefully behind the curve on this and will act too late to stop this.

In essence, you're on your own.

See video report below:

Experts Predict 2.16 Million Coronavirus Deaths In the US If Trump Fails To Enact Travel Restrictions

In this segment from the Friday March 6, 2020 edition of Infowars, Mike Adams of Natural News joined host Alex Jones to break down the above projection model that predicts

2.16 dead Americans by the 4th of July
are enacted.

unless travel restrictions

*Click on the link
format:*

below to watch the 24-minute report in MP4

<https://protect2.fireeye.com/url?k=3414553a-68415c29-34146405-0cc47adb5650-7ff9408b81cc686b&u=https://assets.infowarsmedia.com/videos/2dc00b47-8c78-4a67-8b35-74b6bf0d2d0f.mp4>

Sender:	Jim Ainsworth <(b)(6)>@comcast.net>
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Subject:	Re: State of Emergency in CA COVID-19; Federal Emergency Declaration Needed
Date:	2020/03/06 19:54:05
Priority:	Normal
Type:	Note

Plus Darcie. Darcie WH would need to know this and run this via their processes. Darcie can you flag this ask to IGA?

Sent from my iPhone

On Mar 6, 2020, at 7:03 PM, Mango, Paul (HHS/IOS) <Paul.Mango@hhs.gov>wrote:

FYSA

Sent from my iPhone

Begin forwarded message:

From: "Parker, Jim (HHS/IOS)" <Jim.Parker@hhs.gov>
Date: March 6, 2020 at 6:50:33 PM EST
To: "Shuy, Bryan (OS/ASPR/IO)" <Bryan.Shuy@hhs.gov>, "Kadlec, Robert (OS/ASPR/IO)" <Robert.Kadlec@hhs.gov>
Cc: "Mango, Paul (HHS/IOS)" <Paul.Mango@hhs.gov>
Subject: Fwd: State of Emergency in CA COVID-19; Federal Emergency Declaration Needed

Want to make sure this gets to the right person.

Jim

Sent from my iPhone

Begin forwarded message:

From: "Macrae, Jim (HRSA)" <JMacrae@hrsa.gov>
Date: March 6, 2020 at 6:31:54 PM EST
To: "Parker, Jim (HHS/IOS)" <Jim.Parker@hhs.gov>
Cc: "Engels, Thomas (HRSA)" <TEngels@hrsa.gov>, "Espinosa, Diana (HRSA)" <DEspinosa@hrsa.gov>, "Giroir, Brett (HHS/OASH)" <Brett.Giroir@hhs.gov>
Subject: Fwd: State of Emergency in CA COVID-19; Federal Emergency Declaration

Needed

FYI.

Jim

Sent from my iPhone

Begin forwarded message:

From: Carmela Castellano-Garcia <ccastellano@cpca.org>

Date: March 6, 2020 at 6:12:14 PM EST

To: "Alex Azar (Secretary@HHS.gov)" <Secretary@HHS.gov>

Cc: "Macrae, Jim (HRSA)" <JMacrae@hrsa.gov>, "Andie Patterson (HealthPlus Advocates)" <andie@healthplusadvocates.org>

Subject: State of Emergency in CA COVID-19; Federal Emergency Declaration Needed

Dear Secretary Azar,

I write to you today on behalf of California's 1370 community health centers (CHCs) who provide quality and comprehensive care to 7.2 million patients annually. California's CHCs are working tirelessly, and in partnership with local and county departments of public health, to do everything they can to support the COVID-19 response. However, we need to and can be doing more, and require a federal declaration of a state of emergency for California in order to do so.

As you are aware, there are currently 53 positive cases in California and, unfortunately, the first fatality was reported just yesterday. Despite Governor Gavin Newsom declaring a State of Emergency to help the state prepare for broader spread of COVID-19, CHCs are prohibited from delivering care outside the four walls due to our Medicaid State Plan. Last year, the California legislature passed [AB1494](#), which would allow health centers to bill for services delivered through alternative care models (e.g. telephonic visits) during declared statewide emergencies. Unfortunately, according to our Medicaid Department, it cannot be enacted unless there is also a declared state of emergency from the Health and Human Services department, which would trigger California's ability to waive certain visit and billing rules.

We stand with our state's leadership and urge you to declare an emergency in California, allowing our Medicaid department to adequately prepare and proactively manage the COVID-19 pandemic, and to increase access to needed care to California's most vulnerable populations through community health centers.

If you have any questions on our response to COVID-19, please do not hesitate to contact me on my cell at (b)(6)

Regards,

Carmela

<image002.png>

Carmela Castellano-Garcia

President & Chief Executive Officer

California Primary Care Association

<image004.png>

<image006.png> <image008.png> <image010.png>
≥ ≥ ≥

<image012.png> 916-440-8170
>

<image014.png> ccastellano@cpca.org
>

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>

<image018.png> 1231 I Street, Suite 400, Sacramento, CA 95814
>

<image020.jpg>

CPCA is committed to advancing the mission of 1,300 not-for-profit community health centers that provide comprehensive, quality health care services to one in seven Californians each year. The mission of CPCA is to lead and position community clinics, health centers, and networks through advocacy, education and services as key players in the health care delivery system to improve the health status of their communities.

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Subject:	New York Times: Pence, a Loyalist Tapped for Coronavirus Effort, Adds to Trump's Mixed Messages
Date:	2020/03/06 20:00:27
Priority:	Normal
Type:	Note

Pence, a Loyalist Tapped for Coronavirus Effort, Adds to Trump's Mixed Messages

New York Times // Katie Rogers

In wresting control of the administration's haphazard response to the virus, Mike Pence has taken on a familiar role as the president's political janitor.

WASHINGTON — Vice President Mike Pence has long been a one-man political cleanup crew for President Trump. From his day trip last fall to Turkey to negotiate a cease-fire in northern Syria to his takeover of the chaotic presidential transition, Mr. Pence is used to being diverted from his reliably anodyne schedule.

Now he has moved into one of the biggest political janitor jobs of all time.

Mr. Trump, who in recent weeks was infuriated by early decisions to allow coronavirus patients into the United States and irritated by public health officials offering their assessments to the public, has turned to Mr. Pence, an unfailing loyalist, to tamp down on messaging efforts and wrangle competing offices within the White House.

“Having the vice president gives me the biggest stick one could have in the government on this whole-of-government approach,” Mr. Trump proclaimed last week when he appointed Mr. Pence to lead the administration's coronavirus task force.

He did not mention that one of Mr. Pence's jobs is to clean up after a font of misinformation, the president himself, who has said he has a “hunch” that the virus is not as lethal as experts say and that everything will be better by April.

Mr. Pence, who maintains the emotive exterior of a block of marble, is a new daily fixture in the White House briefing room, where he offers 5 p.m. updates on the crisis and is disciplined with his words — his nickname on the 2016 Trump campaign was “On Message Mike.” On Friday it was Mr. Pence who projected calm as he announced that of 46 passengers tested on the Grand Princess cruise ship off the coast of California, 21 were positive for the virus.

But Mr. Pence has already had to clean up some messes of his own.

Early in the week Mr. Pence declared that “any American could be tested” for the virus, but by Thursday had to tell reporters that “we don’t have enough tests today to meet what we anticipate will be the demand going forward.”

On Wednesday, Mr. Pence said several times that the Department of Health and Human Services had ensured that insurance companies, as well as Medicare and Medicaid, would all provide coverage for coronavirus tests, by designating the lab test an “Essential Health Benefit.” But his assertion substantially misrepresented the reach of that legal authority, which was established under the Affordable Care Act, and ignored the fact that Republicans in Congress had specifically targeted that provision for removal in 2017.

His performance led critics to say that the coronavirus is not a political or public relations battle but a public health crisis that is immune to spin.

“If you want to build public trust in an emergency, people have to believe you’re telling the truth,” said Gregg Gonsalves, an epidemiologist at the Yale School of Public Health. “You get this sad feeling like they’re doing political damage control rather than thinking about how to handle this.”

Still, the vice president has been credited with a demeanor more dignified than the word salads and political attacks that often come from Mr. Trump when he talks publicly about the virus. (On Friday during a trip to the Centers for Disease Control in Atlanta, Mr. Trump called Gov. Jay Inslee of Washington a “snake.”) White House aides say Mr. Pence has instilled a measure of order in task force meetings, at least one of which he opened with a prayer. He has also been traveling.

On Thursday, Mr. Pence flew to Minnesota to meet with medical equipment manufacturers before flying to Washington state, which has reported 84 cases and 14 deaths, where he bumped elbows with the governor. The president, speaking at a Fox News forum in Pennsylvania on Thursday night, praised Mr. Pence for working “20 hours a day or more.”

The president also tried to tamp down pervasive speculation in Washington that he will remove Mr. Pence from the 2020 ticket should he mishandle the virus effort.

“I get along great with the vice president and I keep hearing that I’m replacing him but he’s doing a phenomenal job,” Mr. Trump said at the forum. “He’s a great guy and a loyal guy and he works so hard.”

As Marc Short, Mr. Pence’s chief of staff, put it: “He is uniquely qualified for this because of his close relationship to the president. Basically there’s no confusion that the president’s in charge.”

Mr. Pence, the former governor of Indiana, has no public health expertise, and is remembered in his home state for slow-walking a decision to approve the distribution of clean needles for intravenous drug users, which he initially opposed on moral grounds. His decision is cited as a main reason that an H.I.V. crisis in a rural community ballooned to epidemic proportions.

“When it comes to a public health emergency, I would question whether or not he has the capacity to really listen to the experts in making informed decisions rather than grappling with his own personal beliefs,” said Dr. Carrie Lawrence, an assistant research scientist at the Indiana University School of Public Health-Bloomington.

Mr. Pence’s allies say that his appearances in the White House briefing room show that he is listening to public health experts, and point to how he steps back and relies on their knowledge when he doesn’t know the answer. “Get used to this,” he told reporters

at a briefing on Tuesday, as he gestured for Dr. Anthony S. Fauci, director of the National Institute of Allergy and Infectious Diseases, to take the podium. Mr. Pence's official advice echoes a Twitter bulletin issued by President Barack Obama, the gist of which is: Wash hands, leave masks for health care workers and listen to experts.

Mr. Pence has also been to Capitol Hill with his team to brief lawmakers, who praise the time he has spent with them but not always the information provided. "They answered a lot of questions," Senator Chuck Schumer, Democrat of New York and the minority leader, said. "The problem is they didn't have as many answers as we needed."

Some state officials say they are appreciative of Mr. Pence's efforts. Gov. Kate Brown of Oregon, a Democrat, said that she had been surprised by the amount of attention Mr. Pence had given her state, which has reported three coronavirus cases, and the administration's decision to convene governors from across the country to discuss their needs.

"I would put them as extremely responsive right now," she said. "Obviously I'm aware of his history around science but you know, he's a former governor. He knows what it's like to be on the front lines."

Sender:	McKeogh, Katherine (OS/ASPA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=C652F2C415B44DFF8369DD7F4596F030-MCKEOGH, KA>
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Subject:	Fwd: PPE exclusions from US China tariff lists
Date:	2020/03/06 20:10:44
Priority:	Normal
Type:	Note

We pushed for and won! Anticipating more to come, inc goggles. Kudos to Craig Carlson from CIP for tracking these issues and working with private sector to sort through the details to get it done!

Laura

Laura Kwinn Wolf, Ph.D.
 Director, Division of Critical Infrastructure Protection
 HHS/ASPR
 Unclassified: Laura.wolf@hhs.gov
 HSDN: Laura.wolf@dhs.sgov.gov
 Desk: 202-260-0666
 Cell: (b)(6)

From: "Bleimund, Emily (OS/OGA)" <Emily.Bleimund@hhs.gov>
Subject: PPE exclusions from US China tariff lists
Date: 06 March 2020 15:30
To: "Grigsby, Garrett (HHS/OS/OGA)" <Garrett.Grigsby@hhs.gov>, "Mciff, Colin (HHS/OS/OGA)" <Colin.Mciff@hhs.gov>, "Carlson, Craig (OS/ASPR/ICC/SIIM)" <Craig.Carlson@hhs.gov>, "Wolf, Laura (OS/ASPR/SIIM)" <Laura.Wolf@hhs.gov>, "Christl, Thomas (OS/ASPR/SIIM)" <Thomas.Christl@hhs.gov>, "Seiler, Brittney (OS/ASPR/SIIM)" <Brittney.Seiler@hhs.gov>, "Aasen, Adam (HHS/OS/OGA)" <Adam.Aasen@hhs.gov>, "Ayala, Ana (OS/ASPR/SPPR)" <Ana.Ayala@hhs.gov>, "Chai, Shuen (OS/OGA)" <Shuen.Chai@hhs.gov>, "Chandrasekera, Ruvani (OS/ASPR/SPPR)" <Ruvani.Chandrasekera@hhs.gov>, "Durand, Lizette (OS/OGA)" <Lizette.Durand@hhs.gov>, "Elvander, Erika (OS/OGA)" <Erika.Elvander@hhs.gov>, "Fernandez, Jose (OS/OGA)" <Jose.Fernandez@hhs.gov>, "Ferrey, Seth (OS/OGA)" <Seth.Ferrey@hhs.gov>, "Kerr, Lawrence (HHS/OS/OGA)" <Lawrence.Kerr@hhs.gov>, "Kibunja, Julia (OS/OGA)" <Julia.Kibunja@hhs.gov>, "Koo, Han (OS/OGA) (CTR)" <Han.Koo@hhs.gov>, "Kopolow, Aimee (OS/OGA)" <Aimee.Kopolow@hhs.gov>, "LaHood, Natalie (OS/OGA)"

<Natalie.Lahood@hhs.gov>, "Locus, Tiffany (OS/OGA)" <Tiffany.Locus@hhs.gov>, "Lopez, Arnela (OS/OGA)" <Arnela.Lopez@hhs.gov>, "Moudy, Robin (OS/ASPR/SPPR)" <Robin.Moudy@hhs.gov>, "Schmeissner, Peter (HHS/OGA)" <Peter.Schmeissner@hhs.gov>, "Tewell, Adam (OS/ASPR/SPPR)" <Adam.Tewell@hhs.gov>, "Weinberger, Collin (OS/OGA)" <Collin.Weinberger@hhs.gov>, "Parrish-Fuentes, Adrienne (STATE.GOV)" <ParrishFuentesAL@state.gov>, "Cowling, Krycia (HHS/OS/OGA)" <Krycia.Cowling@hhs.gov>, "Ross, Bruce (FDA/ORA)" <Bruce.Ross@fda.hhs.gov>, "Abdoo, Mark (FDA/OC)" <Mark.Abdoo@fda.hhs.gov>, "Zebley, Kyle (HHS/OS/OGA)" <Kyle.Zebley@hhs.gov>

Colleagues,

After discussions with HHS staff and a request from Dr. Kadlec, USTR has approved exclusions from the China tariff lists for a number of personal protective equipment products (see announcement attached). These exclusions had been requested by industry last year, but Ambassador Lighthizer decided to grant them specifically because of the coronavirus outbreak and response. The exclusions announced today are from tariff list 4A. They include, broadly speaking, cleaning wipes, exam gloves, bed pads, isolation gowns, surgical drapes, OR towels, shoe covers and face masks. There are a number of other items that USTR has asked for more detail on, and for which ASPR has reached out directly to industry, and there are also items on tariff List 3 on which we are still awaiting USTR action. I will keep you posted on any progress on those fronts.

The announcement hit the news in the last hour: <https://www.reuters.com/article/us-health-coronavirus-usa-tariffs-idUSKBN20T2ON>

Emily

Emily Bleimund, JD, MA
 Director, Trade and Health
 Office of Global Affairs
 U.S. Department of Health and Human Services
 202-691-2188
 Mobile: (b)(6)
www.hhs.gov/global

Sender:	Wolf, Laura (OS/ASPR/SIIM) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=USERB232D38C>
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Subject:	Re: COVID-19 HHS Response: Alignment of OPDIV/STAFDIV Activities
Date:	2020/03/06 20:28:30
Priority:	Normal
Type:	Note

Sir -

Thank you for the note and all ASPRs efforts. We are with you 100 percent and we will do our best to provide the highest level of support.

Hopefully, you get a few min to relax during this event.

Regards,

Jose L. Arrieta
Chief Information Officer (CIO)
Department of Health and Human Services
jose.arrieta@hhs.gov

On Mar 6, 2020, at 7:55 PM, Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>wrote:

Dear HHS Colleagues,

Thank you (and/or your designee) for joining us on Wednesday. Convening the HHS OPDIVs and STAFFDIVs was an important step to maintaining open lines of communication in response to COVID-19. The information and feedback you provided my staff during the meeting will enable us to move forward together in our efforts to maintain the health care sector and strengthen its ability to protect patients, the health care workforce, and the public during the COVID-19 response.

During Wednesday's discussion, you shared your near-term top priorities, operational challenges, and support needs. This information will allow the Health Care System Resilience Task Force to identify opportunities for collaboration and potential gaps to be filled in the coming weeks. Some initial themes emerged from the meeting that we will follow up on. These include the need to:

- • Increase situational awareness and collaboration within HHS and across USG agencies
 - • Coordinate consistent responses to frequently asked questions
 - • Align shared activities across the Department
- • Align HHS components on guidance for modifying or delaying grant deliverables or requirements for HHS-associated grant programs

- • Incorporate the needs of at-risk populations and those with access and functional needs in response and outreach efforts, including language translation
- • Address supply chain challenges and limited availability of PPE and other supplies for the health care workforce
- • Ensure continuity of HHS operations and HHS workforce safety during COVID-19 response

Several of you suggested to us that Wednesday's group should continue to meet on a regular basis as a forum to address ongoing operational and information-sharing demands during the COVID-19 response. Please save the tentative date of March 18, 2020 for our next meeting.

In the meantime, if you do not currently have representation on the following task forces, I invite you to identify a representative to join by submitting your representative's name, title, email address, and the task force they would like to sit on to ASPR.HCSRTF@hhs.gov by **Monday, March 9, at 5:00pm**.

- **The Health Care System Resilience Task Force** facilitates public-private sector collaboration to support ongoing response and mitigation efforts nationwide. The task force works to establish and maintain a common operating picture of health care system resilience, providing actionable decision support products to federal leaders and private sector partners. It typically convenes Tuesday and Thursday afternoons for an hour.
- **The Communications Task Force** coordinates public affairs, Congressional affairs and stakeholder engagement messages and activities relative to the COVID-19 outbreak. The Communications Task Force works closely with the all other response Task Forces while receiving strategic guidance from and feeding information to ASPA, ASL and IEA to help ensure alignment of efforts and awareness of activities across all HHS divisions.

If there is anything you need from ASPR or across HHS to help carry out your near term priorities, please let me know.

This is a critical juncture in time to align, synchronize and execute in a unified "One HHS" way to empower public and private actors at all levels to take the most effective action to contain and mitigate the impacts of COVID-19.

Thank you for your spirit of collaboration and commitment to save lives and protect Americans.

Respectfully,

Bob Kadlec
ASPR

Sender:	Arrieta, Jose (OS/ASA/OCIO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9C743D9C90534E8C9052B8BDD60A0E2E-ARRIETA, JO>
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Sent Date:	2020/03/06 20:28:27

Delivered Date: 2020/03/06 20:28:30

From:	Jose Arteaga <j.arteaga@netzero.net>
	GOP/RNC (Grand Olde Party/Republican National Committee) <contact@mccconnell.senate.gov>; GOP/RNC (Grand Olde Party/Republican National Committee) <ecampaign@gop.com>; Nellwyn Thomas <nellwyn.thomas@democrats.org>; Nellwyn Thomas <Stenyhoyer@mail.house.gov>; Nellwyn Thomas <Nancypelosi@mail.house.gov>; Morgan Reed <Morgan.Reed@azdoa.gov>; Morgan Reed <sosadmin@azsos.gov>; Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>; Andrew Wheeler <Wheeler.andrew@Epa.gov>; Ben Carson <ben.carson@hud.gov>; Chad Wolf <dhsexecsec@hq.dhs.gov>; Dan Brouillette <dan.brouillette@energy.gov>; David Bernhardt <david.berhardt@ios.doi.gov>; Elaine Chao <elaine.chao@dot.gov>; Elisabeth "Betsy" Prince DeVos <betsy.devos@ed.gov>; Eugene Scalia <executivesecretariat@dol.gov>; Federal Whistleblower <'DHSOIGHOTLINE@dhs.gov'>; Gina Haspel, Director of CIA <gina.haspel@cia.gov>;
To:	John Edwards <john.edwards@cia.gov>; Joseph Maguire <joseph.maguire@dni.gov>; Jovita Carranza (SBA) <jovita.carranza@sba.gov>; Kelly Craft <kelly.craft@un.org>; Kevin Hassett <kevin.hassett@whitehouse.gov>; Mark Esper <mark.esper@defense.gov>; Matthew Whitaker <matthew.whitaker@justice.gov>; Megan Smith <(b)(6)@ostp.eop.gov>; Mick Mulvaney <info@mickmulvaney.gov>; Mike Pence <info@mike.pence.com>; Mike Pompeo <mike.pompeo@state.gov>; Peter Navarro <peter.navarro@whitehouse.gov>; President Donald Trump <info@donaldtrump.com>; Robert E. Lighthizer <(b)(6)@ustr.eop.gov>; Robert Wilkie <robert.wilkie@va.gov>; Russ Vought <(b)(6)@omb.eop.gov>; Sonny Perdue <sonny.perdue@usda.gov>; Steve Mnuchin <steve.mnuchin@treasury.gov>; Wilbur Ross <wilbur.ross@commerce.gov>; William Barr, Attorney General <william.barr@justice.gov>
Subject:	Preventing all forms of URA (Updated 3/4/2020)
Date:	2020/03/06 20:46:41
Priority:	Normal
Type:	Note

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

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 01010010 01001011 00100000 01010011 01001000 01001001 01000101 01001100 01000100®



Secure by Design

“The secret of success is to find a need and fill it, to find a hurt and heal it, to find somebody with a problem and offer to help solve it.” ~ Robert H. Schuller

Novel coronavirus test being developed in Flagstaff

(February 12, 2020) <https://www.azcentral.com/story/news/local/arizona-health/2020/02/12/tgen-researchers-flagstaff-developing-novel-coronavirus-test/4740271002/>

TGen’s test is in the approval process at the Food and Drug Administration, which typically takes months to complete; however, the FDA has a shorter approval process for public health emergencies.

Does Congress have a shorter approval period for a seven-time national emergency?

WNS (Web Network Shield) is the only organization in the world that can prevent all forms of URA (unauthorized remote access). In the spirit of the seven (7) possibly eight (8) national emergencies, the Sherman Act, two Presidential executive orders, a Supreme Court decision and the U.S. Constitution,¹ Web Network Shield looks forward to working with the federal government to protect the U.S. citizen’s fourth amendment rights to security and prevent all forms of URA in the U.S.

“An ounce of prevention is worth a pound of cure.” ~ Benjamin Franklin

WNS provides the following protection benefits:

- There is no need to obfuscate your email address because WNS protects your email address from phishing scams by immediately detecting and preventing all forms of URA (unauthorized remote access);
- There is no need to repeatedly change your username, password, or email address because WNS protects your email address by immediately detecting and preventing all forms of URA;
- WNS eliminates the need to update your security software (i.e. download malware and spyware URLs on your hard drive) because WNS debugs all

forms of URA. Downloading more than 350,000 malware strains daily will “crash” your device’s hard drive and render your device unusable;

- Protects your information against all forms of URA even if the attacker has your user name, password, and IP address.
- Provides a browser speed not throttled by spyware and/or extensions used to track user activity;
- Pass a penetration test from all forms of URA;
- Immediately detect and prevent data breaches against all forms of URA;
- Secure a data transmission up to 200 feet.

“The cyber-attacks will continue until cyber-security improves” ~ a Hacker

The WNS web browser is free to download.² Contact your Representative <https://www.house.gov/representatives/find-your-representative>, Senator https://www.senate.gov/general/contact_information/senators_cfm.cfm, U. S. Commercial Service <https://2016.export.gov/usoffices/index.asp> or Web Network Shield 480-318-8020 to protect your devices and information.

Web Network Shield mission statement:

Web Network Shield (WNS) seeks to become customer-focused, focusing our strategies and budgets on the technologies, systems and processes that win, serve and retain customers by immediately detecting and preventing all forms of URA (unauthorized remote access).

¹ Obama declares cyber attacks a 'national emergency'

(April 5, 2015) <http://thehill.com/policy/cybersecurity/237581-obama-declares-cyberattacks-a-national-emergency>

President Obama Extends National Emergency on Foreign Cyber Threat Actors

(April 1, 2016) <https://protect2.fireeye.com/url?k=62141be2-3e4112f1-62142add-0cc47adb5650-63052ecf7350df3c&u=http://interactivegov.com/articles/president-obama-extends-national-emergency-on-foreign-cyber-threat-actors>

Notice Regarding the Continuation of the National Emergency with Respect to Significant Malicious Cyber-Enabled Activities

(March 29, 2017) <https://www.whitehouse.gov/the-press-office/2017/03/29/notice-regarding-continuation-national-emergency-respect-significant>

These significant malicious cyber-enabled activities continue to pose an unusual and extraordinary threat to the national security, foreign policy, and economy of the United States. For this reason, the national emergency declared on April 1, 2015, must continue in effect beyond April 1, 2017.

Notice Regarding the Continuation of the National Emergency with Respect to Significant Malicious Cyber-Enabled Activities

(March 27, 2018) <https://www.whitehouse.gov/presidential-actions/notice-regarding-continuation-national-emergency-respect-significant-malicious-cyber-enabled-activities/>

These significant malicious cyber-enabled activities continue to pose an unusual and extraordinary threat to the national security, foreign policy, and economy of the United States.

Executive Order on Imposing Certain Sanctions in the Event of Foreign Interference in a United States Election

(September 12, 2018) <https://www.whitehouse.gov/presidential-actions/executive-order-imposing-certain-sanctions-event-foreign-interference-united-states-election/>

Trump Extends National Cybersecurity Emergency

Says malicious attacks pose "extraordinary" threat

(March 27, 2019) <https://www.multichannel.com/news/trump-extends-national-cybersecurity-emergency-418884>

In December 2017, President Trump issued an executive order with added steps to address that cybersecurity emergency.

Trump extends national emergency on foreign election interference

(September 11, 2019) <https://thehill.com/homenews/administration/460821-trump-extends-national-emergency-on-foreign-election-interference>

Trump is extending an emergency declaration that he first issued last September.

Sherman Antitrust Act, 15 U.S.C. §§ 1–7 (2013) (selected provisions)

https://protect2.fireeye.com/url?k=fb632f5e-a736264d-fb631e61-0cc47adb5650-433ecb6521174ce9&u=http://unclaw.com/chin/teaching/antitrust/statutory_supplement.pdf

§ 1. Trusts, etc., in restraint of trade illegal; penalty Every contract, combination in the form of trust or otherwise, or conspiracy, in restraint of trade or commerce among the several States, or with foreign nations, is declared to be illegal. Every person who shall make any contract or engage in any combination or conspiracy hereby declared to be illegal shall be deemed guilty of a felony, and, on conviction thereof, shall be punished by fine not exceeding \$100,000,000 if a corporation, or, if any other person, \$1,000,000, or by imprisonment not exceeding 10 years, or by both said punishments, in the discretion of the court.

PROTECTING CYBER SECURITY

(2000?) <https://clintonwhitehouse5.archives.gov/WH/EOP/NSC/html/nsc-22.html>

May 1998

President Clinton signs PDD-62, creating the position of National Coordinator for Security, Critical Infrastructure, and Counter Terrorism in the National Security Council, charging the National Coordinator with coordinating Federal and private sector efforts to counter emerging threats to the Nation.

July 1996

Establishment of President's Commission on Critical Infrastructure Protection.

President George W. Bush

NATIONAL SECURITY PRESIDENTIAL DIRECTIVE/NSPD-54

HOMELAND SECURITY PRESIDENTIAL DIRECTIVE/HSPD-23

(January 8, 2008) <https://nsarchive2.gwu.edu//dc.html?doc=5026680-George-Bush-National-Security-Presidential>

Pg. 7 (24)

The Secretary of Homeland Security, supported by the Director of US-CERT, and the heads of Sector-Specific Agencies, as defined by and consistent with HSPD-7, shall conduct outreach to the private sector on cybersecurity threat and vulnerability information. (U)

Hilicon Valley: Justices rule states can force online retailers to collect sales

(June 21, 2018) <http://thehill.com/policy/technology/overnights/393559-hilicon-valley-scotus-rules-states-can-force-online-retailers>

LANDMARK SUPREME COURT RULING ON ONLINE SALES TAX: A new Supreme Court ruling today could upend a major advantage e-commerce companies like Amazon have had over brick-and-mortar retail stores.

In a 5-4 ruling, the court overturned a 1992 court precedent barring states from requiring businesses that have no physical presence in the state to collect their sales taxes.

"Between targeted advertising and instant access to most consumers via any internet-enabled device, 'a business may be present in a state in a meaningful way without' that presence 'being physical in the traditional sense of the term," Kennedy said.

"A virtual showroom can show far more inventory, in far more detail, and with greater opportunities for consumer and seller interaction than might be possible for local stores."

The Constitution of the United States

(September 25, 1789) <http://constitutionus.com/>

Section 9

2: The Privilege of the Writ of Habeas Corpus shall not be suspended, unless when in Cases of Rebellion or Invasion the public Safety may require it.

6: No Preference shall be given by any Regulation of Commerce or Revenue to the Ports of one State over those of another: nor shall Vessels bound to, or from, one State, be obliged to enter, clear, or pay Duties in another.

Amendment IV

The right of the people to be secure in their persons, houses, papers, and effects, against unreasonable searches and seizures, shall not be violated, and no warrants shall issue, but upon probable cause, supported by oath or affirmation, and particularly describing the place to be searched, and the persons or things to be seized.

(1791) <https://protect2.fireeye.com/url?k=62d89564-3e8d9c77-62d8a45b-0cc47adb5650-6ac1ac5666abdf13&u=https://billofrightsinstitute.org/founding-documents/bill-of-rights/>

² The Federal government will subsidize the cost of WNS in a program similar to subsidized cell phones, HUD Section 8 rent, and medical insurance.

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Sender: Jose Arteaga <j.arteaga@netzero.net>

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Sonny Perdue <sonny.perdue@usda.gov>;
Steve Mnuchin <steve.mnuchin@treasury.gov>;
Wilbur Ross <wilbur.ross@commerce.gov>;
William Barr, Attorney General <william.barr@justice.gov>

Sent Date: 2020/03/06 20:45:23

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Subject:	TIME: Mike Pence's 'High Risk' Coronavirus Response Will Impact His Political Future—and American Lives
Date:	2020/03/06 21:34:25
Priority:	Normal
Type:	Note

Mike Pence's 'High Risk' Coronavirus Response Will Impact His Political Future—and American Lives
TIME // Brian Bennett

The outbreak of the COVID-19 virus presents Vice President Mike Pence with the test of his career. In less than two weeks, he has had to learn about a fast-spreading, complicated viral outbreak and take control of the entire federal government response to it. “Everything comes to Pence” on COVID-19, a White House official says, and “he’s coming up to speed from zero.” That, for some, is cause to worry. For starters, President Donald Trump and his administration have gone further than recent American leaders to insert politics into once-shielded areas of government, from the Federal Reserve and foreign policy to homeland security and the courts. Even if Pence can resist the pressure to play politics with COVID-19, administration critics say, it’s not clear the Vice President has what it takes to lead the fight against a fast-moving epidemic that potentially threatens thousands of lives. “There’s always a concern in an election year about the role politics plays in public policy,” says presidential historian Timothy Naftali. But the larger concern “is just incompetence,” Naftali says. “There is an understaffed government that hasn’t shown respect for expertise, scientific or otherwise. Right now, what the American people need is expertise.” Trump hasn’t made matters any easier. Pence is in the unenviable position of having to convince the public he is listening to the best medical advice, while the President supplants evidence with gut instinct. Trump has repeatedly downplayed the danger posed by COVID-19 and its expected spread in the U.S., occasionally contradicting his own and other medical experts. In a recent example, Wednesday night on Fox News, Trump said that thousands, or hundreds of thousands, of people get better from COVID-19 “just by, you know, sitting around and even going to work.” The Centers for Disease Control

and Prevention (CDC) tells employers to encourage sick employees to stay home. Speaking to reporters during a primetime press conference on Feb. 26, Trump said, speaking about COVID-19 cases, “we’re going down, not up.” Within minutes, Dr. Anne Schuchat, the principal deputy director of the CDC, said health officials “do expect more cases.” During a March 2 White House meeting with pharmaceutical company executives, Trump said a vaccine could be ready in “months” and he’s “heard very quick numbers.” Trump’s head of National Institute of Allergy and Infectious Diseases, Dr. Anthony Fauci, spoke up, saying a vaccine could be ready in a year to a year-and-a-half “at the earliest,” adding: “Like I’ve been telling you, Mr. President.”

Such conflicting public messaging can be dangerous in a crisis and was precisely the problem Pence was nominally brought in to fix. On Feb. 25, senior CDC official Nancy Messonnier roiled markets when she said COVID-19’s spread in the U.S. was “not a question of if but rather a question of when” and that the public should prepare. That same day Trump’s top economic advisor Larry Kudlow said on CNBC that the virus had been contained, there would be little economic fallout in the U.S., and the U.S. response was “pretty close to air-tight.” Kudlow felt blindsided by the CDC’s evaluation, a White House official says. The mixed messages sparked a wave of criticism and Trump, returning from a visit to India, was furious at the growing perception that his administration didn’t have a handle on the outbreak. A day later, Trump brought in Pence to harmonize the administration’s messaging on the virus and to be a senior voice corralling multiple agencies to prepare and respond. In the process, Trump shunted aside the Secretary of Health and Human Services Alex Azar, a former drug company executive and lobbyist with extensive government experience who had been leading the effort.

Pence served as the governor of Indiana from 2013 until 2017 and oversaw the state’s response to the first U.S. case of MERS-CoV, or Middle East Respiratory Syndrome, a different type of coronavirus. White House aides believe that Pence’s experience as a governor will help him talk to regional leaders and orchestrate aid for state and local responses. But while he was Indiana governor, he also presided over budget cuts to local health and testing facilities that critics blamed for an uptick in HIV among intravenous drug users. “Right now he’s kind of the vice president without any meaningful portfolio, one of the least memorable and least effective vice presidents,” says presidential historian Douglas Brinkley, adding: “He’s in the Dan Quayle club of meaningless VPs.” So far, Pence’s strategy on COVID-19 has entailed a mix of inter-agency meetings, personnel moves and PR. In the week since Pence took over the federal response, he absorbed onto his team Deborah Birx, a respected public health expert brought to the White House from the State Department with a Rolodex full of health leaders around the world. He’s shuttled between meetings with health care and pharmaceutical executives in the West Wing and convened larger meetings at his office across an alley on the second floor of the Eisenhower Executive Office

Building. And he's made himself the face of the response, placing the Vice Presidential seal on the lectern in the White House briefing room during press conferences.

He's convened meetings with long-term care providers, diagnostic lab companies, and airline CEOs to coordinate the response to the virus. "It's safe to fly in America," Pence told reporters after meeting with airline executives, even as health experts emphasize that viruses can be more readily transmitted on passengers airplanes. On Thursday, Pence flew to Maplewood, Minn. to 3M headquarters to talk about increasing face mask production for health care workers, and emphasized that the general public doesn't need the masks. Overall, Pence has received mixed to positive reviews from regional and other leaders, including Democrats. Pence visited Washington State on Thursday to talk to local leaders about the spike in COVID-19 infections in the Seattle area. During the visit, Jay Inslee, the Democratic governor of Washington State, who had tweeted last week that the Trump administration should "stick to science and tell the truth," told reporters that he was getting good information from the federal government. Democratic Sen. Ben Cardin of Maryland gave Pence similarly positive reviews after he and an interagency team briefed Senators earlier in the week.

Messaging problems remain. On March 3, Pence had told reporters that the Trump administration was addressing the COVID-19 test kit shortage and had lifted restrictions on who could be tested with the limited supply. "Any American can be tested," Pence had said, saying there would be "no restrictions, subject to doctors' orders." But without many labs or test kits available, the number of patients that should be referred for testing is still relatively small, Pence told reporters on Thursday. "We don't have enough tests today to meet what we anticipate will be the demand going forward," Pence said. According to the CDC, clinicians should "use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested." Pence has a fair amount at stake in whether such measures work. He has been handed a national crisis and his success or failure could define the Trump Presidency—as well as his own future. He's got the spotlight, but he'll own the disaster if the outbreak is handled badly. "It is a high risk game for Pence because he's operating on a superhighway with angry citizens and he very easily could become debris," says the historian Brinkley. In an election year, with a particularly unforgiving boss, that's a dangerous spot to be in. But not nearly as dangerous a spot as that of the thousands of Americans who may live or die on the competence of Pence's performance.

Katie McKeogh

Press Secretary

Office of the Assistant Secretary for Public Affairs (ASPA)

U.S. Department of Health and Human Services

Katherine.McKeogh@hhs.gov

Sender:	McKeogh, Katherine (OS/ASPA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=C652F2C415B44DFF8369DD7F4596F030-MCKEOGH, KA>
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Date:	2020/03/06 22:02:45
Priority:	Normal
Type:	Note

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The White House

Office of the Vice President

FOR IMMEDIATE RELEASE

March 6, 2020

PRESS BRIEFING
BY VICE PRESIDENT PENCE
AND MEMBERS OF THE WHITE HOUSE CORONAVIRUS TASK FORCE

James S. Brady Press Briefing Room

5:41 P.M. EST

THE VICE PRESIDENT: Good afternoon. We just completed today's lengthy meeting of the White House Coronavirus Task Force and, at the President's direction, have continued

to implement his whole-of-government approach to bring the full resources of the federal government to bear to confront the spread of the coronavirus in the United States.

Let me begin, as always, by saying that according to all the experts gathered here and on our task force, the risks of the American public of contracting the coronavirus remains low. But that being said, we're continuing to lean into this effort in full partnership with state and local health authorities around the country to ensure that we do everything to prevent the spread of the disease, to mitigate its expansion, and to provide necessary treatment to Americans that have been impacted.

But first, let me turn my attention -- before we speak about some of our broader efforts and hear from some members of the task force -- to an issue that I know is on the hearts and minds of people across the country. The Grand Princess cruise ship has been moored off the coast of California since Wednesday night. I want to commend the efforts of our Coast Guard that heroically flew coronavirus tests to the ship. And we received those results.

Working in close consultation with Governor Gavin Newsom and the state of California, we have developed a process for addressing our findings and resolving the circumstances facing Americans and people from around the world and the crew on the Grand Princess.

First the results: Among those tested, 46 persons were swabbed, 21 of those on the ship tested positive for the coronavirus, 24 tested negative, 1 test was inconclusive. Again, let me say: Twenty-one -- twenty-one individuals on the Grand Princess tested positive. Among those were 19 crewmembers and 2 passengers. And it's important --

Q Among the positive?

THE VICE PRESIDENT: It's important to note --

Q Sorry. Among the positives?

THE VICE PRESIDENT: Yes. Among those positive for coronavirus were 19 crewmembers and 2 passengers. It's important to note that the Grand Princess actually was on its second tour and we know of coronavirus infections from the first tour as well with very, very difficult results.

In the wake of these findings today, we've been working through the day with Governor Newsom and his administration -- through their unified command efforts in California, CDC, and HHS -- and we have developed a plan which will be implemented this weekend to bring the ship into a noncommercial port. All passengers and crew will be tested for the coronavirus. Those that need to be quarantined will be quarantined. Those that require additional medical attention will receive it.

Let me assure the American public, as we did so with Americans returning from China and those returning from the other cruise ship: We are taking all measures necessary to see to the health of the Americans and those involved on the Grand Princess and, just as importantly, to protect the health of the American public and prevent the spread of the disease through communities in this country.

It is -- we are instituting the strongest testing protocols to ensure that not only those on board receive the treatment that they need, but that the American people can be confident that there will be no erosion in our preventative measures and efforts to keep the coronavirus from spreading throughout our country.

I want to express our gratitude to Governor Newsom and the state of California for their full partnership. Not just in dealing with the Grand Princess, but throughout the advent of the coronavirus, California has been a strong partner. And as I just told the governor a few moments ago, we will continue to work very closely with his administration and we will continue to put the health and safety of America first.

With that, let me turn my attention to the issue of testing, which has been much in the news of late, and the President spoke about it just a few moments ago at CDC. It's very important to note that, because of President Trump's decisive leadership, that the risk to

the American public of contracting the coronavirus does remain low.

But nevertheless, in Washington State, where I visited yesterday with members of our team, and in California, we have seen, as Dr. Fauci often describes, community transmission still less than 200 cases across the country. And the good news is most Americans who've contracted this disease are being treated and recovering and on the road to recovery.

Sadly, we all know of the loss of life and we grieve that along with their families. But the American people deserve to know that we are ready and that, because of the President's leadership and because of extraordinary efforts by CDC and Health and Human Services and our partners in state labs around the country, we have the testing necessary to be able to provide tests to all the states that have requested it.

As I said yesterday, we've been able to provide tests to all the state jurisdictions and labs that have requested it. And I'm pleased to report that all state labs have the test. And now, because of the change that President Trump implemented at the FDA a week ago, now state labs can actually conduct coronavirus tests themselves.

Beyond that, between March 2nd and 5th, we distributed more than 900,000 tests across the country, including 200,000 that could allow 75 individual patients -- 75,000 individual patients to be tested.

As the Secretary of HHS just described, by tomorrow another 200,000 tests will be shipped. And by the weekend, another million tests will be shipped around the country, with the expectation that at the end of next week, 4 million tests will be shipped.

We've been able to respond to the request of states that have been impacted by the coronavirus. But as I said yesterday, to meet future demand, this week, the President brought together the leading commercial labs in America and asked them to, in effect, partner with the United States in developing tests for the American people.

And I'm proud to say that, just in the last 24 hours, LabCorp, Quest -- two of America's leading commercial laboratories -- have announced the test will be available by Monday of this week. The reason that's important and the reason that meets future demand is because the enormous capacity of these commercial laboratories and others in the country are precisely how we will make coronavirus tests available for your local doctor, available to your pharmacy, and broadly available to the American public.

Tomorrow, Dr. Steve Hahn at the FDA will come to this room and brief in specific our efforts with regard to testing to assure the American public that every effort is being made to provide testing resources not just for state laboratories, not just for universities, not just for hospitals in affected areas, but with the announcement of these major commercial labs, we trust, in a matter of weeks, the coronavirus tests will be broadly available to the public and available to any American that is symptomatic and has a concern about -- about the possibility of having contracted the coronavirus.

We've made great progress, but there is much work to be done. Over the course of this weekend, I'll be traveling to Florida to meet with cruise line executives. We'll be discussing with them, in particular, what additional measures our cruise lines could take to ensure the health and safety of the American public, and I look forward to those conversations tomorrow.

I want to introduce Dr. Fauci for comment, and then I'll also introduce the Admiral and Bob Kadlec about -- about our plans with regard to the cruise ship.

But let me make -- let me make one last comment, if I may, before we hear from other members of the task force. I've said it twice, let me say it again: The general risk to the American public remains low. But if you are an individual with a serious underlying health condition or -- and are elderly, it's important to take precautions and use common sense, particularly as it relates to travel.

We want to recognize, from the experience now of two cruise ships, that cruise ships represent a unique challenge for health officials, and so we would ask elderly Americans to

use common sense and caution in planning any cruise ship vacation in the future. But they can be assured we're going to be working closely with some great American companies in the cruise line industry to enhance and strengthen the screening procedures that take place as passengers board and as they disembark.

With that, let me -- let me yield it for a few moments to Dr. Fauci and then we'll hear from other members of the task force about the Grand Princess, as well as testing.

Dr. Fauci?

DR. FAUCI: Thank you very much, Mr. Vice President. I just want to take the opportunity, very briefly -- last time I was here at the podium, we were talking about what the Vice President said about the risk of getting infected and how we need to distinguish that from if you are infected. Like the unfortunate situation that we've seen in Seattle and what we're seeing on cruise ships is that, in that group of people who get infected, the ones who are clearly the most vulnerable to getting the complications of serious disease and even death are people with underlying conditions, particularly among the elderly with underlying conditions, and those are heart disease, lung disease, kidney disease, diabetes, et cetera.

So what I'd like to do today is sort of like publicly answer a question that I get asked all the time now -- is that if you are a person with an underlying condition, the conditions that I just mentioned -- particularly if you're an elderly person with that -- as the Vice President said, beyond even cruise ships, to just use the common sense of trying to protect yourself because you're the most vulnerable. That is often referred to as "social distancing."

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twice, even before you get on a plane for a long trip or you want to travel or you want to go to a place that's crowded where there may be people who, in fact, have an infection of any sort. That doesn't necessarily have to be even coronavirus; it could be influenza or anything like that.

So I want to publicly answer the question that I keep getting asked in a private situation. If

you're in that category or if you're the family of individuals in that category, take care to try and take care of the most vulnerable among them.

And there are simple things that you can do -- practical, common sense -- about not putting yourself in a situation, whatever that might be, that might increase the risk, given your situation.

Thank you.

THE VICE PRESIDENT: Thank you, Dr. Fauci.

With that, I'd like to introduce Vice Admiral Abel, who -- again, the Coast Guard did heroic work transporting tests to the Grand Princess and is going to play a key role as we implement -- as we implement the process of resolving the impasse on the ship.

Admiral?

VICE ADMIRAL ABEL: Thank you, Mr. Vice President. First of all, we'd like to send our appreciation out to the members of the 129th Air Rescue and Recovery Wing California Air National Guard that played a key role last night in getting the test kits out to the ship, retrieving those test kits. It's great to have shipmates like that, that stand by our side when the nation needs it.

The Coast Guard looks forward to operationalizing the best risk mitigation plan that's developed on medical science from the state, local, and federal level, and we use our captain of the port authorities to direct to ship to execute that plan.

Thank you.

THE VICE PRESIDENT: And Bob Kadlec is the Assistant Secretary who's been --

ASSISTANT SECRETARY KADLEC: Thank you, sir.

THE VICE PRESIDENT: -- coordinating the preparedness and the response to the Grand Princess.

ASSISTANT SECRETARY KADLEC: Thank you very much, Mr. Vice President, and good evening everyone. I just want to just say, first of all, thanks to Governor Newsom and his staff at the state health office and emergency management in California. They've been extraordinary, great partners not only during this event, as we're developing a concept of operations and planning to, if you will, disembark passengers from that ship safely and effectively, ensuring that their safety as well as the community that they will be coming into will be protected, but I just want to say that they've been great partners throughout this.

They've been critical in our repatriation efforts from Wuhan, as well as from the Diamond Princess ship in Japan. And, again, the details are becoming more apparent and we'll brief you as those become more firm.

But I just want to say: This is a whole government of effort. We're working with Department of Defense, with the Coast Guard, Department of Homeland Security, our colleagues at CDC, as well as the state and local authorities in California to ensure that we can bring those people home safely, as well as and as quickly as possible.

Thank you.

THE VICE PRESIDENT: Great.

Dr. Birx, did you want to speak to our plan with regard to that?

DR. BIRX: Thank you. Thank you, Mr. Vice President. So this will be a comprehensive plan that, like our other -- Diamond Princess -- was a comprehensive approach to ensure the health and welfare of all of our citizens.

As Dr. Fauci discussed, we know many of the people on the cruise ship are in their 60s, 70s, and 80s, and we want to make sure -- as we know that that's a more vulnerable group -- that we pay special attention to anybody who has any comorbidities or other conditions.

And so we're working very hard with the people on the ship and the medical team there to make sure that their health and welfare is prioritized.

Thank you.

THE VICE PRESIDENT: Good.

And Dr. Stephen Hahn, with the FDA, for the latest on the availability of testing.

DR. HAHN: Thank you, Mr. Vice President.

Just as a reminder about this test: This is a swab test, not a point of care test. We discussed that yesterday, but that's the component of this test. It is a test that's been developed by the CDC, based upon their first obtaining the genetic sequence of the virus. That test is very high quality. We have high confidence in that test. That test is now available in all public health labs, as described by the Vice President.

In response to the demand that we're seeing for the test, we are increasing the supply of this test as described by the Vice President. And we believe that that will be available significantly across the country, and I can provide more details tomorrow just for specific numbers, if you will.

As of yesterday, the CDC test was shipped out -- 900,000 tests. We have another 200,000, which we expect to be shipped out tomorrow, and they've gone through the quality assurance process. Another 1 million tests will be quality assessed this weekend and we expect those to go out early next week.

We expect further surge test capacity beyond that, by the end of next week. And again, I'm

really happy to provide details.

Q How many have been tested so far? Can you say that?

DR. HAHN: So I think that's a question that should probably be addressed to the CDC for the most accurate number. Thank you.

THE VICE PRESIDENT: Thank you. Great. And state labs.

Questions?

Q Where do you expect the -- where do expect these people to be quarantined? And why - of 19 crew members, 2 passengers, why so many crew were infected?

THE VICE PRESIDENT: Well, we're going to get to the bottom of it, but it's very likely that the crew on the Grand Princess was exposed on two different -- two different outings. And we know the coronavirus manifested among the previous passengers. And so we'll -- we'll find that out. But we will be testing everyone on the ship. We will be quarantining as necessary. But with regard to the 1,100-member crew, we anticipate that they will be quarantined on the ship, will not need to disembark.

But let me -- let me refer to Secretary Kadlec to respond. We're working, literally, hour by hour with the Department of Defense and with the state of California to identify the military bases where we'll do the testing of the remaining passengers.

ASSISTANT SECRETARY KADLEC: Yes, sir. Thank you. And it is truly evolving right now. Obviously, there've been bases that've been identified before -- Travis, Lackland. And we're working with the Department of Defense to identify the appropriate settings -- again, realizing that we're trying to ensure both the safety of the passengers and the safety of communities that are around them.

So, happy to answer any more questions. Thank you.

Q Vice President, AIPAC, in just the last little while, send out a notification to people who attended the conference to say two people from New York who attended the conference have tested positive for coronavirus. Are you concerned that the virus is now here in Washington, D.C.? And as a lot of members of Congress attend AIPAC, are you concerned that some members of Congress may have contracted the virus?

THE VICE PRESIDENT: Well, let me say that's the first I've heard of it, in the midst of a busy day. And we will be engaged, I'm confident, in the same contract -- contact tracing that we are for any case.

But maybe -- maybe Dr. Fauci could speak to the concern about the nation's capital that you raised.

DR. FAUCI: Yeah. You know, again, when you have lack of information, it's tough to make anything definitive. But, obviously, if you have someone who is here, I mean, the risk of there being a major outbreak, obviously -- which everybody thinks about.

But what will happen is that those individuals that were infected will have contact tracing. And that's the public health "weapon," if you want to call it, that we have -- namely, to get those people isolated and to do the contact tracing.

We don't have enough information now because this is the first that I've actually heard about it also, with a busy day. So, as soon as we get further information, we'll be happy to share that with you.

Q Mr. Vice President, the President, just a short while ago, said that anybody that needs a test can have a test; they're all set. Can we drill down on that? When exactly will a person who feels like they may have coronavirus, can they go into their doctor's office and get a test?

In addition to that, Mr. Vice President, just a short while ago, the President described

Governor Inslee of Washington State, who you just met with yesterday, as a “snake.” He also described the coronavirus test -- compared it to the phone call that he had with the leader of Ukraine. Is the President addressing the situation with the seriousness it requires?

THE VICE PRESIDENT: Well, I promise you, President Trump has no higher priority than the health and safety of the American people. And he's assembled an extraordinary group of Americans and agencies.

I'm a little more than a week into leading the White House coronavirus effort, and I couldn't be more proud and more impressed with the team that the President assembled.

But I think your first question is a very important one, Jim, and I appreciate it. The President is exactly right that, for the state laboratories, for the communities that have been impacted that have concerns about the coronavirus, we have been able to respond to requests for tests.

And, literally, you can hear that the tests that's been made available since the first of this month literally amounts in the hundreds of thousands and millions of tests.

But for the American public to have access to the coronavirus test, it's the reason why President Trump brought in, this week, all of the CEOs of the top commercial laboratories in the country. They're the ones that we believed could spin up a new test very rapidly. They have enormous logistics and manufacturing capabilities. And we said to them, “We want you to work together,” because while all state labs can now conduct their own tests -- and as I've described and as Dr. Hahn described, we've distributed hundreds of thousands; in fact, over a million tests around the country -- to get it all across the American people to your local doctor, to your pharmacy, to what when my kids were little, we used to call the MedCheck. It's going to require these commercial labs.

And the good news is -- it didn't get too widely reported -- but both LabCorp and Quest, two of the largest commercial labs in the country, just announced that, by Monday, they

will have tests available for distribution and sale across the country.

Q And if I could just follow up. Mr. Vice President, if somebody is feeling ill this weekend and they go to the doctor on Monday, can the doctor request a coronavirus test -- any American in the country? Or are we not at that point? I just want to make sure that it's crystal clear in terms of what the expectations are.

THE VICE PRESIDENT: Well, I think for any American that is symptomatic, speaking to your doctor if you have reason to believe that you have been exposed to the coronavirus.

I have every confidence that your physician would contact state health officials and have access to the state lab. We've made those tests available to the state labs. I've spoken to Governor Roy Cooper of North Carolina today. I spoke to Governor Brian Kemp of Georgia last night. And we've been working hard to make sure that where we have suspected cases, that we've been making tests available. But you make a very fair point about -- the wider availability to doctors and physicians and clinics will happen, we believe, because of the collaboration that President Trump forged with our commercial labs. And the great news is, as they announced yesterday, by Monday, two of the largest commercial labs in America announced they will have tests and begin to take them to market.

Q Thank you, Mr. Vice President. Two questions if I could: one on workers and one on families. The first one on workers. There are a lot of Americans who are worried about losing wages if they're forced to stay home because they're not on a regular salary. Is the White House preparing any sort of economic mitigation effort for workers who suffer wage losses here?

And the second one is on family, which is: You're telling people to stay home if they feel sick.

THE VICE PRESIDENT: Right.

Q What's your advice to parents of children who might have a lot of vulnerable people

in their households? Should they be quarantining themselves with their children in the house, or do they need to be quarantining themselves somewhere else, away from their own families and children?

THE VICE PRESIDENT: Well, with regard to your first question, I will tell you that I've been very inspired at the response of businesses around this country and their sensitivity and decision-making about Americans who are potentially impacted by the coronavirus.

But I will tell you, in the days ahead, when I was on Capitol Hill this week meeting with Republicans and Democrats in the House and the Senate, we talked about should this become much more a -- much more widespread in the country. There were recommendations from Congress, which I know we would carefully consider.

But let me -- your second question, I think, might be the most important one asked, and that is: For families, what are the best practices at home? And I'd like to ask Dr. Birx to address that.

DR. BIRX: That's an excellent question. I come from a multi-generational household. I have nine-month-old, two-year -old grandchildren. My parents live in the same household -- they're 91 and 96 -- and my daughter and husband are there. And I think this is a very critical question and it's why, over the last week, we've really been focused on who is the most vulnerable and who needs to be protected, and ensuring that every family understands that.

And I think your question is critical because it comes back to what Dr. Fauci said. If they follow good handwashing techniques; if they ensure that everything is washed, that is used with the grandparents; if they ensure that the children, if ill, are kept away from the grandparents and somewhat separated in the household with strong cleaning and other handwashing and hand-touching pieces, this is what social distancing can occur in the household. And that's really the focus that we have: that every household has the capacity in order to ensure the health and welfare of their elderly and others with medical conditions.

And I don't want to -- I want to make sure we've also emphasized that, because anyone that has an immunodeficiency, independent of age, is someone else that we have to be very careful with in ensuring that we're protecting them.

Q Should they be sending those family members who are not infected to stay somewhere else? So if you've got a couple of kids, one who's infected and the other ones are not, should you send the ones who are still healthy somewhere else, or do you need to quarantine everybody in the family in the same house at the same time? Because that sounds a little scary.

DR. BIRX: I'm looking at Dr. Fauci, and I think that's a great question. And we're going to -- we're going to talk about that, and I don't want to give you -- (laughs) --

DR. FAUCI: I don't -- I don't think there really is a decisive answer about that. It depends upon the feasibility of do you have some place to put the child. I think that if you're in a situation where you really cannot do it, then you just sort of say, well, I'm going to keep them both together, realizing that with children -- and this gets back to what I just said a little while ago -- the risk of there being a problem of infection with the children is really very low, if you look at all of the reports from every place -- from China, from Italy, from Korea. It's the same.

Q Mr. Vice President, following on an earlier question: If, today, any American who wants to test cannot currently get a test, when do you -- when is that target date? When do we expect any American who wants a test to, same day, be able to get it?

THE VICE PRESIDENT: Let me ask Dr. Hahn to respond to that. But when we met with the major commercial labs, in addition to -- I want to emphasize that again: Because of the -- because of the changes that the FDA made, now all state labs can perform a coronavirus test.

And I spoke to one governor about that today, and we clarified that with them. We've

distributed these kits -- hundreds of thousands, and over a million tests and more to come.

But to get the test widely distributed across the country, I couldn't be more grateful that our commercial labs have already announced -- two of the leading commercial labs in America -- that they'll create a product.

But let me talk to -- let me let you talk to Dr. Hahn because the FDA is in the process of working with those companies, and see if Dr. Hahn has a sense. But I remember that they told us, given their enormous production capability, that in a matter of weeks, not months, that we could be seeing a coronavirus broadly distributed around the country and then growing literally by the day.

Dr. Hahn, is that about right?

DR. HAHN: That's correct. Thank you, Mr. Vice President.

Q And also, if might I add to that, do you have some idea of how many test kits we are going to need total?

DR. HAHN: So I'm going to use the term "tests," not "kits" so that we can be clear about, you know, sort of the lexicon that we're using.

So, as I mentioned, as of tomorrow, we expect 1.1 million tests to have been shipped to laboratories, and those would have gone to mostly non-public health laboratories.

In answer to your question -- because I'm thinking like a doctor here -- if I were with a patient who came in and I wanted to test, what I would recommend to that provider is to contact, as the Vice President said, their local public health group, because they're going to be able to know about availability in that state.

But as the Vice President says, with these large commercial labs having the ability to now scale up those tests, this is a critical part of this. In addition to the millions of test kits --

tests -- tests that we'll be sending out this upcoming week as well as what we've already done, we expect that to surge substantially.

Q And how many do we need? Are we talking we need a test available potentially for every American? What is our target?

DR. HAHN: So we'll talk a little bit about this tomorrow. It's a complicated answer to your question, and I don't want to mislead the American public. But one test doesn't necessarily equal one patient. And so that equation, I think, is worth discussing in more detail.

THE VICE PRESIDENT: Well, let me maybe follow on that with two things.

Number one, the President has directed a whole-of-government approach. We're leaning into this effort, and we're going to work with our commercial partners, we're going to work with the CDC, and we're going to meet that need for the American public. And I'm confident of that, particularly as I see the way -- frankly, see the way state governments, state health departments, public laboratories, and our commercial laboratories have stepped up.

Let me also say, as I said yesterday when we were in Washington State: One of the things that CDC has done is, in the midst of these numbers that can get a little blurry at the time, we'll make sure you have all of them in detail. And Dr. Hahn will detail it tomorrow.

We have prioritized areas of the country where we have community transmission. And the recommendation of our experts is we've been focusing tests in California and in Washington State, and I've had those conversations with both of those governors, and we'll continue to do that even as we work to build a wider availability.

Q Thank you, Mr. Vice President. You have encouraged caution and social distancing for elderly Americans and people who have preexisting conditions. Just looking at the government statistics, people who are over 65, that's 50 million Americans; people who have preexisting conditions, that's another 50 million to 100 million Americans. Are you

essentially saying that a third of the country, maybe up to half of the country, should have caution before traveling? And if that's the case, should major events, major conferences, political rallies just be canceled at this point because they would include a large percentage of elderly Americans and people with preexisting conditions?

THE VICE PRESIDENT: Well, let me try it again. A lot of facts and a lot of information, so let me be as clear as I can. What I want to say today is -- in consultation with these experts -- is that as we look at the data, initial data in this country and data coming in from around the world, that elderly with serious underlying health conditions are the most vulnerable to the coronavirus. Let me say that again: That elderly individuals with underlying health conditions are the most vulnerable to serious results from the coronavirus.

And so, today, we say with great respect that it is a good time for any American who is elderly, by however they define it, and has a serious underlying health condition, to think carefully about travel. And I think Dr. Fauci was clear on that and I'd like him to have the last word.

DR. FAUCI: So, the numbers and the statistics you said are correct, but there's really a difference between an underlying condition and a serious underlying condition that would actually compromise you.

So let me explain. By the numbers that you said, someone who has high blood pressure, is on a blood pressure medication and has got it down pretty well, has an underlying condition. Chronic obstructive pulmonary disease that might require intermittent oxygen is a serious underlying condition.

There's a big difference between somebody with controlled hypertension and somebody with congestive heart failure and chronic pulmonary disease.

So although your numbers are correct, it isn't really one third of the American population.

END

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Good evening Dr. Kadlec,

BLUF: The SOC was notified by R9 RECs that the Governor of Hawaii's office announced first presumptive positive case of COVID-19.

- The person is a Hawaii resident who was a passenger on the first Grand Princess cruise.
- No additional demographic information is available at this time.
- The individual flew from Mexico back to Honolulu where the individual became ill, they self-isolated and subsequently sought healthcare.
- Hawaii reports minimal to no contact reported by the individual, with the exception of the healthcare provider who used precautionary measures.
- The test was conducted on 05Mar20 and returned presumptively positive today 06Mar20.
- Epi tracing is being conducted by the state.
- The CDC EOC is unable to confirm 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.*

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To:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Murphy, Ryan (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya>; Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>
Subject:	The Atlantic: Exclusive: The Strongest Evidence Yet That America Is Botching Coronavirus Testing
Date:	2020/03/06 22:43:41
Priority:	Normal
Type:	Note

Exclusive: The Strongest Evidence Yet That America Is Botching Coronavirus Testing
The Atlantic // ROBINSON MEYER, ALEXIS C. MADRIGAL

IT'S ONE OF the most urgent questions in the United States right now: How many people have actually been tested for the coronavirus?

This number would give a sense of how widespread the disease is, and how forceful a response to it the United States is mustering. But for days, the Centers for Disease Control and Prevention has refused to publish such a count, despite public anxiety and criticism from Congress. On Monday, Stephen Hahn, the commissioner of the Food and Drug Administration, estimated that “by the end of this week, close to a million tests will be able to be performed” in the United States. On Wednesday, Vice President Mike Pence promised that “roughly 1.5 million tests” would be available this week.

But the number of tests performed across the country has fallen far short of those projections, despite extraordinarily high demand, *The Atlantic* has found.

“The CDC got this right with H1N1 and Zika, and produced huge quantities of test kits that went around the country,” Thomas Frieden, the director of the CDC from 2009 to 2017, told us. “I don’t know what went wrong this time.”

Through interviews with dozens of public-health officials and a survey of local data from across the country, *The Atlantic* could only verify that 1,895 people have been tested for the coronavirus in the United States, about 10 percent of whom have tested positive. And while the American capacity to test for the coronavirus has ramped up significantly over the past few days, local officials can still test only several thousand people a day, not the tens or hundreds of thousands indicated by the White House’s promises.

To arrive at our estimate, we contacted the public-health departments of all 50 states and the District of Columbia. We gathered data on websites, and we corresponded with dozens of state officials. All 50 states and D.C. have made some information available, though the quality and timeliness of the data varied widely. Some states have only committed to releasing their numbers once or three times a week. Most are focused on the number of confirmed cases; only a few have publicized the number of people they are capable of testing.

The Atlantic’s numbers reflect the best available portrait of the country’s testing capacity as of early this morning. These numbers provide an accurate baseline, but they are incomplete.

Scattered on state websites, the data available are not useful to citizens or political leaders. State-based tallies lack the reliability of the CDC's traditional—but now abandoned—method of reporting. Several states—including New Jersey, Texas, and Louisiana—have not shared the number of coronavirus tests they have conducted overall, meaning their number of positive results lacks crucial context.

The net effect of these choices is that the country's true capacity for testing has not been made clear to its residents. This level of obfuscation is unexpected in the United States, which has long been a global leader in public-health transparency.

The figures we gathered suggest that the American response to the coronavirus and the disease it causes, COVID-19, has been shockingly sluggish, especially compared with that of other developed countries. The CDC confirmed eight days ago that the virus was in community transmission in the United States—that it was infecting Americans who had neither traveled abroad nor were in contact with others who had. In South Korea, more than 66,650 people were tested within a week of its first case of community transmission, and it quickly became able to test 10,000 people a day. The United Kingdom, which has only 115 positive cases, has so far tested 18,083 people for the virus.

Normally, the job of gathering these types of data in the U.S. would be left to epidemiologists at the CDC. The agency regularly collects and publishes positive and negative test results for several pathogens, including multiple types of the seasonal flu. But earlier this week, the agency announced that it would stop publishing negative results for the coronavirus, an extraordinary step that essentially keeps Americans from knowing how many people have been tested overall. “With more and more testing done at states, these numbers would not be representative of the testing being done nationally,” Nancy Messonnier, the chief CDC official for respiratory diseases, said at the time. “States are reporting results quickly, and in the event of a discrepancy between CDC and state case counts, the state case counts should always be considered more up to date.”

Then, last night, the CDC resumed reporting the number of tests that the agency itself has completed, but *did not include* testing by state public-health departments or other laboratories. Asked to respond to our own tally and reporting, the CDC directed us to Messonnier's statement from Tuesday.

Our reporting found that disorder has followed the CDC's decision not to publish state data. Messonnier's statement itself implies that, as highly populous states like California increase their own testing, the number of people the CDC reports as having been tested and the actual number of people tested will become ever more divergent. The federal tally of positive cases is now also badly out of date: While the CDC is reporting 99 positive cases of the coronavirus in the United States, our data, and separate data from Johns Hopkins University, show that the true number is well above 200, including those on the Diamond Princess cruise ship.

The White House declined to comment.

The haphazard debut of the tests—and the ensuing absence of widespread data about the epidemic—has hamstrung doctors, politicians, and public-health officials as they try to act prudently during the most important week for the epidemic in the United States so far.

OUR REPORTING FOUND that the capacity to test for the coronavirus varies dramatically—and sometimes dangerously—from state to state.

California claims the highest testing capacity of any state, and has tested the most individuals so far. As of yesterday afternoon, it had tested 516 people, with 53 positive cases, a spokesperson for the Department of Health told us. The department now has the capacity to test 6,000 people

every day, and it expects that capacity to expand to 7,400 people a day starting today, the spokesperson said.

Washington State, the site of the country's largest outbreak thus far, can test roughly 1,000 people a day. The state health department's laboratory can test 100 people a day; the rest of the testing is being done at the University of Washington's Virology Lab. Officials have found 70 positive cases in Washington so far, though a genetic study has estimated that there may be hundreds of untested people who have COVID-19 in the greater Seattle area.

Oregon, situated between the California and Washington hot spots, can test only about 40 people a day. Texas has 16 positive cases, according to media reports, but the health department's website still lists only three cases. *The Texas Tribune* has reported that the state can test approximately 30 people a day.

Other states can test even fewer. Hawaii can test fewer than 20 people a day, though it could double that number in an emergency, an official told us. Iowa has supplies to test about 500 patients a day. Arkansas, though not near a current known outbreak, is able to test only four or five patients a day.

On the East Coast, testing capacity varies significantly. New York State has 22 positive cases, including several cases of community transmission in Manhattan and Brooklyn. It can test 100 to 200 people a day. Neighboring New Jersey and Connecticut have not shared any information about how many tests they have run, or about their daily testing capacity.

Pennsylvania can test only about a dozen people a day, and Delaware can test about 50 people, our survey found. An official in Massachusetts, where two of 20 tests have come back positive, said that she did not know the Bay State's daily capacity, but that its health department "currently [has] an adequate supply of test kits."

These data come with an important caveat. Currently, most labs require two specimens to test one person. Single-specimen testing capability is being developed, but right now the top-line number of available tests should be cut in half. In other words, "1.5 million tests" should be able to test roughly 750,000 people. Some states, such as Colorado, told us how many specimens they could test a day (160), not how many patients (about 80). Other states shared the number of patients they could test, but not the number of specimens. In this story, we've standardized these numbers by dividing any specimen figure by two to give an estimate of the number of patients who can be tested.

Our reporting found that three factors determine the number of people who are tested for the coronavirus.

The first factor is the availability of tests. Until recently, very few physical tests were available, because of a mistake that the CDC made with a crucial component. The White House has pushed for and highlighted a massive increase in available tests, to perhaps 1 million in the next week. But labs have to be trained on how to set up and execute the relatively complex procedure.

The second factor is that the CDC sets the parameters for state and local public-health staff regarding *who* should be tested. The agency's guidelines were very strict for weeks, focusing on returning international travelers. Even as they have been loosened in the past few days, there are persistent reports that people—including a sick nurse who had cared for a coronavirus patient—have not been able to get tested.

Finally, the more people who contract the illness, the greater the demand for testing. Some weeks ago, the number of cases in the United States was probably much, much smaller than today. The upshot is that there is likely to be an explosion of Americans tested for the coronavirus in the

next week, led by California and Washington, each of which has a substantial number of cases and has shown signs that the virus is spreading.

Even in an emergency, laboratories cannot be spun up immediately. The University of Washington, which appears to have the country's largest testing capacity outside of California—it can test up to 1,000 people a day—has been working on its own coronavirus test for several weeks.

A week ago, the FDA eased some regulations on the types of coronavirus tests that can be used. This means that testing capacity will increase, but not overnight.

It has not always been so challenging to get estimates of the number of Americans tested.

Throughout February, the CDC published a regular tally of Americans who had been tested for the pathogen. Last Saturday, several days after the country's first case of community transmission was confirmed, that figure was 472.

Then the agency stopped updating the tally. It did not publish new numbers of how many Americans had been tested for the virus on Sunday or Monday, as public criticism of the sluggish response to the disease began to mount. On Tuesday, it announced that it would stop publishing the figure altogether.

Our reporting has found that the CDC has not made good on Messonnier's assurance that state numbers would be available and up to date. Many states are not reporting their results quickly: In our survey, we found that in some states, the most recently available numbers were days old. Since the CDC's pullback, it has become extremely difficult to track the nation's growing capacity to test for the coronavirus.

There are material reasons for this. At first, the CDC did all the testing, so its results were easy to report. But as the outbreak grew, state public-health laboratories were brought into action. Each of them can do only so many tests, however, so university research laboratories have now joined the effort. Soon private laboratories such as LabCorp and Quest Diagnostics will begin testing people too. Both companies announced yesterday that doctors can now order tests. Still, no one is quite sure precisely when this new testing capability will start delivering results at scale.*

The more entities involved, the more complex the data-gathering effort grows. State public-health departments *should* be tracking tests from university labs and eventually private labs, but in this time of crisis, they may not have the capacity to gather those data. For example, a Washington public-health official told us that the state could test up to 100 people, but as noted, the University of Washington has far higher throughput. That suggests a positive implication of our reporting: more capacity nationwide than our, or any, data reflect.

As more laboratories join in the effort, quality control will become more difficult. While each lab must have the FDA's permission to operate, under an Emergency Use Authorization, a new FDA policy allows labs to immediately begin testing people, and requires that they submit their paperwork to the agency within the next 15 days. These types of measures are necessary because the United States' response to the coronavirus is far behind the spread of the disease within its borders. Testing is the first and most important tool in understanding the epidemiology of a disease outbreak. In the United States, a series of failures has combined with the decentralized nature of our health-care system to handicap the nation's ability to see the severity of the outbreak in hard numbers.

Today, more than a week after the country's first case of community transmission, the most significant finding about the coronavirus's spread in the United States has come from an independent genetic study, not from field data collected by the government. And no state or city

has banned large gatherings or implemented the type of aggressive “social distancing” policies employed to battle the virus in Italy, Hong Kong, and other affluent places.

If the true extent of the outbreak were known through testing, the American situation would look worse. But health-care officials and providers would be better positioned to combat the virus. Hard decisions require data. For now, state and local governments don’t have the information they need.

Katie McKeogh

Press Secretary

Office of the Assistant Secretary for Public Affairs (ASPA)

U.S. Department of Health and Human Services

Katherine.McKeogh@hhs.gov

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To:	Wallace, Rodney (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b4654f8f0c0f4623b9e47465e9e1037a-Wallace, Ro>
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Subject:	Re: Potential additional diagnostic capability
Date:	2020/03/06 23:34:27
Priority:	Normal
Type:	Note

Thanks Rodney.

Sent from my iPhone

On Mar 6, 2020, at 10:02 PM, Wallace, Rodney (OS/ASPR/BARDA) <Rodney.Wallace@hhs.gov>wrote:

I'll reach out to Jess.

Rodney L. Wallace

Director, Detection, Diagnostics, & Devices Infrastructure Division (DDDI)
Biomedical Advanced Research and Development Authority (BARDA)
Office of the Assistant Secretary for Preparedness and Response (ASPR)
US Department of Health and Human Services (HHS)

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Email: rodney.wallace@hhs.gov

Website: <https://MedicalCountermeasures.gov>

Open Solicitation: <https://www.fbo.gov/spg/HHS/OOS/OASPHEP/BAA-18-100-SOL-00003/listing.html>

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From: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Sent: Friday, March 6, 2020 7:28 PM
To: Jess S (b)(6)@outlook.com>; Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>; Bright, Rick (OS/ASPR/BARDA) <Rick.Bright@hhs.gov>; Wallace, Rodney (OS/ASPR/BARDA) <Rodney.Wallace@hhs.gov>; Johnson, Robert (OS/ASPR/BARDA) <Robert.Johnson@hhs.gov>
Cc: Bob Kadlec (b)(6)@gmail.com>
Subject: Re: Potential additional diagnostic capability

Jess thanks please pass info to the BARDA team copied. Best. Bob

Sent from my iPhone

On Mar 6, 2020, at 7:22 PM, Jess S (b)(6)@outlook.com>wrote:

Bob, FYSA I was speaking with multiple medical doctors over at Fort Belvoir....they know I had worked in JPEO CBD and ASPR over the past 11 years. Each one wanted me to pass along their sincerest thanks in all what you, your staff and the interagency task force are doing every day to protect the American people.

As an aside one doctor put me in touch with a medical professional in California. We spoke via telephone today. He was contacted by a small medical company named Avelino. They claim that have developed a rapid diagnostic test for the Corona virus. This company has been in contact with the FDA and have just successfully concluded a validation study.

The doctor I spoke with asked how can this company contact HHS? I suggested [PHE.gov](https://www.phe.gov) and [Medicalcountermeasures.gov](https://www.mediccountermeasures.gov). I recommended they submit a White Paper soonest along with the studies validated by the FDA. I have no idea if this is all true, but I have no reason to believe this effort is not true. The doctor I spoke with is a retired US Navy Captain, ophthalmologist and Chief Medical Officer for a large medical device company called Zeiss.

I thought you should know of this news.

Very Respectfully, Jess

Jess A Scarbrough,
Brigadier General United States Army Retired
Deputy Assistant Secretary/Director/SES
United States Federal Government Retired
email address: (b)(6)@outlook.com

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Subject:	Health Insurance Digest for Friday March 6, 2020
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Priority:	Normal
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1 [Similar to other states, the California...](#) Andrea DeBerry

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Mar 6, 2020 12:34 PM

[Andrea DeBerry](#)

Similar to other states, the California Department of Managed Health Care (for health care service plans) and the California Department of Insurance (for health insurance companies) have issued bulletins directing payors to waive cost-share for COVID 19 screening and testing and have provided other important guidance regarding access to coverage. Links are attached here for your reference:

www.dmhc.ca.gov/Portals/0/Docs/OPL/...

www.insurance.ca.gov/0250-insurers/0300-insurers/...

If you have guidance from other states, please share with the group here!

Andrea DeBerry Esq.
Kaiser Permanente
Oakland CA
510-271-6334



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To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	Summary: Grand Princess Cruise Ship with Positive COVID-19 Cases, California, CA (Update #6)
Date:	2020/03/07 01:47:24
Priority:	Normal
Type:	Note

UNCLASSIFIED // FOR OFFICIAL USE ONLY

Good morning Dr. Kadlec,

BLUF: Patient MEDEVAC from Grand Princess Cruise Ship to Richmond CA on 07Mar20.

- Coast Guard National Command Center (NCC) convened a Critical Information Communications (CIC) on 07Mar20 in regards to a potential MEDEVAC from the Grand Princess cruise ship.
- A 76 year old female suffered a heart attack and obstructed bowel on the Grand Princess cruise ship.
- The patient was not tested for COVID-19 but is not currently symptomatic for COVID-19.
- The Flight Surgeon responsible for the ship has evaluated her condition and recommended MEDEVAC to Richmond, CA within the next 24 hours.
- CDC concurred with the MEDEVAC course of action and recommended the responding unit don appropriate PPE.
- The 129th Rescue Wing PJ's are currently in the planning phase of the mission.
 - The execution time of the mission and the MEDEVAC facility in Richmond CA are unknown at this time.
- HHS SOC remains engaged with NCC to gain additional information.

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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To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	Summary: Grand Princess Cruise Ship with Positive COVID-19 Cases, California, CA (Update #6)
Date:	2020/03/07 01:47:25
Priority:	Normal
Type:	Note

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Good morning Dr. Kadlec,

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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
 Fax: 800-514-4256

Email: hhs.soc@hhs.gov

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HHS Executive Summary: Saturday, 07Mar20

1. HHS

Today's Noteworthy Topics:

COVID-19 (Novel Coronavirus)

Current global cases are 95,409 and 3,283 global deaths, with 205 cases and 11 deaths in the U.S. Four states (Hawaii, Indiana, Kentucky, and Oklahoma) all reported their first presumptive cases of COVID-19. Additionally, two CDC LAX screeners are presumptively positive and are currently self-isolating, 14 other CDC personnel at LAX may have been exposed and have been advised to self-isolate. On 06Mar20, the Florida Department of Health reported two deaths from COVID-19, and two new presumptive COVID-19 cases in Broward County. An individual on the Grand Princess cruise ship suffered a heart attack and requires medical evacuation (MEDEVAC). The individual has not been tested for COVID-19 but is not symptomatic.

Daily Operational Schedule: NSTR

Public Health Emergency of National Significance:

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

HHS Response Status Summary:

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

Emergency Support Function (ESF) Activation:

ESF – 8: Not Activated
 ESF – 6: Not Activated

Recovery Support Function (RSF) Activation:

H&SS RSF: Activated Region II (2017 Irma/Maria, Puerto Rico projected end date of 19Mar20). Activated Region IX (2018 California Wildfires projected end date of 31Mar20).

HHS Deployments: (Total = 761)

ASPR: 437 – (6) 2020 Earthquake Puerto Rico, (422) COVID-19, (2) Irma/Maria and recovery, (1) California Wildfires, (3) FY Training Q1, (2) FY Training Q2, (1) Recovery California Wildfires

CDC: 324 (1) Puerto Rico, (254) COVID-19, (34) Polio, (35) Ebola

FMS Status:

- • * 32 (250 Bed) FMS sets are deployable
- • * 10 (50 Bed) FMS sets are deployable

New Mission Assignments (MA): NSTR**Active Situations (7):**

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

U.S. International Health Regulation National Focal Point Status: NSTR**2. FEMA:****Interagency Response Status Summary:**

NWC: Monitoring

NRCC: ROC

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

Regional IMATs: Region IV-2, TN;

Significant National Weather:

A powerful storm off the coast of the Northeast U.S. will continue hurricane force wind gusts over the open waters with high winds reaching Cape Cod through this morning. A cold front will continue across the western U.S. this weekend with an area of low pressure expected to develop along the front as it shifts east of the Rockies Sunday night. The front will bring mainly low elevation rain and mountain snow. Elevated fire weather conditions are forecast ahead of the low over parts of the Central Plains. Moderate to locally heavy rain is possible from southern New Mexico to east of the low Sunday. Around a dozen record high temperatures are possible this weekend across portions of the central Plains. A Pacific storm system is forecast to bring heavy rain to Southern California early next week.

3. OPDIV/STAFFDIV Overnight Reports:**CDC:**

- COVID –19 – Argentina, Australia, Austria, Canada, Chile, China, Croatia, Czech Republic, Denmark, Ecuador, Estonia, France, Germany, Hungary, Iceland, India,

Iran, Iraq, Ireland, Israel, Italy, Japan, Liechtenstein, Malaysia, Netherlands, Norway, Oman, Poland, Qatar, Romania, Singapore, Slovenia, South Korea, Spain, Sweden, Switzerland, Ukraine, United Arab Emirates, United Kingdom – Update

- Polio (Vaccine – derived) – Chad – Update
- Polio (Vaccine – derived) – Angola – Update
- Polio (Wild Type) – Pakistan – Update
- Polio (Wild Type) – Afghanistan – Update
- Lassa Fever – Nigeria – Update
- Measles (Rubeola) – Central African Republic – Update

FDA:

- Coronavirus Disease 2019 (COVID-19)/ML/2019
- *E. coli* O103:H2/Produce (Suspect)/Feb 2020
- *Listeria monocytogenes*/Produce (Suspect)/Feb 2020
- Hepatitis A Virus/Fresh Fruit (Suspect)/Jan 2020
- *Salmonella* Braenderup/Fruit (suspect)/Dec 2019

Prepared by:

Secretary's Operations Center

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



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Prepared by:

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Adam Philip Stern, MD

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**Screening for Hepatitis C
Virus Infection in Adolescents and Adults: US Preventive
Services Task Force Recommendation Statement**

US Preventive Services Task Force

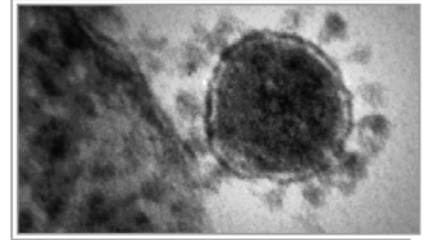
2019 CORONAVIRUS

Opinion

The Inevitable Reimagining of

Medical Education

Ezekiel J. Emanuel, MD, PhD



Opinion

Validation and Utility Testing

of Clinical Prediction Models Time to Change the Approach

Amin Adibi, MSc; Mohsen Sadatsafavi, PhD, MD;

John P. A. Ioannidis, MD, DSc

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New Equation to Calculate

LDL-C in Patients With Normolipidemia and/or Hypertriglyceridemia

Maureen Sampson, BS; Clarence Ling, PhD; Qian Sun, PhD; et al

Research

Intensive Blood Pressure

Control and Residual Life Span in the SPRINT Trial

Muthiah Vaduganathan, MD, MPH; Brian L. Claggett, PhD; Stephen

P. Juraschek, MD, PhD; et al

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**Therapeutic Targeting of Left
Atrial Myopathy in Atrial Fibrillation and Heart Failure With
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Ravi B. Patel, MD; Sanjiv J. Shah, MD

Clinical Geneticist

Hershey, Pennsylvania

JAMA DERMATOLOGY

Dermatologist

Waynesboro, Virginia

Opinion

**Oral and Topical Terbinafine
for Fungal Infections in Pregnancy**

Mary Kathryn Abel, AB; Jenny E. Murase, MD

**Board Certified /Board
Eligible
Hematologist/Oncologist**

Cleveland, Ohio

Research

**Efficacy and Safety of
Lebrikizumab in Adults With Moderate to Severe Atopic
Dermatitis**

Emma Guttman-Yassky, MD, PhD; Andrew Blauvelt, MD, MBA; Lawrence
F. Eichenfield, MD; et al

**Physician Faculty
(Greensburg, PA)**

Greensburg, Pennsylvania

Clinical Review & Education

**A Solitary Scaly Plaque on the
Lower Extremity of a Young Girl**

Ashlee M. Margheim, BSN; Emily C. McKenzie, MD

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**QT-Prolonging Medications
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Timothy F. Simpson, MD, PharmD; James W. Salazar, MD, MAS;
Eric Vittinghoff, PhD; et al

Opinion

**Updated Hepatitis C Virus
Screening Recommendation—A Step Forward**

Jennifer C. Price, MD, PhD;
Danielle Brandman, MD, MAS

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**Effect of Adjunctive Oral
Cannabidiol on Convulsive Seizure Frequency in Dravet
Syndrome**

Ian Miller, MD; Ingrid E. Scheffer, MBBS, PhD, FRS; Boudewijn Gunning, MD; et al

Opinion

**Voicing the Need for
Amyotrophic Lateral Sclerosis Environmental Research**

Stephen A. Goutman, MD, MS; Eva
L. Feldman, MD, PhD

Clinical Review & Education

**Unilateral Leptomeningeal
Enhancement in Myelin Oligodendrocyte Glycoprotein
Immunoglobulin G–Associated Disease**

Adrian Budhram, MD; Amy C. Kunchok, MBBS;
Eoin P. Flanagan, MBBCh

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Research

**Incidence and Mortality Risk
Spectrum Across Aggressive Variants of Papillary Thyroid
Carcinoma**

Allen S. Ho, MD; Michael Luu, MPH; Laurel Barrios, BA; et al

Research

**Global Retinoblastoma
Presentation and Analysis by National Income Level**

Global Retinoblastoma Study Group

Opinion

A New Therapeutic Era for

Metastatic Renal Cell Carcinoma

Nirmish Singla, MD, MSCS

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Research

Effects of Cataract Surgery on

Melatonin Secretion

Tomo Nishi, MD, PhD; Keigo Saeki, MD, PhD; Kimie Miyata, MD, PhD; et al

Clinical Review & Education

A Man With Bilateral Corneal

Verticillata and Corneal Crystals

Amar Bhat, MD; Vishal Jhanji, MD

Research

Association Between

Eliminating Water From Surgical Hand Antisepsis and Cost

Matthew J. Javitt, BS; Adriana Grossman, MHA; Alana Grajewski, MD; et al

JAMA OTOLARYNGOLOGY - HEAD & NECK SURGERY

Research

Public Awareness of Cleidocranial Dysplasia After Season Releases of *Stranger Things*

Austin L. Johnson, BS; Trevor Torgerson, BS; Craig Cooper, BS; et al

Research

Residual Disease After Transcanal Endoscopic vs Postauricular Resection of Cholesteatoma Among Children

Peter R. Dixon, MD, MSc; Adrian L. James, DM,
FRCS(ORL-HNS)

Opinion

Price Transparency in Otolaryngology

Gordon H. Sun, MD, MS

JAMA PEDIATRICS

Research

**Assessment of the Neonatal
Research Network Extremely Preterm Birth Outcome Model**

Matthew A. Rysavy, MD, PhD; Jeffrey D. Horbar, MD; Edward F. Bell, MD; et al

Opinion

**It's Time to Reevaluate the
Apgar Score**

Mario Rüdiger, MD; Henry J. Rozycki, MD

Opinion

**Evidence-Based Solutions to
Pediatric Firearm Deaths**

Megan L. Ranney, MD, MPH; April M. Zeoli, PhD,
MPH; Rinad Beidas, PhD

Opinion

Battling the Modern

Behavioral Epidemic of Loneliness

Dilip V. Jeste, MD; Ellen E. Lee, MD;

Stephanie Cacioppo, PhD

Research

Male and Female Physician

Suicidal—A Systematic Review and Meta-analysis

Dante Duarte, MD, PhD; Mirret M. El-Hagrassy, MD; Tiago Castro e Couto, MD, PhD;
et al

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Physician Suicide—A

Personal and Community Tragedy

Katherine J. Gold, MD, MSW, MS; Thomas

L. Schwenk, MD

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Opinion

Should We Train Female and Male Residents Slightly Differently?

Oksana Babchenko, MD; Katherine Gast, MD, MS

Research

Short-Term Outcomes After Robot-Assisted vs Open Pancreaticoduodenectomy After the Learning Curve

Yusheng Shi, MD; Jiabin Jin, MD; Weihua Qiu, MD, PhD; et al

Research

Comparing the 5-Year Diabetes Outcomes of Sleeve Gastrectomy and Gastric Bypass

Kathleen M. McTigue, MD; Robert Wellman, MS; Elizabeth Nauman, MPH, PhD; et al

COVID-19

Video

COVID-19 Update – March

2020

NIAID Director Anthony S. Fauci, MD, talks with JAMA Editor Howard Bauchner, MD

Opinion

COVID-19—New Insights on a

Rapidly Changing Epidemic

Carlos del Rio, MD; Preeti N. Malani, MD, MSJ

Research

SARS-CoV-2 Contamination of

Air, Environmental Surfaces, and Personal Protective Equipment

Sean Wei Xiang Ong, MBBS; Yian Kim Tan, PhD; Po Ying Chia, MBBS; et al

Opinion

Response to COVID-19 in

Taiwan: Big Data Analytics, New Technology, and Proactive Testing

C. Jason Wang, MD, PhD; Chun Y. Ng, MBA, MPH;

Robert H. Brook, MD, ScD

Research

**RT-PCR Test Results in
Patients Recovered From COVID-19**

Lan Lan, MD; Dan Xu, MD; Guangming Ye, MD; et al

Research

**Epidemiologic Features and
Clinical Course of Patients Infected With SARS-CoV-2 in
Singapore**

Barnaby Edward Young, MB, BChir; Sean Wei Xiang Ong, MBBS;
Shirin Kalimuddin, MPH; et al

Opinion

**Priorities for the US Health
Community Responding to COVID-19**

Amesh A. Adalja, MD; Eric Toner, MD; Thomas
V. Inglesby, MD

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JAMA

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Inmaculada Hernandez, PharmD, PhD; Alvaro San-Juan-Rodriguez, PharmD; Chester
B. Good, MD, MPH; et al

JAMA

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Market, 2009-2018**

Olivier J. Wouters, PhD; Martin McKee, MD, DSc;

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**Sponsorship and Funding for
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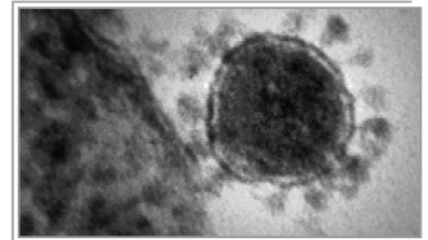
Zachary Kassir, BA; Ameet Sarpatwari, PhD, JD;
Brian Kocak, BS; et al

JAMA Internal Medicine

**Characteristics of Americans
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David M. Levine, MD, MPH, MA; Jeffrey
A. Linder, MD, MPH; Bruce E. Landon, MD, MBA, MSc

2019 CORONAVIRUS



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**Mortality Trends for Veterans
Hospitalized With Heart Failure and Pneumonia Using Claims-
Based vs Clinical Risk-Adjustment Variables**

Gabriella C. Silva, MA; Lan Jiang, MS; Roee Gutman, PhD; et al

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Mark R. Chassin, MD, MPP, MPH

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Before and After Initiatives to Reduce Hospitalizations**

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JAMA Internal Medicine

**Trends in Unmet Need for
Physician and Preventive Services in the United States, 1998-
2017**

Laura Hawks, MD; David U. Himmelstein, MD; Steffie Woolhandler, MD, MPH; et al

Invited Commentary: Looking Back to Improve Access to Health Care Moving Forward;

John Z. Ayanian, MD, MPP

JAMA Pediatrics

**Child Access Prevention
Firearm Laws and Firearm Fatalities Among Children Aged 0 to
14 Years, 1991-2016**

Hooman Alexander Azad, BS; Michael C. Monuteaux, ScD; Chris A. Rees, MD, MPH;
et al

Editorial: Evidence-Based Solutions to Pediatric Firearm Deaths;

Megan L. Ranney, MD, MPH; April

M. Zeoli, PhD, MPH; Rinad Beidas, PhD

HEALTH FORUM



Video:

[Introducing JAMA Health Forum](#)

JAMA Pediatrics

Receipt of Addiction

**Treatment After Opioid Overdose Among Medicaid-Enrolled
Adolescents and Young Adults**

Rachel H. Alinsky, MD, MPH; Bonnie T. Zima, MD, MPH; Jonathan Rodean, MPP; et al

JAMA Otolaryngology–Head & Neck Surgery

State-Sponsored Price

**Transparency Initiatives for Otolaryngologic Procedures in
2019**

Neil S. Kondamuri, BA; Krish Suresh, MD; Vinay K. Rathi, MD; et al

Invited Commentary: **Price Transparency in Otolaryngology;**

Gordon H. Sun, MD, MS

JAMA Network Open

Evaluation of Factors

**Associated With Unmet Needs in Adult Cancer Survivors in
Canada**

Saad Shakeel, MPH; Jasmine Tung, MSc; Rami Rahal, MBA; et al

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**Trends in Postacute Care Use
and Outcomes After Hip and Knee Replacements in Dual-
Eligible Medicare and Medicaid Beneficiaries, 2013-2016**

Yue Li, PhD; Meiling Ying, MA; Xueya Cai, PhD; et al

**Osteopathic Principles and
Practice Clinical Faculty
(Greensburg, PA)**

Greensburg, Pennsylvania

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**Comparison of Rates of
Central Line–Associated Bloodstream Infections in Patients
With 1 vs 2 Central Venous Catheters**

William C. Dube, MPH; Jesse T. Jacob, MD; Ziduo Zheng, MS; et al

**Physician Faculty
(Greensburg, PA)**

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**Invited Commentary: How Should Surveillance Systems Account for
Concurrent Intravascular Catheters?;**

Leonard

A. Mermel, DO, ScM

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**Association of Formulary
Exclusions and Restrictions for Opioid Alternatives With
Opioid Prescribing Among Medicare Beneficiaries**

Tanvi Rao, PhD; Zippora Kiptanui, BPharm, MPH; Paul Dowell, PhD, PharmD; et al

OPINION

JAMA

Drug Shortages in the United States: Are Some Prices Too Low?

Inmaculada Hernandez, PharmD, PhD; Tina
Batra Hershey, JD, MPH; Julie M. Donohue, PhD

JAMA

Expanding Access and Reducing Prices for Drugs to Prevent HIV: Should Government Enforce Its Patent Rights Against the Pharmaceutical Industry?

Lawrence O. Gostin, JD; Arti K. Rai, JD

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The Probiotic Conundrum: Regulatory Confusion, Conflicting Studies, and Safety Concerns

Stephen B. Freedman, MDCM, MSc; David
Schnadower, MD, MPH; Phillip I. Tarr, MD

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**Relentless Prescription Drug
Price Increases**

Chaarushena Deb; Gregory Curfman, MD

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**Are Pharmaceutical
Companies Earning Too Much?**

David M. Cutler, PhD

JAMA

**Affording Medicines for
Today's Patients and Sustaining Innovation for Tomorrow**

Kenneth C. Frazier, JD

JAMA Internal Medicine

**Integrated Drug Reviews at the
US Food and Drug Administration—Legal Concerns and
Knowledge Lost**

Matthew Herder, JSM, LLM; Christopher

J. Morten, PhD, JD; Peter Doshi, PhD

JAMA Internal Medicine

Getting Better at Measuring

Hospital Mortality

Mark R. Chassin, MD, MPP, MPH

JAMA Internal Medicine

Looking Back to Improve

Access to Health Care Moving Forward

John Z. Ayanian, MD, MPP

JAMA Pediatrics

Evidence-Based Solutions to

Pediatric Firearm Deaths—The Need for Out-of-the-Box

Answers

Megan L. Ranney, MD, MPH; April M. Zeoli, PhD,

MPH; Rinad Beidas, PhD

JAMA Pediatrics

**Short-term and Long-term
Returns for States Implementing Pediatric Alternative Payment
Models**

Nathaniel Z. Counts, JD; Alexander Billioux, MD,
DPhil; James M. Perrin, MD

JAMA Pediatrics

**Inpatient Population Health—
Defining the Denominator**

Cristin Q. Fritz, MD, MPH; Mark S. Brittan, MD,
MPH; David Keller, MD

JAMA Psychiatry

**Private Equity Investment in
Behavioral Health Treatment Centers**

Benjamin Brown, MD; Eloise O'Donnell, MPH;
Lawrence P. Casalino, MD, PhD

JAMA Otolaryngology–Head & Neck Surgery

**Price Transparency in
Otolaryngology: More Questions Than Answers**

Gordon H. Sun, MD, MS

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**How Should Surveillance
Systems Account for Concurrent Intravascular Catheters?**

Leonard A. Mermel, DO, ScM

NEWS & ANALYSIS

JAMA

**Rising Prices and Health Care
“Empires”**

Andrew B. Bindman, MD

JAMA

**Rebates—The Little-Known
Factor Behind Increasing Drug List Prices**

Rita Rubin, MA

Viewpoint: The Evolving Pharmaceutical Benefits Market;

Kevin A. Schulman, MD; Barak D. Richman, JD,

PhD

PATIENT INFORMATION

JAMA

“Surprise” Out-of-Network

Medical Bills

Karan R. Chhabra, MD, MSc; Justin B. Dimick, MD,

MPH

AUDIO

Audio Summary

JAMA Drug Pricing Theme

**Issue: Is Pharma Earning Too Much?, R&D Costs Required to
Bring a New Drug to Market, Probiotic Safety, and more**

Author Interview

Billing Quality Is Medical

Quality

Author Interview

**Trends in Unmet Need for
Physician and Preventive Services in the United States, 1998
to 2017**

Author Interview

**Success of Opt-In Organ
Donation Policy in the United States**

Author Interview

**Relative Value Units and the
Measurement of Physician Performance**

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FDA Warns

Coronavirus Outbreak May Disrupt Supply of Critical Medical Products

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Subject:	Re: State of Emergency in CA COVID-19; Federal Emergency Declaration Needed
Date:	2020/03/07 07:13:50
Priority:	Normal
Type:	Note

Copy, thanks.

Sent from my iPhone

On Mar 6, 2020, at 6:50 PM, Parker, Jim (HHS/IOS) <Jim.Parker@hhs.gov>wrote:

Want to make sure this gets to the right person.

Jim

Sent from my iPhone

Begin forwarded message:

From: "Macrae, Jim (HRSA)" <JMacrae@hrsa.gov>
Date: March 6, 2020 at 6:31:54 PM EST
To: "Parker, Jim (HHS/IOS)" <Jim.Parker@hhs.gov>
Cc: "Engels, Thomas (HRSA)" <TEngels@hrsa.gov>, "Espinosa, Diana (HRSA)" <DEspinosa@hrsa.gov>, "Giroir, Brett (HHS/OASH)" <Brett.Giroir@hhs.gov>
Subject: Fwd: State of Emergency in CA COVID-19; Federal Emergency Declaration Needed

FYI.

Jim

Sent from my iPhone

Begin forwarded message:

From: Carmela Castellano-Garcia <ccastellano@cpca.org>
Date: March 6, 2020 at 6:12:14 PM EST
To: "Alex Azar (Secretary@HHS.gov)" <Secretary@HHS.gov>
Cc: "Macrae, Jim (HRSA)" <JMacrae@hrsa.gov>, "Andie Patterson (HealthPlus Advocates)" <andie@healthplusadvocates.org>

Subject: State of Emergency in CA COVID-19; Federal Emergency Declaration Needed

Dear Secretary Azar,

I write to you today on behalf of California's 1370 community health centers (CHCs) who provide quality and comprehensive care to 7.2 million patients annually. California's CHCs are working tirelessly, and in partnership with local and county departments of public health, to do everything they can to support the COVID-19 response. However, we need to and can be doing more, and require a federal declaration of a state of emergency for California in order to do so.

As you are aware, there are currently 53 positive cases in California and, unfortunately, the first fatality was reported just yesterday. Despite Governor Gavin Newsom declaring a State of Emergency to help the state prepare for broader spread of COVID-19, CHCs are prohibited from delivering care outside the four walls due to our Medicaid State Plan. Last year, the California legislature passed [AB1494](#), which would allow health centers to bill for services delivered through alternative care models (e.g. telephonic visits) during declared statewide emergencies. Unfortunately, according to our Medicaid Department, it cannot be enacted unless there is also a declared state of emergency from the Health and Human Services department, which would trigger California's ability to waive certain visit and billing rules.

We stand with our state's leadership and urge you to declare an emergency in California, allowing our Medicaid department to adequately prepare and proactively manage the COVID-19 pandemic, and to increase access to needed care to California's most vulnerable populations through community health centers.

If you have any questions on our response to COVID-19, please do not hesitate to contact me on my cell at (b)(6)

Regards,

Carmela

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<image004.png>

Carmela Castellano-Garcia

President & Chief Executive Officer
California Primary Care Association

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916-440-8170

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<image014.png>

ccastellano@cpca.org

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<https://protect2.fireeye.com/url?k=-05e6f3e0-59b2dba3-0cc47adc5f4f40a13335e92a94&u=http://www>

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1231 I Street, Suite 400, Sacramento, CA 95814

<image020.jpg>

CPCA is committed to advancing the mission of 1,300 not-for-profit community health centers that provide comprehensive, quality health care services to one in seven Californians each year. The mission of CPCA is to lead and position community clinics, health centers, and networks through advocacy, education and services as key players in the health care delivery system to improve the health status of their communities.

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Subject:	Re: With much appreciation for yesterday's call
Date:	2020/03/07 07:54:54
Priority:	Normal
Type:	Note

Hi Paul,

Agree. At least in the interim, Dan if you could join, I think it would be helpful here. Best, Bryan

Sent from my iPhone

On Mar 7, 2020, at 7:43 AM, Mango, Paul (HHS/IOS) <Paul.Mango@hhs.gov>wrote:

Should Sally and/or Dan join our daily PMO meetings?

Sent from my iPhone

On Mar 7, 2020, at 7:13 AM, Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>wrote:

Hi All,

(b)(5)

Best,

Bryan

Sent from my iPhone

On Mar 6, 2020, at 6:53 PM, Mango, Paul (HHS/IOS) <Paul.Mango@hhs.gov>wrote:

Jim- Laura Wolf (copied) is on point.

Laura- would you please work with Jim on this. Many thanks.

Sent from my iPhone

On Mar 6, 2020, at 5:45 PM, Parker, Jim (HHS/IOS) <Jim.Parker@hhs.gov>wrote:

Paul, see below. Who's on point for allocating supplies?

Sent from my iPhone

Begin forwarded message:

From: "Macrae, Jim (HRSA)" <JMacrae@hrsa.gov>

Date: March 6, 2020 at 5:40:11 PM EST

To: "Parker, Jim (HHS/IOS)" <Jim.Parker@hhs.gov>, "Giroir, Brett (HHS/OASH)" <Brett.Giroir@hhs.gov>

Cc: "Engels, Thomas (HRSA)" <TEngels@hrsa.gov>, "Espinosa, Diana (HRSA)" <DEspinosa@hrsa.gov>, "Lennon, Todd (HRSA)" <TLennon@hrsa.gov>

Subject: FW: With much appreciation for yesterday's call

A second email from a State Primary Care Association. This details the situation in Washington and the continued struggles to obtain masks, supplies and PPEs.

Thanks again for your assistance

Jim

From: Bob Marsalli <BMarsalli@wacommunityhealth.org>

Sent: Friday, March 6, 2020 2:59 PM

To: Macrae, Jim (HRSA) <JMacrae@hrsa.gov>; Bowers, Tonya (HRSA) <TBowers@hrsa.gov>

Cc: Drew, Nathalia (HRSA) <NDrew1@hrsa.gov>

Subject: With much appreciation for yesterday's call

Thank you, Jim and Tonya, for reaching out to our office yesterday via phone. It really meant a lot to me, my staff, and our health centers.

WE held a COVID-19 response phone call with our health center leadership and I can tell you that these people are fighting the good fight. I wanted you both to know that the need for PPE

has reached a crisis point. For example, one of our Seattle-based health centers reporting a supply of no more than 10 days. CEOs report that established patients are cancelling appointments left and right for fear of contagion. Testing labs are 4-6 weeks behind in finalizing results. Health center staff are restless and worried.

State authorities are taking extraordinary measures to address the COVID-19 epidemic, like ensuring that healthcare workers quarantined for the virus are eligible for worker's compensation benefits, suspending the requirement for prior authorization for treatment or testing of COVID-19, waiving deductibles and copays for coronavirus testing, and appropriating \$100M from the state's "rainy day" fund for emergent public health needs.

There are steps that we believe can be taken at the federal level to assist not only WA health centers, but others across the nation. We have learned from our hospital partners of a national repository for medical supplies and PPE. Might the Secretary order the release of those to our health centers? We also know that the "Coronavirus Preparedness and Response Supplemental Appropriations Act (HR 6074)" is moving rapidly through Congress and may be signed by the President as early as Sunday or Monday. We ask that the Secretary, once the bill is signed, immediately waive the urban telehealth restriction for Medicare so that our rural health center clinicians can provide treatment to their more medically compromised or distant patients.

I will continue to keep you both and our PO updated on needs and successes. Again, many thanks for your support.

Bob

Bob A. Marsalli | Chief Executive Officer

<image001.png
>

Washington Association for Community Health

101 Capitol Way North Suite 200, Olympia, WA 98501

Phone: (360) 786-9722 ext.224 • Cell: (b)(6)

BMarsalli@wacommunityhealth.org • <https://protect2.fireeye.com/url?k=04f4adcf-58a1a41f-04f49cf0-0cc47a6a52de-fa794438f7a9f4d6&u=http://www.wacommunityhealth.org/>

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Subject:	Re: With much appreciation for yesterday's call
Date:	2020/03/07 08:10:46
Priority:	Normal
Type:	Note

Paul

As you may recall I have been in attendance since the PMO stood up. Prior to Adm Austin's arrival the SOC and Dr DeBord reported to me. Given the chaos of schedules I will ask Dan to start coming as well.

Sent from my iPhone

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Should Sally and/or Dan join our daily PMO meetings?

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There are steps that we believe can be taken at the federal level to assist not only WA health centers, but others across the nation. We have learned from our hospital partners of a national repository for medical supplies and PPE. Might the Secretary order the release of those to our health centers? We also know that the "Coronavirus Preparedness and Response Supplemental Appropriations Act (HR 6074)" is moving rapidly through Congress and may be signed by the President as early as Sunday or Monday. We ask that the Secretary, once the bill is signed, immediately waive the urban telehealth restriction for Medicare so that our rural health center clinicians can provide treatment to their more medically compromised or distant patients.

I will continue to keep you both and our PO updated on needs and successes. Again, many thanks for your support.

Bob

Bob A. Marsalli | Chief Executive Officer

<image001.png
>

Washington Association for Community Health

101 Capitol Way North Suite 200, Olympia, WA 98501

Phone: (360) 786-9722 ext.224 • Cell: (b)(6)

BMarsalli@wacommunityhealth.org • <https://protect2.fireeye.com/url?k=04f4adcf-58a1a41f-04f49cf0-0cc47a6a52de-fa794438f7a9f4d6&u=http://www.wacommunityhealth.org/>

Sender:	Phillips, Sally (OS/ASPR/SPPR) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=5D6CE8134846423CB83B5B28464EDB60-PHILLIPS, S>
Recipient:	Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Pollard, Ashton (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9d4c26448ed441b0aa555971f3c73d6d-Pollard, As>; Parker, Jim (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7f7ac2e66aa043a6b7cb2eaf967ffa3-Parker, Jam>; Wolf, Laura (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userb232d38c>; Imbriale, Samuel (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group

	(FYDIBOHF23SPDLT)/cn=Recipients/cn=usere7e54524>; Austin, Meredith (uscg.mil) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9d5f9850a051458eae1ef58335e3c19-Meredith.L.>; Dodgen, Daniel (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c23f0d7c1d634508918e1c87cf50c48c-Dodgen, Dan>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Sent Date:	2020/03/07 08:10:42
Delivered Date:	2020/03/07 08:10:46
Message Flags:	Unread

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=5D6CE8134846423CB83B5B28464EDB60-PHILLIPS, S>
To:	Imbriale, Samuel (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user7e54524>
CC:	Dodgen, Daniel (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c23f0d7c1d634508918e1c87cf50c48c-Dodgen, Dan>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Pollard, Ashton (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9d4c26448ed441b0aa555971f3c73d6d-Pollard, As>; Parker, Jim (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7f7ac2e66aa043a6b7cb2eaf967ffa3-Parker, Jam>; Wolf, Laura (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userb232d38c>; Austin, Meredith (uscg.mil) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9d5f9850a051458eae1ef58335e3c19-Meredith.L.>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	Re: With much appreciation for yesterday's call
Date:	2020/03/07 10:37:04
Priority:	Normal
Type:	Note

Thanks Dan. It will allow for some consistency since I am sporadically attending between PCC conflicts

Sent from my iPhone

On Mar 7, 2020, at 9:57 AM, Imbriale, Samuel (OS/ASPR/SIIM)
<Samuel.Imbriale@hhs.gov>wrote:

Dan, I just sent you the series again. You were on the invite already though so please confirm you received.
Sam

V/r,

Sam Imbriale, MPH
Director, Information Management Division
Director (Acting), Secretary's Operations Center
Cell: (b)(6)
Samuel.imbriale@hhs.gov
Sent from mobile device - please excuse typos.

On: 07 March 2020 09:50,
"Dodgen, Daniel (OS/ASPR/SPPR)" <Daniel.Dodgen@HHS.GOV>wrote:

I'm happy to attend. Can you send the invite?

From: Mango, Paul (HHS/IOS) <Paul.Mango@hhs.gov>

Sent: Saturday, March 7, 2020 7:42 AM

To: Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Pollard, Ashton (OS/IOS) <Ashton.Pollard@hhs.gov>

Cc: Parker, Jim (HHS/IOS) <Jim.Parker@hhs.gov>; Wolf, Laura (OS/ASPR/SIIM) <Laura.Wolf@hhs.gov>; Imbriale, Samuel (OS/ASPR/SIIM) <Samuel.Imbriale@hhs.gov>; Austin, Meredith (uscg.mil) <Meredith.L.Austin@uscg.mil>; Phillips, Sally (OS/ASPR/SPPR) <Sally.Phillips@hhs.gov>; Dodgen, Daniel (OS/ASPR/SPPR) <Daniel.Dodgen@HHS.GOV>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>

Subject: Re: With much appreciation for yesterday's call

Should Sally and/or Dan join our daily PMO meetings?

Sent from my iPhone

On Mar 7, 2020, at 7:13 AM, Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>wrote:

Hi All,

(b)(5)

Best,
Bryan

Sent from my iPhone

On Mar 6, 2020, at 6:53 PM, Mango, Paul (HHS/IOS) <Paul.Mango@hhs.gov>wrote:

Jim- Laura Wolf (copied) is on point.

Laura- would you please work with Jim on this. Many thanks.

Sent from my iPhone

On Mar 6, 2020, at 5:45 PM, Parker, Jim (HHS/IOS) <Jim.Parker@hhs.gov>wrote:

Paul, see below. Who's on point for allocating supplies?

Sent from my iPhone

Begin forwarded message:

From: "Macrae, Jim (HRSA)" <JMacrae@hrsa.gov>
Date: March 6, 2020 at 5:40:11 PM EST
To: "Parker, Jim (HHS/IOS)" <Jim.Parker@hhs.gov>, "Giroir, Brett (HHS/OASH)" <Brett.Giroir@hhs.gov>
Cc: "Engels, Thomas (HRSA)" <TEngels@hrsa.gov>, "Espinosa, Diana (HRSA)" <DEspinosa@hrsa.gov>, "Lennon, Todd (HRSA)" <TLennon@hrsa.gov>
Subject: FW: With much appreciation for yesterday's call

A second email from a State Primary Care Association. This details the situation in Washington and the continued struggles to obtain masks, supplies and PPEs.

Thanks again for your assistance

Jim

From: Bob Marsalli <BMarsalli@wacommunityhealth.org>
Sent: Friday, March 6, 2020 2:59 PM
To: Macrae, Jim (HRSA) <JMacrae@hrsa.gov>; Bowers, Tonya (HRSA) <TBowers@hrsa.gov>
Cc: Drew, Nathalia (HRSA) <NDrew1@hrsa.gov>
Subject: With much appreciation for yesterday's call

Thank you, Jim and Tonya, for reaching out to our office yesterday via phone. It really meant a lot to me, my staff, and our health centers.

WE held a COVID-19 response phone call with our health center leadership and I can tell you that these people are fighting the good fight. I wanted you both to know that the need for PPE has reached a crisis point. For example, one of our Seattle-based health centers reporting a supply of no more than 10 days. CEOs report that established patients are cancelling appointments left and right for fear of contagion. Testing labs are 4-6 weeks behind in finalizing results. Health center staff are restless and worried.

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immediately waive the urban telehealth restriction for Medicare so that our rural health center clinicians can provide treatment to their more medically compromised or distant patients.

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<image001.png
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Sent Date:	2020/03/07 10:37:00
Delivered Date:	2020/03/07 10:37:04

From:	Mike Allen <mike@axios.com>
To:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	Axios AM: Mike's Big 6 — Scoop: Booted in Vegas — Virus pushing school online
Date:	2020/03/07 10:55:36
Priority:	Normal
Type:	Note



☐⇒ **Happy Saturday.** Sorry, we spring ahead tonight!

- • *Today's Smart Brevity™ count: 1,174 words ... 4½ minutes.*

☐☐ **Situational awareness ...** It's official: Joe Biden won more delegates on Super Tuesday

- • **AP has allocated** more than 92% of delegates, and Biden has a commanding enough lead

☐ **Tomorrow** on "Axios on HBO" (6 p.m. ET/PT): Billie Jean King and other sports pioneers

1 big thing: Receding American dream



Sender:	Mike Allen <mike@axios.com>
Recipient:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Sent Date:	2020/03/07 10:55:27
Delivered Date:	2020/03/07 10:55:36

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 - 07Mar20
Date:	2020/03/07 11:01:42
Priority:	Normal
Type:	Note

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COVID-19 Response update Mar 7, 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: **273** including:
 - 224 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 (3), California (64), Colorado (2), Florida (3), Georgia (3), Illinois (6), Indiana, Maryland (6), Massachusetts (7), Minnesota, Nebraska, Nevada, New Hampshire (2), New Jersey (4), NYC (2), New York State (21), North Carolina (2), Oregon (3), Pennsylvania (2), Rhode Island (2), South Carolina (2), Tennessee, Texas (5), Washington (79), Wisconsin
 - 3 among evacuees from Hubei Province**
 - 46 among evacuees from Diamond Princess**, including:
 - 29 diagnosed in Japan
 - 17 diagnosed after arrival in US
 - 21 cases on Grand Princess** that occurred in international waters but are being reported in the media as U.S. cases. Not included in our U.S. case count of 273
- # of total confirmed cases in China: **80,711**
- # of total confirmed deaths in China: **3,045**

Domestic Updates

1. US COVID-19 Cases

- 25 jurisdictions (24 states) reporting 224 US confirmed or 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)
- 21 cases on Grand Princess that occurred in international waters but are being reported in the media as U.S. cases. Not included in our U.S. case count of 273

International Updates

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

Source: WHO Sit Rep 42. Data as of 06 March 2020

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

Data as of 04:00 EST 06 Mar 2020 [Source: [WHO SitRep](#)]

Globally	China	Outside of China			
Confirmed Cases	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Countries/ Territories/ Areas
98,192 (2,873 new)	80,711 (146 new)	3,045 (30 new)	17,481 (2,727 new)	335 (69 new)	88 (4 new)

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

Data as of 04:00 EST, 06 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	6284	518	42	7	Local transmission	0
Japan	349	32	6	0	Local transmission	0
Singapore	117	7	0	0	Local transmission	0
Australia	57	0	2	0	Local transmission	1
Malaysia	55	5	0	0	Local transmission	0
Viet Nam	16	0	0	0	Local transmission	22
Philippines	5	2	1	0	Local transmission	0
New Zealand	4	2	0	0	Local transmission	0
Cambodia	1	0	0	0	Imported cases only	38
European Region						
Italy	3858	769	148	41	Local transmission	0
Germany	534	272	0	0	Local transmission	0
France	420	138	6	2	Local	0

					transmission		
Spain	257	59	3	2	Local transmission	0	
The United Kingdom	118	29	0	0	Local transmission	0	
Norway	86	30	0	0	Local transmission	0	
Switzerland	86	30	1	1	Local transmission	0	
Netherlands	82	44	0	0	Local transmission	0	
Sweden	61	26	0	0	Local transmission	0	
Belgium	50	27	0	0	Local transmission	1	
Austria	47	10	0	0	Imported cases only	0	
Greece	32	23	0	0	Local transmission	1	
Iceland	26	0	0	0	Imported cases only	1	
San Marino	21	5	0	0	Local transmission	0	
Denmark	18	8	0	0	Local transmission	1	
Israel	15	0	0	0	Local transmission	1	
Ireland	14	12	0	0	Local transmission	0	
Czech Republic	12	7	0	0	Local transmission	0	
Finland	12	5	0	0	Local transmission	0	
Croatia	10	1	0	0	Local transmission	0	
Georgia	9	6	0	0	Imported cases only	0	
Portugal	9	0	0	0	Local transmission	1	
Belarus	6	0	0	0	Local transmission	1	

Romania	6	2	0	0	Local transmission	0
Slovenia	6	5	0	0	Local transmission	0
Russian Federation	4	1	0	0	Imported cases only	0
Azerbaijan	3	0	0	0	Imported cases only	5
Estonia	3	1	0	0	Imported cases only	0
Bosnia and Herzegovina	2	0	0	0	Local transmission	1
Hungary	2	0	0	0	Imported cases only	1
Andorra	1	0	0	0	Imported cases only	3
Armenia	1	0	0	0	Imported cases only	4
Latvia	1	0	0	0	Imported cases only	3
Liechtenstein	1	0	0	0	Imported cases only	0
Lithuania	1	0	0	0	Imported cases only	7
Luxembourg	1	0	0	0	Imported cases only	4
Monaco	1	0	0	0	Under investigation	5
North Macedonia	1	0	0	0	Imported cases only	8
Poland	1	0	0	0	Imported cases only	2
Serbia	1	1	0	0	Under investigation	0
Ukraine	1	0	0	0	Imported cases only	2
Territories**						
Gibraltar	1	0	0	0	Imported cases only	1
South-East Asia Region						

Thailand	47	0	1	0	Local transmission	1
India	30	1	0	0	Local transmission	0
Indonesia	2	0	0	0	Local transmission	4
Bhutan	1	1	0	0	Imported cases only	0
Nepal	1	0	0	0	Imported cases only	42
Sri Lanka	1	0	0	0	Imported cases only	39
Eastern Mediterranean Region						
Iran (Islamic Republic of)	3513	591	107	15	Local transmission	0
Kuwait	58	0	0	0	Imported cases only	1
Bahrain	49	0	0	0	Imported cases only	3
Iraq	36	0	2	0	Imported cases only	1
United Arab Emirates	27	0	0	0	Local transmission	2
Lebanon	16	3	0	0	Local transmission	0
Oman	16	1	0	0	Imported cases only	0
Qatar	8	0	0	0	Imported cases only	2
Saudi Arabia	8	6	0	0	Imported cases only	0
Pakistan	5	0	0	0	Imported cases only	3
Egypt	3	1	0	0	Imported cases only	0
Morocco	2	0	0	0	Imported cases only	1
Afghanistan	1	0	0	0	Imported cases only	11

Jordan	1	0	0	0	Imported cases only	3
Tunisia	1	0	0	0	Imported cases only	3
Territories**						
Occupied Palestinian Territory	7	0	0	0	Imported cases only	1
Region of the Americas						
the United States ^{§§}	148	19	10	1	Local transmission	0
Canada	45	15	0	0	Local transmission	0
Ecuador	13	6	0	0	Local transmission	0
Brazil	7	4	0	0	Imported cases only	0
Mexico	5	0	0	0	Imported cases only	4
Argentina	1	0	0	0	Imported cases only	2
Chile	1	0	0	0	Imported cases only	2
Dominican Republic	1	0	0	0	Imported cases only	4
Territories**						
Saint Martin	2	0	0	0	Under investigation	3
Saint Barthélemy	1	0	0	0	Under investigation	3
African Region						
Algeria	12	0	0	0	Local transmission	1
Senegal	4	0	0	0	Imported cases only	1
Cameroon	1	1	0	0	Imported cases only	0
Nigeria	1	0	0	0	Imported cases only	7
South Africa	1	1	0	0	Imported cases only	0

Subtotal for all regions	16785	2727	329	69		
International conveyance (Diamond Princess)	696	0	6	0	Local transmission	0
Grand total	17481	2727	335	69		

*Numbers include both domestic and repatriated cases

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

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

§Transmission classification is based on WHO analysis of available official data and may be subject to reclassification as additional data become available. Countries/territories/areas experiencing multiple types of transmission are classified in the highest category for which there is evidence; they may be removed from a given category if interruption of transmission can be demonstrated. It should be noted that even within categories, different countries/territories/areas may have differing degrees of transmission as indicated by the differing numbers of cases and other factors. Not all locations within a given country/territory/area are equally affected.

Terms:

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

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

§ NOTE: This report is from March 6, so the case count of 148 was current at the time of reporting to WHO for inclusion in this report. The current US figure is 273 including: 224 confirmed or 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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Recipient:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Sent Date:	2020/03/07 11:01:27
Delivered Date:	2020/03/07 11:01:42
Message Flags:	Unread

From:	OS Secretarys Operations Center </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=32B1F28D808B43B6903C00083291303E-SECRETARYS>
To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	COVID-19 Moring CDC Update - 07Mar20
Date:	2020/03/07 11:01:40
Priority:	Normal
Type:	Note

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COVID-19 Response update Mar 7, 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: **273** including:
 - 224 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 (3), California (64), Colorado (2), Florida (3), Georgia (3), Illinois (6), Indiana, Maryland (6), Massachusetts (7), Minnesota, Nebraska, Nevada, New Hampshire (2), New Jersey (4), NYC (2), New York State (21), North Carolina (2), Oregon (3), Pennsylvania (2), Rhode Island (2), South Carolina (2), Tennessee, Texas (5), Washington (79), Wisconsin
 - 3 among evacuees from Hubei Province**
 - 46 among evacuees from Diamond Princess**, including:
 - 29 diagnosed in Japan
 - 17 diagnosed after arrival in US
 - 21 cases on Grand Princess** that occurred in international waters but are being reported in the media as U.S. cases. Not included in our U.S. case count of 273
- # of total confirmed cases in China: **80,711**
- # of total confirmed deaths in China: **3,045**

Domestic Updates

1. US COVID-19 Cases

- 25 jurisdictions (24 states) reporting 224 US confirmed or 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)
- 21 cases on Grand Princess that occurred in international waters but are being reported in the media as U.S. cases. Not included in our U.S. case count of 273

International Updates

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

Source: WHO Sit Rep 42. Data as of 06 March 2020

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

Data as of 04:00 EST 06 Mar 2020 [Source: [WHO SitRep](#)]

Globally	China	Outside of China			
Confirmed Cases	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Countries/ Territories/ Areas
98,192 (2,873 new)	80,711 (146 new)	3,045 (30 new)	17,481 (2,727 new)	335 (69 new)	88 (4 new)

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

Data as of 04:00 EST, 06 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	6284	518	42	7	Local transmission	0
Japan	349	32	6	0	Local transmission	0
Singapore	117	7	0	0	Local transmission	0
Australia	57	0	2	0	Local transmission	1
Malaysia	55	5	0	0	Local transmission	0
Viet Nam	16	0	0	0	Local transmission	22
Philippines	5	2	1	0	Local transmission	0
New Zealand	4	2	0	0	Local transmission	0
Cambodia	1	0	0	0	Imported cases only	38
European Region						
Italy	3858	769	148	41	Local transmission	0
Germany	534	272	0	0	Local transmission	0
France	420	138	6	2	Local	0

					transmission	
Spain	257	59	3	2	Local transmission	0
The United Kingdom	118	29	0	0	Local transmission	0
Norway	86	30	0	0	Local transmission	0
Switzerland	86	30	1	1	Local transmission	0
Netherlands	82	44	0	0	Local transmission	0
Sweden	61	26	0	0	Local transmission	0
Belgium	50	27	0	0	Local transmission	1
Austria	47	10	0	0	Imported cases only	0
Greece	32	23	0	0	Local transmission	1
Iceland	26	0	0	0	Imported cases only	1
San Marino	21	5	0	0	Local transmission	0
Denmark	18	8	0	0	Local transmission	1
Israel	15	0	0	0	Local transmission	1
Ireland	14	12	0	0	Local transmission	0
Czech Republic	12	7	0	0	Local transmission	0
Finland	12	5	0	0	Local transmission	0
Croatia	10	1	0	0	Local transmission	0
Georgia	9	6	0	0	Imported cases only	0
Portugal	9	0	0	0	Local transmission	1
Belarus	6	0	0	0	Local transmission	1

Romania	6	2	0	0	Local transmission	0
Slovenia	6	5	0	0	Local transmission	0
Russian Federation	4	1	0	0	Imported cases only	0
Azerbaijan	3	0	0	0	Imported cases only	5
Estonia	3	1	0	0	Imported cases only	0
Bosnia and Herzegovina	2	0	0	0	Local transmission	1
Hungary	2	0	0	0	Imported cases only	1
Andorra	1	0	0	0	Imported cases only	3
Armenia	1	0	0	0	Imported cases only	4
Latvia	1	0	0	0	Imported cases only	3
Liechtenstein	1	0	0	0	Imported cases only	0
Lithuania	1	0	0	0	Imported cases only	7
Luxembourg	1	0	0	0	Imported cases only	4
Monaco	1	0	0	0	Under investigation	5
North Macedonia	1	0	0	0	Imported cases only	8
Poland	1	0	0	0	Imported cases only	2
Serbia	1	1	0	0	Under investigation	0
Ukraine	1	0	0	0	Imported cases only	2
Territories**						
Gibraltar	1	0	0	0	Imported cases only	1
South-East Asia Region						

Thailand	47	0	1	0	Local transmission	1
India	30	1	0	0	Local transmission	0
Indonesia	2	0	0	0	Local transmission	4
Bhutan	1	1	0	0	Imported cases only	0
Nepal	1	0	0	0	Imported cases only	42
Sri Lanka	1	0	0	0	Imported cases only	39
Eastern Mediterranean Region						
Iran (Islamic Republic of)	3513	591	107	15	Local transmission	0
Kuwait	58	0	0	0	Imported cases only	1
Bahrain	49	0	0	0	Imported cases only	3
Iraq	36	0	2	0	Imported cases only	1
United Arab Emirates	27	0	0	0	Local transmission	2
Lebanon	16	3	0	0	Local transmission	0
Oman	16	1	0	0	Imported cases only	0
Qatar	8	0	0	0	Imported cases only	2
Saudi Arabia	8	6	0	0	Imported cases only	0
Pakistan	5	0	0	0	Imported cases only	3
Egypt	3	1	0	0	Imported cases only	0
Morocco	2	0	0	0	Imported cases only	1
Afghanistan	1	0	0	0	Imported cases only	11

Jordan	1	0	0	0	Imported cases only	3
Tunisia	1	0	0	0	Imported cases only	3
Territories**						
Occupied Palestinian Territory	7	0	0	0	Imported cases only	1
Region of the Americas						
the United States ^{§§}	148	19	10	1	Local transmission	0
Canada	45	15	0	0	Local transmission	0
Ecuador	13	6	0	0	Local transmission	0
Brazil	7	4	0	0	Imported cases only	0
Mexico	5	0	0	0	Imported cases only	4
Argentina	1	0	0	0	Imported cases only	2
Chile	1	0	0	0	Imported cases only	2
Dominican Republic	1	0	0	0	Imported cases only	4
Territories**						
Saint Martin	2	0	0	0	Under investigation	3
Saint Barthélemy	1	0	0	0	Under investigation	3
African Region						
Algeria	12	0	0	0	Local transmission	1
Senegal	4	0	0	0	Imported cases only	1
Cameroon	1	1	0	0	Imported cases only	0
Nigeria	1	0	0	0	Imported cases only	7
South Africa	1	1	0	0	Imported cases only	0

Subtotal for all regions	16785	2727	329	69		
International conveyance (Diamond Princess)	696	0	6	0	Local transmission	0
Grand total	17481	2727	335	69		

*Numbers include both domestic and repatriated cases

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

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

§Transmission classification is based on WHO analysis of available official data and may be subject to reclassification as additional data become available. Countries/territories/areas experiencing multiple types of transmission are classified in the highest category for which there is evidence; they may be removed from a given category if interruption of transmission can be demonstrated. It should be noted that even within categories, different countries/territories/areas may have differing degrees of transmission as indicated by the differing numbers of cases and other factors. Not all locations within a given country/territory/area are equally affected.

Terms:

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

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

§ NOTE: This report is from March 6, so the case count of 148 was current at the time of reporting to WHO for inclusion in this report. The current US figure is 273 including: 224 confirmed or 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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Sent Date:	2020/03/07 11:01:27
Delivered Date:	2020/03/07 11:01:40
Message Flags:	Unread

From:	Laird Burnett <Laird.Burnett@kp.org>
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
CC:	Dareshori, Zack (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a4e07b941ed04118ab39d2f6e3f2392c-Dareshori,>
Subject:	Re: COVID-19, Kaiser Permanente and CDC guidelines
Date:	2020/03/07 11:53:30
Priority:	Normal
Type:	Note

Brian, thanks very much!

Zach, let me know what works and I'll try to get one of our clinical leaders on the line with us as well.

Thanks,

Laird

Laird Burnett
V.P. Government Relations
Kaiser Permanente
202-216-1900 (office)

(b)(6) (mobile)

Sent from my iphone so please excuse brevity and typos.

On Mar 6, 2020, at 7:15 PM, Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>wrote:

Caution: This email came from outside Kaiser Permanente. Do not open attachments or click on links if you do not recognize the sender.

Happy to connect. Zach can help find a time.

Regards,

Brian

From: Laird Burnett <Laird.Burnett@kp.org>
Sent: Friday, March 6, 2020 2:00 PM
To: Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>
Subject: COVID-19, Kaiser Permanente and CDC guidelines

Brian,

I apologize for this note out of the blue, since we have not met. Peter Urbanowicz, suggested that I reach out to you on this matter. I'm with Kaiser Permanente, based here in DC.

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. My contact info is below.

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>
Recipient:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Dareshori, Zack (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a4e07b941ed04118ab39d2f6e3f2392c-Dareshori,>
Sent Date:	2020/03/07 11:53:18
Delivered Date:	2020/03/07 11:53:30
Message Flags:	Unread

From:	Shuy, Bryan (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FDEB5CA04B6B4ED19FEC2209B5F571E7-SHUY, BRYAN>
To:	McGowan, Robert (Kyle) (CDC/OD/OCS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a2046e75239f48a28d2854bedbe5f899-robert.mcgo>; Murphy, Ryan (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya>
CC:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>
Subject:	RE: case count
Date:	2020/03/07 12:17:29
Priority:	Normal
Type:	Note

Forwarded to you Ryan.

From: McGowan, Robert (Kyle) (CDC/OD/OCS) <omc2@cdc.gov>
Sent: Saturday, March 7, 2020 12:07 PM
To: Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>
Cc: Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>
Subject: Re: case count

We sent new numbers to the SOC this morning.

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From: Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>
Sent: Saturday, March 7, 2020 12:05:24 PM
To: Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; McGowan, Robert (Kyle) (CDC/OD/OCS) <omc2@cdc.gov>
Cc: Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>
Subject: case count

AMA is joining Dr. Hahn for 2pm off camera press briefing. Here is the line on case counts in his opener. Is this most up to date?

As of Friday, there have been 164 confirmed and presumptive positive U.S. cases of COVID-19, across 19 states, excluding the cases repatriated from China and Japan.

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	(FYDIBOHF23SPDLT)/cn=Recipients/cn=a2046e75239f48a28d2854bedbe5f899-robert.mcgo>; Murphy, Ryan (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>
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Subject:	RE: case count
Date:	2020/03/07 12:19:44
Priority:	Normal
Type:	Note

Kyle, like I asked for yesterday, it would be helpful to see an example of who you all sent to rather than the 4 names you all provided to the White House. Can you help me on this? In the interim, I will make sure external affairs type folks are all getting it—ASPA, ASL, OGA, IEA, ASFR.

I know it's been many long hours and appreciate your help here. Best, Bryan

From: McGowan, Robert (Kyle) (CDC/OD/OCS) <omc2@cdc.gov>
Sent: Saturday, March 7, 2020 12:07 PM
To: Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>
Cc: Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>
Subject: Re: case count

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Sent: Saturday, March 7, 2020 12:05:24 PM
To: Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; McGowan, Robert (Kyle) (CDC/OD/OCS) <omc2@cdc.gov>
Cc: Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>
Subject: case count

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Subject:	Re: case count
Date:	2020/03/07 12:33:15
Priority:	Normal
Type:	Note

Pre decisional/deliberative

(b)(5)

Sent from my iPhone

On Mar 7, 2020, at 12:24 PM, Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov> wrote:

Got it from Bryan now.

So going to say

As of Friday, there have been 224 confirmed and presumptive positive U.S. cases of COVID-19, across 24 states, excluding the cases repatriated from China and Japan.

From: McGowan, Robert (Kyle) (CDC/OD/OCS) <omc2@cdc.gov>

Sent: Saturday, March 7, 2020 12:07 PM

To: Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>

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As of Friday, there have been 164 confirmed and presumptive positive U.S. cases of COVID-19, across 19 states, excluding the cases repatriated from China and Japan.

Sender:	Stecker, Judy (OS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0280B227911B40B6B30A81B8574EDE6B-STECKER, JU>
Recipient:	Murphy, Ryan (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya>; McGowan, Robert (Kyle) (CDC/OD/OCS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a2046e75239f48a28d2854bedbe5f899-robert.mcgo>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Sent Date:	2020/03/07 12:33:11
Delivered Date:	2020/03/07 12:33:15
Message Flags:	Unread

From:	Tackbary, Mary (b)(6)@myemail.indwes.edu>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	Referred by Lance Leggitt--regarding N95 masks
Date:	2020/03/07 13:08:59
Priority:	Normal
Type:	Note

Hello Robert, I had reached out to Lance and he suggested I contact you. Below is what I sent him....

We know that the HHS and CDC are responding to the imminent threat of the COVID-19.

The best Surgical Masks are all back ordered, and there is almost no availability today.

We have a large lot of **3M 1860 N95 Surgical Masks**:

5 Million Immediately Available

Obtained directly from 3M

Masks located in the United States

Minimum lot size is 1 Million

Price/Mask is \$7.28

Please contact me right away if you know who may be the right people/organization who would want to purchase one or more lots. Feel free to pass this on to others who may be interested if this isn't the right fit.

Mary Tackbary 630-776-0303

Sender:	Tackbary, Mary (b)(6)@myemail.indwes.edu>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Sent Date:	2020/03/07 13:08:48
Delivered Date:	2020/03/07 13:08:59
Message Flags:	Unread

From:	Lenihan, Keagan <Keagan.Lenihan@fda.hhs.gov>
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.(FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Giroir, Bre>
CC:	Hahn, Stephen <SH1@fda.hhs.gov>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	Re: https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html
Date:	2020/03/07 13:16:13
Priority:	Normal
Type:	Note

Thank you!

Sent from my iPhone

On Mar 7, 2020, at 1:12 PM, Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>wrote:

New map up on site.

West Virginia and Maine are the only 2 states not up and running, but they are in progress

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: Lenihan, Keagan <Keagan.Lenihan@fda.hhs.gov>
Sent: Saturday, March 7, 2020 11:11 AM
To: Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Hahn, Stephen <SH1@fda.hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>
Subject: RE: <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>

This shows 45 states have it up and running, thought Redfield has been saying 46?

From: Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>
Sent: Saturday, March 7, 2020 11:00 AM
To: Hahn, Stephen <SH1@fda.hhs.gov>; Lenihan, Keagan <Keagan.Lenihan@fda.hhs.gov>; Harrison, Brian (OS) <Brian.Harrison@hhs.gov>
Subject: <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>

I have asked CDC for an update

Sender: Lenihan, Keagan <Keagan.Lenihan@fda.hhs.gov>

Recipient:	Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Giroir, Bre>; Hahn, Stephen <SH1@fda.hhs.gov>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Sent Date:	2020/03/07 13:15:54
Delivered Date:	2020/03/07 13:16:13
Message Flags:	Unread

From:	Redd, John (OS/ASPR/SPPR) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9BA3FED4EE8646EC849A5A87136A24F6-REDD, JOHN>
To:	Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
CC:	Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Disbrow, Gary (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0fd5845defda4dc0bb45f8fac629cf09-Disbrow, Ga>; Walker, Robert (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7a02e128c60f4a7195532a1545af9556-Walker, Rob>; Johnson, Robert (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0851e89240324306b78740a4a60745e2-Johnson, Ro>
Subject:	Re: blocking il6 with KEVZARA in covid-19 patients
Date:	2020/03/07 13:29:25
Priority:	Normal
Type:	Note

(b)(5)

John

From: Bright, Rick (OS/ASPR/BARDA) <Rick.Bright@hhs.gov>
Sent: Thursday, March 5, 2020 7:46:25 AM
To: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Cc: Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>; Walker, Robert (OS/ASPR/BARDA) <Robert.Walker@hhs.gov>; Johnson, Robert (OS/ASPR/BARDA) <Robert.Johnson@hhs.gov>; Redd, John (OS/ASPR/SPPR) <John.Redd@hhs.gov>
Subject: Fwd: blocking il6 with KEVZARA in covid-19 patients

Bob,

(b)(5)

I will update you after the call today.

John Redd: any thoughts or concerns?

Rick

Begin forwarded message:

From: Leonard Schleifer <Leonard.Schleifer@regeneron.com>
Date: March 5, 2020 at 7:19:22 AM EST
To: "Bright, Rick (OS/ASPR/BARDA)" <Rick.Bright@hhs.gov>
Subject: FW: blocking il6 with KEVZARA in covid-19 patients
fyi
From: Leonard Schleifer <Leonard.Schleifer@regeneron.com>
Date: Thursday, March 5, 2020 at 7:12 AM

To: "Grogan, Joseph J. EOP/WHO" <Joseph.J.Grogan@who.eop.gov>

Subject: blocking il6 with KEVZARA in covid-19 patients

Joe,

Here is a very important update that you should be aware of:

- * Covid-19 causes a severe lung inflammation that may be driven by the inflammatory cytokine known as interleukin 6
- * 14 patients in China have been treated with the Roche rheumatoid arthritis drug that blocks IL6, ACTEMRA, with supposedly (unpublished but reported in the news) good results
- * The Chinese have approved the use of ACTEMRA in covid-19 with high IL6 driven lung inflammation as part of their treatment guidelines.
- * The Chinese in parallel are doing a randomized with Actemra in 188 patients with severe lung inflammation
- * Regeneron, (partnered with Sanofi), also has a drug approved in the US called Kevzara that is similar to ACTEMRA in that it blocks il6. Kevzara may have some advantages as well.
- * Our partner, Sanofi, is planning to rapidly initiate a clinical trial with Kevzara outside of the United States

I think it is important that we immediately take the following steps:

- * Obtain the information from the 14 patient Chinese Actemra experience so as to better understand how well blocking il6 works
- * Test hospitalized covid-19 patients for their interleukin 6 levels and make sure the labs that do this test get these tests done quickly
- * Work closely with the FDA and Dr. Fauci's group to immediately initiate a randomized clinical trial in the United States with Kevzara in covid-19 patients with severe lung inflammation in approximately 200 patients
- * Consider compassionate access program if initial data from China are clear cut

This is a potentially important addition to the treatment of covid-19 that we can immediately make large quantities of Kevzara available for use in patients once adequate evidence is in hand.

Len

914 282 2244 (cell)

Leonard Schleifer, M.D., Ph.D.

President & CEO

Regeneron

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Sender:	Redd, John (OS/ASPR/SPPR) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9BA3FED4EE8646EC849A5A87136A24F6-REDD, JOHN>
Recipient:	Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; 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>; Disbrow, Gary (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0fd5845defda4dc0bb45f8fac629cf09-Disbrow, Ga>; Walker, Robert (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7a02e128c60f4a7195532a1545af9556-Walker, Rob>; Johnson, Robert (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0851e89240324306b78740a4a60745e2-Johnson, Ro>
Sent Date:	2020/03/07 13:29:20
Delivered Date:	2020/03/07 13:29:25

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: New York Declares A State Of Emergency
Date:	2020/03/07 13:33:39
Priority:	Normal
Type:	Note

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Good afternoon Dr. Kadlec,

BLUF: Governor of the State of New York declares a state of emergency due to COVID-19.

- There are 11 cases in New York City, 57 in Westchester County, two in Rockland County, four in Nassau County and two in Saratoga County.
 - New York cases increased to 76 on 07Mar20 from 44 on 06Mar20.
 - Ten of 76 people confirmed with COVID-19 coronavirus hospitalized.

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

Very Respectfully,

Secretary's Operations Center

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

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Recipient:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Sent Date:	2020/03/07 13:33:35
Delivered Date:	2020/03/07 13:33:39

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: New York Declares A State Of Emergency
Date:	2020/03/07 13:33:37
Priority:	Normal
Type:	Note

UNCLASSIFIED // FOR OFFICIAL USE ONLY

Good afternoon Dr. Kadlec,

BLUF: Governor of the State of New York declares a state of emergency due to COVID-19.

- There are 11 cases in New York City, 57 in Westchester County, two in Rockland County, four in Nassau County and two in Saratoga County.
 - New York cases increased to 76 on 07Mar20 from 44 on 06Mar20.
 - Ten of 76 people confirmed with COVID-19 coronavirus hospitalized.

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Very Respectfully,

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Recipient:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Sent Date:	2020/03/07 13:33:35
Delivered Date:	2020/03/07 13:33:37

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: Israel considers placing some Americans under coronavirus quarantine.
Date:	2020/03/07 14:08:15
Priority:	Normal
Type:	Note

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Good afternoon Dr. Kadlec,

BLUF: (Open Source) Israel considers placing some Americans under coronavirus quarantine.

- □The Health Ministry is considering adding Washington, DC, New York, Washington and California to the list of places requiring quarantine.
- □Israelis returning from these locations or foreign travelers from these states will be required to enter 14-day quarantine.
 - The ministry is still weighing options and will make a decision by Sunday.

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
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cid:image001.png@01D5F487.0D7129A0

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Recipient:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Sent Date:	2020/03/07 14:08:13
Delivered Date:	2020/03/07 14:08:15

From:	Clark Tibbs PhageVax-VHO <PhageVax@roadrunner.com>
To:	Clark Tibbs PhageVax-VHO <PhageVax@roadrunner.com>
Subject:	TO ALL 3-6-2020 Biogen cracks down on travel after 3 execs test positive for coronavirus ... ALL HHS WORK FROM HOME ... beginning Monday, 3-9-2020 rbl
Date:	2020/03/07 14:15:56
Priority:	Normal
Type:	Note

I highly recommend that **ALL HHS employees** begin working from home NLT Monday, **March 9th, 2020** ... until further notice.

Rationale: What will happen when the Top American medical-decision-makers get sick? HHS Lab workers [PhDs on down] (home to work site and back) should begin using **FULL PPE** ... without exception.

-

*The new Coronavirus **COVID-19** ... can remain viable of surfaces for up to **8 to 9 days**.*

*Some victims may not show symptoms for up to **24 days+***

*Some **COVID-19** Patients Test Positive DAYS AFTER Recovery [**5 to 13 days later**]*

-

... have we learned anything from the PRC-model? Satellite pollution-registration shows many are back to work. We are no better.

Japan has shut down all of their schools for 1 month. We are no better.

=====

BELOW IS FROM:

https://www.fiercepharma.com/pharma/biogen-reports-3-covid-19-cases-following-boston-management-meeting-will-other-pharmas-crack?mkt_tok=eyJpIjoiTldGa1kyVmlOMlI5WW1ZeSIsInQiOiI5Mmg3UEhDVnhZK2c5NktlMWI3WWVwZGpyYkFIQUFCdG1DeVhXRVVcL2xrVUluRihMZIBjbnPpVpOejNLUXZQczVuXC80QThiOE1zaTJDaThUaFlleFo3Wml5Y2JWZmhjcGR1TG9jTVVHVFI4Sk90SzNIWEhCbkg3eDdBVFPHS3BhWktJU1dKQ1FZaGJmQ09xaGlQbHE0dz09In0%3D&mrkid=105699786

Biogen cracks down on travel after 3 execs **test positive** for coronavirus - 3-6-2020

The novel coronavirus has hit home at Biogen, where three executives who traveled to a headquarters management meeting **have tested positive for the illness**.

At last week's meeting, a "number of attendees reported varying degrees of **flu-like symptoms**," the company said in a statement reported in numerous publications. Some have confirmed influenza, while, so far, three joined the COVID-19 case count.

It's exactly the sort of development drugmakers **are trying to avoid** by restricting travel, pulling out of conferences and pushing employees who might be exposed to work from home.

"At the present time, these individuals are doing well, improving and under the care of their healthcare providers," the Biogen statement says. One traveled to the meeting from a U.S. location **outside Massachusetts**, and two are from Europe.

Biogen instructed all of the meeting attendees **to work from home for two weeks** and restricted company travel through the end of March, the statement says. Aside from those who attended the meeting, employees should stay home if they feel sick and contact healthcare providers as necessary.

In a FiercePharma survey of biopharma companies late last month, several drugmakers said they were restricting employee travel to and from China—the hardest-hit country—while monitoring the situation closely.

GlaxoSmithKline also limited nonessential travel to South Korea and Italy. Some have since stepped up those restrictions as the case count in other countries, including the U.S., continues to climb.

RELATED: Big Pharma grounds employees: GSK, Bristol, Roche, Sanofi and more limit travel due to coronavirus

Aside from individual company operations, the outbreak also threatens conferences and other gatherings. Thursday, after several big players pulled out preemptively, the Healthcare Information and Management Systems Society canceled its annual conference in Orlando for the first time in more than 50 years.

After recent Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO) reports, **it was “clearly necessary” to cancel the event**, the group said.

Last week, several biotech companies dropped out of Cowen & Co.’s annual investor conference, including Vertex Pharmaceuticals—whose headquarters sits less than three miles away from the event venue—and Seattle Genetics. Other large medical conferences say they are monitoring the situation closely, but no other major cancellations have been reported yet.

Meanwhile, two top cancer centers—the Dana-Farber Cancer Institute and MD Anderson—are **restricting** employee travel as well.

RELATED: HIMSS cancels 2020 global health conference due to coronavirus concerns

Affected countries have implemented dramatic steps to help stop the spread.

Schools are closed in Delhi, Japan and northern Italy, which has also banned large gatherings.

France has nixed all events with 5,000 or more attendees. As of Thursday, WHO reported (PDF) 95,333 cases in 85 countries and 3,372 deaths.

In the U.S., the outbreak has gained steam in recent days. As of Thursday, CDC reported 99 cases in 13 states and 10 deaths.

Clark Tibbs, CEO

PhageVax, Inc. <https://protect2.fireeye.com/url?k=9b68d316-c73ddac6-9b68e229-0cc47a6a52de-859d457aab24ff40&u=http://www.phagevax.com/>

CAGE CODE: 4M4V6 www.sam.gov

Phone: 740.366.9013 Fax: 740.366.5230 Cell: (b)(6)

E-mail: Clark@PhageVax.com -or- PhageVax@roadrunner.com -or- CTA@ee.net

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Sender:	Clark Tibbs PhageVax-VHO <PhageVax@roadrunner.com>
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Sent Date:	2020/03/07 14:14:44
Delivered Date:	2020/03/07 14:15:56
Message Flags:	Unread NotifyRead

options<https://protect2.fireeye.com/url?k=b643ac2d-ea16a5fd-b6439d12-0cc47a6a52de-a637a19b94f0487f&u=https://teams.microsoft.com/meetingOptions/?organizerId=0d257cd9-8b88-45ce-842f-ec338164fd18&tenantId=3f8a7bc4-e337-47a5-a0fc-0d512c0e05f1&threadId=19_meeting_YmZjMTUxZGMtZGJjMC00MDA4LTljNmEtYzJkMGY5ZTU3MzBm@thread.v2&messageId=0&language=en-US>

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Sender:	Dawn M Montoya <Dawn.M.Montoya@kp.org>; Herrmann, Jack (OS/ASPR/OEA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=BEBE389042BA411496B284F678CE7247-HERMANN, JA>
Recipient:	Dawn M Montoya <Dawn.M.Montoya@kp.org>
Sent Date:	2020/03/07 14:59:15
Delivered Date:	2020/03/07 14:59:23

From:	Dawn M Montoya <Dawn.M.Montoya@kp.org>
To:	Dawn M Montoya <Dawn.M.Montoya@kp.org>; Bratcher-Bowman, Nikki (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7014813c9a244f839e5c01fdaad79179-Bratcher-Bo>; Ford-Barnes, Arwenithia (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d533abc24cbe44b79f6fddc6b08737a6-Ford-Barnes>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Dafflitto, Scott (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9bd71e3aec6a4af3ad242da2c0961a9e-Dafflitto,>; Waters, Cicely (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00e638c4ddf64006bcc009e8032dd700-Waters, Cic>; Callahan, Victoria (OS/ASPR/IO) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=95162cb185624a6ebe5fadf08484c141-Callanhan,>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>; rstephan@gryphonscientific.com </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user362337fc>; Greene, Jonathan (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1b692a4d6cff4afabbbee99d35336ece-Greene, Jon>; Patrick T. Courneya <Patrick.T.Courneya@kp.org>; Stephen M Parodi <Stephen.M.Parodi@kp.org>; Bechara Choucair <Bechara.Choucair@kp.org>; Anthony Barrueta <Anthony.Barrueta@kp.org>; Laird Burnett <Laird.Burnett@kp.org>; Skip Skivington <Skip.I.Skivington@kp.org>; Herrmann, Jack (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bebe389042ba411496b284f678ce7247-Herrmann, Ja>
Subject:	Skip Skivington meeting request: COVID 19 Discussion Today
Date:	2020/03/07 14:59:21
Start Date:	2020/03/07 15:30:00
End Date:	2020/03/07 16:00:00
Priority:	Normal
Type:	Appointment
Location:	Microsoft Teams Meeting

From: Dawn M Montoya
 Sent: Saturday, March 7, 2020 7:55:22 PM UTC
 To: Dawn M Montoya; Patrick T. Courneya; Stephen M Parodi; Bechara Choucair; Anthony Barrueta; Laird Burnett; Skip Skivington; Herrmann, Jack (OS/ASPR/OEA)
 Subject: Skip Skivington meeting request: COVID 19 Discussion Today
 When: Saturday, March 7, 2020 8:30 PM-9:00 PM.
 Where: Microsoft Teams Meeting

Greetings All:

This meeting is a request from Skip Skivington to meet today at 12:30 p.m. Pacific (3:30 p.m. Eastern). Attached are two documents from Skip for the meeting this afternoon. Thank you.

Dawn Montoya

(b)(6) mobile)

Dawn.M.Montoya@kp.org <mailto:Dawn.M.Montoya@kp.org>
24/7 Disaster Alert Hotline (800) 311-2113

kp.org/thrive<<http://kp.org/thrive>>

Join Microsoft Teams Meeting<https://protect2.fireeye.com/url?k=59d07585-05857c55-59d044ba-0cc47a6a52de-634b92eb134be3&u=https://teams.microsoft.com/l/meetup-join/19%3ameeting_YmZjMTUxZGZGMjZGJmMCOmdA4LTljNmEtYzJkMGY5ZTU3MzMbm%40thread.v2/0?context=%7b%22Tid%22%3a%223f8a7bc4-e337-47a5-a0fc-0d512c0e05f1%22%2c%22Oid%22%3a%220d257cd9-8b88-45ce-842f-ec338164fd18%22%7d

(b)(6) United States, Los Angeles (Toll)

Conference ID: (b)(6)

Local numbers <<https://protect2.fireeye.com/url?k=0029afc8-5c7ca618-00299ef7-0cc47a6a52de-84ccdbddac6bf36&u=https://dialin.teams.microsoft.com/7b6997e2-60d2-4524-8587-f2ce217a8287?id=225456438>> | Reset PIN<<https://mysettings.lync.com/pstnconferencing>> | Learn more about Teams<<https://protect2.fireeye.com/url?k=9a39537c-c66c5aac-9a396423-0cc47a6a52de-65b8556931a11ea1&u=https://aka.ms/JoinTeamsMeeting>> | Meeting options<https://protect2.fireeye.com/url?k=b643ac2d-ea16a5fd-b6439d12-0cc47a6a52de-a637a19b94f0487f&u=https://teams.microsoft.com/meetingOptions/?organizerId=0d257cd9-8b88-45ce-842f-ec338164fd18&tenantId=3f8a7bc4-e337-47a5-a0fc-0d512c0e05f1&threadId=19_meeting_YmZjMTUxZGMtZGJjMC00MDA4LTljNmEtYzJkMGY5ZTU3MzBm@thread.v2&messageId=0&language=en-US>

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Sender: Dawn M Montoya <Dawn.M.Montoya@kp.org>

Dawn M Montoya <Dawn.M.Montoya@kp.org>;
Bratcher-Bowman, Nikki (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7014813c9a244f839e5c01fdaad79179-Bratcher-Bo>;
Ford-Barnes, Arwenithia (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d533abc24cbe44b79f6fddc6b08737a6-Ford-Barnes>;
Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>;
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Waters, Cicely (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00e638c4ddf64006bcc009e8032dd700-Waters, Cic>;
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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>;
rstephan@gryphonscientific.com </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user362337fc>;
Greene, Jonathan (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1b692a4d6cff4afabbbee99d35336ece-Greene, Jon>;
Patrick T. Courneya <Patrick.T.Courneya@kp.org>;
Stephen M Parodi <Stephen.M.Parodi@kp.org>;
Bechara Choucair <Bechara.Choucair@kp.org>;
Anthony Barrueta <Anthony.Barrueta@kp.org>;
Laird Burnett <Laird.Burnett@kp.org>;
Skip Skivington <Skip.I.Skivington@kp.org>;
Herrmann, Jack (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bebe389042ba411496b284f678ce7247-Herrmann, Ja>

Recipient:

Sent Date: 2020/03/07 14:59:21

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.OUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=53034752F35A4317AA74F46348442D39-BRIGHT, RIC>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Redd, John (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ba3fed4ee8646ec849a5a87136a24f6-Redd, John>; Disbrow, Gary (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0fd5845defda4dc0bb45f8fac629cf09-Disbrow, Ga>; Johnson, Robert (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0851e89240324306b78740a4a60745e2-Johnson, Ro>; Walker, Robert (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7a02e128c60f4a7195532a1545af9556-Walker, Rob>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>
Subject:	Fwd: IL6 R
Date:	2020/03/07 15:04:49
Priority:	Normal
Type:	Note

dr kadlec, redd, Walker,

See Update info below on the Chinese evaluation of anti IL-6 treatment in severely ill patients infected with NCoV-19.

This was sent to me from regeneron. They would strongly and urgently like to collaborate to conduct a carefully controlled, closely monitored study of their antibody in severely ill patients.

They are talking with the governor of NY today and will call FDA.

John, I know you've been very busy. We'd greatly appreciate your thoughts. This could move out very quickly. Dr. bob Walker has been engaged with the company to learn more.

There is supply on hand. They have an open IND due to this being an FDA approved drug and other studies. Not sure of the process but would seek to move as quickly as possible if FDA permits.

I'll try to call Tony Fauci as well.

Thanks. Rick.

Begin forwarded message:

From: Leonard Schleifer <Leonard.Schleifer@regeneron.com>
Date: March 7, 2020 at 2:17:20 PM EST
To: "Bright, Rick (OS/ASPR/BARDA)" <Rick.Bright@hhs.gov>
Subject: IL6 R

In our view this demands immediate urgent attention:

This media update suggests there is a significant potential treatment in hand by using an approved drug that blocks IL6. We have a similar, if not better, drug called KEVZARA. It should be put into controlled and careful testing immediately in the US. We should talk. Len

<https://protect2.fireeye.com/url?k=f6d54591-aa815ced-f6d574ae-0cc47adc5fa2-f6333fd71378084b&u=https://www.macaubusiness.com/china-optimizes-treatment-for-covid-19/>

China has expanded and optimized the utilization of drugs and therapies in the treatment of the novel coronavirus disease (COVID-19) to block the conversion of mild cases to severe cases and save critically ill patients.

Tocilizumab, with the common brand name Actemra, has been included in China's latest version of diagnosis and treatment guidelines on COVID-19.

Zhou Qi, deputy secretary-general and an academican of the Chinese Academy of Sciences, said at a press conference Friday that the drug Tocilizumab has been found effective to block the inducement of the inflammatory storm.

In an initial clinical trial, Tocilizumab was used in 20 severe COVID-19 cases. And the body temperatures of all the patients dropped within one day. Nineteen of the patients were discharged from the hospital within two weeks, and one got better, according to Zhou.

Currently, the drug is under clinical trials in 14 hospitals in Wuhan, the epicenter of the epidemic, Zhou said.

As of March 5, a total of 272 severe patients had been treated with Tocilizumab.

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Sender: Bright, Rick (OS/ASPR/BARDA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

	(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=53034752F35A4317AA74F46348442D39-BRIGHT, RIC>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Redd, John (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ba3fed4ee8646ec849a5a87136a24f6-Redd, John>; Disbrow, Gary (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0fd5845defda4dc0bb45f8fac629cf09-Disbrow, Ga>; Johnson, Robert (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0851e89240324306b78740a4a60745e2-Johnson, Ro>; Walker, Robert (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7a02e128c60f4a7195532a1545af9556-Walker, Rob>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>
Sent Date:	2020/03/07 15:04:46
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To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Subject:	Fwd: AABD Disaster Task Force - COVID-19
Date:	2020/03/07 15:34:34
Priority:	Normal
Type:	Note

Making sure you're tracking on this issue within OASH given likely public messaging needs.

Sent from my iPhone

Begin forwarded message:

From: "Berger, James J. (HHS/OASH)" <James.Berger@hhs.gov>
Date: March 7, 2020 at 3:31:56 PM EST
To: "Shuy, Bryan (OS/ASPR/IO)" <Bryan.Shuy@hhs.gov>, "Yeskey, Kevin (OS/ASPR/IO)" <Kevin.Yeskey@hhs.gov>, Strategic COVID-19 Tracker Team <covid19stt@hhs.gov>, ASH Media <ASHMedia@hhs.gov>, "Heck, Mia (HHS/OASH)" <Mia.Heck@hhs.gov>
Cc: "Valentine, Steven (HHS/OASH)" <Steven.Valentine@hhs.gov>, "Beckham, Tammy (HHS/OASH)" <Tammy.Beckham@hhs.gov>
Subject: FW: AABD Disaster Task Force - COVID-19

FYI – keeping you posted on the Washington State blood request and the response from the blood collecting centers throughout the U.S. Their appeal is resulting in assistance.

Jim

Subject: AABD Disaster Task Force - COVID-19
Importance: High

Good Afternoon,

Yesterday evening, Bloodworks, Northwest blood center of Seattle reached out to the Task Force requesting urgent assistance for blood products. Due to the COVID-19 outbreak fears in the Washington state region, many large corporations are enacting telecommuting policies resulting in cancellations of critical blood drives and collection efforts and hindering Bloodworks from meeting their product requirements.

The CEAG convened a conference call within an hour to plan assistance and strategies. American Red Cross was able to fulfill a portion of their request over this weekend. Due to the current, tight national supply, TF chair Brian Gannon drafted an appeal to Blood Center CEOs for additional assistance in coordination with Blood Centers of America. This email (copied below) was distributed earlier this morning.

We are happy to report that the appeal is resulting in assistance. However, with concerns that the spread of COVID-19 will continue and in acknowledgment that additional planning and coordination will be required, the CEAG has recommended full Task Force activation.

To that end, we have scheduled a conference call for **Monday, March 9, 10:00 – 11:00 am ET** to review the current status of the blood supply, discuss next steps and approve activation. An Outlook invite and call agenda to all TF members will follow.

Thanks,

-Frank

Emergency - Request for Assistance from Bloodworks Northwest

Dear colleague,

Coronavirus. Coronavirus is our newest enemy. It has caused our inboxes to fill, the number of meetings to increase, and for some, their inventory to drop dramatically. And it's happened fast. As the new AABB Interorganizational Disaster Task Force Chair, it has been like jumping on a moving train. A high-speed train at that. Even through my experiences, I have never faced a disaster like this. But disasters tend to have one thing in common in our industry; we pull together.

On Friday afternoon, Bloodworks Northwest requested assistance with blood products due to the Coronavirus impact in the Seattle, WA area. Despite efforts by various resources, no products were committed. Desperate to find help, they reached out to the AABB Disaster Task Force for assistance. Bloodworks is very concerned with their blood levels. Seattle is ground zero for the COVID-19 outbreak in the U.S. They have had twelve (12) canceled drives by Boeing, one of their biggest blood drive supporters. Schools and universities closed in the Seattle area, making matters worse. Major businesses have implemented employee telecommuting. All of this is combining into a perfect storm for a blood shortage. Bloodworks is at the tip of the spear, the first area in the U.S. to experience a wide outbreak of COVID-19 and its chilling effects on blood collections. Others are starting to feel it also.

While we see the grocery stores shelves empty, no water, no toilet paper, no hand sanitizer, we know it's fear. People are preparing for the worst. They hunker down like the media is recommending. Medical supplies, like face masks, are in short supply. We look around and think it's crazy. Why hoard all of those things? Will it get that bad? But if we stop and think, we are all thinking the same way about our own blood inventory. Many of us have run tight inventories for months now. We have been on appeals since the summer of last year. And we are afraid. Afraid this may wipe us out. And we don't know if we are next.

There's no doubt this will get worse. There's no doubt we will have shortages. How will we manage? The answer is simple. Together.

We are a unique industry that works together, unlike many industries that take the opportunity to kick the competition while they are down. I know you all. You have been there for me twice, once in New Orleans during Katrina and again in Houston following Harvey. I have been the recipient of the goodwill and support of my fellow blood organizations.

Ultimately, we are all working for patients in our areas. It's a huge responsibility. And Bloodworks is no different. They need to serve their patients and are currently unable to do this alone. I urge you to come together with me to support our colleague in Seattle. If every organization sent 10-15 Os, we would meet their needs at least through the beginning of this. Our associations and organizations are working

diligently to get the message out to the public, media, and government partners of the challenges our industry is facing. Working together with our associations and organizations, we can make sure our patients have the blood they need.

Bloodworks is requesting the assistance listed below. If your blood center can assist with any quantities (no matter what the amount), we can get the Seattle area through this blood emergency.

L.R., RBC

500 O+

50 O-

30 A-

25 B-

Other market basket products are helpful.

For Monday:

15 Platelets

If any center(s) can assist Bloodwork's needs, please call or email Karen O'Hara (401-644-6466, kohara@bca.coop) or Jennifer Kapral (972-345-7419, jkapral@bca.coop) from BCA this weekend.

Thank you for your consideration, and I look forward to working for you as chair of the Interorganizational Disaster Task Force.

Brian Gannon

Chair, AABB Interorganizational Task Force on Domestic Disasters and Acts of Terrorism

bgannon@giveblood.org

Frank Berry

Staff Liaison, AABB Interorganizational Disaster Task Force

AABB

frank@aabb.org

+1.301.215.6555

Cell: (b)(6)

<https://protect2.fireeye.com/url?k=4fc5d5a1-1390dc71-4fc5e49e-0cc47a6a52de-0cabe31a70471cff&u=http://www.aabb.org/disaster>

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To:	Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>; Bratcher-Bowman, Nikki (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7014813c9a244f839e5c01fdaad79179-Bratcher-Bo>; Greene, Jonathan (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1b692a4d6cff4afabbbee99d35336ece-Greene, Jon>
Subject:	RE: Summary: Grand Princess Cruise Ship with Positive COVID-19 Cases, California, CA (Update #8)
Date:	2020/03/07 15:46:38
Priority:	Normal
Type:	Note

I'm not sharing, but want to be transparent with Governor's office when appropriate. Please advise.

Darcie L. Johnston
 Director, Intergovernmental Affairs
 U.S. Department of Health and Human Services
 Office of the Secretary
 202-690-1058 (office)

(b)(6) (cell)

From: Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>
Sent: Saturday, March 7, 2020 3:26 PM
To: Johnston, Darcie (HHS/IEA) <Darcie.Johnston@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Yeskey, Kevin (OS/ASPR/IO) <Kevin.Yeskey@hhs.gov>; Bratcher-Bowman, Nikki (OS/ASPR/IO) <nikki.bratcherbowman@hhs.gov>
Subject: RE: Summary: Grand Princess Cruise Ship with Positive COVID-19 Cases, California, CA (Update #8)

Yes, broad brush—however these are internal updates that should not be shared.

From: Johnston, Darcie (HHS/IEA) <Darcie.Johnston@hhs.gov>
Sent: Saturday, March 7, 2020 2:58 PM
To: Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Yeskey, Kevin (OS/ASPR/IO) <Kevin.Yeskey@hhs.gov>; Bratcher-Bowman, Nikki (OS/ASPR/IO) <nikki.bratcherbowman@hhs.gov>
Subject: Fwd: Summary: Grand Princess Cruise Ship with Positive COVID-19 Cases, California, CA (Update #8)

Is Ann aware of this?

Sent from my iPhone

Darcie Johnston

Director, IGA HHS

(b)(6) Cell

Begin forwarded message:

From: OS Secretarys Operations Center <hhs.soc@hhs.gov>

Date: March 7, 2020 at 2:52:24 PM EST

To: OS Secretarys Operations Center <hhs.soc@hhs.gov>

Subject: Summary: Grand Princess Cruise Ship with Positive COVID-19 Cases, California, CA (Update #8)

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Good Afternoon Dr. Kadlec,

BLUF: Planning for Grand Princess continues to evolve, current planning assumptions below.

(b)(5)

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:	2020/03/07 15:46:37
Delivered Date:	2020/03/07 15:46:38

From:	Giroir, Brett (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A56FCE4755704C4CA031D621B46FD6F7-GIRORI, BRE>
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CC:	Moreno, Rafael (OS/ASPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1dcc2da7031645b39c430a140fd4c446-Moreno, Raf>; Strategic COVID-19 Tracker Team </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5fba919a76f24cbe8da03fd493758848-COVID19STT>; Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ea51e17a084644918dbec2d9b4db2a0f-Jernigan, D>; Cardo, Denise M. MD (CDC/DDID/NCEZID/DHQP) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a0b28765eb214642ab98980eb2923959-Cardo, Deni>
Subject:	RE: Healthcare IPC mask vs respirator Decision Memo 2020-03-07_ms_skp
Date:	2020/03/07 15:59:32
Importance:	High
Priority:	Urgent
Type:	Note

(b)(5)

BG

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: Giroir, Brett (HHS/OASH)

Sent: Saturday, March 7, 2020 8:27 AM

To: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>

Cc: Rafael Moreno (OS/ASPR) (Rafael.Moreno@hhs.gov) <Rafael.Moreno@hhs.gov>; Strategic COVID-19 Tracker Team (covid19stt@hhs.gov) <covid19stt@hhs.gov>; Yeskey, Kevin (OS/ASPR/IO) <Kevin.Yeskey@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <dbj0@cdc.gov>; Brett Giroir (HHS/OASH) (Brett.Giroir@hhs.gov) <Brett.Giroir@hhs.gov>; Cardo, Denise M. MD (CDC/DDID/NCEZID/DHQP) <dbc0@cdc.gov>

Subject: FW: Healthcare IPC mask vs respirator Decision Memo 2020-03-07_ms_skp

Importance: High

Bob,

(b)(5)

Please let me know if you have any questions.

V/r
BG

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: Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <dbj0@cdc.gov>

Sent: Friday, March 6, 2020 4:46 PM

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

Cc: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) <vig8@cdc.gov>; Bell, Michael MD
(CDC/DDID/NCEZID/DHQP) <zzb8@cdc.gov>

Subject: Healthcare IPC mask vs respirator Decision Memo 2020-03-07_ms_skp

Adm Giroir:

Attached is the decision brief on the move from (b)(5) We can discuss later when there is a call.

Dan.

Sender:	Giroir, Brett (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A56FCE4755704C4CA031D621B46FD6F7-GIRORI, BRE>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Moreno, Rafael (OS/ASPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1dcc2da7031645b39c430a140fd4c446-Moreno, Raf>; Strategic COVID-19 Tracker Team </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5fba919a76f24cbe8da03fd493758848-COVID19STT>; Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ea51e17a084644918dbec2d9b4db2a0f-Jernigan, D>; Cardo, Denise M. MD (CDC/DDID/NCEZID/DHQP) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a0b28765eb214642ab98980eb2923959-Cardo, Deni>
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Delivered Date:	2020/03/07 15:59:32
Message Flags:	Unread

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To:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Murphy, Ryan (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya>; Oakley, Caitlin B. (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e5ee4c35534c4af9bdac46789c034790-Oakley, Cai>
Subject:	New York Times: Inside Trump Administration, Debate Raged Over What to Tell Public
Date:	2020/03/07 16:22:00
Priority:	Normal
Type:	Note

New York Times // Michael D. Shear, Sheri Fink and Noah Weiland

New York Times // Michael D. Shear, Sheri Fink and Noah Weiland

WASHINGTON — After weeks of conflicting signals from the Trump administration about the coronavirus, the government’s top health officials decided late last month that when President Trump returned from a trip to India, they would tell him they had to be more blunt about the dangers of the outbreak.

If he approved, they would level with the public.

But Dr. Nancy Messonnier, the director of the National Center for Immunization and Respiratory Diseases at the Centers for Disease Control and Prevention, got a day ahead of the plan. At noon on Feb. 25, just as Mr. Trump was boarding Air Force One in New Delhi for his flight home, she told reporters on a conference call that life in the United States was about to change.

“The disruption to everyday life might be severe,” she said. Schools might have to close, conferences could be canceled, businesses might make employees work from home. She had told her own children, she said, to prepare for “significant disruption to our lives.” The stock market plummeted, cable news blared apocalyptic headlines and by the time Mr. Trump landed at Joint Base Andrews early the next morning, his critics were accusing him of sowing confusion on an issue of life or death.

The president immediately got on the phone with Alex M. Azar II, his secretary of health and human services. That call scared people, he shouted, referring to Ms. Messonnier’s warnings. Are we at the point that we will have to start closing schools? the president added, alarmed, according to an official who heard about the call.

To health officials, the message needed to change with the outbreak. “The epicenter was shifting” as the number of new cases outside China surpassed those inside, said Dr. Anne Schuchat, the principal deputy director of the C.D.C. “The issue of what this might mean to us became more important.”

From the beginning, the Trump administration’s attempts to forestall an outbreak of a virus now spreading rapidly across the globe was marked by a raging internal debate

about how far to go in telling Americans the truth. Even as the government's scientists and leading health experts raised the alarm early and pushed for aggressive action, they faced resistance and doubt at the White House — especially from the president — about spooking financial markets and inciting panic.

“It’s going to all work out,” Mr. Trump said as recently as Thursday night. “Everybody has to be calm. It’s going to work out.”

Health experts say that telling people to remain calm is an effective message in an epidemic, and it is appropriate that it come from the president. Clear, honest communication is also crucial, and the United States has at times criticized China and other governments for being less than transparent.

But from Mr. Trump’s first comments on the virus in January to rambling remarks at the C.D.C. on Friday, health experts say the administration has struggled to strike an effective balance between encouraging calm, providing key information and leading an assertive response. The confused signals from the Trump administration, they say, left Americans unprepared for a public health crisis and delayed their understanding of a virus that has reached at least 28 states, infected more than 300 people and killed at least 17.

A Very Big Deal

Mr. Azar was at his home in Bethesda, Md., on Friday, Jan. 3, when Dr. Robert R. Redfield, the C.D.C.’s director, called to tell him China had potentially discovered a new coronavirus. Mr. Azar, a former pharmaceutical executive who helped manage the response to earlier SARS and anthrax outbreaks, told his chief of staff to make sure that the National Security Council was aware.

This is a very big deal, Mr. Azar told him.

The Trump administration had eliminated the global health unit that had been part of the National Security Council, but within days, a team was meeting daily in the basement of the West Wing, pleading with Chinese officials to allow doctors from the C.D.C. into their country.

For weeks, the Chinese refused offers of public health cooperation. “China nice-talked it for a month,” said Kenneth T. Cuccinelli, a top official at the Department of Homeland Security who was working on the coronavirus effort. “Oh, well, thank you for the offer. Blah, blah.”

On Saturday, Jan. 18, a day after the C.D.C. dispatched 100 people to three American airports to screen travelers coming from Wuhan, China, Mr. Azar made his first call to Mr. Trump about the virus, dialing him directly at Mar-a-Lago, his Florida estate. The president insisted on talking about e-cigarettes first, but Mr. Azar steered him to the virus.

Four days later, during a two-day trip to the World Economic Forum in Switzerland, the president chose to focus on the positive.

“We have it under control,” he said. “It’s going to be just fine.”

On the evening of Jan. 28, a new kind of crisis broke out in the skies.

The State Department had ordered the evacuation of the American Consulate in Wuhan and a 747 was in the air. But as it headed for the United States with hundreds of passengers who possibly carried the virus, administration officials in Washington were in a frantic scramble about where it should land.

Dr. Robert Kadlec, the assistant health secretary for preparedness and response, tried to secure some kind of military base in California, but was struggling to cut through Pentagon red tape. In a panic, his staff started booking hundreds of rooms at three hotels in the Los Angeles area, asking for full floors so they could separate potentially infected evacuees from other guests.

One idea was to land the plane at the Ontario airport outside Los Angeles, and officials went so far as to schedule, then cancel, a briefing for some members of the California congressional delegation. After hours of wrangling, and with the plane still in the air, Mark T. Esper, the defense secretary, said the plane could land at March Air Reserve Base in Riverside County, which had space to house all of the passengers.

Inside the White House, a debate broke out, centered on concerns that had become ever-present since the virus first emerged: How would the government’s actions be perceived by the public? And what would the president think?

At issue was whether to impose a federal quarantine order on the evacuees to prevent them from leaving for 14 days. Such authority had not been used since a smallpox outbreak in 1969. But officials had to find some way to make sure the passengers did not leave the base until it was clear they were not infected.

Mr. Azar pushed for the order but others were wary, concerned it could cause panic. They decided to ask the passengers to voluntarily stay at the military base. One woman balked, so California officials, who use quarantine authority more often, stepped in and forced the passengers to stay.

Time to Provoke China?

By the end of January, the virus was veering out of control in China, the source of 23,000 visitors to the United States each day. Any one of them could be the trigger for a new and undetected American outbreak.

Over four days in the White House Situation Room, the nation’s top public health and national security officials engaged in a fierce debate over whether to take the extraordinary step of banning travel from China.

Public health officials were initially wary. Experts have long recommended against restricting travel during outbreaks, arguing that it is often ineffective and can stymie the response by limiting the movements of doctors and other health professionals trying to contain the disease. A ban would anger China, they worried, ending any hope of cooperation with American medical teams.

Officials at the National Security Council and Department of Homeland Security argued that China had already proved unwilling to cooperate. A third group inside the White House was worried that the move would incite panic and could roil the financial markets.

By Thursday, Jan. 30, the public health officials had come around. Mr. Azar, Dr. Redfield and Dr. Anthony S. Fauci, the director of the National Institute of Allergy and

Infectious Diseases, agreed that a ban on travel from the epidemic's center could buy some time to put into place prevention and testing measures. "There was so much we didn't know about this virus," Dr. Redfield said in an interview. "We were rapidly understanding it was much more transmissible, that it had a great ability to go global." The debate moved that afternoon to the Oval Office, where Mr. Azar and others urged the president to approve the ban. "The situation has changed radically," Mr. Azar told Mr. Trump.

Others in the room urged being more cautious, arguing that a ban could have unforeseen consequences. "This is unprecedented," warned Kellyanne Conway, the president's counselor. Mr. Trump was skeptical, though he would later claim that everyone around him had been against the idea. The two countries were in delicate trade negotiations. Was this the time to provoke China? he asked. And what about the consequences on the economy?

The president sided with his more aggressive aides, and announced the ban next day. Still, Mr. Trump was publicly upbeat about the effects of the virus. At a campaign rally in New Hampshire in early February, as the World Health Organization was announcing new cases by the tens of thousands, he said of the coronavirus, "By April, you know, in theory, when it gets a little warmer, it miraculously goes away."

In fact, the fight against the virus was already beginning to stumble.

A system used to track travelers returning from China went offline just as state officials were told to begin monitoring them. Mr. Azar said at a congressional hearing that he needed at least 300 million respirator masks for health care workers, but the national emergency stockpile, the government's reserve of disaster supplies, held only 12 million, and many of those had expired.

And a C.D.C. coronavirus test distributed to state labs had a flawed component that led to sometimes inconclusive results, crippling the nation's testing capacity for weeks, despite assurances by the administration that it was quickly being resolved.

Americans stranded in Japan on a cruise ship, the Diamond Princess, were finally returned home Feb. 17, but the president became enraged when he learned that 14 of the passengers had tested positive for the virus in the process of being transferred to government planes.

He later said that he was worried that bringing back people who tested positive for the virus would increase the public tally of people infected in the United States.

The month ended with a whistle-blower's claim that workers from the Department of Health and Human Services had been sent to greet returning Americans from China at two military bases in California without the personal protective gear that is required for anyone coming into contact with potentially exposed patients. None of the workers tested positive for the virus, but the allegation shook Congress.

'I Like the Numbers Being Where They Are.'

The president's motorcade pulled onto the main C.D.C. campus in Atlanta just before 4:30 p.m. on Friday, passing protesters holding signs that said "Have faith in science" and "We need a vaccine against Trump."

Ten weeks after the virus first emerged in China, the total number of confirmed cases in the world surged past 100,000 and public health experts warned darkly that the outbreak was far from over. The United States, they said, faces weeks, if not months, of uncertainty and continued disruptions in education, businesses, commerce, medicine, government and daily life.

“Time matters,” Dr. Redfield said in an interview on Friday.

Last week, Vice President Mike Pence was given control of the public messaging, and although Mr. Pence has had some mixed messages of his own — he promised more tests before they were available — the White House has since displayed more discipline. Mr. Pence holds twice daily conference calls with officials from across the country, and a virus task force he leads issues daily talking points, with comment from the health professionals, to make sure the message is consistent.

But the president still has his bullhorn. During his visit to the C.D.C., Mr. Trump told reporters that he was not inclined to let 21 people who tested positive for the virus on a cruise ship off the coast of California onto American soil.

“They would like to have the people come off,” he said. “I would like to have the people stay.” The president said he would allow health experts to make the final decision, but he made clear again where he stood.

His concern? It would increase the tally for the number of people infected in the United States. “Because I like the numbers being where they are,” the president said.

Katie McKeogh

Press Secretary

Office of the Assistant Secretary for Public Affairs (ASPA)

U.S. Department of Health and Human Services

Katherine.McKeogh@hhs.gov

Sender:	McKeogh, Katherine (OS/ASPA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=C652F2C415B44DFF8369DD7F4596F030-MCKEOGH, KA>
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Sent Date:	2020/03/07 16:21:58
Delivered Date:	2020/03/07 16:22:00

From:	OS Secretarys Operations Center </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=32B1F28D808B43B6903C00083291303E-SECRETARYS>
To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	COVID-19 Open Media Report 07Mar2020
Date:	2020/03/07 17:34:08
Priority:	Normal
Type:	Note

Good evening all,

Attached is the 07Mar20 COVID-19 Open Media Report.

BLUF: Many states have declared a state of emergency as new cases and new states are reporting more cases. The first death on the East Coast and the first case of a U.S. service member were reported. More major events are being canceled, and more school closures are announced.

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

- Traditional news media reports over 105,400 cases globally, and over 3,600 deaths worldwide.
- The first death on the East Coast is reported in Florida.
- The first positive COVID-19 case of a U.S. service member (the Navy) was identified in Italy.

Public Health/Clinical Response:

- Many states have declared a State of Emergency to help combat and prevent the spread of COVID-19. States include Utah, Kentucky, New York, California, Washington, Maryland, and Florida.
- Fort Hood is directing soldiers and families to a hotline for questions about COVID-19.
- Maryland Governor Hogan announces a directive to require state insurers to waive costs for COVID-19 testing.

Healthcare System:

- Bloodworks Northwest has reported a decrease (-22%) in blood donations in Washington State due to COVID-19 fears. The company also canceled blood donations mobiles.

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

Prepared by:

Secretary's Operations Center

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

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



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To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	COVID-19 Open Media Report 07Mar2020
Date:	2020/03/07 17:34:09
Priority:	Normal
Type:	Note

Good evening all,

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Prepared by:

Secretary's Operations Center

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

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Email: hhs.soc@hhs.gov



cid:image001.png@01D5E9B2.F84B1BA0

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Sender:	OS Secretarys Operations Center </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=32B1F28D808B43B6903C00083291303E-SECRETARYS>
Recipient:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Sent Date:	2020/03/07 17:34:00
Delivered Date:	2020/03/07 17:34:09

From:	Heck, Mia (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=70DBE2065D644B8DADBFA56C5D63553D-HECK, MIA>
To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
CC:	Valentine, Steven (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fd508090f8984b1caf04069bc6000dc2-Valentine,>; Beckham, Tammy (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=79787474893348a48f149dd5a1064e6c-Beckham, Ta>; Berger, James J. (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dcaf2b2f7b1a479d82a2d970d3bef40e-Berger, Jam>; Broido, Tara (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2c3cd5c5afe049b6a8b48c25324c7465-Broido, Tar>; Sherman, Jennifer (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f30fe7fae664419fa654b20edccb1e78-Sherman, Je>; 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>; Haddad, Carla (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a0345ed373884c068792954d8f18aa54-Haddad, Car>; 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>; McKeogh, Katherine (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c652f2c415b44dff8369dd7f4596f030-McKeogh, Ka>; Hall, Bill (HHS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02b39f27f3b4469a960054b23545cc24-Hall, Bill>
Subject:	For Sunday Show Messaging
Date:	2020/03/07 18:33:53
Priority:	Normal
Type:	Note

Dr. Adams,

(b)(5)

Sender:	Heck, Mia (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=70DBE2065D644B8DADBF5A56C5D63553D-HECK, MIA>
Recipient:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Valentine, Steven (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fd508090f8984b1caf04069bc6000dc2-Valentine,>; Beckham, Tammy (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=79787474893348a48f149dd5a1064e6c-Beckham, Ta>; Berger, James J. (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dcaf2b2f7b1a479d82a2d970d3bef40e-Berger, Jam>; Broido, Tara (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2c3cd5c5afe049b6a8b48c25324c7465-Broido, Tar>; Sherman, Jennifer (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f30fe7fae664419fa654b20edccb1e78-Sherman, Je>; 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>; Haddad, Carla (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a0345ed373884c068792954d8f18aa54-Haddad, Car>; 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>; McKeogh, Katherine (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group

	(FYDIBOHF23SPDLT)/cn=Recipients/cn=c652f2c415b44dff8369dd7f4596f030-McKeogh, Ka>; Hall, Bill (HHS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02b39f27f3b4469a960054b23545cc24-Hall, Bill>
Sent Date:	2020/03/07 18:33:52
Delivered Date:	2020/03/07 18:33:53
Message Flags:	Unread

From:	Orsega, Susan (OS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D8171C34A0CD4581A49F33CB8F60F684-ORSEGA, SUS>
To:	Girori, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; Trent-Adams, Sylvia (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=650dc3276414421693345147bfafd132-Trent-Adams>; Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Schwartz, Erica (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=603e84a0e3744a5d8dcdb759f5dcad91-Schwartz, E>
CC:	Valentine, Steven (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fd508090f8984b1caf04069bc6000dc2-Valentine,>; Haddad, Carla (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a0345ed373884c068792954d8f18aa54-Haddad, Car>; Migliaccio-Grabill, Kate (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f902e34652a84a61ac85adaa853d80f6-Migliaccio,>
Subject:	COVID-19 Update MAR7 2020
Date:	2020/03/07 19:09:20
Priority:	Normal
Type:	Note

Sirs and Ma'am's

Please find the attached COVID-19 Mission update.

As of 7Mar2020 at 2100, a total of 709 Corps Officers are deployed

CCHQ a total of 479 officers have deployed; 158 officers are currently deployed; 6 officers rostered for upcoming deployments

INTRAGENCY: CDC: 178 officers (145 are currently deployed & 33 have completed their deployment) ASPR: 39 Officers currently deployed NIH: 13 officers (data from 3/1/2020)

RDB continues to staff ASPR Task Orders as they are received; 2 14-person HMTFs deployed in addition to IMT support for nursing facility in Kirkland, WA

- The CBP support mission concluded on 4Mar2020
- Medical clearance and fit testing scheduled for 07Mar2020 postponed until 13 Mar2020
- Japan: The remaining officers in Japan demobilizing today; team members submitted AAR

Rear Admiral Susan M. Orsega, FNP-BC, FAAN, FAANP

Director, Commissioned Corps Headquarters

Office of the Surgeon General

United States Public Health Service

U.S. Department of Health and Human Services

1101 Wooten Parkway

Rockville, Maryland 20852

Office Phone: 240-453-6080

Cell phone: (b)(6)

Email: susan.orsega@hhs.gov

Sender:	Orsega, Susan (OS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D8171C34A0CD4581A49F33CB8F60F684-ORSEGA, SUS>
Recipient:	Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; Trent-Adams, Sylvia (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=650dc3276414421693345147bfafd132-Trent-Adams>; Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Schwartz, Erica (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=603e84a0e3744a5d8dcdb759f5dcad91-Schwartz, E>; Valentine, Steven (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fd508090f8984b1caf04069bc6000dc2-Valentine,>; Haddad, Carla (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a0345ed373884c068792954d8f18aa54-Haddad, Car>; Migliaccio-Grabill, Kate (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f902e34652a84a61ac85adaa853d80f6-Migliaccio,>
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Delivered Date:	2020/03/07 19:09:20
Message Flags:	Unread

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=5D6CE8134846423CB83B5B28464EDB60-PHILLIPS, S>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
CC:	Moudy, Robin (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d421d3e0f6474bc3857583cfc5870d69-Moudy, Robi>; 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>; Austin, Meredith (uscg.mil) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9d5f9850a051458eaed1ef58335e3c19-Meredith.L.>; DeBord, Kristin (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d2cce28859884c1c835a9404885d6534-DeBord, Kri>; Dodgen, Daniel (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c23f0d7c1d634508918e1c87cf50c48c-Dodgen, Dan>; Adams, Steven A. (CDC/SNS/DSNS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f98462fe8d124743a437c7a80b3f60dd-Adams, Stev>; Cooper, Kevin (OS/ASPR/ORM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3460d98a33e6478a9baf70248f5432bc-Cooper, Kev>; Wolf, Laura (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userb232d38c>
Subject:	Re: DRAFT FOR LEADERSHIP DECISION - COAs for SNS Distribution
Date:	2020/03/07 19:28:52
Priority:	Normal
Type:	Note

I have no additional edits.

Sent from my iPhone

On Mar 6, 2020, at 8:03 PM, Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov> wrote:

(b)(5)

From: Moudy, Robin (OS/ASPR/SPPR) <Robin.Moudy@hhs.gov>

Sent: Friday, March 6, 2020 5:13 PM

To: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Yeskey, Kevin (OS/ASPR/IO) <Kevin.Yeskey@hhs.gov>; Phillips, Sally (OS/ASPR/SPPR) <Sally.Phillips@hhs.gov>

Cc: DeBord, Kristin (OS/ASPR/SPPR) <Kristin.DeBord@hhs.gov>; Dodgen, Daniel (OS/ASPR/SPPR) <Daniel.Dodgen@HHS.GOV>; Adams, Steven A. (CDC/SNS/DSNS) <saa1@cdc.gov>; Cooper, Kevin (OS/ASPR/ORM) <Kevin.Cooper@hhs.gov>; Wolf, Laura (OS/ASPR/SIIM) <Laura.Wolf@hhs.gov>

Subject: DRAFT FOR LEADERSHIP DECISION - COAs for SNS Distribution

Sir –

Please find attached the DLG-approved COAs for SNS Distribution for leadership decision, as well as a set of key messages and talking points for you to use if desired when briefing this up. Please let me know if you have any questions or concerns regarding these documents or their contents.

Thank you,
Robin

Robin M. Moudy, Ph.D. (she/her)

Acting Director, International Health Security Policy
Office of the Assistant Secretary for Preparedness and Response
U.S. Department of Health and Human Services
Office: 202-260-2105
Mobile: (b)(6)
Email: Robin.Moudy@hhs.gov

<<File: FOUO - DRAFT - SNS Distribution to States Options-revised_20200306._v2.docx >> <<File: SNS-DistributiontoStates-Key-Messages-20200306_draft for review_v2.docx >>

Sender:	Phillips, Sally (OS/ASPR/SPPR) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=5D6CE8134846423CB83B5B28464EDB60-PHILLIPS, S>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Moudy, Robin (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d421d3e0f6474bc3857583cfc5870d69-Moudy, Robi>; 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>; Austin, Meredith (uscg.mil) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9d5f9850a051458eaed1ef58335e3c19-Meredith.L.>; DeBord, Kristin (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d2cce28859884c1c835a9404885d6534-DeBord, Kri>; Dodgen, Daniel (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c23f0d7c1d634508918e1c87cf50c48c-Dodgen, Dan>; Adams, Steven A. (CDC/SNS/DSNS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f98462fe8d124743a437c7a80b3f60dd-Adams, Stev>; Cooper, Kevin (OS/ASPR/ORM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3460d98a33e6478a9baf70248f5432bc-Cooper, Kev>; Wolf, Laura (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userb232d38c>
Sent Date:	2020/03/07 19:28:51
Delivered Date:	2020/03/07 19:28:52

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To:	DeBord, Kristin (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d2cce28859884c1c835a9404885d6534-DeBord, Kri>
CC:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Moudy, Robin (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d421d3e0f6474bc3857583cfc5870d69-Moudy, Robi>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Phillips, Sally (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d6ce8134846423cb83b5b28464edb60-Phillips, S>; Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Austin, Meredith (uscg.mil) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9d5f9850a051458eae1ef58335e3c19-Meredith.L.>; Dodgen, Daniel (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c23f0d7c1d634508918e1c87cf50c48c-Dodgen, Dan>; Adams, Steven A. (CDC/SNS/DSNS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f98462fe8d124743a437c7a80b3f60dd-Adams, Stev>; Cooper, Kevin (OS/ASPR/ORM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3460d98a33e6478a9baf70248f5432bc-Cooper, Kev>; Wolf, Laura (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userb232d38c>
Subject:	Re: DRAFT FOR LEADERSHIP DECISION - COAs for SNS Distribution
Date:	2020/03/07 19:32:19
Priority:	Normal
Type:	Note

No additional edits.

Sent from my iPhone

On Mar 7, 2020, at 7:27 PM, DeBord, Kristin (OS/ASPR/SPPR) <Kristin.DeBord@hhs.gov> wrote:

Dr Kadlec
Are there comments from others in ASPR SL?
Potential urgent request from Massachusetts for PPE and other support.

Kristin L DeBord, PhD
HHS/ASPR

On Mar 6, 2020, at 20:03, Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov> wrote:

(b)(5)

From: Moudy, Robin (OS/ASPR/SPPR) <Robin.Moudy@hhs.gov>
Sent: Friday, March 6, 2020 5:13 PM
To: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Yeskey, Kevin (OS/ASPR/IO) <Kevin.Yeskey@hhs.gov>; Phillips, Sally (OS/ASPR/SPPR) <Sally.Phillips@hhs.gov>
Cc: DeBord, Kristin (OS/ASPR/SPPR) <Kristin.DeBord@hhs.gov>; Dodgen, Daniel (OS/ASPR/SPPR) <Daniel.Dodgen@HHS.GOV>; Adams, Steven A. (CDC/SNS/DSNS) <saa1@cdc.gov>; Cooper, Kevin (OS/ASPR/ORM) <Kevin.Cooper@hhs.gov>; Wolf, Laura (OS/ASPR/SIIM) <Laura.Wolf@hhs.gov>
Subject: DRAFT FOR LEADERSHIP DECISION - COAs for SNS Distribution

Sir –

Please find attached the DLG-approved COAs for SNS Distribution for leadership decision, as well as a set of key messages and talking points for you to use if desired when briefing this up. Please let me know if you have any questions or concerns regarding these documents or their contents.

Thank you,
Robin

Robin M. Moudy, Ph.D. (she/her)

Acting Director, International Health Security Policy
Office of the Assistant Secretary for Preparedness and Response
U.S. Department of Health and Human Services
Office: 202-260-2105
Mobile: (b)(6)
Email: Robin.Moudy@hhs.gov

<<File: FOUO - DRAFT - SNS Distribution to States Options-revised_20200306._v2.docx >> <<File: SNS-DistributiontoStates-Key-Messages-20200306_draft for review_v2.docx >>

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Recipient:	DeBord, Kristin (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d2cce28859884c1c835a9404885d6534-DeBord, Kri>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Moudy, Robin (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d421d3e0f6474bc3857583cfc5870d69-Moudy, Robi>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Phillips, Sally (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d6ce8134846423cb83b5b28464edb60-Phillips, S>; Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Austin, Meredith (uscg.mil) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9d5f9850a051458eae1ef58335e3c19-Meredith.L.>; Dodgen, Daniel (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c23f0d7c1d634508918e1c87cf50c48c-Dodgen, Dan>; Adams, Steven A. (CDC/SNS/DSNS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f98462fe8d124743a437c7a80b3f60dd-Adams, Stev>; Cooper, Kevin (OS/ASPR/ORM) </o=ExchangeLabs/ou=Exchange Administrative Group

	(FYDIBOHF23SPDLT)/cn=Recipients/cn=3460d98a33e6478a9baf70248f5432bc-Cooper, Kev>; Wolf, Laura (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userb232d38c>
Sent Date:	2020/03/07 19:32:18
Delivered Date:	2020/03/07 19:32:19

From:	Clark Tibbs PhageVax-VHO <PhageVax@roadrunner.com>
To:	Clark Tibbs PhageVax-VHO <PhageVax@roadrunner.com>
Subject:	TO ALL 3-7-2020 DANGER = DEADLY 60+ News Alert: Coronavirus detected in attendee at CPAC meeting, which many White House officials attended less than two weeks ago rbl km
Date:	2020/03/07 19:45:19
Priority:	Normal
Type:	Note

... not much re-assurance when he/she may have infected **at least** 2.5 to 3 more; then they went on to do the same ... times ... 10 ... ???

-

Reminder that (according to reports) at least 300,000 folks left PRC before the quarantine was enforced and I do mean **enforced**.

Satellite pollution-registration shows many are back to work.

-

From: The Washington Post [mailto:email@washingtonpost.com]

Sent: Saturday, March 7, 2020 **5:58 PM**

To: director@ee.net

Subject: News Alert: Coronavirus detected in attendee at CPAC meeting, which many White House officials attended less than two weeks ago



**Coronavirus detected in attendee at CPAC meeting,
which many White House officials attended less than
two weeks ago**

The American Conservative Union, which hosts the annual Conservative Political Action Conference in Maryland, said the person diagnosed with coronavirus “had no interaction with the President or Vice President and never attended the events in the main hall.” President Trump and other senior administration officials attended the four-day gathering.

The person is under quarantine in New Jersey and was exposed to the virus before attending the conference.

[Read more »](#)

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I highly recommend that **ALL HHS employees** begin working from home NLT Monday, **March 9th, 2020** ... until further notice.

Rationale: What will happen when the Top American medical-decision-makers get sick? HHS Lab workers [PhDs on down] (home to work site and back) should begin using **FULL PPE** ... without exception.

-

*The new Coronavirus **COVID-19** ... can remain viable of surfaces for up to **8 to 9 days**.*

*Some victims may not show symptoms for up to **24 days+***

*Some **COVID-19** Patients Test Positive DAYS AFTER Recovery [**5 to 13** days later]*

-

*... have we learned anything from the PRC-model? Satellite pollution-registration shows many are back to work. **We are no better.***

*Japan has shut down all of their schools for **1 month**. **We are no better.***

Clark Tibbs, CEO

PhageVax, Inc. <https://protect2.fireeye.com/url?k=226cb343-7e38aa3f-226c827c-0cc47adc5fa2-cf7af80a7871ead8&u=http://www.phagevax.com/>

CAGE CODE: 4M4V6 www.sam.gov

Phone: 740.366.9013 Fax: 740.366.5230 Cell: (b)(6)

E-mail: Clark@PhageVax.com -or- PhageVax@roadrunner.com -or- CTA@ee.net

General Offices &HQ: 855 Sharon Valley Road, Suite 101 Newark, Ohio 43055-2860 USA

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Sender:	Clark Tibbs PhageVax-VHO <PhageVax@roadrunner.com>
Recipient:	Clark Tibbs PhageVax-VHO <PhageVax@roadrunner.com>
Sent Date:	2020/03/07 19:44:43
Delivered Date:	2020/03/07 19:45:19
Message Flags:	Unread NotifyRead

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FDEB5CA04B6B4ED19FEC2209B5F571E7-SHUY, BRYAN>
To:	Moudy, Robin (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d421d3e0f6474bc3857583cfc5870d69-Moudy, Robi>
CC:	DeBord, Kristin (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d2cce28859884c1c835a9404885d6534-DeBord, Kri>; Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>; Phillips, Sally (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d6ce8134846423cb83b5b28464edb60-Phillips, S>; Austin, Meredith (uscg.mil) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9d5f9850a051458eae1ef58335e3c19-Meredith.L.>; Dodgen, Daniel (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c23f0d7c1d634508918e1c87cf50c48c-Dodgen, Dan>; Adams, Steven A. (CDC/SNS/DSNS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f98462fe8d124743a437c7a80b3f60dd-Adams, Stev>; Cooper, Kevin (OS/ASPR/ORM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3460d98a33e6478a9baf70248f5432bc-Cooper, Kev>; Wolf, Laura (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userb232d38c>
Subject:	Re: DRAFT FOR LEADERSHIP DECISION - COAs for SNS Distribution
Date:	2020/03/07 20:39:19
Priority:	Normal
Type:	Note

(b)(5)

Sent from my iPhone

On Mar 7, 2020, at 8:04 PM, Moudy, Robin (OS/ASPR/SPPR) <Robin.Moudy@hhs.gov>wrote:

Good evening all.

(b)(5)

Please let me know if there are additional changes that should be made.

Thank you,

Robin

From: DeBord, Kristin (OS/ASPR/SPPR) <Kristin.DeBord@hhs.gov>

Sent: Sunday, March 8, 2020 1:55 AM

To: Bright, Rick (OS/ASPR/BARDA) <Rick.Bright@hhs.gov>

Cc: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Moudy, Robin (OS/ASPR/SPPR) <Robin.Moudy@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Yeskey, Kevin (OS/ASPR/IO) <Kevin.Yeskey@hhs.gov>; Phillips, Sally (OS/ASPR/SPPR) <Sally.Phillips@hhs.gov>; Austin, Meredith (uscg.mil) <Meredith.L.Austin@uscg.mil>; Dodgen, Daniel (OS/ASPR/SPPR) <Daniel.Dodgen@HHS.GOV>; Adams, Steven A. (CDC/SNS/DSNS) <saa1@cdc.gov>; Cooper, Kevin

(OS/ASPR/ORM) <Kevin.Cooper@hhs.gov>; Wolf, Laura (OS/ASPR/SIIM) <Laura.Wolf@hhs.gov>
Subject: Re: DRAFT FOR LEADERSHIP DECISION - COAs for SNS Distribution

It went out from the DLG box. Robin Moudy is about to send you the updated draft.

Kristin L DeBord, PhD
HHS/ASPR

On Mar 7, 2020, at 19:39, Bright, Rick (OS/ASPR/BARDA) <Rick.Bright@hhs.gov> wrote:

Kristin, I have not received the document for review. Who is sending it out? I may have been omitted from the Distribution list. Thanks for checking. Rick.

On Mar 7, 2020, at 7:27 PM, DeBord, Kristin (OS/ASPR/SPPR)
<Kristin.DeBord@hhs.gov> wrote:

Dr Kadlec
Are there comments from others in ASPR SL?
Potential urgent request from Massachusetts for PPE and other support.

Kristin L DeBord, PhD
HHS/ASPR

On Mar 6, 2020, at 20:03, Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov> wrote:

(b)(5)

From: Moudy, Robin (OS/ASPR/SPPR) <Robin.Moudy@hhs.gov>
Sent: Friday, March 6, 2020 5:13 PM
To: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Yeskey, Kevin (OS/ASPR/IO) <Kevin.Yeskey@hhs.gov>; Phillips, Sally (OS/ASPR/SPPR) <Sally.Phillips@hhs.gov>
Cc: DeBord, Kristin (OS/ASPR/SPPR) <Kristin.DeBord@hhs.gov>; Dodgen, Daniel (OS/ASPR/SPPR) <Daniel.Dodgen@HHS.GOV>; Adams, Steven A. (CDC/SNS/DSNS) <saa1@cdc.gov>; Cooper, Kevin (OS/ASPR/ORM) <Kevin.Cooper@hhs.gov>; Wolf, Laura (OS/ASPR/SIIM) <Laura.Wolf@hhs.gov>
Subject: DRAFT FOR LEADERSHIP DECISION - COAs for SNS Distribution

Sir –

Please find attached the DLG-approved COAs for SNS Distribution for leadership decision, as well as a set of key messages and talking points for you to use if desired when briefing this up. Please let me know if you have any questions or concerns regarding these documents or their contents.

Thank you,
Robin

Robin M. Moudy, Ph.D. (she/her)

Acting Director, International Health Security Policy
Office of the Assistant Secretary for Preparedness and Response
U.S. Department of Health and Human Services
Office: 202-260-2105
Mobile: (b)(6)
Email: Robin.Moudy@hhs.gov

<<File: FOUO - DRAFT - SNS Distribution to States Options-revised_20200306._v2.docx >> <<File: SNS-DistributiontoStates-Key-Messages-20200306_draft for review_v2.docx >>

<SNS-DistributiontoStates-Key-Messages-20200307_v3.docx>

<FOUO - DRAFT - SNS Distribution to States Options-revised_20200307_v3.docx>

<SNS PPE Pro Rata Allocation Strategy_Key Points_UPDATED DRAFT 030720_4pm.docx>

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Recipient:	Moudy, Robin (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d421d3e0f6474bc3857583cfc5870d69-Moudy, Robi>; DeBord, Kristin (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d2cce28859884c1c835a9404885d6534-DeBord, Kri>; Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>; Phillips, Sally (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d6ce8134846423cb83b5b28464edb60-Phillips, S>; Austin, Meredith (uscg.mil) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9d5f9850a051458eae1ef58335e3c19-Meredith.L.>; Dodgen, Daniel (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c23f0d7c1d634508918e1c87cf50c48c-Dodgen, Dan>; Adams, Steven A. (CDC/SNS/DSNS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f98462fe8d124743a437c7a80b3f60dd-Adams, Stev>; Cooper, Kevin (OS/ASPR/ORM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3460d98a33e6478a9baf70248f5432bc-Cooper, Kev>; Wolf, Laura (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userb232d38c>
Sent Date:	2020/03/07 20:39:17
Delivered Date:	2020/03/07 20:39:19

From:	Clark Tibbs PhageVax-VHO <PhageVax@roadrunner.com>
To:	Balsamo, Ralph (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5154e90d1f17484293769cd43eb7447e-Balsamo, Ra>; Tegeris, John (OS/ASPR/BARDA) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fd48e9eb139645df8b45ea8439820e7f-Tegeris, Jo>; Armstrong, Kimberly (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5b778c7e17734740b14fbae4d3ed652c-Armstrong,>; Adams, Peter (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2d68d0d59aeb425cbb0ea4a46a2b9365-Adams, Pete>; Erlandson, Karl (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7f0ef5014c63481787389eb185da5e5f-Erlandson,>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Fauci, Anthony (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau>; Conrad, Patricia (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3793ae43a1744d8f8aa56b600c0c975b-patricia.co>; Charrow, Robert (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00531138af454ce3ac0b5885bead345f-Charrow, Ro>; Bird, Catherine (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb9d9180497c49c4a06a0dd1f6043dc7-Bird, Cathe>; Stimson, Brian (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=338aa495176d4c92bb314f8f3f51d118-Stimson, Br>; Tabak, Lawrence (NIH/OD) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=197374c4f1864f8e97f24f1d96aeb765-lawrence.ta>; Allen-Gifford, Patrice (NIH/OD) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=803ed4e77c17499e9ad51fc86b512f9a-patrice.all>; Collins, Francis (NIH/OD) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4bd4f570bdcb43f2800bf986fa40d75f-francis.col>; Collins, Francis (NIH/OD) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4bd4f570bdcb43f2800bf986fa40d75f-francis.col>
Subject:	TO Dr. Kadlec ASPR for HHS :: HHS Lab workers [PhDs on down] (home to work site & back) should begin using FULL PPE ... without exception ... All Others at HHS ... work from home
Date:	2020/03/07 21:22:36
Priority:	Normal
Type:	Note

TO: Dr. Kadlec, ASPR at HHS Robert.Kadlec@hhs.gov

-

Ralph Balsamo - Program Analyst

Office of the Director - Office of the Assistant Secretary for Preparedness and Response
Biomedical Advanced Research and Development Authority

Phone: 202 730 8661 Cellular: (b)(6) Email: Ralph.Balsamo@hhs.gov

John Tegeris, PhD john.tegeris@hhs.gov TechWatch Johnny - BARDA TechWatch Program Lead ... Cell: (b)(6) anytime

Kimberly Armstrong, Ph.D., MT (ASCP) Kimberly.Armstrong@hhs.gov

Biomedical Advanced Research and Development Authority (BARDA) ... (ASPR) ... (DHHS)

Phone: (202) 260-0130 Cell: (b)(6)

Peter Adams peter.adams@hhs.gov Karl Erlandson karl.erlandson@hhs.gov

-

PLEASE NOTICE:

I highly recommend that ALL HHS OFFICE employees begin working from home **NLT Mon. March 9th, 2020 ...** until further notice.

Rationale: What will happen when the Top American medical-decision-makers get sick?

-

HHS Lab workers [PhDs on down] (from home to work-site &back) should begin using **FULL PPE ...** without exception.

-

The new Coronavirus COVID-19 ... can remain viable of surfaces for up to 8 to 9 days.

Some victims may not show symptoms for up to 24 days+

Some COVID-19 Patients Test Positive DAYS AFTER Recovery [5 to 13 days later]

-

... have we learned anything from the PRC-model?

Satellite pollution-registration shows many are back to work. We are no better.

Japan has shut down all of their schools for 1 month. We are no better.

-

Respectfully, my cell phone is best with any questions.

Clark Tibbs, CEO

PhageVax, Inc. <https://protect2.fireeye.com/url?k=d4db362c-888e3ffc-d4db0713-0cc47a6a52de-bdd9572f229ae07c&u=http://www.phagevax.com/>

CAGE CODE: 4M4V6 www.sam.gov

Phone: 740.366.9013 Fax: 740.366.5230 Cell: (b)(6)

E-mail: Clark@PhageVax.com -or- PhageVax@roadrunner.com -or- CTA@ee.net

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Sender:	Clark Tibbs PhageVax-VHO < PhageVax@roadrunner.com >
Recipient:	Balsamo, Ralph (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5154e90d1f17484293769cd43eb7447e-Balsamo, Ra>; Tegeris, John (OS/ASPR/BARDA) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fd48e9eb139645df8b45ea8439820e7f-Tegeris, Jo>; Armstrong, Kimberly (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5b778c7e17734740b14fbae4d3ed652c-Armstrong,>; Adams, Peter (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2d68d0d59aeb425cbb0ea4a46a2b9365-Adams, Pete>; Erlandson, Karl (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7f0ef5014c63481787389eb185da5e5f-Erlandson,>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Fauci, Anthony (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau>; Conrad, Patricia (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3793ae43a1744d8f8aa56b600c0c975b-patricia.co>; Charrow, Robert (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00531138af454ce3ac0b5885bead345f-Charrow, Ro>; Bird, Catherine (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group

	(FYDIBOHF23SPDLT)/cn=Recipients/cn=bb9d9180497c49c4a06a0dd1f6043dc7-Bird, Cathe>; Stimson, Brian (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=338aa495176d4c92bb314f8f3f51d118-Stimson, Br>; Tabak, Lawrence (NIH/OD) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=197374c4f1864f8e97f24f1d96aeb765-lawrence.ta>; Allen-Gifford, Patrice (NIH/OD) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=803ed4e77c17499e9ad51fc86b512f9a-patrice.all>; Collins, Francis (NIH/OD) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4bd4f570bdc43f2800bf986fa40d75f-francis.col>; Collins, Francis (NIH/OD) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4bd4f570bdc43f2800bf986fa40d75f-francis.col>
Sent Date:	2020/03/07 21:21:25
Delivered Date:	2020/03/07 21:22:36
Message Flags:	Unread NotifyRead

From:	Scott Bryant-Comstock <sbcc@cmhnetwork.org>
SentVia:	<bcinnovations.12all.com@d35c.emsend3.com>
To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Subject:	CMHNetwork Friday Update 3-7-20
Date:	2020/03/07 22:34:41
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Friday Update 3-7-20

Greetings, faithful readers. Oh man, I am not sure what it is, but I am feelin' the need for some Prince to start things off. So how about Purple Rain? Here's a twist – let's watch and listen to Miche Braden and PostModern Jukebox do [their version](#) – a great tribute to Prince. [Enjoy the rain](#), and then get to readin' Friday Update, cuz we got work to do!

Most Important Reads of the Week

Tampa Conference is Just AroundtheCorner! Coronavirus Update!

We are following state of Florida policy guidelines with respect to the Coronavirus. At this point, we are moving forward with the conference as planned. As you know, the current situation is very fluid. Should guidance from Florida state officials change, we will notify participants immediately. Stay up to date on developments on the [state of Florida website](#) and the [USF website](#).

2020 MQ Fellows Awards for Early Career Researchers Announced

MQ: Transforming Mental Health is fielding an unprecedented call for applications from early-career researchers working in the field of children and young people's mental health. The 2020 MQ Fellows awards will build on the charity's previous investments in young people's mental health – and seeks to enlarge the pool of talented researchers working to improve outcomes for children and young people aged 0-24 years old. MQ Fellows can be hosted anywhere in the world, working in any field, so long as it is related to mental health. *This looks like a great opportunity!*

Black LGBTQ Youth, Despite High Levels of Mental Health Issues, Receive Less Professional Care, Study Says

Black LGBTQ youth are less likely to receive mental health care than the general LGBTQ youth population despite reporting similar rates of depression and suicidal thoughts, according to a recent study. The intersection of two identities -- LGBTQ and black -- makes these young people both more at risk of developing mental health problems and less likely to have access to adequate care, according to the study. The finding, published in [a brief](#) released last week, is based on data from the

inaugural National Survey on LGBTQ Youth Mental Health, conducted last year by the Trevor Project, an LGBTQ youth advocacy organization. It is the most extensive study on LGBTQ youth mental health ever conducted, with over 34,000 LGBTQ youth surveyed.

Preventing Suicide and Self-Harm in Young People

In this blog for researchers, Dr. Katrina Witt, who works in a new cross-cutting role for Cochrane Common Mental Disorders as a joint Senior Editor for both the Suicide and Self-Harm Satellite and Children & Young People's Satellite of CCMD highlights the need to have a 'youth lens' in this field, with input from Professor Ann John and Associate Professor Sarah Hetrick who lead these satellites respectively. This blog is one of a series on Evidently Cochrane, [#YoungMindsMatter](#).

How to be Kinder to Yourself

People who have greater levels of self-compassion tend to be more motivated, less lazy, and more successful over time. But just as important, they like themselves, even when they fall short. Psychologist Susan David explains how you can cultivate this quality.

What to Say to Kids When Nothing Seems to Work

What to Say to Kids When Nothing Seems to Work offers parents an effective, step-by-step guide to some of the most common struggles for kids aged 5–12. Written by mental health professionals with over 30 years' experience listening to kids' thoughts and feelings, this book provides a framework to explore new ways of responding to your child that will help them calm down faster and boost their resilience to stress. *Five Network stars for this one!*

Building Blocks for Learning. A Framework for Comprehensive Student Development

Turnaround for Children's Building Blocks for Learning is a framework for the development of skills children need for success in school and beyond. Each element represents a set of evidence-based skills and mindsets that have been proven by research to correlate strongly to and even predict academic achievement. The framework draws from research in multiple fields to suggest movement from lower-order to higher-order skills. Overall, it provides a rigorous perspective on what it means to intentionally teach the whole child – to develop the social, emotional, motivational, and cognitive skills in every learner.

Four Strategies to Help Policymakers Access and Use High-Quality Research

To yield the greatest benefit to children and families, policymakers need access to high-quality information that is grounded in research and practical experience. A new brief details four strategies for sharing research with this critical audience. Great read from Child Trends!

Partnering with Families & Other Natural Supports on Individualized Service Plans (ISPs)

This Tip Sheet was developed by [Transitions ACR](#) in partnership with the [Massachusetts Dept. of Mental Health](#). It was created for service providers working with Youth and Young Adults and provides tips for working most effectively with young adults and their families. But, the Transitions ACR mod squad thought the contents of the Tip Sheet might be beneficial for family members also. The idea of creating the five-layer circle can help anyone gain a clearer picture of their support systems and act as a reminder of who is on their "team." Be sure to check out their [Tip Sheet Library](#) for dozens of other Tip Sheets designed to support young adults living with mental health conditions, their families, and service providers.

Is Friday Update workin' for ya?

We love feedback so let us know how we can improve the website to better meet your needs. [Contact us here](#). Thanks again to so many of you who are spreading the word. We do not accept federal funds and are funded solely by donations. All donations go toward keeping the Children's Mental Health Network a vibrant forum for information and dialogue about children's mental health, research, policy and practice. Please consider showing your support through a donation by [clicking here](#).



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President &CEO

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The White House

Office of the Vice President

FOR IMMEDIATE RELEASE

March 7, 2020

REMARKS BY VICE PRESIDENT PENCE
IN A CORONAVIRUS BRIEFING WITH
CRUISE LINE EXECUTIVES AND PORT DIRECTORS

Port Everglades Administration Building
Fort Lauderdale, Florida

GOVERNOR DESANTIS: Good afternoon. I want to welcome the Vice President to Florida, down in a part of the state where there's a lot of great stuff going on, in Broward

County. I also want to thank the President for all his support, particularly on some of the travel restrictions that I think have made it easier for us to monitor folks who have been traveling, particularly in parts in Asia. And really appreciate the Vice -- this is the second time he's been in Florida just since he's been leading the task force. So we really appreciate his support.

As many of you know, Florida had its first two COVID-19-linked fatalities yesterday. And so we are stressing to folks that if you look at how this virus impacts people, the folks who are elderly and have underlying medical conditions are at much greater risk to have serious complications. So we've been working hard with our hospitals and our nursing homes, assisted-living facilities.

But we've also wanted to spread the message to the people as a whole: Follow the CDC's guidance on this. They recommend for people who are elderly and have these health conditions -- you know, stay at home, if you need to. Avoid large crowds. Make sure you have, you know, a couple weeks of supplies of medical and food just in case you're in a situation where you need to isolate.

So those are prudent steps that people can take and that will help our efforts here as we work to contain the spread of the virus. But thanks again for coming. We appreciate your leadership.

THE VICE PRESIDENT: Thank you, Governor, and I want to I want to thank you for bringing together leaders in the cruise line industry for an important discussion about how we keep your passengers, your crew, the communities they come from, and our country safe.

I know the President is grateful for the spirit of collaboration represented in this room and I look very much forward to our discussion about how -- how we help you make this industry safer.

Governor, I want to thank you for your leadership. I'm also very grateful for Senator Rick

Scott, Senator Marco Rubio, and their swift efforts in passing the more than \$8 billion in funding for America's response to the coronavirus.

Let me also -- let me thank all the public officials who are here as well. And I'm pleased to be joined by the head of CDC, as well as the Acting Secretary of Homeland Security, Chad Wolf.

We're really here to have a very substantive conversation with an industry that has found itself at the center, in so many ways, of America's response to the coronavirus. I'm looking forward to hearing about the industry's recommendations about what more you can do, what more we can do together to protect the American people.

I know it goes without saying: President Trump has no higher priority than the health and safety and wellbeing of the American people. It's the reason why from -- from the first advent of the coronavirus in America, he -- the President launched a whole-of-government approach.

But as evidenced here today, it's not just the whole-of-government approach, bringing the full resources of the federal government; it's really a whole-of-America approach. And in this last week, in addition to the meeting today here that the President directed me to have with the cruise line industry executives, we've met with leaders of the pharmaceutical industry to talk about the development of therapeutics and a vaccine. We've talked to leaders in the nursing home industry. We've talked to the leaders of commercial apps. And I know I speak for President Trump when I say we couldn't be more grateful with the spirit of cooperation of all the American businesses that we've engaged and their desire to put with the health of America first.

From early on, President Trump took decisive and unprecedented action to respond to the spread of the coronavirus. The President declared a public health emergency. He suspended all travel from China. And we launched quarantine efforts for Americans that would be returning, including Americans returning from a cruise line.

He established travel advisories in parts of Italy and South Korea, and we now are screening 100 percent of all individuals who take direct flights from any airport in Italy or South Korea before they board planes to come to the United States of America.

The President has also directed us and HHS has done yeoman's work expanding testing. Now doctors can prescribe tests to any American regardless of their symptoms. And at the present moment, we've distributed more than 1 million tests. And in cooperation with those same commercial labs that I mentioned, we'll be expanding access to tests in the weeks ahead to every American.

I'm proud to say though -- Governor, as you know, here in Florida: Every state in the country's state lab can now do coronavirus testing.

Now let me just speak to the coronavirus itself. And thanks to the decisive leadership of President Trump, the strong partnership with state leaders, local health officials, the American people deserve to know that the risk of contracting the coronavirus for the average American remains low.

That being said, we are going to continue to lean into this effort to call on industry, to call on every agency of government to deal with it. The truth is that for the majority of -- or I know the head of CDC is here -- for whatever the number would be, for 96, 97 percent of Americans who even contract the disease, they will be treated, they will have flu-like symptoms, and they'll fully recover.

But, Governor, I want to thank you for your particular emphasis here in Florida and your focus on our seniors because people here in Florida deserve to know that our data shows that seniors with serious underlying health conditions are the most vulnerable to serious medical outcomes.

And so, for anyone within the sound of my voice, if you are yourself a senior citizen with a serious underlying medical condition or if you have a loved one with a serious underlying medical condition, it is just a good time to practice common sense just to protect your

health, the health of your family, and the health of the community.

But I'm here today to speak particularly about the unique challenges facing the cruise line industry. And to be here with so many leaders and have an opportunity to speak about how we can work together to make your passengers, your crews, the communities they come from, and our country safer is a great privilege for me.

And, in many ways, Florida is the heart of the cruise line industry. We recognize that. It's a destination not just for Americans, but for people around the world. And I know, to date, Florida's efforts at preparedness on the coronavirus have made a difference.

As we seen in recent weeks, cruise ships have been especially vulnerable to the spread of the coronavirus. Some 49 Americans that we returned home were on the cruise ship the Diamond Princess. The cruise ship the Grand Princess, as you all are aware, is, as we speak, moored off the coast of California and has been so since Wednesday night.

We have, I'm pleased to report, working closely with the Governor of California and all of our health officials, developed a plan which is being implemented this weekend to bring the ship into a noncommercial port. All passengers and crew will be tested for the coronavirus and quarantined as appropriate. Those that require additional medical attention will also receive it.

Let me say again: While the risk to the average American of contracting the coronavirus remains low, it is essential that we find ways to mitigate that risk to prevent the spread of the coronavirus. And I'm here today, on behalf of President Trump, to learn ways that this industry -- the cruise line industry -- can work with our health officials at the federal level, here at the state level, with port authorities to keep the passengers, communities, and our country safe and healthy.

But I want to promise you: Under President Trump's leadership, we're going to continue to bring the full resources of the federal government to bear in confronting the spread of the coronavirus. And we look forward to the support and assistance of this industry, in

particular, in the days ahead, as we put the health and wellbeing of America first.

So with that, I thank you very much and I look forward to our conversation.

Adam?

MR. GOLDSTEIN: Yes. Adam Goldstein, Chairman of the Cruise Lines International Association.

Mr. Vice President, Acting Secretary Wolf, Governor, Senators, Mayors, other public officials: Thank you very much for the opportunity to meet. Thank you for the President's leadership on this important public issue.

We are here to listen and learn and work with you and your team so we can build on our proven safety record; leverage the first-rate medical facilities that exist on every cruise ship in the fleet; follow our public health protocols, where we've worked under the guidance of CDC for at least 50 years and where most of the materials that guide us are publicly available -- most if, not all -- on our Cruise Industry Association website.

Given the significance of travel and tourism, it is critical that Americans keep traveling. And yet, we also recognize that this is an unprecedented situation: COVID-19.

Our commitment here today and going forward is to work closely with government and to go above and beyond anything we are currently doing -- to screen even more stringently to prevent those who should not be allowed to board; to monitor, test, and care for those who are on board; and to transition and help pay for any guests or crew to move to locations staffed and equipped to handle COVID-19 cases.

We will work aggressively with government to further develop and strengthen all necessary protocols for prevention, for detection, and for care.

Mr. Vice President, we look forward -- all of us who are here today -- to having the

meaningful discussion that you reflected on. Thank you for this opportunity.

THE VICE PRESIDENT: Thank you, Adam.

END

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Administration Commissioner Hahn

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

March 7, 2020

PRESS BRIEFING

BY HEALTH AND HUMAN SERVICES SECRETARY AZAR
AND FOOD AND DRUG ADMINISTRATION COMMISSIONER HAHN

James S. Brady Press Briefing Room

2:11 P.M. EST

SECRETARY AZAR: Good afternoon, everyone. Thanks for being here. So President Trump has made the safety, security, and health of the American people his top priority from day one of our response to the outbreak. Working with the President, Vice President Pence, Ambassador Birx, and the entire Coronavirus Task Force, we've undertaken a whole-of-government, coordinated approach using the strengths of the best public health system in the world.

Our hearts go out to people who are affected by this virus, and our gratitude goes out to everyone who has helped respond so far, including the healthcare providers who have been on the frontlines.

The President's bold actions to restrict travel and impose historic federal quarantines have bought incredibly valuable time for our healthcare system to prepare for the virus and for the possibility that we need to mitigate its spread here.

At this time, the risk to most Americans from COVID-19 remains low, but that risk can be higher for those who may have exposure to confirmed cases and for those who have traveled to affected areas.

While the situation could change rapidly, at this time, most Americans don't need to change their day-to-day lives, but

should stay informed and practice good hygiene. There are good, tried-and-true hygiene practices, which can be very effective to reduce the chance of getting sick. Wash your hands. Try to not touch your face. And please stay home if you do become ill.

In addition, as the Coronavirus Task Force briefing mentioned yesterday, older adults and those with severe underlying health conditions, as well as families who live with them, should be taking particular actions to prepare and protect themselves. Severe underlying conditions include things like lung disease, cancer, heart disease, and immunocompromising conditions.

Community planning around COVID-19 preparedness should take into consideration the needs of older adults in particular. Long-term care facilities and home healthcare services need to be especially vigilant about this virus, for which the CDC has provided specific guidance. Generally, older adults and people of all ages with severe underlying health conditions should be taking specific steps to limit their risk.

On top of avoiding contact with people who are sick, washing their hands often, and paying attention for particular symptoms, they should also avoid crowds and places where people gather together in groups, especially in poorly ventilated spaces. Additional recommendations for these populations are available on the CDC website.

So what should you do if you do develop symptoms? You should call your healthcare provider and inform them about your symptoms. Follow the advice of your healthcare provider about whether to go to your doctor to get tested or to remain home. If you do remain at home, separate yourself from other family members as much as possible, especially those who are older or have underlying health conditions, as I just discussed.

Now to offer some further updates on how we've been ramping up testing capacity, I want to hand things over to our FDA Commissioner, Dr. Stephen Hahn. Dr. Hahn.

DR. HAHN: Thank you, Mr. Secretary. So, thank you for being here today. I'm going to provide updated information about the current state of diagnostic testing during this public health emergency. And I apologize in advance, there's going to be a lot of information. I'm glad to answer any questions about this and I'll go through it. And anything that you want to hear about further, I can go into more detail.

So, first of all, I wanted to thank the dedicated professionals at FDA, CDC, HHS, BARDA, and CMS. These folks are unbelievable professionals, and they are working around the clock to help get the diagnostic tests to the people that need them.

I also had the opportunity to speak with my CDC colleagues this morning -- Dr. Bob Redfield and Dr. Anne Schuchat -- so that -- this morning -- so that I could give the most current update of all the information we have regarding the diagnostic tests.

We're appreciative of the leadership of President Trump, Vice President Pence, and Secretary Azar, and the partnership and cross-collaborative work of our teams who together have performed every day within HHS for our public health mission.

This is a dynamic and constantly evolving situation, not just day by day, but hour by hour. So I also recognize that this and other factors may have led to confusion around the diagnostic tests. And what I'm going to give you today is the information we have right now about the diagnostic tests and how many patients can be treated with those tests.

And again, I just want to emphasize that the numbers are going to be fluid. As the guidelines around testing change, that's going to change as well. So we'll be, I think, committed to providing you as much information as possible.

As the President, Vice President, and Secretary Azar promised, we have been and continue to be very, very transparent and I will provide you with the most comprehensive information that I possibly can.

Before we get into the current numbers, I'd like to provide an explanation about the role of diagnostics and emergencies. I think this context is really important for the American people to know, and why this particular situation has been a bit more complex than past outbreaks. This is a novel virus. I hope this will provide much-needed clarity to the American public.

First, just to paint the picture internationally, the World Health Organization -- or "WHO" -- also supports the establishment of testing capability by collecting and sharing information provided by developers, including protocols for diagnostic tests and testing assays.

We've seen reports about a WHO test and that WHO is distributing a diagnostic test to countries. And I want to be really clear about this: We've been in constant contact with WHO. The WHO does not have its own test that it is distributing globally. It has only posted on its website protocols from some test developers, including our own CDC.

In the U.S., we have policies regarding diagnostic test development, particularly in the setting of public health emergencies that strike a balance during these emergencies of ensuring critical independent review by scientists and public health experts, because the test has to be developed in the context of what we know about the disease and timely test availability. Nothing is more important to the American people and a provider -- and I used to be, before FDA Commissioner, a provider -- than the assurance that a test is accurate and valid.

As I mentioned previously regarding the development process, in the U.S., the CDC is typically the first developer of a diagnostic for an emergency situation like this because they have access to the clinical specimens and the viral samples before other developers do. They work to make this material available for other developers to use in the validation of their tests, and so that cascading can occur. The CDC tests can and often does become the basis for other tests that are developed by other developers around the country. The CDC test is an incredibly important tool during a public health emergency response.

In this case, once the CDC had access to clinical specimens and -- similar to past emergencies -- the FDA began immediately working with our partners at CDC to support the development of this diagnostic test, including working with CDC through this emergency use authorization process, or what's been called "EUA."

The CDC and FDA worked, once identifying manufacturing issues, to quickly resolve those issues and utilize a third-party manufacturer to assist in the scale-up and the further manufacturing of the test for not only distribution to the state and public health labs, which is CDC's responsibility, but also to other labs who might want to order those tests.

This could include all commercial laboratories, nonpublic health labs, academic medical centers, community hospitals, and

even more. That manufacturer, which we mentioned earlier this week, has been quickly producing tests for distribution. It's important to note, though, that each lot of these tests -- and this is an important part of the quality process -- each one of these lots has to be tested to make sure that it has the same high standard as the original test that was assessed.

Quality testing distribution of those tests then to labs that order those and to the state and public health labs that CDC is responsible for sending them to, and then verification of those tests when they get to the laboratories, that can take a few days -- although FDA and CDC have been working around the clock with our community laboratories to try to speed up these processes.

Separate from the manufacturing challenges, the CDC has been working quickly to update the clinical recommendations for testing patients based upon emerging information about the presentation of the disease in patients.

I want to take a moment here, just as a doctor, to sort of explain what I mean by this, and that is: In the beginning of a public health situation, the information is incomplete. As you gather more information about the spread, the incubation, et cetera, you're going to have to adapt and revise the recommendations that you make about a variety of things, including the type and the amount of testing that you need to do.

Our public health team -- CDC, NIAID, FDA -- has huddled frequently to actually assess this updated information. The COVID-19 virus has a long incubation period and mild cases can go undetected because many patients may have few symptoms, thus adding to the difficulty, at times, of clinically -- that is when you go into a doctor -- diagnosing the disease.

The CDC test is a high-quality test, and it's important to remember that false negatives or positives by any test -- and that's not the case of the CDC test, but if you were to have a test that had false positives or negatives, and therefore not the scientific assurance about that test, that would cause quite significant problems with the public health assessment and the data that we would gather from any sort of public health situation.

So I'm going to stop for a moment and just describe what would happen as a doctor and a patient. A patient may have some

symptoms -- flu-like symptoms, cold-like symptoms, may even in this case have some GI symptoms -- a little bit of diarrhea, et cetera. So, that patient may call the provider, may call their doctor, their advanced practice nurse, and actually report those symptoms. In partnership with the provider, a decision is made about whether a test would get done. And I'm going to give you a couple examples.

So if you're a 28-year-old, healthy individual, and you see your doctor, your likelihood of getting sick from COVID-19, and the flu as well, is actually pretty low. Depending on what is in the differential diagnosis, meaning: What are the things that this could be when the doctor assesses the patient? Do I think this is the cold? Do I think this is the flu? Could this be COVID-19? The doctor may or may not order a test.

So, in the 30-year old -- if I'm seeing that 28-year old -- I'm seeing that patient, I may say, "Well, you're home. You're in your apartment alone. You're going to be, sort of, just taking yourself -- care of yourself there. You're probably not -- you're not -- because I asked you the question -- going to be traveling or exposing more medically vulnerable people. In that situation, I might not order a test. I could, but I might not. Because a question the doctor would ask is, "What am I going to do with that information?"

Contrast that with a situation where someone is more medically fragile -- undergoing cancer chemotherapy or other treatment, might have multiple medical diseases that make them immunocompromised. In that situation, gathering that information and understanding in advance so that you can actually assist that patient through any disease you diagnose, it might actually be important to have that information.

So we're urging Americans to contact their providers. We're not saying, "Go see your provider." Let your provider guide you on that because they might need to make special preparations in their offices. But contact your provider. You can contact the CDC online and find out what the recommendations are, the symptoms that you might experience. You can contact your local public health services as well.

So with that as the background from that, sort of, medical point of view, let me provide you with a comprehensive update on the numbers. So what you're going to see here, this is a map of the public health laboratories in the U.S. CDC has shipped

sufficient tests to test 75,000 individuals for COVID-19 in public health laboratories.

And as you can see here, the darker green are the states that have -- and these are 72 local health facilities throughout those states -- 48 that have the test up and running and the capacity to perform the test.

The two lighter green are two states that are in the process of getting that test up and running. And if you go to the CDC website, you'll see this updated on a regular basis.

Yes?

Q Are we supposed to interpret 75,000 as a high number or -- because it sounds --

DR. HAHN: I'm going to give you a perspective on that as I go through the numbers, because the first line of defense in any public health situation related -- like an outbreak, like the COVID-19, will be the public health laboratories. That's why CDC, for the reasons I mentioned, develops that test and then passes them out to the public health laboratories.

When the situation changes, we understand the disease more. Then the public health officials get together and decide whether further expansion beyond the public health system needs to be done to have appropriate testing. Some countries, for example, only have a public health system for testing. In this country, it's different.

So we have prioritized to the states testing availability based upon the areas of highest need. So think Washington State, California -- areas where we have seen a cluster of outbreaks.

As of today, CDC tests have been shipped to public health labs to test more than 3,500 specimens from 1,583 patients.

Q Can you repeat that?

DR. HAHN: Yeah. I'll go through those numbers. So actually, I can give you actually updated numbers, not only from CDC but from the public health laboratories, as well.

So the CDC numbers are as follows: 3,500 specimens, 1,583 patients. If you combine all of the public health labs, plus what CDC tested and those numbers I just gave you for what CDC

has done, the total number of tests that have been performed between the two are 5,861. Now, that's as we stand here. I literally got a text from folks at the CDC a little while ago. It's going to change every day. So that's the current information we have about the number of tests that have been performed.

Q Well, what are the differences between these different numbers you're giving out?

DR. HAHN: So the first one were tests that were performed by the CDC. So in this first line of defense, a public health lab, before they get the test, wants to do a test on a patient -- they take the swabs, they send them to the CDC. The CDC performs them, and then they get the result out. As the public health labs expand their capacity, that can be done locally.

But remember, what's important --

Q So the 5,800 number is a combined national, CDC, and these regional facilities you're talking about?

DR. HAHN: You got it. You got it. And then that should put in context the fact that now there's the ability to perform 75,000 throughout the public health labs.

Q And those are the tests?

DR. HAHN: Tests. You got it.

Q Do you know how many different people have been tested among those? Because I know people are tested a few times.

DR. HAHN: I don't have the public health lab numbers. I do have the CDC numbers. And I'm going to give you a little information of the translation between the two, and it's not an exact mathematical, sort of, situation between the number of tests and number of patients. And I'll go through that in any detail that you want, for sure.

Q You ship a kit, and the kit contains how many -- will take how many specimens?

AIDE: Maybe we should let Dr. Hahn finish, and then we can ask questions like we typically do it.

DR. HAHN: I mean, it's a really good question. And one of the things I'm trying to avoid is the kit terminology, since the kits can -- there'll probably be an expansion of the number of tests that are in each kit, and so I kind of want to focus on tests so it's less confusing to people.

I'm certainly glad to provide you that information. It's not like this group can't understand that. I just want to make sure that with the communication it is as clear as people -- as possible. But it's a really good point.

But, yes -- in whatever format we do, we ship the tests out to the laboratory. They have to do some controls, which occupies a few of those tests that are in that particular group of tests, but then they can otherwise do more testing within that grouping of tests. That's right, sir. Yeah.

So, and additionally, as of 6:00 p.m. last night -- and this is updated from yesterday -- 1.1 million tests have been shipped to nonpublic health labs. Let me repeat that, and this updated from yesterday: 1.1 million tests have been shipped to nonpublic health labs. Now, that wasn't all last night. That was the additional -- to what I mentioned last night, that had already been shipped. So that's the cumulative.

SECRETARY AZAR: (Inaudible) the slide.

DR. HAHN: Yeah. Next slide, please. Sorry. Thank you, Mr. Secretary. I'm getting my props.

Q And you guys are going to send these slides out?

DR. HAHN: Yeah. And this, by the way, is on the CDC website. But, yes, this is the most updated information.

There we go. So I don't know which side makes sense. But, if you look, this is the number of tests and this is the number of patients. And that was your question about number of patients, and I'm going to get to how that translation occurs.

This is the potential number of patients, in a pretty conservative estimate, who could be tested with 2.1 million tests. So, the 1.1 [million] comes here as of last night. Three -- well, it says "3/6"; that's when it was quality controlled, but they were shipped out last night.

We have 400,000 more tests that passed the quality testing yesterday and today. They're sitting and ready to be shipped out. We expect that to happen by early next week, if not sooner. And again, don't have the exact data about that.

And then another 640,000 are at the CDC right now, waiting to be quality tested. That will happen today, we're told, by CDC. I was just on the phone with the folks at CDC. And then we're also expecting that, early next week, they will be shipped out. So an additional -- over 1 million tests being -- or 1 million being sent out, getting us to our number of being shipped out by Monday for the capacity of 2.1 million tests. That translates into approximately 850,000 patients could be tested.

Now, that number, on the patient side, will change, if the recommendations about how to do the tests change. And I can go through that with you as well.

So, the manufacturer that we mentioned, called "IDT," is distributing these tests nationwide. We're focusing on the highest risk and highest volume areas, Washington and California, but they have orders that can go countrywide. And they're really dependent upon people, nonpublic labs, ordering from them. And so the 1.1 and the 2.1 [million] are what are going to go to nonpublic health labs.

And this last 640 is a separate manufacturer that is also developing this test. So we're going to have multiple manufacturers scaling up the test over the next week.

Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.st. And they believe -- what they've told us -- and again, I want to caution you -- I'm going to give you a number, but this number is subject to change. What they told us is they believe they could scale up, by the end of next week -- and remember it's rolling; it's every day there's going to be more numbers -- for the capacity for 4 million additional tests that could be shipped.

Now, this does not include the ramp-up by large commercial laboratories or academic labs. And we, at the FDA, have received information from many of the academic labs who are developing their own laboratory developed tests. And you probably saw the press releases from two large commercial companies that have a fairly significant install base, and they also -- one of them had it yesterday, and one of them intends to have it on Monday.

Q And that's LabCorp and Quest?

DR. HAHN: That's the press release yesterday. Yes, you got it.

So just to, sort of, explain why this differs between the number of tests and the number of patients: So let's say that you have a platform that has 100 tests in it. Up to 20 of those tests might be used by that laboratory to validate that all the tests they got -- all those hundred are okay. So they'll do a sample of 20. They can do as few as two. They can do as many as 20, typically. We're being conservative. So we take 20 percent off. In the current CDC testing recommendations, there are two swabs that are taken: one in the nose and one of the oral cavity -- the throat, basically. And those two constitute a test for an individual.

So if you look at the controls, and you look at the two swabs per patient, that's where you get to this number. But CDC is currently assessing that to determine whether the two swabs are still necessary. I can't speak to that. They're using science and data to actually assess that. And that's why these numbers may change moving forward. And we promise to give you updated information about that.

So we've been asked a lot of questions about the capacity of the labs to run these tests. When a lab begins offering the tests and how many tests per day a laboratory's ability to conduct will depend upon each individual lab.

And I don't want to get too technical on you, but when the CDC first developed the test, there was a certain platform, if you will -- a certain machine that it could be run on. So that was done because that's the machine that most of the public health laboratories use. So they really had to validate it for that machine.

What we've done over the last couple of days is get something called a "right of reference" from CDC for their EUA, for their platform so that other platforms, across the country, other large-scale platforms, could be used to run the same test. Once that validation occurs across the country, the install base of these other platforms -- hospitals, academic centers, and large commercial labs -- that will further increase the actual ability of it. We expect that'll actually increase the speed of the availability of the results to providers.

So, finally, I just want to end with a quick update on the ways that FDA is supporting all diagnostic developers during this time. FDA received its first request from a developer on January the 22nd. And they asked for an EUA template -- the template is, kind of, the application that we would use to actually assess. What we do when we give that template to the manufacturers or developers is we say: This is the information we need to actually verify scientifically that the test is accurate and that the test is valid. Because we want to make sure in a public health setting that that -- there are not -- that there are not inaccuracies that are guiding us on how we make decisions.

And we sent the template to them the same day. Since that time, we've received over 100 requests for templates. We've sent them out. In addition to that, of those 100, 36 have sought technical assistance from FDA, which we're providing every day. These are the validation tests. These are the sort of things you have to do to make sure your test is accurate and valid, because they want to get it right as well.

Q What was the first date of the first request from a developer?

DR. HAHN: January 22nd. We're talking to them around the clock. Our door is open for any developers who want to have a test for use in the United States.

And additionally, as we mentioned earlier in the week, the FDA, in collaboration with our public health partners and the administration, provided regulatory relief -- excuse me -- around the development of the EUA. So I mentioned to you that, in a typical public health situation, what would happen is, a developer of a test would say, "This is the application. We've done the validation testing. Here's what the test looks like. Here's our false positives, false negatives." This is how a lab would verify that to make sure that when they get it, it makes sense for them.

What we've done now is say, "Okay, if you're a qualified laboratory, you can go ahead and do that. We know that you want to do it. We know that you're good at that. Go ahead and do the validation. Tell us that you have that test available, and then start testing patients." Within 15 days, they have to come back and give us that information so we can just do an independent check. Our every expectation, because of the high-quality labs

we have in the country, is that that's going to be fine. We'll look at that. If it isn't, we'll address those issues. And then they can move forward with the testing. That is above and beyond this testing that I mentioned here. And I can give you some numbers on that.

We've already approved two EUAs -- one for CDC and one for New York -- the Wadsworth lab. And we've heard from seven labs, four additional ones who've already begun testing, according to this process. And when they submit their data to us, we'll look at that.

And I want to show the American people that we, across HHS and the government, are dedicating all of the available resources to address the outbreak and to expedite the availability of diagnostics. And we're really happy to answer questions.

Q So, right off the -- what you talked about at the top -- this question of WHO, whether there was a test that was actually developed: Did they actually send out guidelines that would have helped you more quickly develop a U.S. test? Or -- I'm trying to get at what the truth of that story is that's been circulating.

DR. HAHN: So they don't actually -- their expertise is not in the development of tests. They act as an information exchange. So if there's information available regarding a test, that's put on their webpage so that others can, you know, look at that for technical assistance. But I can't speak towards where I think you're going -- is did CDC look at that before developing their tests.

SECRETARY AZAR: Dr. Hahn, can I just add --

DR. HAHN: You bet.

SECRETARY AZAR: I'm going to ask you a question about this to make sure I've got it right. My understanding is that, say -- I believe Germany developed a recipe protocol for a lab-developed test. The WHO took that and put that out. And that's what's often been called, misleadingly, the "WHO test." I believe they also got the CDC recipe and also put that out.

That's what we do: We develop these concurrently. CDC developed its test, I believe, within 14 days of getting the

sequence, and then got approval of FDA within another 14 days or so, maybe even faster.

DR. HAHN: Faster. Yeah, they got the data to us early February; we got the approval back to them a day later.

SECRETARY AZAR: So, really, we were actually, I think, concurrent or faster than other countries, as you would expect from the world's premier epidemiological group at CDC, doing that. The issue -- the only delay issue was not in CDC doing its testing at the CDC labs in Atlanta. We have always had capacity. And as Dr. Steve Monroe said yesterday down at CDC with the President, there's not been a moment since CDC developed the test that a public health official has wanted an individual tested and we have not had capacity to do that test.

There was a delay in this promulgation and proliferation of the test out in the country from CDC, because there was a manufacturing scale up issue when CDC tried to replicate the test so it could be used by other -- by these other labs that -- what you saw on the map. That's the only issue that happened. It was never that the test itself was faulty, defective, unavailable. It was always up and running at CDC at all times, taking in any sample public health labs sent in. It was just that scale up was slowed because of that manufacturing quality control issue. Because we want to -- he wants to make sure, the FDA Commissioner wants to ensure every test out there is completely valid and effective.

Does that -- tell me -- please correct me if I --

Q So, this is basically a flat denial. You're not -- you're saying you didn't drop the ball by slowing down the testing process at the beginning, even though it had been developed in Germany previously?

SECRETARY AZAR: I don't think that -- I don't think either the "even though" or the "previously" in your question is accurate. That's what I -- that would be my point. We -- the CDC development of this was record. I mean, off of a -- we got a sequence from China and developed a lab-developed test on that, like I said, I think it was 14 days.

DR. HAHN: It might have been sooner.

SECRETARY AZAR: Maybe even sooner. We'll get that through the White House to you or from HHS. We've got -- we've got that

information. But it wasn't -- it wasn't as if there was a fantastic -- the impression being created is there was a fantastic WHO test out there and all we had to do was look at it and start using it.

That's not the case. We were -- I think we might have been the first -- I don't know -- to get this test and get it validated and start doing -- doing that testing. I'm sure China was right -- China might have beaten us to it, but among the non-centrally impacted countries, we were certainly right up there at the beginning and it wasn't a matter of delay. The only issue was just that manufacturing scale up for capacity.

And, sure, do we wish -- do we wish we hadn't had that manufacturing scale up quality control issue? Of course. But we're not going to put a test out that's not valid, replicable, validated, et cetera. That -- we're not going to do that.

And at that point, we needed -- it was a matter of working between CDC and FDA to solve that issue because you wouldn't want to reinvent the -- reinvent the wheel at that point. And we solved it, and scaled up.

I mean, just by way of comparison, I believe, South Korea -- which is, of course, in a very, very active, large-scale outbreak going on -- I believe has tested 179,000 people. It was the last number I got yesterday. And you can see here on these numbers, this type of capacity in a country that has just -- well, we don't want it -- just several hundred people so far identified.

Q And how many of those tests are concentrated in California and Washington? And say if an outbreak happens in another state, do you guys have the capacity to give a sufficient number of tests to another state where an outbreak may occur?

DR. HAHN: They're reprioritized -- just a really great question. We prioritized the shipment early on to those states that needed them the most because of the health issues --

Q What percentage would you say?

DR. HAHN: I don't know the percentage. We can try to get that for you. CDC probably has that from the public health point of view, but obviously some of that is confidential commercial

information and they're not required to give it at a company, for example.

But let me just give you one other point about this and that is: We will work with the manufacturers and CDC as the public health information comes in about spot areas that need more. We will certainly help to prioritize those shipments and the manufacturers have been terrific about working with us.

SECRETARY AZAR: California and Washington have everything they've asked for, in terms of diagnostics. The state of New York has everything they've asked for in terms of diagnostics. And New York City -- in spite of some reporting that you've seen, New York City, as of this morning, said they don't need any more tests from us. We said, "Do you need more?" And they said, "No we don't need you to ship more to us."

Q At the CDC, the President said that anybody who wants a test can get a test and they're available. Would you say that's an accurate statement?

DR. HAHN: What I would say is we are scaling up to meet the demand that we could potentially see. And that's why I gave that sort of doctor example to you because this isn't the sort of situation where any person would even want to say, per se, you know, "I want a test." Really that should be done -- and they could say that, but that should be done in consultation with their provider. And whether that test gets done really needs to be done in the context of the providers, but also the state public health officials.

Q (Inaudible) the 5,861 number -- so this 5,861 specimens have been tested at CDC labs, state, and local. But then when it comes to -- how many people have been tested in the U.S.?

DR. HAHN: So what I have for you -- what I have for you is the CDC number.

Q So you don't have state and local numbers for how many people have been tested?

DR. HAHN: So the -- what I gave you before was about 3,500 specimens at CDC and 1,583 patients. So if you look at that ratio, it's not dissimilar to this.

So, I don't have the actual number from the public health labs, in terms of number of patients. What I do have is the

combination of CDC and the public health labs, which is 5,861 tests.

Q Why don't you have that information, and will you have it going forward?

DR. HAHN: So, we've asked CDC about this. They are collecting that information from the public health labs.

Q And one more about your map: The two states that seem to be omitted -- it's not up right now, but they appear to be West Virginia and the Maine. Maine is the oldest state, in terms of population, average age. And West Virginia is one of the poorest. What's going on with those two states?

DR. HAHN: They're in the process of validating the tests that they've received.

Q So when the Vice President said yesterday we don't have enough tests today to meet what we anticipate will be the demand going forward, that would be the more accurate characterization versus the President's "Anybody who wants a test can get a test now"?

SECRETARY AZAR: It's just different ways of phrasing it. So, for instance, the President's -- what the President said yesterday at the CDC -- that is consistent with what the FDA and the CDC are saying, which is we, as regulators or as those shipping the tests, are not restricting who can get tested. We are leaving that to the professional judgment of doctors and public health laboratory official -- public health officials. It still needs to be clinically indicated.

That's essentially what the President saying is, anybody that a doctor says or a public health official says should get tested --

Q But that's not what the President said. He said -- just to follow up, he said, "Anybody who..."

SECRETARY AZAR: Well, he's using -- he's using a shorthand that is the -- what he meant to say is we're not in the way of that.

He knows the numbers. We brief him daily on these numbers. So, it's about -- we're not in the way. We're getting capacity

out there. We have surplus capacity for any types of prescriptions that have inured for this.

Q Can I just follow up on that? If somebody actually trusts the President -- that he takes literally what he said, that "Anybody who wants a test can get a test," can you walk me through how, I, Ashley Parker -- I decide I have some symptoms and my provider might not say I need a test, but I just want a test. The President said I can get a test.

SECRETARY AZAR: You don't --

Q What, step by step, do I get that?

SECRETARY AZAR: You may not get a test unless a doctor or public health official prescribes a test. There is -- that is our medical system in the United States. In the same way that you may not get a cardiac medicine if your doctor doesn't prescribe that or say it's indicated, you may not get that either. That's the learned intermediary system we have in the United States. I just -- just to be really clear.

Q So are you saying that -- because I've seen reports that -- people who say that their doctors have said they should get a test and they haven't been able to. Sir, are you saying that any person who has a doctor who says they should get a test will be able to get a test in a timely fashion? That's what you're saying? That is today, if I got sick, and my doctor told me, "You need to get a test," I would get one?

SECRETARY AZAR: There's no reason that should not happen, except it's going to be right now while these are in public health labs. So I've talked a little -- some of you, I've talked to about this. The public health labs are about 80 -- 80 public health labs that are part of the CDC that work around the country.

Q In the whole country. Eighty.

SECRETARY AZAR: So those are -- those are the main -- these are the public health labs that do so much of our testing normally, especially in emergency situations. That testing -- doctors' offices, pediatricians, doctors, hospitals have relationships with -- they do HIV-AIDS testing, they do normal STD testing, they do any kind of emerging infectious disease testing. They'll often do influenza testing. They have

relationships and they know how to take samples, get samples there. That is a more distant process.

The closer process becomes what Dr. Hahn was talking about here with IDT and Biosearch. They're selling to hospitals. They're selling to other private labs, other clinics that are qualified to do -- to do this kind of test. That gets it, again, closer to the provider, to the hospital.

So then, you might be in the emergency room. The doctor says, "Let's get this tested." It could be done right there in the facility instead of having to get a sample and get it transported to a public health lab. So a speedier, better doctor, better patient experience.

When we get these commercial companies up and running -- and they're really either done or within days of validation; this is that kind of LabCorp or Quest Diagnostics, Abbott, Roche -- these entities actually have deep relationships in doctors' offices with very sophisticated, transport systems. So that becomes an even better experience because you could get swabbed right in the doctor's office. The samples put -- you know, when you walk into your doctor -- you see the box. It's right there. Their courier comes, grabs it. They take it off. So, to you, the patient, it's a behind-the-scenes experience. You're not seeing all that's happening, the complexity of that. It's picked up. It's taken securely. It goes to their lab. The diagnostics run. Electronic confirmation -- whether you're positive or negative.

So, it is going to be a progression as this becomes implemented and validated through those three tiers of an improving patient, improving doctor experience over the next week, week and a half or so.

Q And when you have 1,500 -- just really quickly. You have so -- 1,500 that -- patients have been tested that you know of or more than that?

DR. HAHN: And if we could go back to the map, please, that would be great so I can --

Q Yeah. And you have it. They're making more than that from the public health sector. But then you talk about this capacity for maybe 851,000. That's a huge gap in those numbers. Like do you have any sense of like how many might be test- -- people might be tested next week. Like, I guess I'm

trying to get the sense of like -- if you have the test for 840,000, there's a huge difference between -- but only 1,500 have been tested, so far, over how many weeks? So, I guess, how long would it --

SECRETARY AZAR: It very well may be, if our -- if the very aggressive containment and then localized community mitigation efforts take effect that we've got -- if we're able to keep this -- the spread of this virus localized and also keep as much of it offshore as possible, it may be that one has surplus capacity.

As I said, South Korea, which is in the midst of a very aggressive outbreak in -- in regional areas in South Korea have, even with their very rapid -- you know, they're swabbing people and cycling them through, even through cars. You know, the drive-through cars -- you've seen them taking the swabs. And then it goes off for a similar type testing like this. A bit of a different type of technology platform that they use. I believe it's 179,000 and they're deep into it.

So it -- again, it's going to depend on how many people it makes sense clinically to doctors and public health officials to be testing. So it's very -- it's just very hard to predict based on just the spread of the disease.

Q Secretary Azar, sir, at the beginning of your remarks, you mentioned that the public should be wary in -- over going to public spaces, big places with large crowds. In terms of the --

SECRETARY AZAR: I mentioned the most at-risk individuals should -- yes. At-risk individuals.

Q The most at-risk individuals. You've been to the Trump rallies, sir. And I was just wondering --

SECRETARY AZAR: No, I haven't actually. I've never been.

(Cross-talk.)

SECRETARY AZAR: Well, I -- I just -- there's nothing against it, I just -- I just haven't. (Laughs.)

Q (Inaudible) Trump rallies, where there are sometimes, you know, 20,000, tens of thousands people that he openly boasts about. Sir, should those people be wary of going -- attending these campaign rallies? And also, should the campaign

reconsider holding these rallies as we continue to go into this coronavirus?

SECRETARY AZAR: So it's not proper -- I'm in my official capacity. I don't speak about campaign events and campaign activities. That's not proper. But what we've said is, as a public health matter, that for the elderly, those with significant comorbid conditions -- medically frail, the conditions in particular I mentioned -- I want to make sure -- immunosuppressed, cancer therapy, diabetes, cardiovascular --

DR. HAHN: Yeah, cardiovascular disease.

SECRETARY AZAR: For those individuals, they should -- they should exercise caution. They should be more sensitive to the environments they're in. A gathering in an highly -- and also cautious -- in a highly impacted area, where you have community spreading, is different than an area where you have not yet seen any type of progressive community spreading of the disease.

So, again, right now, we don't have firm guidance. That's going to largely be in local officials. We work at the CDC to advise them -- we're doing that with the Seattle area and Santa Clara County -- on what these kinds of social distancing recommendations are in, under the circumstances, but it's hard to make broad statements.

What I was saying was really repeating CDC -- so go to CDC's website for the best advice -- was for those elderly, those with those medically fragile, comorbid conditions, you really should be exercising caution and thinking about gatherings you go to and what you do, but it's also in the context of where you are in the country, and what the current dynamic is at that time, in that community.

Q Out of pocket costs? Out of pocket costs for this testing?

SECRETARY AZAR: So we were actually delighted -- delighted to see, I think it was yesterday -- I think it was yesterday. In fact, I was traveling back and forth to CDC yesterday. So either yesterday or the day before, AHIP -- which is the America's Health Insurance Plans, the trade association of the insurance industry -- they announced principles saying that their members would ensure that COVID diagnostics were a covered benefit. And I believe they also announced that they -- that they would -- I believe they announced that they would ensure appropriate cost

sharing and affordability. A recent announcement just -- I believe that, but I would refer you to AHIP's website for that.

I did just see, before I came in, I believe, four Blue Cross entities in impacted areas announced zero cost-sharing and zero copays for all COVID-19-related services. But I just saw -- I couldn't even give you the names of them. I saw a headline alert just as I -- just as I walked in here -- about that.

So we're continuing to work on that. Of course, in Medicare and Medicaid, we're putting guidance out about codes for coverage, et cetera, to make sure -- we'll keep working to make sure access to diagnostic -- and, certainly, if we ever, God willing, get to therapeutics, vaccines that the access is affordable and out of pockets are affordable related to that.

Thank you.

END

2:54 P.M. EST

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Subject:	Summary: Attendee at the Conservative Political Action Conference (CPAC) is confirmed positive COVID-19 case
Date:	2020/03/08 00:36:15
Priority:	Normal
Type:	Note

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Good morning Dr. Kadlec,

BLUF: Maryland Governor's Office reported, via press release, that an attendee at the Conservative Political Action Conference (CPAC) 2020 was a presumptive positive COVID-19 case.

- The individual attended CPAC between 27Feb-01Mar20 in National Harbor, MD.
- Additional demographic on the individual is not available at this time.
- The individual is a New Jersey resident.
- The individual is under care of New Jersey medical professionals and is under quarantine.
- New Jersey Department of Health reports four presumptive positive in the State.
- Open source media reports that both POTUS and VPOTUS were in attendance at CPAC but they did not come into contact with the individual.
- Maryland Governor's Office notified White House and HHS.
- CDC, New Jersey Department of Health, and Maryland Department of Health are in coordination on the matter.

*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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HHS Executive Summary: Sunday, 08Mar20

1. HHS

Today's Noteworthy Topics:

COVID-19 (Novel Coronavirus)

Maryland Governor's Office reported, via press release, that an attendee at the Conservative Political Action Conference (CPAC) 2020 was a presumptive positive COVID-19 case. Virginia state officials report a U.S. Marine at Ft. Belvoir has the first presumptive positive case of COVID-19 in the state. Virginia officials say the risk of COVID-19 is still low in the state.

Wildfire, Beaver, OK

FEMA reports mandatory and voluntary evacuations in effect for over 3,000 people in Beaver county, OK for a wild fire that began 07Mar20. Beaver County officials issued an evacuation order for south and southwest Beaver, where the wildfire is threatening 714 homes, businesses, buildings, infrastructure, utilities, and equipment on state and private land. According to Oklahoma Forestry Services officials, containment currently stands at 10% with very challenging conditions. Shelter numbers are unknown at this time. No fatalities and one injury reported at this time. Fire Management Assistance Grant (FMAG) was approved on 07Mar20.

Daily Operational Schedule: NSTR

Public Health Emergency of National Significance:

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

HHS Response Status Summary:

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

Emergency Support Function (ESF) Activation:

ESF – 8: Not Activated
 ESF – 6: Not Activated

Recovery Support Function (RSF) Activation:

H&SS RSF: Activated Region II (2017 Irma/Maria, Puerto Rico projected end date of 19Mar20). Activated Region IX (2018 California Wildfires projected end date of 31Mar20).

HHS Deployments: (Total = 790)

ASPR: 466 – (10) 2020 Earthquake Puerto Rico, (441) COVID-19, (4) Irma, (2) Irma/Maria Recovery, (2) FY Funded Training Q1, (3) FY Non-Funded Training Q1, (2) FY Non-Funded Training Q2, (1) California Wildfires, (1) California Wildfires Recovery,

CDC: 324 – (1) Puerto Rico, (254) COVID-19, (34) Polio, (35) Ebola

FMS Status:

- • * 32 (250 Bed) FMS sets are deployable
- • * 10 (50 Bed) FMS sets are deployable

New Mission Assignments (MA): NSTR**Active Situations (7):**

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

U.S. International Health Regulation National Focal Point Status: NSTR**2. FEMA:****Interagency Response Status Summary:**

NWC: Monitoring

NRCC: Response Operations Cell (ROC) activated

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

Regional IMATs: Region IV-2, TN

Significant National Weather:

Moderate to locally heavy rain is possible from southern New Mexico into the Central Plains on Sunday as an area of low pressure develops along a cold front east of the Rockies. A Pacific storm system is forecast to bring heavy rain and thunderstorms to Southern California Tuesday. Flooding and mudslides may be possible, especially in vulnerable burn scar areas.

3. OPDIV/STAFFDIV Overnight Reports:

CDC: NSTR

FDA: NSTR

Prepared by:

Secretary's Operations Center

U.S. Department of Health and Human Services (HHS)
Assistant Secretary for Preparedness and Response (ASPR)
200 Independence Ave., S.W.
Washington, D.C. 20201
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The White House

Office of the Vice President

FOR IMMEDIATE RELEASE

March 7, 2020

REMARKS BY VICE PRESIDENT PENCE
IN A CORONAVIRUS BRIEFING WITH
CRUISE LINE EXECUTIVES AND PORT DIRECTORS

Port Everglades Administration Building
Fort Lauderdale, Florida

GOVERNOR DESANTIS: Good afternoon. I want to welcome the Vice President to Florida, down in a part of the state where there's a lot of great stuff going on, in Broward County. I also want to thank the President for all his support, particularly on some of the travel restrictions that I think have made it easier for us to monitor folks who have been traveling, particularly in parts in Asia. And really appreciate the Vice -- this is the second time he's been in Florida just since he's been leading the task force. So we really appreciate his support.

As many of you know, Florida had its first two COVID-19-linked fatalities yesterday. And so we are stressing to folks that if you look at how this virus impacts people, the folks who are elderly and have underlying medical conditions are at much greater risk to have serious complications. So we've been working hard with our hospitals and our nursing homes, assisted-living facilities.

But we've also wanted to spread the message to the people as a whole: Follow the CDC's guidance on this. They recommend for people who are elderly and have these health

conditions -- you know, stay at home, if you need to. Avoid large crowds. Make sure you have, you know, a couple weeks of supplies of medical and food just in case you're in a situation where you need to isolate.

So those are prudent steps that people can take and that will help our efforts here as we work to contain the spread of the virus. But thanks again for coming. We appreciate your leadership.

THE VICE PRESIDENT: Thank you, Governor, and I want to I want to thank you for bringing together leaders in the cruise line industry for an important discussion about how we keep your passengers, your crew, the communities they come from, and our country safe.

I know the President is grateful for the spirit of collaboration represented in this room and I look very much forward to our discussion about how -- how we help you make this industry safer.

Governor, I want to thank you for your leadership. I'm also very grateful for Senator Rick Scott, Senator Marco Rubio, and their swift efforts in passing the more than \$8 billion in funding for America's response to the coronavirus.

Let me also -- let me thank all the public officials who are here as well. And I'm pleased to be joined by the head of CDC, as well as the Acting Secretary of Homeland Security, Chad Wolf.

We're really here to have a very substantive conversation with an industry that has found itself at the center, in so many ways, of America's response to the coronavirus. I'm looking forward to hearing about the industry's recommendations about what more you can do, what more we can do together to protect the American people.

I know it goes without saying: President Trump has no higher priority than the health and safety and wellbeing of the American people. It's the reason why from -- from the first

advent of the coronavirus in America, he -- the President launched a whole-of-government approach.

But as evidenced here today, it's not just the whole-of-government approach, bringing the full resources of the federal government; it's really a whole-of-America approach. And in this last week, in addition to the meeting today here that the President directed me to have with the cruise line industry executives, we've met with leaders of the pharmaceutical industry to talk about the development of therapeutics and a vaccine. We've talked to leaders in the nursing home industry. We've talked to the leaders of commercial apps. And I know I speak for President Trump when I say we couldn't be more grateful with the spirit of cooperation of all the American businesses that we've engaged and their desire to put with the health of America first.

From early on, President Trump took decisive and unprecedented action to respond to the spread of the coronavirus. The President declared a public health emergency. He suspended all travel from China. And we launched quarantine efforts for Americans that would be returning, including Americans returning from a cruise line.

He established travel advisories in parts of Italy and South Korea, and we now are screening 100 percent of all individuals who take direct flights from any airport in Italy or South Korea before they board planes to come to the United States of America.

The President has also directed us and HHS has done yeoman's work expanding testing. Now doctors can prescribe tests to any American regardless of their symptoms. And at the present moment, we've distributed more than 1 million tests. And in cooperation with those same commercial labs that I mentioned, we'll be expanding access to tests in the weeks ahead to every American.

I'm proud to say though -- Governor, as you know, here in Florida: Every state in the country's state lab can now do coronavirus testing.

Now let me just speak to the coronavirus itself. And thanks to the decisive leadership of

President Trump, the strong partnership with state leaders, local health officials, the American people deserve to know that the risk of contracting the coronavirus for the average American remains low.

That being said, we are going to continue to lean into this effort to call on industry, to call on every agency of government to deal with it. The truth is that for the majority of -- or I know the head of CDC is here -- for whatever the number would be, for 96, 97 percent of Americans who even contract the disease, they will be treated, they will have flu-like symptoms, and they'll fully recover.

But, Governor, I want to thank you for your particular emphasis here in Florida and your focus on our seniors because people here in Florida deserve to know that our data shows that seniors with serious underlying health conditions are the most vulnerable to serious medical outcomes.

And so, for anyone within the sound of my voice, if you are yourself a senior citizen with a serious underlying medical condition or if you have a loved one with a serious underlying medical condition, it is just a good time to practice common sense just to protect your health, the health of your family, and the health of the community.

But I'm here today to speak particularly about the unique challenges facing the cruise line industry. And to be here with so many leaders and have an opportunity to speak about how we can work together to make your passengers, your crews, the communities they come from, and our country safer is a great privilege for me.

And, in many ways, Florida is the heart of the cruise line industry. We recognize that. It's a destination not just for Americans, but for people around the world. And I know, to date, Florida's efforts at preparedness on the coronavirus have made a difference.

As we seen in recent weeks, cruise ships have been especially vulnerable to the spread of the coronavirus. Some 49 Americans that we returned home were on the cruise ship the Diamond Princess. The cruise ship the Grand Princess, as you all are aware, is, as we

speaking, moored off the coast of California and has been so since Wednesday night.

We have, I'm pleased to report, working closely with the Governor of California and all of our health officials, developed a plan which is being implemented this weekend to bring the ship into a noncommercial port. All passengers and crew will be tested for the coronavirus and quarantined as appropriate. Those that require additional medical attention will also receive it.

Let me say again: While the risk to the average American of contracting the coronavirus remains low, it is essential that we find ways to mitigate that risk to prevent the spread of the coronavirus. And I'm here today, on behalf of President Trump, to learn ways that this industry -- the cruise line industry -- can work with our health officials at the federal level, here at the state level, with port authorities to keep the passengers, communities, and our country safe and healthy.

But I want to promise you: Under President Trump's leadership, we're going to continue to bring the full resources of the federal government to bear in confronting the spread of the coronavirus. And we look forward to the support and assistance of this industry, in particular, in the days ahead, as we put the health and wellbeing of America first.

So with that, I thank you very much and I look forward to our conversation.

Adam?

MR. GOLDSTEIN: Yes. Adam Goldstein, Chairman of the Cruise Lines International Association.

Mr. Vice President, Acting Secretary Wolf, Governor, Senators, Mayors, other public officials: Thank you very much for the opportunity to meet. Thank you for the President's leadership on this important public issue.

We are here to listen and learn and work with you and your team so we can build on our

proven safety record; leverage the first-rate medical facilities that exist on every cruise ship in the fleet; follow our public health protocols, where we've worked under the guidance of CDC for at least 50 years and where most of the materials that guide us are publicly available -- most if, not all -- on our Cruise Industry Association website.

Given the significance of travel and tourism, it is critical that Americans keep traveling. And yet, we also recognize that this is an unprecedented situation: COVID-19.

Our commitment here today and going forward is to work closely with government and to go above and beyond anything we are currently doing -- to screen even more stringently to prevent those who should not be allowed to board; to monitor, test, and care for those who are on board; and to transition and help pay for any guests or crew to move to locations staffed and equipped to handle COVID-19 cases.

We will work aggressively with government to further develop and strengthen all necessary protocols for prevention, for detection, and for care.

Mr. Vice President, we look forward -- all of us who are here today -- to having the meaningful discussion that you reflected on. Thank you for this opportunity.

THE VICE PRESIDENT: Thank you, Adam.

END

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FOR IMMEDIATE RELEASE

Sunday, March 8, 2020

Notification – HHS and State of California to Support Passengers On The Grand Princess Cruise Ship

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The Department of State is working closely with the home countries of several hundred passengers to arrange for repatriation to their countries.

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Date:	2020/03/08 09:06:44
Priority:	Normal
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Subject: Notification – HHS and State of California to Support Passengers On The Grand Princess Cruise Ship
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U.S. Department of Health and
Human Services

News Release

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www.hhs.gov/news
Twitter [@SpoxHHS](https://twitter.com/SpoxHHS)

FOR IMMEDIATE RELEASE
Sunday, March 8, 2020

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News Release

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Date:	2020/03/08 09:15:19
Priority:	Normal
Type:	Note

Trump's mismanagement helped fuel coronavirus crisis

By Dan Diamond

03/08/2020 09:13 AM EDT

On Friday, as coronavirus infections rapidly multiplied aboard a cruise ship marooned off the coast of California, health department officials and Vice President Mike Pence came up with a plan to evacuate thousands of passengers, avoiding the fate of a similar cruise ship, the Diamond Princess, which became a petri dish of coronavirus infections. Quickly removing passengers was the safest outcome, health officials and Pence reasoned.

But President Donald Trump had a different idea: Leave the infected passengers on board — which would help keep the number of U.S. coronavirus cases as low as possible.

“Do I want to bring all those people off? People would like me to do it,” Trump admitted at a press conference at the CDC later on Friday. “I would rather have them stay on, personally.”

“I don't need to have the numbers double because of one ship that wasn't our fault,” Trump added, saying that he ultimately empowered Pence to decide whether to evacuate the passengers.

For six weeks behind the scenes, and now increasingly in public, Trump has undermined his administration's own efforts to fight the coronavirus outbreak — resisting attempts to plan for worst-case scenarios, overturning a public-health plan upon request from political allies and repeating only the warnings that he chose to hear. Members of Congress have grilled top officials like Health and Human Services Secretary Alex Azar and Centers for Disease Control Director Robert Redfield over the government's biggest mistake: failing to secure enough testing to head off a coronavirus outbreak in the United States. But many current and former Trump administration officials say the true management failure was Trump's.

“It always ladders to the top,” said one person helping advise the administration's response, who noted that Trump's aides discouraged Azar from briefing the president about the coronavirus threat back in January. “Trump's created an atmosphere where the judgment of his staff is that he shouldn't need to know these things.”

Interviews with 13 current and former officials, as well as individuals close to the White House, painted a picture of a president who rewards those underlings who tell him what he wants to hear

while shunning those who deliver bad news. For instance, aides heaped praise on Trump for his efforts to lock down travel from China — appealing to the president’s comfort zone of border security — but failed to convey the importance of doing simultaneous community testing, which could have uncovered a potential U.S. outbreak. Government officials and independent scientists now fear that the coronavirus has been silently spreading in the United States for weeks, as unexplained cases have popped up in more than 25 states.

“It’s a clearly difficult situation when the top wants to hear certain answers,” said one former official who’s briefed the White House. “That can make it difficult for folks to express their true assessment — even the most experienced and independent minds.”

While Trump last week allowed hospitals and labs to start developing their own coronavirus tests, wrongly blaming Obama administration regulations for a delay, the same move could have been made weeks ago had the president and his advisers felt it was necessary, said two officials.

The White House press office declined to comment on the record, referring questions to HHS.

The health department said that Trump had been responsive to the department's concerns and understood the seriousness of the coronavirus threat from the first day he was briefed.

"The President took early and decisive actions like instituting travel restrictions and utilizing the quarantine authority" to protect Americans from the outbreak, an HHS spokesperson said.

HHS also stressed that Azar and Trump had a good working relationship.

"The Secretary always offers the President his honest assessment, and always insists when briefing the President on public health issues that the relevant experts participate," the spokesperson said.

Trump-inspired disorganization plagues early response

As the outbreak has grown, Trump has become attached to the daily count of coronavirus cases and how the United States compares to other nations, reiterating that he wants the U.S. numbers kept as low as possible. Health officials have found explicit ways to oblige him by highlighting the most optimistic outcomes in briefings, and their agencies have tamped down on promised transparency. The CDC has stopped detailing how many people in the country have been tested for the virus, and its online dashboard is running well behind the number of U.S. cases tracked by Johns Hopkins and even lags the European Union’s own estimate of U.S. cases.

After senior CDC official Nancy Messonnier correctly warned on Feb. 25 that a U.S. coronavirus outbreak was inevitable, a statement that spooked the stock market and broke from the president’s own message that the situation was under control, Trump himself grew angry and administration officials discussed muzzling Messonnier for the duration of the coronavirus crisis, said two individuals close to the administration. However, Azar defended her role, and Messonnier ultimately was allowed to continue making public appearances, although her tone

grew less dire in subsequent briefings.

Trump's defenders can point to many coronavirus crises that, so far, have been failures of bureaucracy and disorganization. The president didn't lock out a government scientist from CDC. He didn't know that officials decided to fly back coronavirus-infected Americans aboard planes with hundreds of others who had tested negative, with Trump bursting in anger when he learned the news.

But Trump has added to that disorganization through his own decisions. Rather than empower a sole leader to fight the outbreak, as President Barack Obama did with Ebola in 2014, he set up a system where at least three different people — Azar, Vice President Mike Pence and coronavirus task force coordinator Debbie Birx — can claim responsibility. Three people who have dealt with the task force said it's not clear what Birx's role is, and that coronavirus-related questions sent to her have been rerouted to the vice president's office.

In response, Pence's office said it has positioned Birx as the vice president's "right arm," advising him on the response, while Azar continues to oversee the health department's numerous coronavirus operations.

Trump on Friday night also shook up White House operations, replacing acting Chief of Staff Mick Mulvaney with Rep. Mark Meadows, a longtime ally. The long-expected ouster of Mulvaney was welcomed in corners like the health department, given that Mulvaney had been one of Azar's top critics. But the abrupt staff shuffle in the middle of the coronavirus outbreak injects further uncertainty into the government's response, said a current official and two former officials. It's not yet clear what Mulvaney's departure will mean for his key lieutenants involved in fighting the outbreak, like Domestic Policy Council chief Joe Grogan, for instance.

"Every office has office politics — even the Oval Office," said one individual. "You'd hope we could wait to work it out until after a public health emergency."

Health officials compete for Trump's approval

The pressure to earn Trump's approval can be a distraction at best and an obsession at worst: Azar, having just survived a bruising clash with a deputy and sensing that his job was on the line, spent part of January making appearances on conservative TV outlets and taking other steps to shore up his anti-abortion bona fides and win approval from the president, even as the global coronavirus outbreak grew stronger.

"We have in President Trump the greatest protector of religious liberty who has ever sat in the Oval Office," Azar said on Fox News on Jan. 16, hours after working to rally global health leaders to fight the United Nations' stance on abortion rights. Trump also had lashed out at Azar over bad health-care polling that day.

Around the same time, Azar had concluded that the new coronavirus posed a public health risk and tried to share an urgent message with the president: The potential outbreak could leave tens

of thousands of Americans sickened and many dead.

But Trump's aides mocked and belittled Azar as alarmist, as he warned the president of a major threat to public health and his own economic agenda, said three people briefed on the conversations. Some officials argued that the virus would be no worse than the flu.

Azar, meanwhile, had his own worries: A clash with Medicare chief Seema Verma had weakened his standing in the White House, which in December had considered replacements for both Azar and Verma.

"Because he feels pretty insecure, about the feuds within his department and the desire to please the president, I don't know if he was in the position to deliver the message that the president didn't want to hear," said one former official who's worked with Azar.

The jockeying for Trump's favor was part of the cause of Azar's destructive feud with Verma, as the two tried to box each other out of events touting Trump initiatives. Now, officials including Azar, Verma and other senior leaders are forced to spend time shoring up their positions with the president and his deputies at a moment when they should be focused on a shared goal: stopping a potential pandemic.

"The boss has made it clear, he likes to see his people fight, and he wants the news to be good," said one adviser to a senior health official involved in the coronavirus response. "This is the world he's made."

President swayed by flattery, personal appeals

Trump's unpredictable demands and attention to public statements — and his own susceptibility to flattery — have created an administration where top officials feel constantly at siege, worried that the next presidential tweet will decide their professional future, and panicked that they need to regularly impress him.

The most obvious practitioner of this strategy is Azar, who became Trump's second health secretary after the first, Tom Price, failed to bond with Trump and was ousted over a charter-jet scandal. Azar decided early in his tenure to have "zero daylight" with the president, said three individuals close to him, and the health secretary routinely fawns over the president in his TV appearances on Fox News. "No other president has had the guts, the courage to take on these special interests," Azar told Fox News host Tucker Carlson in December after Trump pushed new price transparency on the health care industry.

Azar's team also has insisted upon using background photos for his Twitter account that always show him with the president — sometimes silently standing behind Trump while he speaks. Azar is alone among Cabinet members in this practice; secretaries like HUD's Ben Carson, Transportation's Elaine Chao and Treasury's Steven Mnuchin opted for bland Twitter backgrounds that show their headquarters.

"The Secretary respects the President and values their strong relationship," said an HHS

spokesperson, when asked about Azar's approach to working with Trump and use of Twitter photos.

Other health officials have modeled similar behavior as Azar. Asked by Trump if he wanted to make a "little statement" on Friday, CDC Director Redfield responded by praising the president's "decisive leadership" and visit to CDC headquarters amid the outbreak. "I think that's the most important thing I want to say," Redfield said.

At least one health official has offered a more subtle reminder of her loyalties. Verma wore an Ivanka Trump-brand pendant to some meetings and events with the president, before it was stolen in 2018.

Health officials also have to guard their words and predictions, worried that the president will fixate on the wrong data point or blurt out damaging information in public. Trump on Friday told reporters that he'd initially scrapped a trip to the CDC because of a possible coronavirus case at the agency. The announcement came as a surprise to CDC staff, including those preparing for Trump's visit, because they hadn't been briefed on the potential coronavirus case, POLITICO first reported.

Meanwhile, Trump's political allies have tried to circumvent the policy process, causing further headaches for the overwhelmed health department. Alabama Republicans prevailed upon Trump to scrap an HHS contingency plan to potentially quarantine some coronavirus-infected Americans at a facility in their state last month.

"I just got off the phone with the President," Sen. Richard Shelby tweeted on Feb. 23. "He told me that his administration will not be sending any victims of the Coronavirus from the Diamond Princess cruise ship to Anniston, Alabama."

But Democrats in a California city facing a similar situation failed to get a similar guarantee, leading them to file a lawsuit that accused the administration of political favoritism.

"California must not have the pull to get taken off the list," attorney Jennifer Keller, representing Costa Mesa, Calif., reportedly said during a court hearing last month. "Alabama does." A federal judge later halted plans to transfer coronavirus-stricken patients to a facility in the city.

Meanwhile, the president has allowed feuds to fester and spill into public view. Azar, for instance, has battled with White House officials and Verma for months over policies, personnel and even seats aboard the presidential airplane. Those fights have been reignited amid the coronavirus crisis, when Azar clashed with longtime rivals like Grogan over funding the response and whether enough coronavirus tests were being performed.

They've also cast a long shadow over strategy, like Azar's decision not to push for Verma to be added to the coronavirus task force that he oversaw for nearly a month. Verma instead was added to the task force on March 2, several days after Pence took over leading the effort. While Azar said he asked for Verma to join the task force, and an HHS spokesperson pointed to the secretary's public statement, two people with knowledge of task force operations said that the White House officials had raised questions about her omission.

Officials call the original decision to exclude Verma from the task force short-sighted at best, given the virus' potential threat to the elderly patients covered by the Medicare program and residents living in nursing homes that are regulated by Verma's agency.

With Trump unwilling — or unable — to put a stop to the health department's fights, they've occupied and gripped Washington during relative peacetime. When at war against a potential pandemic, there's no room for these distractions, officials say.

“If this sort of dysfunction exists as part of the everyday operations — then, yes, during a true crisis the problems are magnified and exacerbated,” said a former Trump HHS official. “And with extremely detrimental consequences.”

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Subject:	Trump's mismanagement helped fuel coronavirus crisis
Date:	2020/03/08 09:16:06
Priority:	Normal
Type:	Note

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By Dan Diamond

03/08/2020 09:13 AM EDT

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Trump-inspired disorganization plagues early response

As the outbreak has grown, Trump has become attached to the daily count of coronavirus cases and how the United States compares to other nations, reiterating that he wants the U.S. numbers kept as low as possible. Health officials have found explicit ways to oblige him by highlighting the most optimistic outcomes in briefings, and their agencies have tamped down on promised transparency. The CDC has stopped detailing how many people in the country have been tested for the virus, and its online dashboard is running well behind the number of U.S. cases tracked by Johns Hopkins and even lags the European Union’s own estimate of U.S. cases.

After senior CDC official Nancy Messonnier correctly warned on Feb. 25 that a U.S. coronavirus outbreak was inevitable, a statement that spooked the stock market and broke from the president’s own message that the situation was under control, Trump himself grew angry and administration officials discussed muzzling Messonnier for the duration of the coronavirus crisis, said two individuals close to the administration. However, Azar defended her role, and Messonnier ultimately was allowed to continue making public appearances, although her tone

grew less dire in subsequent briefings.

Trump's defenders can point to many coronavirus crises that, so far, have been failures of bureaucracy and disorganization. The president didn't lock out a government scientist from CDC. He didn't know that officials decided to fly back coronavirus-infected Americans aboard planes with hundreds of others who had tested negative, with Trump bursting in anger when he learned the news.

But Trump has added to that disorganization through his own decisions. Rather than empower a sole leader to fight the outbreak, as President Barack Obama did with Ebola in 2014, he set up a system where at least three different people — Azar, Vice President Mike Pence and coronavirus task force coordinator Debbie Birx — can claim responsibility. Three people who have dealt with the task force said it's not clear what Birx's role is, and that coronavirus-related questions sent to her have been rerouted to the vice president's office.

In response, Pence's office said it has positioned Birx as the vice president's "right arm," advising him on the response, while Azar continues to oversee the health department's numerous coronavirus operations.

Trump on Friday night also shook up White House operations, replacing acting Chief of Staff Mick Mulvaney with Rep. Mark Meadows, a longtime ally. The long-expected ouster of Mulvaney was welcomed in corners like the health department, given that Mulvaney had been one of Azar's top critics. But the abrupt staff shuffle in the middle of the coronavirus outbreak injects further uncertainty into the government's response, said a current official and two former officials. It's not yet clear what Mulvaney's departure will mean for his key lieutenants involved in fighting the outbreak, like Domestic Policy Council chief Joe Grogan, for instance.

"Every office has office politics — even the Oval Office," said one individual. "You'd hope we could wait to work it out until after a public health emergency."

Health officials compete for Trump's approval

The pressure to earn Trump's approval can be a distraction at best and an obsession at worst: Azar, having just survived a bruising clash with a deputy and sensing that his job was on the line, spent part of January making appearances on conservative TV outlets and taking other steps to shore up his anti-abortion bona fides and win approval from the president, even as the global coronavirus outbreak grew stronger.

"We have in President Trump the greatest protector of religious liberty who has ever sat in the Oval Office," Azar said on Fox News on Jan. 16, hours after working to rally global health leaders to fight the United Nations' stance on abortion rights. Trump also had lashed out at Azar over bad health-care polling that day.

Around the same time, Azar had concluded that the new coronavirus posed a public health risk and tried to share an urgent message with the president: The potential outbreak could leave tens

of thousands of Americans sickened and many dead.

But Trump's aides mocked and belittled Azar as alarmist, as he warned the president of a major threat to public health and his own economic agenda, said three people briefed on the conversations. Some officials argued that the virus would be no worse than the flu.

Azar, meanwhile, had his own worries: A clash with Medicare chief Seema Verma had weakened his standing in the White House, which in December had considered replacements for both Azar and Verma.

"Because he feels pretty insecure, about the feuds within his department and the desire to please the president, I don't know if he was in the position to deliver the message that the president didn't want to hear," said one former official who's worked with Azar.

The jockeying for Trump's favor was part of the cause of Azar's destructive feud with Verma, as the two tried to box each other out of events touting Trump initiatives. Now, officials including Azar, Verma and other senior leaders are forced to spend time shoring up their positions with the president and his deputies at a moment when they should be focused on a shared goal: stopping a potential pandemic.

"The boss has made it clear, he likes to see his people fight, and he wants the news to be good," said one adviser to a senior health official involved in the coronavirus response. "This is the world he's made."

President swayed by flattery, personal appeals

Trump's unpredictable demands and attention to public statements — and his own susceptibility to flattery — have created an administration where top officials feel constantly at siege, worried that the next presidential tweet will decide their professional future, and panicked that they need to regularly impress him.

The most obvious practitioner of this strategy is Azar, who became Trump's second health secretary after the first, Tom Price, failed to bond with Trump and was ousted over a charter-jet scandal. Azar decided early in his tenure to have "zero daylight" with the president, said three individuals close to him, and the health secretary routinely fawns over the president in his TV appearances on Fox News. "No other president has had the guts, the courage to take on these special interests," Azar told Fox News host Tucker Carlson in December after Trump pushed new price transparency on the health care industry.

Azar's team also has insisted upon using background photos for his Twitter account that always show him with the president — sometimes silently standing behind Trump while he speaks. Azar is alone among Cabinet members in this practice; secretaries like HUD's Ben Carson, Transportation's Elaine Chao and Treasury's Steven Mnuchin opted for bland Twitter backgrounds that show their headquarters.

"The Secretary respects the President and values their strong relationship," said an HHS

spokesperson, when asked about Azar's approach to working with Trump and use of Twitter photos.

Other health officials have modeled similar behavior as Azar. Asked by Trump if he wanted to make a "little statement" on Friday, CDC Director Redfield responded by praising the president's "decisive leadership" and visit to CDC headquarters amid the outbreak. "I think that's the most important thing I want to say," Redfield said.

At least one health official has offered a more subtle reminder of her loyalties. Verma wore an Ivanka Trump-brand pendant to some meetings and events with the president, before it was stolen in 2018.

Health officials also have to guard their words and predictions, worried that the president will fixate on the wrong data point or blurt out damaging information in public. Trump on Friday told reporters that he'd initially scrapped a trip to the CDC because of a possible coronavirus case at the agency. The announcement came as a surprise to CDC staff, including those preparing for Trump's visit, because they hadn't been briefed on the potential coronavirus case, POLITICO first reported.

Meanwhile, Trump's political allies have tried to circumvent the policy process, causing further headaches for the overwhelmed health department. Alabama Republicans prevailed upon Trump to scrap an HHS contingency plan to potentially quarantine some coronavirus-infected Americans at a facility in their state last month.

"I just got off the phone with the President," Sen. Richard Shelby tweeted on Feb. 23. "He told me that his administration will not be sending any victims of the Coronavirus from the Diamond Princess cruise ship to Anniston, Alabama."

But Democrats in a California city facing a similar situation failed to get a similar guarantee, leading them to file a lawsuit that accused the administration of political favoritism.

"California must not have the pull to get taken off the list," attorney Jennifer Keller, representing Costa Mesa, Calif., reportedly said during a court hearing last month. "Alabama does." A federal judge later halted plans to transfer coronavirus-stricken patients to a facility in the city.

Meanwhile, the president has allowed feuds to fester and spill into public view. Azar, for instance, has battled with White House officials and Verma for months over policies, personnel and even seats aboard the presidential airplane. Those fights have been reignited amid the coronavirus crisis, when Azar clashed with longtime rivals like Grogan over funding the response and whether enough coronavirus tests were being performed.

They've also cast a long shadow over strategy, like Azar's decision not to push for Verma to be added to the coronavirus task force that he oversaw for nearly a month. Verma instead was added to the task force on March 2, several days after Pence took over leading the effort. While Azar said he asked for Verma to join the task force, and an HHS spokesperson pointed to the secretary's public statement, two people with knowledge of task force operations said that the White House officials had raised questions about her omission.

Officials call the original decision to exclude Verma from the task force short-sighted at best, given the virus' potential threat to the elderly patients covered by the Medicare program and residents living in nursing homes that are regulated by Verma's agency.

With Trump unwilling — or unable — to put a stop to the health department's fights, they've occupied and gripped Washington during relative peacetime. When at war against a potential pandemic, there's no room for these distractions, officials say.

“If this sort of dysfunction exists as part of the everyday operations — then, yes, during a true crisis the problems are magnified and exacerbated,” said a former Trump HHS official. “And with extremely detrimental consequences.”

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Subject:	RE: Healthcare IPC mask vs respirator Decision Memo 2020-03-07_ms_skp
Date:	2020/03/08 09:55:16
Priority:	Normal
Type:	Note

Excellent

Brett P. Giroir, MD

ADM, US Public Health Service
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200 Independence Avenue, SW
Washington, DC 20201
Office Phone: 202-690-7694

From: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Sent: Sunday, March 8, 2020 9:55 AM
To: Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>
Cc: Moreno, Rafael (OS/ASPR) <Rafael.Moreno@hhs.gov>; Strategic COVID-19 Tracker Team <covid19stt@hhs.gov>; Yeskey, Kevin (OS/ASPR/IO) <Kevin.Yeskey@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <dbj0@cdc.gov>; Cardo, Denise M. MD (CDC/DDID/NCEZID/DHQP) <dbc0@cdc.gov>; Berger, Sherri (CDC/OCOO/OD) <sob8@cdc.gov>
Subject: RE: Healthcare IPC mask vs respirator Decision Memo 2020-03-07_ms_skp

Brett if not one from ASPR cleared I clear now. Bob

From: Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>
Sent: Sunday, March 8, 2020 9:49 AM
To: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Cc: Moreno, Rafael (OS/ASPR) <Rafael.Moreno@hhs.gov>; Strategic COVID-19 Tracker Team <covid19stt@hhs.gov>; Yeskey, Kevin (OS/ASPR/IO) <Kevin.Yeskey@hhs.gov>; Shuy, Bryan (OS/ASPR/IO)

<Bryan.Shuy@hhs.gov>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <dbj0@cdc.gov>; Cardo, Denise M. MD (CDC/DDID/NCEZID/DHQP) <dbc0@cdc.gov>; Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Berger, Sherri (CDC/OCOO/OD) <sob8@cdc.gov>

Subject: RE: Healthcare IPC mask vs respirator Decision Memo 2020-03-07_ms_skp

Importance: High

Team,

(b)(5)

BG

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From: Giroir, Brett (HHS/OASH)

Sent: Saturday, March 7, 2020 8:27 AM

To: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>

Cc: Rafael Moreno (OS/ASPR) (Rafael.Moreno@hhs.gov) <Rafael.Moreno@hhs.gov>; Strategic COVID-19 Tracker Team (covid19stt@hhs.gov) <covid19stt@hhs.gov>; Yeskey, Kevin (OS/ASPR/IO)

<Kevin.Yeskey@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Jernigan, Daniel B.

(CDC/DDID/NCIRD/ID) <dbj0@cdc.gov>; Brett Giroir (HHS/OASH) (Brett.Giroir@hhs.gov)

<Brett.Giroir@hhs.gov>; Cardo, Denise M. MD (CDC/DDID/NCEZID/DHQP) <dbc0@cdc.gov>

Subject: FW: Healthcare IPC mask vs respirator Decision Memo 2020-03-07_ms_skp

Importance: High

Bob,

(b)(5)

(b)(5)

Please let me know if you have any questions.

V/r
BG

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From: Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <dbj0@cdc.gov>
Sent: Friday, March 6, 2020 4:46 PM
To: Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>
Cc: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) <vig8@cdc.gov>; Bell, Michael MD (CDC/DDID/NCEZID/DHQP) <zzb8@cdc.gov>
Subject: Healthcare IPC mask vs respirator Decision Memo 2020-03-07_ms_skp

Adm Giroir:

Attached is the decision brief on the move from (b)(5) We can discuss later when there is a call.

Dan.

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Subject: FW: Top health official to older Americans: 'Don't get on a cruise ship'

From: POLITICO Pro Health Care
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To: Broido, Tara (HHS/OASH)
Subject: Top health official to older Americans: 'Don't get on a cruise ship'

Top health official to older Americans: 'Don't get on a cruise ship'

By Victoria Guida

03/08/2020 10:04 AM EDT

A top U.S. health official on Sunday warned Americans who are elderly or have who underlying health conditions not to get on a cruise ship as the number of documented coronavirus cases continues to rise within the United States and globally.

“Something that’s important, that I hope the American people appreciate is that the risk of getting into trouble with this infection, namely if you are infected, is overwhelmingly weighted toward people with underlying conditions and the elderly,” said Anthony Fauci, the director of the National Institute of Allergy and Infectious Diseases, on NBC’s “Meet the Press.”

“If you're a person with an underlying condition and you are particularly an elderly person with an underlying condition, you need to think twice about getting on a plane, on a long trip,” he

said. “And not only think twice, just don't get on a cruise ship.”

Fauci said health officials should be able to “get a better handle” on the number of the people who have contracted the coronavirus now that testing is more widely available. But he said people “need to seriously look at anything that's a large gathering.”

“You have to realistically be concerned about community spread,” he said, referring to people who get sick from contact with other sick people in their community.

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