



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

May 31, 2022

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

Dear Mr. Evers:

This letter is the thirteenth 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. Epidemie~~

~~ix. Pandemie~~

~~x. Outbreak~~

~~xi. "Public Health Emergency"~~

-

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

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

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

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

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

Column A	Column B
---------------------	---------------------

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

~~viii. Isolation~~

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

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

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

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

~~xiii. Containment~~

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

- i. Disease
- ii. Virus

The Department processed **401 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 **208 pages** to you in their entirety and I am further releasing **49 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 **144 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. I have considered the foreseeable harm standard when reviewing these records and applying the (b)(5) exemptions.

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:	<Jerome.Adams@hhs.gov>
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.p (FYDIBOHF23SPDLT)/cn=Recipients/cn=603e84a0e3744a5d8dcdbd759f5dcad91-Schwartz, E>
Subject:	Re: SubTaskForce Call Notes_Mar10
Date:	2020/03/10 14:03:20
Priority:	Normal
Type:	Note

Thanks!

VADM Jerome Adams
20th US Surgeon General

On Mar 10, 2020, at 9:46 AM, Schwartz, Erica (HHS/OASH) <Erica.Schwartz@hhs.gov>wrote:

SubTask Force Call Notes, Tuesday, March 10, 2020

Amb Birx thanked everyone for their efforts

Cruise Ship Updates

ASPR, Dr. Kadlec SITREP on Grand Princess

- Yesterday - disembarked 377
 - 149 Californians
 - 26 sick individuals
 - Canadians (213) - returned to country at 0400EST
- Initial disembarkation was slow due to trying to get sick individuals off the ship [it's a balance between speed and safety]
- Today – will disembark the rest of the CA personnel who will go to Travis and Miramar
 - UK & Euros will go off today (113);
 - Will be flown back to UK; Flight will be an evening flight (DOS is arranging this);
 - They may get off before the rest of the CA
- DoD is working with ASPR to ensure installations are ready to receive

COVID-19 State Reporting

- They want to know if the state kits are being utilized
- # of tests being performed at public health labs – on CDC website
- Hx surveillance (10 sites) – single patient, multiple tests
- Enhanced ILI – outpatient rates
- Commercial labs (large) and public health labs
- As long as the lab put in a unique identifier they can determine if multiple specimens are associated with the same patient

(b)(5)

<image001.jpg>

Travel Advisory

- DOS will raise their advisory to Level IV for Italy
- Red zone / protective zone – Italian term
- Yesterday afternoon the TF recommended a joint CDC/DoS in the Schengen zone (26 countries) – level III
 - COA 1 - Laser focus to Italy
 - COA 2 - Broader for whole euro zone
 - COA 3 - Global approach (not country by country) – this is not being recommended
- Last 7 days – 60,000 arrivals from the Schengen zone per day / 9000 cases / 252 deaths [this is the equivalent of 10 or 11 cruise ships per day]
- The 26 Schengen countries are: [Austria](#), [Belgium](#), [Czech Republic](#), [Denmark](#), [Estonia](#), [Finland](#), [France](#), [Germany](#), [Greece](#), [Hungary](#), [Iceland](#), [Italy](#), [Latvia](#), [Liechtenstein](#), [Lithuania](#), [Luxembourg](#), [Malta](#), [Netherlands](#), [Norway](#), [Poland](#), [Portugal](#), [Slovakia](#), [Slovenia](#), [Spain](#), [Sweden](#), and [Switzerland](#).
- Eurozone is different from the Schengen zone
- Major source of importation is cruise ships and passengers arriving from impacted countries
- A Travel Advisory of III from CDC drives the 14 days of quarantine
- As the community gets multi-gen community spread, it becomes very difficult to do contact tracing to the source of introduction

(b)(5)

Florida Airline Cruise Advisory

- Fla took recommendations from the CDC regarding the 14-day quarantine and tried to turn it to a mandatory quarantine; Fla will walk this back and turn it to a recommendation to be c/w CDC guidance.
- DOT wants clarification that this does not apply to the crew of aircraft – so planes can continue to fly; CDC has guidance on this.
- This issue has been resolved.

Federal workforce guidance

- Starting last week they had daily Secretary calls
- 5 Agencies have policy updates for key stakeholders
 - USDA – guidance on school lunches
 - DOE – higher education and K-12
 - DOT – aviation, and EMS responses
 - DOL – workforce around OSHA
 - SBA – guidance has announced low interest disaster loans

(b)(5)

(b)(5)

Community Mitigation

- CDC has guidance posted on website; will focus on vulnerable populations
- 4 impacted jurisdictions – they will look at CDC framework; framework for all communities
- Health commissioners met with Dr. Redfield - how can we use these 4 clusters (very different) to become more granular on what each of these jurisdictions are doing and using their best practices

Future issues

(b)(5)

Miscellaneous

- OMB is working to push guidance out to smaller agencies ?

RADM Erica Schwartz, MD, JD, MPH

Deputy Surgeon General
Office of the Surgeon General
United States Public Health Service
U.S. Department of Health and Human Services
200 Independence Ave SW, Suite 701-H
Washington, DC 20201
Office Phone: 202-401-4660
Email: erica.schwartz@hhs.gov

<SubTask Force Call Notes_Mar10.docx>

Sender:	<Jerome.Adams@hhs.gov>
Recipient:	Schwartz, Erica (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=603e84a0e3744a5d8dcdb759f5dcad91-Schwartz, E>
Sent Date:	2020/03/10 14:03:20
Message Flags:	Unsent

From:	DeBord, Kristin (OS/ASPR/SPPR) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D2CCE28859884C1C835A9404885D6534-DEBORD, KRI>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Phillips, Sally (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d6ce8134846423cb83b5b28464edb60-Phillips, S>; Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>; Johnston, Darcie (HHS/IEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f6a8047840ca4406b5ac6bc5cf259937-Johnston, D>
CC:	Cooper, Kevin (OS/ASPR/ORM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3460d98a33e6478a9baf70248f5432bc-Cooper, Kev>; Adams, Steven A. (CDC/SNS/DSNS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f98462fe8d124743a437c7a80b3f60dd-Adams, Stev>; Wolf, Laura (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userb232d38c>; Moudy, Robin (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d421d3e0f6474bc3857583cfc5870d69-Moudy, Robi>; Greene, Jonathan (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1b692a4d6cff4afabbbee99d35336ece-Greene, Jon>
Subject:	SNS PPE Allocation overview and slide
Date:	2020/03/10 14:03:24
Priority:	Normal
Type:	Note

Sir,

Here is a brief description of the policy for allocation and distribution of PPE from the SNS:

(b)(5)

(b)(5)

Also attached is an updated slide.

Please let me know if you have questions.

Thanks,
Kristin

Kristin L DeBord, PhD
Acting Deputy Assistant Secretary
Office of Strategy, Policy, Planning, and Requirements (SPPR)
Office of the Assistant Secretary for Preparedness and Response (ASPR)

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

o. (202) 401-5250 | m. (b)(6)
kristin.debord@hhs.gov | www.phe.gov

Sender:	DeBord, Kristin (OS/ASPR/SPPR) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D2CCE28859884C1C835A9404885D6534-DEBORD, KRI>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Phillips, Sally (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d6ce8134846423cb83b5b28464edb60-Phillips, S>; Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>; Johnston, Darcie (HHS/IEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f6a8047840ca4406b5ac6bc5cf259937-Johnston, D>; Cooper, Kevin (OS/ASPR/ORM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3460d98a33e6478a9baf70248f5432bc-Cooper, Kev>; Adams, Steven A. (CDC/SNS/DSNS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f98462fe8d124743a437c7a80b3f60dd-Adams, Stev>; Wolf, Laura (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userb232d38c>; Moudy, Robin (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d421d3e0f6474bc3857583cfc5870d69-Moudy, Robi>; Greene, Jonathan (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1b692a4d6cff4afabbbea99d35336ece-Greene, Jon>
Sent Date:	2020/03/10 14:03:23
Delivered Date:	2020/03/10 14:03:24

From:	Clark Tibbs PhageVax-VHO <PhageVax@roadrunner.com>
To:	Clark Tibbs PhageVax-VHO <PhageVax@roadrunner.com>
Subject:	TO ALL 3-10-20 1pm News Alert: N.Y. governor orders coronavirus containment zone in New Rochelle, closing schools, businesses; National Guard to deliver food house rbl b
Date:	2020/03/10 14:23:30
Priority:	Normal
Type:	Note

.... *this is called leadership*

-

..... 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]

-

.... *we should follow what China & Italy have done.*

-

..... *I heard **Dead** (daily count) in Italy ... Yesterday: **150** Today: **630***

From: The Washington Post [mailto:email@washingtonpost.com]

Sent: Tuesday, March 10, 2020 1:10 PM

To: director@ee.net

Subject: News Alert: N.Y. governor orders coronavirus containment zone in New Rochelle, closing schools, businesses; National Guard to deliver food





N.Y. governor orders coronavirus containment zone in New Rochelle, closing schools, businesses; National Guard to deliver food

Gov. Andrew M. Cuomo (D) said schools, places of worship and other gathering areas within one mile of the outbreak epicenter in New Rochelle will close their doors for 14 days, and National Guard troops will help deliver food and disinfect common areas inside the zone.

[Read more »](#)



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Clark Tibbs, CEO

PhageVax, Inc. <https://protect2.fireeye.com/url?k=94afd1ff-c8fad8ec-94afe0c0-0cc47adb5650-dcdd34dabb75429f&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:	2020/03/10 14:22:13
Delivered Date:	2020/03/10 14:23:30
Message Flags:	Unread NotifyRead

From:	Robert Rutkowski <(b)(6)>@att.net>
To:	<cdc.washington@cdc.gov>; <robertredfield@cdc.gov>
CC:	HHS Secretary (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5e3fce8f00194d8d94fc91094888d811-HHS Secreta>; Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Protecting Civil Liberties During a Public Health Crisis
Date:	2020/03/10 16:37:36
Priority:	Normal
Type:	Note

Robert R. Redfield, Director
 CDC
 1600 Clifton Road
 Atlanta, GA 30329-4027
 Email: cdc.washington@cdc.gov, robertredfield@cdc.gov
 Phone: (202) 245-0600
 Fax: (202) 245-0602 or (202) 245-0599

Re: Protecting Civil Liberties During a Public Health Crisis

Dear Director:

Across the world, public health authorities are working to contain the spread of COVID-19 (Coronavirus Disease 2019). In pursuit of this urgent and necessary task, many government agencies are collecting and analyzing personal information about large numbers of identifiable people, including their health, travel, and personal relationships. As our society struggles with how best to minimize the spread of this disease, we must carefully consider the way that “big data” containment tools impact our digital liberties.

Special efforts by public health agencies to combat the spread of COVID-19 are warranted. In the digital world as in the physical world, public policy must reflect a balance between collective good and civil liberties in order to protect the health and safety of our society from communicable disease outbreaks. It is important, however, that any extraordinary measures used to manage a specific crisis must not become permanent fixtures in the landscape of government intrusions into daily life. There is historical precedent for life-saving programs such as these, and their intrusions on digital liberties, to outlive their urgency.

Thus, any data collection and digital monitoring of potential carriers of COVID-19 should take into consideration and commit to these principles:

Privacy intrusions must be necessary and proportionate. A program that collects, en masse, identifiable information about people must be scientifically justified and deemed necessary by public health experts for the purpose of containment. And that data processing must be proportionate to the need. For example, maintenance of 10 years of travel history of all people would not be proportionate to the need to contain a disease like COVID-19, which has a two-week incubation period.

Data collection based on science, not bias. Given the global scope of communicable diseases, there is historical precedent for improper government containment efforts driven by bias based on nationality, ethnicity, religion, and race—rather than facts about a particular individual’s actual likelihood of contracting the virus, such as their travel history or contact with potentially infected people. Today, we must ensure that any automated data systems used to contain COVID-19 do

not erroneously identify members of specific demographic groups as particularly susceptible to infection.

Expiration. As in other major emergencies in the past, there is a hazard that the data surveillance infrastructure we build to contain COVID-19 may long outlive the crisis it was intended to address. The government and its corporate cooperators must roll back any invasive programs created in the name of public health after crisis has been contained.

Transparency. Any government use of "big data" to track virus spread must be clearly and quickly explained to the public. This includes publication of detailed information about the information being gathered, the retention period for the information, the tools used to process that information, the ways these tools guide public health decisions, and whether these tools have had any positive or negative outcomes.

Due Process. If the government seeks to limit a person's rights based on this "big data" surveillance (for example, to quarantine them based on the system's conclusions about their relationships or travel), then the person must have the opportunity to timely and fairly challenge these conclusions and limits.

In light of these principles, One is troubled by reports about how the Chinese government is using "big data" to contain COVID-19. Reportedly, that government is requiring its citizens to download software to their phones, and then use their phones to scan QR codes when they arrive at checkpoints for entry to public spaces (e.g., trains and malls). This software assigns each citizen a color code (i.e., green, yellow, or red) to indicate their health status. The software dictates whether each citizen should be quarantined, and whether they may enter public spaces. The software also sends information to the local police. The Chinese government says it is only using this system to identify people who may be infected. Citizens report they have been quarantined because this tracking system identified contact between them and an infected person.

There are also questions about a new rule from CDC. It requires airline companies to collect the name and contact information of all passengers and crew arriving in the United States on international flights, and to transmit this information to the CDC within 24 hours of an order to do so. The CDC intends to use this information for "contact tracing," that is, to rapidly identify people who were in contact with an infected person, so those contacted people can be timely notified, tested, and possibly quarantined. Such data processing may be necessary and proportionate to the public health need.

But we must not lose sight of the great sensitivity of the personal data at issue—this data paints a clear picture of the travel, health, and personal relationships of airline passengers. The CDC should explain what it will do to ensure this sensitive data is used only to contain communicable diseases. For example, what measures will ensure this data is purged when no longer helpful to contact tracing? Also, what safeguards will ensure this newly collected data is not used by police for ordinary crime fighting, or by ICE for immigration enforcement?

Many have long advocated against digital surveillance by government and corporations of our movements, health, and personal relationships, and against big data systems that can turn our lives into open books. Such data processing often invades our privacy, deters our free speech and association, and disparately burdens racial minorities. Some use of big data may now be warranted as public health officials work to contain COVID-19. But it must be medically necessary, as determined by public health experts; any new processing of personal data must be proportionate to the actual need; people must not be scrutinized because of their nationality or other demographic factors; and any new government powers must expire when the disease is contained.

Thank you for considering the foregoing.

Yours sincerely,
Robert E. Rutkowski

cc:
Alex Azar, Secretary of Health and Human Services
Office of the Secretary
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Subject:	Exclusive: U.S. coronavirus testing threatened by shortage of critical lab materials
Date:	2020/03/10 18:46:59
Priority:	Normal
Type:	Note

Exclusive: U.S. coronavirus testing threatened by shortage of critical lab materials

By David Lim, Brianna Ehley

03/10/2020 06:46 PM EDT

A looming shortage in lab materials is threatening to delay coronavirus test results and cause officials to undercount the number of Americans with the virus.

The slow pace of coronavirus testing has created a major gap in the U.S. public health response. The latest problem involves an inability to prepare samples for testing, creating uncertainties in how long it will take to get results.

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“The availability of those reagents is obviously being looked at,” he said, referring to the chemicals used for preparing samples. “I’m confident of the actual test that we have, but as people begin to operationalize the test, they realize there’s other things they need to do the test.”

The coronavirus task force convened by the White House is also aware of the shortages, and one official said members are working on it.

The growing scarcity of these “RNA extraction” kits is the latest trouble for U.S. labs, which have struggled to implement widespread coronavirus testing in the seven weeks since the country diagnosed its first case. Epidemiologists and public health officials say that the delayed rollout, caused in part by a botched CDC test, has masked the scope of the U.S. outbreak and hobbled efforts to limit it.

If enough processing kits aren’t available, the risk that testing will be disrupted is “huge,” said Michael Mina, associate medical director of molecular diagnostics at Brigham and Women's Hospital in Boston.

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“Increased demand for testing has the potential to exhaust supplies needed to perform the test itself,” said Robin Patel, president of the American Society for Microbiology. That would limit the testing capacity of public health, hospital and commercial labs alike, she added.

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Nancy Cook and Dan Goldberg contributed to this report.

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More Redfield.

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6 public schools in New Rochelle 'containment area' to close

By Nick Niedzwiadek

03/10/2020 06:41 PM EDT

ALBANY, N.Y. — Twelve schools in and around New Rochelle are located within the “containment area” that will be imposed starting Thursday and will be shut down, officials confirmed Tuesday.

“We must make these two weeks count instructionally and ensure students are learning and engaged while we deal with this worldwide crisis,” New Rochelle Superintendent Laura Feijoo said in a statement Tuesday.

Gov. Andrew Cuomo announced the containment plan Tuesday morning, which will include schools, houses of worship and other large public gathering spaces, though the full list had not

been finalized. The closures will begin Thursday and last through March 25.

“New Rochelle is a particular problem,” Cuomo told reporters in Albany Tuesday morning. “The numbers have been going up, the numbers continue to go up, the numbers are going up unabated and we do need a special public health strategy for New Rochelle.”

The one-mile radius extends from the Young Israel of New Rochelle temple, and includes parts of the Eastchester and Tuckahoe school districts.

New Rochelle High School, Albert Leonard Middle School and William B. Ward Elementary school will be closed. All three Tuckahoe schools, totaling more than 1,000 students, will also be closed for two weeks and cleaned.

No Eastchester public schools fall in the zone, according to Cuomo’s office. Six other Westchester private schools, three of which are within the radius, will also be closed.

No cases of coronavirus have been reported to date in any of New Rochelle’s public schools. However, 108 of New York’s 173 cases have been in Westchester County, many of which are linked to a New Rochelle attorney who attends the Young Israel temple and was the second diagnosed case in the state.

“It is not Westchester County, it is New Rochelle,” Cuomo said. “When you say Westchester, you might as well say New Rochelle.”

On Monday, Cuomo said health officials were considering temporarily closing the entire school district to curtail the spread of coronavirus.

New Rochelle school officials had been adamant they do not want to close classrooms and disrupt students’ learning unless it was absolutely necessary, especially since there are concerns about their access to food and the internet at home.

Feijoo said the district is providing Chromebooks to middle school and high school students who need them, but cautioned the district “cannot handle this alone.”

“We need State funds and the State’s commitment that food will be made available and delivered to homes where students have been identified as needing this level of support,” she said.

About half of New Rochelle students receive free or reduced price lunch. Cuomo said that New York National Guard troops are being deployed in the area to assist with delivering meals to residents, and the governor’s office promised to ensure that children who receive food assistance will receive aid during the containment period.

Assemblywoman Amy Paulin (D-Scarsdale), who represents the area, said she needed more information about what other parts of the community would be affected by the “containment area.” She could be overheard venting her frustrations on the phone before sitting among the Capitol press corps at the governor’s press conference in Albany.

“I don’t know what this is yet,” Paulin told reporters immediately afterward. “I’m going to need

a lot more detail. I have a lot of questions.”

“It's a big issues and it is important these decisions are made on science,” Senate Education Chairwoman Shelley Mayer (D-Yonkers), whose district includes parts of New Rochelle, said in an interview. “I appreciate the governor's proposal is more modest than before. That being said we’re working closely with the governor’s office, the city and the school district to make this work as swiftly as possible.”

Cuomo said he understands the frustration of local elected officials who are also trying to stay abreast of developments in the evolving situation, but that he is acting in the name of public health and safety.

“This can't be a political decision, this is a public health decision,” he said. “Whether you're president, mayor, governor, let the experts decide and let the science drive the decision. When you politically interfere in science, that's when you tend to make a mistake.”

Three East Ramapo Central School District schools have also been closed after six coronavirus cases were confirmed, three of those patients attended schools in the district.

Rockland County health officials have instructed hundreds of students, teachers and others to quarantine themselves as a precaution.

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Subject: Exclusive: U.S. coronavirus testing threatened by shortage of critical lab materials
Reply-To: "POLITICO subscriptions" <reply-fe971c727160017c75-553241_HTML-911090403-1376319-295562@politicoemail.com>

Exclusive: U.S. coronavirus testing threatened by shortage of critical lab materials

By David Lim, Brianna Ehley

03/10/2020 06:46 PM EDT

A looming shortage in lab materials is threatening to delay coronavirus test results and cause officials to undercount the number of Americans with the virus.

The slow pace of coronavirus testing has created a major gap in the U.S. public health response. The latest problem involves an inability to prepare samples for testing, creating uncertainties in how long it will take to get results.

CDC Director Robert Redfield told POLITICO on Tuesday that he is not confident that U.S. labs have an adequate stock of the supplies used to extract genetic material from any virus in a patient's sample — a critical step in coronavirus testing.

"The availability of those reagents is obviously being looked at," he said, referring to the

chemicals used for preparing samples. “I’m confident of the actual test that we have, but as people begin to operationalize the test, they realize there’s other things they need to do the test.”

The coronavirus task force convened by the White House is also aware of the shortages, and one official said members are working on it.

The growing scarcity of these “RNA extraction” kits is the latest trouble for U.S. labs, which have struggled to implement widespread coronavirus testing in the seven weeks since the country diagnosed its first case. Epidemiologists and public health officials say that the delayed rollout, caused in part by a botched CDC test, has masked the scope of the U.S. outbreak and hobbled efforts to limit it.

If enough processing kits aren’t available, the risk that testing will be disrupted is “huge,” said Michael Mina, associate medical director of molecular diagnostics at Brigham and Women's Hospital in Boston.

“RNA extraction is the first step in being able to perform” a coronavirus test, he said. “If we cannot perform this step, the [coronavirus] test cannot be performed.”

Qiagen, a major supplier of the kits, confirmed that its product is backordered due to “the extraordinary pace” at which the world has increased coronavirus testing over the last few weeks.

Public health labs across the U.S. have tested more than 5,000 people, according to the Trump administration. HHS Secretary Alex Azar told lawmakers on Tuesday that U.S. labs’ capacity could grow to 10,000-20,000 people per day by the end of the week.

“Increased demand for testing has the potential to exhaust supplies needed to perform the test itself,” said Robin Patel, president of the American Society for Microbiology. That would limit the testing capacity of public health, hospital and commercial labs alike, she added.

Complicating the situation, most labs have been running at least two tests per patient — although that could soon change. The [CDC issued interim guidelines on Monday](#) that minimize the number of tests required for a diagnosis. The agency says labs can combine a patient’s nose and throat samples into one test, a move experts say will cut in half the amount of supplies used to test each person.

But Redfield said he doesn’t know how the agency would deal with any scarcity of RNA extraction kits and reagents that arise. “I don’t know the answer to that question,” he said when asked how the CDC would handle such a situation — adding that he is hopeful “there will be mechanisms between multiple manufacturers to correct” it.

Mandy Cohen, North Carolina’s secretary of health, said that a shortage of extraction kits and other chemicals had hampered testing in her state. “Folks were saying, ‘We are sending you the [test] kits,’ and I don’t think they understood at first what exact part of the supply chain we

needed,” she said. “We needed extraction kits.”

An FDA spokesperson said that the agency is contacting labs that are testing for the coronavirus “to understand their supply issues and assist where we can.”

The FDA has also approved a change to the CDC diagnostic test that allows labs to switch from Qiagen’s RNA extraction method to another manufactured by Roche, says Denny Russell, who leads the coronavirus response at Washington state’s public health lab. But getting his lab ready to use the Roche method could take a week in part because technicians will need training to use it.

Commercial labs, which have recently started running coronavirus tests, have not experienced any supply shortages, according to a spokesperson for the American Clinical Laboratory Association.

In the meantime, Qiagen has told customers that it may not be able to fill large standing orders, because it is trying to provide smaller numbers of kits to as many labs as possible, said spokesperson Robert Reitze. The company is ramping up production of RNA extraction kits at manufacturing sites in Hilden, Germany; Barcelona, Spain; and Germantown, Md.

Nancy Cook and Dan Goldberg contributed to this report.

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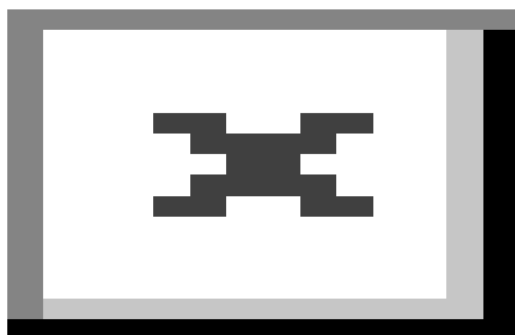


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In other words, the higher the R_0 value of the virus, the more aggressive the containment strategies must be in order to stop its exponential spread.

Current scientific studies estimate the coronavirus R_0 value to be somewhere between 4.5 and 6.6, although these numbers surely vary across the many different strains that have already mutated and spread across the world.

These Suppression Factors Are “Tipping Points” That MUST Be Reached, Or The Exponential Spread Continues

What really shocked me in running these projections is how a very tiny difference in the suppression values can result in long-term differences that describe millions of lives lost or saved.

The suppression percentages described above are “tipping points” after which the virus get largely contained and stops its exponential spread. But merely getting close to that tipping point isn’t enough. You have to meet or exceed those percentages or the virus continues to replicate beyond your control.

If the coronavirus has an R_0 value of 6.0, in other words, the importance of enforcing lockdowns and medical martial law becomes critical. Even a few people breaking quarantine can sustain the exponential spread of the virus.

It's clear that China realized this early on, which is why they resorted to draconian crackdown measures that saw people literally welded into their apartment buildings under armed guard.

Trump Must Now Shut Down All US Air Traffic, Roadways And Cities, Or The Virus Will Continue To Exponentially Spread Across America

The upshot is that until President Trump declares a national emergency and locks down the USA in the same way Italy has just done — a nationwide quarantine of everyone — the virus will continue to exponentially spread across America.

In order to break the exponential cycle of the virus spread, Trump would have to:

- • Block all international flights into the USA from all countries
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These efforts might achieve a 90% suppression factor, which would break the cycle of the coronavirus within 3-4 weeks.

In other words, America would have to endure a month of hell to stop the virus in its tracks.

We know this works from a medical standpoint. The question is at what cost to society and human freedom.

For starters, Americans have basic civil liberties that do not exist in China. Declaring medical martial law in America may not go over very well in terms of compliance among the people.

Secondly, the economic consequences would be catastrophic. Imagine shutting down the entire US economy for a full month. What would that do to the stock market? The GDP? How would Americans survive without paychecks for a month?

But if you don't shut down the country, sooner or later your hospitals are overrun with infections and you end up with a national health crisis that gets even worse than just shutting everything down for a month in the early weeks of the pandemic.

So Far, Trump Has Chosen The “Catastrophic” Track For America, Which Begins With DENIAL And Ends With DISASTER

So far, it seems that Trump has chosen to kick the coronavirus can down the road and wait for this thing to explode into a nationwide health crisis. According to our calculations, if nothing is done to stop the exponential spread of the virus in the USA, the hospitals will be overrun around the end of May.

It also means that Trump can continue to play his “denial” game for about six more weeks, after which the denial gambit collapses into a national crisis and the Trump administration is probably done for.

Put another way, President Trump has perhaps only a few more weeks to save his presidency and save America from an exploding national crisis, and he must take aggressive quarantine / lockdown actions, not just pump more counterfeit money into the stock market. You can’t solve this problem with more Fed pumping. Sooner or later, you have to deal with the actual virus and how to stop it from replicating in the lungs of the American people.

If Trump does nothing, millions will die. Our current projections, now using a 25% social distancing suppression factor, puts the estimated number of deaths in America at 1.1 million by July 4th if Trump does nothing to stop this. This number can be reduced to just 1,322 deaths if Trump takes aggressive action to lock down the USA.

In other words, we can stop this. But decisive, aggressive action must begin very soon, and we must all be willing to live

in isolation for about 30 days to break the cycle of the coronavirus.

So the good news is we have a solution for the coronavirus. The bad news is the solution might crater the US economy and cause unimaginable disruptions nationwide, including shortages of food, medicine, water and so on.

The bad news is that if we aren't willing to go through that hell, a far worse nationwide crisis eventually unfolds due to the laws of mathematics and biology, and the US hospital system turns into a hellzone of mass disease and death, during which the mortality rate for the infection will skyrocket to 10% or more, multiplying the casualties even further.

The even worse news is that Trump currently has us on the "catastrophic" track, which begins with denial and ends with disaster.

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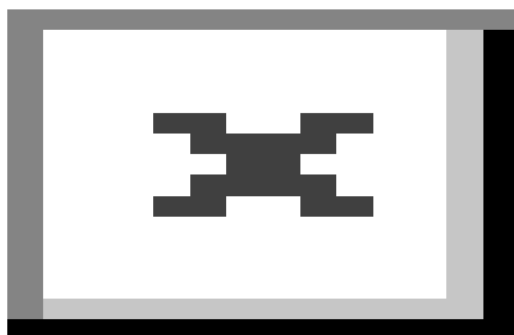


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It also means that Trump can continue to play his “denial” game for about six more weeks, after which the denial gambit collapses into a national crisis and the Trump administration is probably done for.

Put another way, President Trump has perhaps only a few more weeks to save his presidency and save America from an exploding national crisis, and he must take aggressive quarantine / lockdown actions, not just pump more counterfeit money into the stock market. You can’t solve this problem with more Fed pumping. Sooner or later, you have to deal with the actual virus and how to stop it from replicating in the lungs of the American people.

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In other words, we can stop this. But decisive, aggressive action must begin very soon, and we must all be willing to live

in isolation for about 30 days to break the cycle of the coronavirus.

So the good news is we have a solution for the coronavirus. The bad news is the solution might crater the US economy and cause unimaginable disruptions nationwide, including shortages of food, medicine, water and so on.

The bad news is that if we aren't willing to go through that hell, a far worse nationwide crisis eventually unfolds due to the laws of mathematics and biology, and the US hospital system turns into a hellzone of mass disease and death, during which the mortality rate for the infection will skyrocket to 10% or more, multiplying the casualties even further.

The even worse news is that Trump currently has us on the "catastrophic" track, which begins with denial and ends with disaster.

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Sent Date:	2020/03/10 20:10:43
Delivered Date:	2020/03/10 20:11:21

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Subject:	Analysis: Massive Lockdowns, Quarantines Necessary To Stop Spread Of Coronavirus
Date:	2020/03/10 20:11:00
Priority:	Normal
Type:	Note

Analysis: Massive Lockdowns, Quarantines Necessary To Stop Spread Of Coronavirus



Image result for FDA declares it will monitor medical supply shortages due to coronavirus, since almost everything is made in China

In this segment from the Tuesday, March 10, 2020 edition of *Infowars*, guest Mike Adams of *Natural News* joined host Alex Jones to break down his recent article showing the way to stop the exponential spread of the Coronavirus by utilizing societal lockdowns and quarantines.

Click [on the link below to watch the 9-minute report in MP4 format:](https://protect2.fireeye.com/url?k=326803e4-6e3c1a98-326832db-0cc47adc5fa2-4e87d9e83761be7f&u=https://assets.infowarsmedia.com/videos/ebb9deec-82de-466f-b515-cd9704cd8667.mp4)

<https://protect2.fireeye.com/url?k=326803e4-6e3c1a98-326832db-0cc47adc5fa2-4e87d9e83761be7f&u=https://assets.infowarsmedia.com/videos/ebb9deec-82de-466f-b515-cd9704cd8667.mp4>

See [Article Below:](#)

***BREAKING: New Analysis
Reveals President Trump Must
Lock Down The USA Just Like
Italy In Order To Break The
Chain Of Exponential Spread Of
The Coronavirus... All Air Traffic And
Road Traffic Must Be Halted***

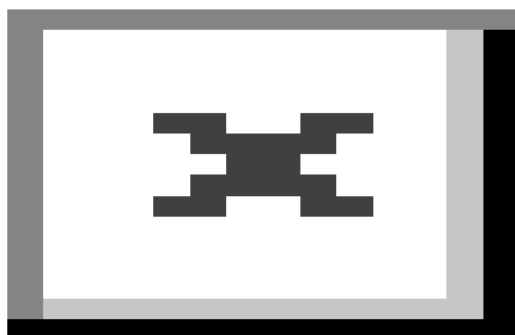


Image result for White House can't do math, promises "one million coronavirus tests" by week's end at 10,000 tests per day

Tuesday, March 10, 2020 by: Mike Adams

(Natural News) Last night, we published a new pandemic projection model with a downloadable spreadsheet so you can run your own scenarios and see all the math and methodology behind the projection. You can download that spreadsheet from this article on Natural News.

That model introduced a new factor called the "social distancing suppression factor" which describes what percentage of infections are prevented due to social distancing: people staying home from work, closing schools, banning air travel, etc.

Using this tool, we've been able to run different scenarios that examine the R_0 values of the virus vs. the social distancing suppression factor required to stop the virus from exponentially exploding across the country. This has revealed some

fascinating data that speaks to the urgent need for the USA to follow Italy with a nationwide quarantine of everyone.

It is the only way this pandemic can be stopped, it turns out.

For background the R_0 value describes how many new people get infected by an infected carrier. Normally the R_0 value would encompass social distancing factors itself (i.e. the R_0 would change as human behavior changes), but we have introduced the social distancing suppression factor as a separate variable in order to independently test the results of quarantines, air traffic lockdowns and so on.

Here's what the projections now show:

- If the coronavirus has an R_0 value of 2.0, social distancing measures must achieve a 48% suppression of new infections to stop the coronavirus from exploding across America.
- If the coronavirus has an R_0 value of 3.0, social distancing measures must achieve a 54% suppression of new infections to stop the coronavirus from exploding across America.
- If the coronavirus has an R_0 value of 4.0, social distancing measures must achieve a 74% suppression of new infections to stop the coronavirus from exploding across America.
- If the coronavirus has an R_0 value of 5.0, social distancing measures must achieve a 79% suppression of new infections to stop the coronavirus from exploding across America.

- If the coronavirus has an R_0 value of 6.0, social distancing measures must achieve a 83% suppression of new infections to stop the coronavirus from exploding across America.

In other words, the higher the R_0 value of the virus, the more aggressive the containment strategies must be in order to stop its exponential spread.

Current scientific studies estimate the coronavirus R_0 value to be somewhere between 4.5 and 6.6, although these numbers surely vary across the many different strains that have already mutated and spread across the world.

These Suppression Factors Are “Tipping Points” That MUST Be Reached, Or The Exponential Spread Continues

What really shocked me in running these projections is how a very tiny difference in the suppression values can result in long-term differences that describe millions of lives lost or saved.

The suppression percentages described above are “tipping points” after which the virus get largely contained and stops its exponential spread. But merely getting close to that tipping point isn’t enough. You have to meet or exceed those percentages or the virus continues to replicate beyond your control.

If the coronavirus has an R_0 value of 6.0, in other words, the importance of enforcing lockdowns and medical martial law becomes critical. Even a few people breaking quarantine can sustain the exponential spread of the virus.

It's clear that China realized this early on, which is why they resorted to draconian crackdown measures that saw people literally welded into their apartment buildings under armed guard.

Trump Must Now Shut Down All US Air Traffic, Roadways And Cities, Or The Virus Will Continue To Exponentially Spread Across America

The upshot is that until President Trump declares a national emergency and locks down the USA in the same way Italy has just done — a nationwide quarantine of everyone — the virus will continue to exponentially spread across America.

In order to break the exponential cycle of the virus spread, Trump would have to:

- • Block all international flights into the USA from all countries
- • Close all borders and stop cross-border traffic
- • Shut down all domestic commercial air travel
- • Order all public schools, universities, government offices and churches to close
- • Cancel all public events, including concerts, conferences, etc.
- • Quarantine all US cities, block all highways in and out
- • Shut down all public transportation, including subways, buses, taxis and rail

- • Enact nationwide medical martial law and prevent people from leaving their homes or gathering in groups of any kind

These efforts might achieve a 90% suppression factor, which would break the cycle of the coronavirus within 3-4 weeks.

In other words, America would have to endure a month of hell to stop the virus in its tracks.

We know this works from a medical standpoint. The question is at what cost to society and human freedom.

For starters, Americans have basic civil liberties that do not exist in China. Declaring medical martial law in America may not go over very well in terms of compliance among the people.

Secondly, the economic consequences would be catastrophic. Imagine shutting down the entire US economy for a full month. What would that do to the stock market? The GDP? How would Americans survive without paychecks for a month?

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Subject:	IOS Nightly Update
Date:	2020/03/10 20:44:54
Priority:	Normal
Type:	Note

Sent to White House (Night Note):

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TIME // Tessa Berenson

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Subject:	IOS Nightly Update
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Priority:	Normal
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Priority:	Normal
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Subject:	RE: 10 MAR 2020 COVID-19 Mission
Date:	2020/03/10 21:16:36
Priority:	Normal
Type:	Note

Thank you
I think I am off calls, so if you want to catch up, let me know

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: Orsega, Susan (OS/OASH) <Susan.Orsega@hhs.gov>
Sent: Tuesday, March 10, 2020 9:16 PM
To: Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Trent-Adams, Sylvia (HHS/OASH) <Sylvia.Trent-Adams@hhs.gov>; Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>; Schwartz, Erica (HHS/OASH) <Erica.Schwartz@hhs.gov>
Cc: Migliaccio-Grabill, Kate (HHS/OASH) <Kate.Migliaccio-Grabill@hhs.gov>; Valentine, Steven (HHS/OASH) <Steven.Valentine@hhs.gov>; Haddad, Carla (HHS/OASH) <Carla.Haddad@hhs.gov>
Subject: 10 MAR 2020 COVID-19 Mission

<< File: COVID-19 Outbreak Mission Update. 10MAR2020 (003).pptx >>
Dear Sirs and Ma'ams

As of 10 March 2020, a total of 826 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

Medical clearance and fit testing scheduled for 07Mar2020 postponed until 13 Mar2020 pending supplies

Regards,

Susan M. Orsega

Rear Admiral, Commissioned Corps Headquarters Director

United States Public Health Service

Office of the Surgeon General /US Department of Health and Human Services

240-453-6080

Email: susan.orsega@hhs.gov

Sender:	Giroir, Brett (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A56FCE4755704C4CA031D621B46FD6F7-GIRORI, BRE>
Recipient:	Orsega, Susan (OS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d8171c34a0cd4581a49f33cb8f60f684-Orsega, Sus>; 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>; Migliaccio-Grabill, Kate (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f902e34652a84a61ac85adaa853d80f6-Migliaccio,>; 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>
Sent Date:	2020/03/10 21:16:35
Delivered Date:	2020/03/10 21:16:36
Message Flags:	Unread

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To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	Press Briefing by Vice President Pence and Members of the Coronavirus Task Force
Date:	2020/03/10 21:18:37
Priority:	Normal
Type:	Note

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The White House

Office of the Vice President

FOR IMMEDIATE RELEASE

March 10, 2020

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

James S. Brady Press Briefing Room

5:43 P.M. EDT

THE VICE PRESIDENT: Good afternoon. We've just completed today's meeting of the White House Coronavirus Task Force and I couldn't be more proud of the efforts of the

men and women standing behind me or all of those standing behind them.

President Trump said from early on that this would be a whole-of-government approach. And today gives evidence of the fact that it is also a whole-of-America approach. We're bringing the full resources of the federal government and the full resources of -- of this great economy and our great business sector to bear in protecting the American people and protecting American families.

A few updates from today: As we continue to expand testing availability across the country -- testing is now available at all state labs. By the end of this week, there will be more than 4 million more tests made available in jurisdictions around the country; 1 million are already in place. And thanks to the good work of our top commercial labs that the President Trump brought together yesterday, LabCorp and Quest are in the process now of distributing and marketing coronavirus tests all across America. And we're working with state local officials to ensure that that happens as rapidly as possible.

But as the testing is expanding, we wanted to make sure the American people knew that testing was available to them and that cost would not be a barrier.

Today, President Trump assembled the top health insurance executives in America. And, as we announced earlier today, all of our major health insurance companies have now joined with Medicare and Medicaid and agreed to waive all co-pays; cover the cost of all treatment for those who contract the coronavirus; they've committed to no surprise billing; and they've committed to encourage telemedicine.

It was a year ago that Medicaid actually expanded to pay for telemedicine. Medicare pays for telemedicine. So now, for seniors who may think that they are either at risk or have contracted the disease, they can get medical advice without having to go to the doctor or go to an emergency room.

I know I speak for President Trump when I say how grateful we are to see our health insurance industry step forward to meet this need so that -- that no American should be

concerned about -- about being able to pay for or afford the cost of a coronavirus test if they deem and their doctor deems it to be appropriate and necessary.

The President also went to Capitol Hill today to meet with members of the United States Senate Republican caucus. There, he talked about an economic package, including a call -- he's calling for payroll tax relief. And I think, most important to the President's heart, we want to make sure that hourly workers -- hardworking, blue-collar Americans that may not have paid family leave today -- that small- and medium-sized businesses in America would be afforded the resources to provide paid leave so that no one would feel that they have to go to work if they might be infected or if they might have been exposed to the coronavirus.

We had a good reception on Capitol Hill. Our legislative teams have fanned out. We're going to be working with Republican and Democrat leadership to move an economic package. Larry Kudlow will be reflecting on that in just a few moments.

We also talked about what are known as N95 masks and we're working -- Senator Deb Fischer and others have important legislation that would extend temporary liability protections so that masks that are made for industrial use could be sold to hospitals to ensure that our healthcare workers are properly protected and outfitted. And we're grateful for growing bipartisan support for that measure, and we're going to be working earnestly with Republicans and Democrats to move a reform that would make more N95 masks available.

I'm also pleased to report that we did receive, this afternoon, a comprehensive proposal from the cruise line industry -- a proposal that includes advanced screening, improving medical services on ships, providing for airlift evacuation and land-based care at the expense of the cruise lines for anyone that might be not only infected with the coronavirus, but with any serious illness. We'll be reviewing that in the next 24 hours. The President's objective is for us to make cruise lines safer, even as we work with the cruise lines to ensure that -- that no one in our particularly vulnerable population is -- is going out on a cruise in the near future.

I'm going to recognize Dr. Fauci to talk about where we are.

And Dr. Birx will give us some research that she's done on the scope. We'll have other updates. But let me say once again: This is a whole-of-government approach and from early on, President Trump has insisted that our -- that our government at the federal level, all of our partners at the state level work in concert to protect the American people.

And, as we stand here today, the risk to the average American of contracting the coronavirus remains low, but we're absolutely determined to give every American the tools and the information that they need to protect themselves, their families, their -- their workplace, their schools. And -- and we're going to work together. We're going to work together to see our way through this. And -- and working with leaders in both parties in Congress, working with -- with leaders at the state level all across this nation, I'm confident we will.

With that, Dr. Tony Fauci for an update on the status.

DR. FAUCI: Thank you very much, Mr. Vice President. Just to give you a very brief sketch of what we do every day: The cases continue to increase globally. We're parti- -- paying particular attention to the cases in Europe in Italy and France, in which we're starting to see that up at the same time as the relative number of new cases come down from China. What we're seeing in Europe is that Europe is in that upslope. So that's something that is expected. That's the way these kinds of outbreaks go. This is not a surprise to anybody if you look at the history of infectious diseases outbreaks.

In the United States, we continue to have new cases. As of this morning, there was 712, I believe, with 27 deaths. Guaranteed, by the time of this evening, that's going to be up and there'll be several more. And tomorrow, there'll be several more.

So we realize that this is something obviously that we've been saying all along that we're taking very seriously. Now, the question is, what are we going to do about that? And there are a number of things that one can do in order to blunt it. If you look at the curves of outbreaks -- you know, they go big peaks and then they come down. What we need to do is

flatten that down. That would have less people infected; that would ultimately have less deaths. You do that by trying to interfere with the natural flow of the outbreak.

So what we're saying today is that although we keep coming in and saying, appropriately, that as a nation, the risk is relatively low, there are parts of the country right now that are having community spread in which the risk there is clearly a bit more than that. And you know the places: you know, Washington State, California, New York, and Florida.

But what I want to talk to you about today, just for a moment or two, is that we would like the country to realize that, as a nation, we can't be doing the kinds of things we were doing a few months ago. That it doesn't matter if you're in a state that has no cases or one case, you have to start taking seriously what you can do now. That if and when the infections will come -- and they will come. Sorry to say, sad to say they will. But when you're dealing with an infectious disease -- you know, we always have that metaphor that people talk about that Wayne Gretzky, you know, he doesn't go where the puck is, he's going where the puck is going to be. Where we want to be: where the infection is going to be, as well as where it is.

So what we have here -- if you could see that here what -- is here is that if you go to [Coronavirus.gov](https://www.coronavirus.gov) -- remember when Dr. Birx, yesterday, mentioned some of the things that we put together? These are really simple: keeping the workplace safe, keeping the home safe, keeping the school safe, and keeping commercial establishments safe. This should be universal for the country. Everyone should be doing that, whether you live in a zone that has community spread or not. When you have community spread, you obviously are going to ratchet up the kinds of mitigations that you have. But at a minimum, this is the minimum that we should be doing. So everybody should say, "All hands on deck. This is what we need to do."

So I'll stop there and later I'll be happy to answer questions.

THE VICE PRESIDENT: Thank you, Dr. Fauci.

Dr. Birx?

DR. BIRX: Thank you, Mr. Vice President, and thank you, Dr. Fauci, for that clarity. We continue to monitor the situation across the country and across the globe. And we are very fortunate -- between Dr. Fauci and I, we have long-term contracts out there in many of these countries that are experiencing current outbreaks.

We continue to review all the scientific literature to look for insights and to really determine who's at the greatest risk. And that's why we've talked to you about people with immunodeficiencies at any age, people with medical conditions, and the elderly, and how important it is all of us to take these precautions in the household to protect others because we have circulating flu and other respiratory diseases at this time.

We all have to act like all of those diseases -- any respiratory disease can be transmitted to others. And as we said yesterday, we're hoping that decreases all the respiratory disease we're experiencing.

Finally, we got new reports out of China, who had nine pregnant women during an acute COVID infection and all nine were infected. Both -- and they delivered while they were infected and all nine babies were healthy and the mothers were healthy. So we continue to look for data like that to be reassuring to the American public. At the same time, ensuring that every single person is participating in this response to this virus and taking those precautions that we should be taking every day.

If we start doing this today, we will be ready next year for any of our respiratory diseases because I think we'll be able to show that these simple -- simple household, simple work, simple school, simple business approaches across the country can change all of our respiratory diseases.

So we thank you for getting the message out. We thank you for the participating and ensuring in your households and in households around America that we're protecting all of those who need our support right now.

THE VICE PRESIDENT: Excellent. Thank you, Dr. Birx and Dr. Fauci. And this information is available at [Coronavirus.gov](https://www.coronavirus.gov).

And as we said, we can't say often enough, the risks of contracting the coronavirus to the average American remains low. But for senior citizens with serious underlying chronic health conditions, the potential for serious consequences is very real. And make no mistake about it, by practicing these habits in your home, your school, and your business, you're not only protecting your health, but you're also protecting those that are most vulnerable.

With that, for an update on our -- the progress that President Trump made today with our health insurance companies, I'd like to recognize Seema Verma.

ADMINISTRATOR VERMA: As the Vice President said, we had a terrific meeting with the insurance companies, a real example of a public-private partnership where they agreed to waive co-pays for testing, not do any surprise billing, and also cover the costs of the COVID virus associated costs.

The other things that they did is they asked the President for more flexibility in Medicare Advantage plans and the President agreed to do that. And so today, we issued guidance to our Medicare Advantage plans that not only can they waive the costs for the tests, but they can also go further to removing prior author- -- authorization requirements. They can waive prescription refill limits. They can allow for mail delivery of prescription drugs and expand more access to telehealth services if they weren't offering that in their plan.

Also, at CMS, we continue to work with healthcare providers around infection control practices. We met with home health agencies and also hospitals, and today we issued guidance to dialysis facilities, as well as home health agencies around infection control.

THE VICE PRESIDENT: There's been a great deal of attention about the Grand Princess. And HHS, working with the Coast Guard and with the Department of Defense, is

currently working through disembarking American passengers, returning foreign nationals to their country. And I wanted to ask Secretary Azar to speak and update us on the progress.

SECRETARY AZAR: Thank you. So with regard to the Grand Princess, I wanted to first express our appreciation to Governor Newsom, to the Mayor of Oakland, the people of Oakland, the longshoremen, the stevedores who've helped with bringing it in and clearing the -- clearing the dock area so that we can do all of our operations there. We've got Admiral Abel here with us today, who's been leading the Coast Guard efforts. And then Deputy Secretary Biegun from State has done incredible work with our foreign partners to help with the repatriation of their nationals who are on board the ship.

As of -- our data that I've got is as of noon, Pacific Time, today. So this will have increased quite substantially since -- since my last update. But as of noon, Pacific, we had 548 individuals who have been offloaded from the ship. Two hundred and twenty-eight Canadians are already back in Canada -- flown there, I believe it was overnight. A hundred and seventy-one Californians were taken by the government of California and are now at Travis -- Travis Air Base. Twenty-six individuals were sick, and they're being -- they are being treated for various -- it could be from the novel coronavirus, it could also just be we had some frail individuals who are sick that needed treatment.

Our goal is to get all of the citizens of California off today to be in the care of the California State Government, as well as to get the UK citizens off today so that they could be repatriated to the United Kingdom. We continue to work with other countries on all of those maneuvers. We will have non-California residents who will be in transport to the bases at Dobbins and at Lackland today, we hope, but -- or tonight.

So everything is progressing. It seems to be progressing well. We're using the highest isolation quarantine procedures, medical screenings possible to ensure the safety of not just the passengers but also of the local communities and all of the healthcare workers and others -- emergency responders who are helping. So thanks to all of our partners for this -- their help with this very complex operation.

THE VICE PRESIDENT: Yeah. Well done. Good report. And let me echo the Secretary's appreciation to Governor Gavin Newsom, the State of California, the City of Oakland. It has literally been a seamless partnership. Everyone on that ship will be tested, isolated, and quarantined as appropriate and provided with treatment. The crew on the ship, other than those who were ill, will be quarantined on the ship offshore. But it really represented the kind of partnership and cooperation from every level of government that -- that every American, I know, is grateful to see.

With that, on the economic front: Larry Kudlow.

MR. KUDLOW: Thank you, sir. All right, yesterday, in a meeting in the Oval, the President -- acknowledging there are going to be challenges on the health and economic side, he mentioned that he intended to bring the full power of the federal government to deal with these challenges. And accordingly, as the Vice President said, up at the Republican Senate luncheon today -- and he mentioned it in this room yesterday -- President Trump has unveiled his proposals -- strong proposals -- for a temporary payroll tax cut holiday, which I think he would prefer to last through the end of the year.

Also, administratively, as Treasury Secretary Mnuchin and others have suggested, we are trying to -- we will use assistance to unpaid sick leave people -- a very important point; also small and medium businesses -- another important point. And also, possibly, to some distressed industries or sectors in the economy, maybe tax deferral might be a useful tool and other means.

So this is strong, across-the-board package. We are consulting with leaders in the House and the Senate, with respect to this package and particularly the payroll tax holiday.

Let me just say, coming into this difficult period, the economy is in fundamentally in good shape. We saw a blockbuster jobs report last Friday. Today, for example, the Small Business Confidence Index -- the NFIB Business Confidence Index registered a very strong number, keeping its near-record high. The unemployment remains low at 3.5

percent. Other indicators look pretty good. We had a lot of momentum in the first quarter. Good thing.

I recognize the challenges and that is why we are proposing these fiscal measures to combine with monetary measures that have already taken.

And again, I will repeat the President's words -- it just struck me, as his determination -- he intends to bring the full power of the federal government to deal with these health and economic challenges.

THE VICE PRESIDENT: Thank you, Larry. Well said. And a word from Surgeon General Jerome Adams. General.

SURGEON GENERAL ADAMS: Good evening, everyone. As Surgeon General, whether it's opioids or cigarettes or the coronavirus, my job is to help the American people understand how to live a healthy life. And I'm asking all of you -- I'm imploring all of you to help share my prescription for America to overcome this coronavirus situation that we're in.

There are three parts to it. Number one: Know your risk. As you've heard many times but it's still important to impress upon America: If you are immunocompromised, if you have chronic medical conditions, if you are over the age of 60, you are at higher risk. If you are a child or young adult, you are less likely to be impacted by the coronavirus.

Number two -- the second part of the prescription: Know your circumstances. Are you in an environment where you can telework? Are you planning on going to large gatherings like church? Do you live in a community that is being particularly impacted by the coronavirus? And you can find out this information from your state or local health department. Does your state have a hotline that you can call into to help you assess symptoms? Again, knowing your circumstances.

And number three, and this is the most important part: Know what you can do to stay safe. And we have really leaned into [Coronavirus.gov](https://www.coronavirus.gov). Please send people to that

website. We've put the tools on there for individual groups, specific audiences, so that people can understand how to stay -- stay safe. If we follow this prescription, we will -- we will overcome the coronavirus.

As Dr. Fauci said, we will see more cases. Unfortunately, we are likely to see more deaths. We have not hit the peak of this epidemic quite yet, but if we follow this prescription, then we will decrease the number of people who are impacted, we will decrease the number of people who will die, and we will more quickly get to the end of this situation. Thank you.

THE VICE PRESIDENT: Great job. Great job. Questions? Please.

Q Mr. Vice President, that poster right there, it says to avoid crowding, consider rearranging large activities. So will the Pence-Trump campaign suspend campaign rallies and other activities?

THE VICE PRESIDENT: I think that'll be a decision that's made, literally, on a day-to-day basis. I thought Dr. Fauci spoke to that yesterday very well, that we're going to -- I'm very confident that the campaign will -- will take the very best information and make the very best decision going forward.

But these proposals are -- are things that every American can do all across the country that -- that will reduce the risk of either contracting or being exposed to the coronavirus.

Q Mr. Vice President, on the economic package, the word "unveiled" was just used, but so far the public has not seen it. How big is this package? How big is the payroll tax cut going to be? When is the general public going to see what you all have put together?

THE VICE PRESIDENT: Right. Larry?

MR. KUDLOW: We are working out details right now, so I don't want to quote any numbers ahead of a time. You know, you make a proposal, we're checking with the leaders

of both parties in both Houses and see what is doable, and where the, you know, tough knots are going to be. So I don't -- I don't want to get into any detail.

I think the outline of the thing is very important. The payroll tax holiday is probably the most important, powerful piece of this. But on the other hand, I want to draw attention -- we can use administration and executive authority, again, to help unpaid sick leave people, which is very important. We can use it for the medium and smaller businesses, which is very important. Other distressed sectors. We have some leverage on tax deferral.

We know -- I mean, look, I will say again, as I have for quite some time: The economy is strong. We also know there are going to be problems ahead. We know there are going to be challenges ahead. We don't deny it. We'll see. I want to take that a day at a time and a fact at a time, a statistical release at a time.

But anyway, this will be the broad package. And at some point in the -- in the near future, we will outline a more detailed package for you.

Q Actually, maybe while Larry is still up here -- unless you want to answer it, Mr. Vice President.

THE VICE PRESIDENT: No. You can go right ahead. (Laughter.)

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move the entire payroll tax from both employers and employees. That would be a 12.4 percent reduction. Back in 2010, we had a 2 percent reduction. Can you basically eliminate, for however number of months, the payroll tax without blowing a huge hole in the budget? And, furthermore, the President told the lunch he -- he'd like to make that cut permanent. How do you do that?

MR. KUDLOW: You know, the payroll tax holiday is a bold move. It's a very bold move, and this has always been a bold President. And we've been cutting taxes and rolling back regulations and changing trade deals and opening up the energy sector and doing things

that nobody thought we could do before, John. We've had pretty good economic results for it. We're in a challenge period now; I get that.

So, with respect to your question on the specifics, I think there'll be a big -- a big growth payoff. I -- I think it'll help deal with whatever challenges occur in the next few months. I think, beyond that, ameliorating the tax burden on the middle class -- the so called blue-collar boom that I talk quite a bit about -- that's what this is aimed for. That's really what the payroll tax is principally about. By lifting the burdens of those middle-class folks, I think we're going to get a big growth kicker.

We've had a terrifically strong labor market, as you know. It may stall a bit or not. I'm just speculating on the -- on the challenges of the -- on the health side. But I think, over time, we'll make it up with much better economic growth. And I will remind also that, later on, way down the road -- probably later this summer, early fall -- we will unveil another package of tax cut and tax reform proposals.

But, yeah, it's a bold proposal, and this is a bold President, and I think it's paid off.

Q If you were to make it permanent, can you backfill from general revenue to make up for -- I mean, the -- in fiscal year '21, Social Security, unemployment insurance, and Medicare Part A revenues are \$1.23 trillion. Can you find that money somewhere else?

MR. KUDLOW: Well, I would just say, we're not talking about Medicare at this point. I'm going to -- the an- -- by the way, the answer is yes. You can backfill it. And that has been done before because we've had other payroll tax cuts, and you mentioned one of them in 2010 or 2011.

So, the answer to that is yes. And the answer is we will always maintain a solvent Social Security system. But, you know, tax reform is very important. Economic growth is very important. Incentives for middle- and lower-income workers are very important. And I would just add: You know, in terms of the boldness of this President's policies, despite what some of our critics think, actually it's the middle and lower-middle people that have

done the best in wage growth terms. And I think this is absolutely consistent. This lifts tax burdens on the middle class. I think it's absolutely consistent with his earlier policies.

THE VICE PRESIDENT: And let me -- let me also say, John, if I can, that the other piece of this is -- is what the doctors have said to us. What the experts have said is: If you're sick, if you have reason to suspect that you may have coronavirus, we want you to stay home. And the President is absolutely adamant -- working with Congress or using his executive authority to ensure that hourly workers, people working for small- or medium-sized businesses that don't currently have paid family leave, will -- will be able to stay home and be confident that they're not losing a paycheck.

I think every American can identify with that concern. And -- and we're going to work forward, whether we do it legislatively or the President has some -- some resources in his executive authority to act. We're going to work to make sure that that hourly workers don't feel like you have to go to work sick because you're risking a paycheck. Get home, stay home, take those couple of weeks to get better.

Eamon.

Q Thank you. Thank you, Mr. Vice President. I want to drill down on something that Larry just said though. Because in 2018, according the Center for Budget and Policy Priorities, federal payroll taxes generated \$1.17 trillion. It's an enormous figure. Larry, you're suggesting that you can make that up from general revenue. Where are you going to get a trillion dollars from?

MR. KUDLOW: You know, let us put the proposal out in concrete details and flesh that out, and we'll have much better answers. Right now, I want to stay in my lane. And I think the health story, the coronavirus story, is -- is very, very important here.

We will do the best we can, Eamon, to give you specific plans and details once we flesh them out.

THE VICE PRESIDENT: Yes, please.

Q I have a question about the increased testing capacity. We're -- we're still seeing reports of severe rationing in many cases because of the limited supply. It appears to be close to impossible for average Americans to get tested without being hospitalized first. So when can the American people expect to see these test kits available at doctors' offices, in urgent care, at minute clinics, that sort of thing -- specifically when?

THE VICE PRESIDENT: Well, I'm going to have the Secretary step forward and address that. But let me say we've made great progress over the last week. A million tests are in the field. Every state lab in America can do coronavirus tests. If you -- if you're concerned that you have coronavirus, your doctor can contact the state lab, can have a test processed.

By the end of this week, another 4 million tests will be distributed. But to your very important question, we're working day by day with the largest commercial labs in America. We had -- we had some good discussions today with outside experts as well, who said that when the President brought the commercial labs in, he did exactly the right thing because it's those big companies that have logistics, infrastructure all over the country, have labs all over the country, that can distribute the tests, process the tests -- whether it's Quest or whether it's LabCorp.

And we believe that, in the days and weeks ahead, we're going to continue to see the availability of tests dramatically rise, and we're driving toward that every day.

Mr. Secretary, did you want to add to that?

SECRETARY AZAR: Sure, and maybe Dr. Redfield can add in also.

So, by the end of this weekend, we had 1.1 million tests that were actually shipped. We have another 1 million that are either in transit or waiting for orders. So we actually have a surplus capacity already of tests that have been produced. And, as the Vice President said, by the end of this week, there will be another 4 million tests. So the tests are out there, the

tests are in every public health lab in the country; they're in hospitals; they're in labs.

But I think there's a false premise in your question, which is the notion that just because I, as a person say, "Oh, I'd like to be tested for the novel coronavirus," I should be going to a minute clinic or some other facility and just walking in and saying, "Give me my test, please." That's not how diagnostic testing works in the United States or, frankly, almost anywhere in the world.

Q But isn't that what President Trump said on Friday? He said, "Anyone who wants to get tested can get tested."

SECRETARY AZAR: It always -- if their doctor -- we've always been clear: If their doctor or public health physician believes they should be tested, it needs to always be clinically indicated to receive a test.

So it's a false premise -- go to your doctor if you -- first, actually, don't go to your doctor; call your doctor's office if you believe you may have the novel coronavirus. Call the clinic, call the hospital, call the doctor's office, so that you don't just walk right in. Follow their infection control procedures for doing that.

And then they will decide, working with you, whether a test is appropriate to be done. But there are millions of tests out there now and it's going to -- as the Vice President said with Quest and LabCorp getting it at the doctor's office, swabbing their distribution and transport system, it's going to be an even better, closer-to-the-patient experience as I prom- -- as I talked to you on Saturday, when we met together.

THE VICE PRESIDENT: That's very good. And to answer you, I'm going to ask Dr. Birx to speak to this too because she's just done a tremendous job bringing our commercial labs to bear on this.

But to your other point, the President directed us to essentially change the criteria that CDC was giving labs around the country. We heard from governors around the country

that people that were only mildly symptomatic were being told that they couldn't be tested. We changed that; we changed that description. And so, as the President said, anyone who, on a doctor's order, wants to be tested can, at a doctor's indication, be tested now.

We're working to fill that need. And we're making great progress every single day. But I wanted Dr. Birx to speak to it as well.

DR. BIRX: Yeah. I just wanted to talk to you briefly about what happened in decreasing barriers. I've been a lab person, I've been a vaccine developer, I've been a doctor -- I've been all those things, but I've never, in my lifetime of government service, have worked with the CDC in a way that, every time the state or local government calls and says, "I have this barrier. I need a modification to the regulations," that has happened almost daily.

And the reason we have commercial labs willing to step in immediately is because the FDA has created that ability and posted on their website -- I don't know if you've been there -- this unbelievable waiver system and the clear definitions there. Every single hospital, every single university can utilize this testing algorithm. And that's highly unusual, but it's also what's bringing the super large, high-throughput companies to the -- to the table.

And I just want to -- this has been unique for me to be able to see this unbelievable dialogue between what states need, what local governments need, and federal government being responsive with changing those regulations. And that has been really wonderful to watch.

THE VICE PRESIDENT: Thank you, Dr. Birx. Did I get you right here?

Q Yes, I wanted to ask -- I guess the administration has really touted the success of the travel ban on China and Iran. Why has it not extended those bans to South Korea or Japan or Italy? And is it still under consideration or has the administration really shifted to mitigation from containment?

THE VICE PRESIDENT: Well, I'm going to let -- I'm going to let Dr. Birx speak to that in a moment. But there is no question, as Dr. Fauci said just a few days ago, we would be in a very different place if President Trump had not suspended all travel from China.

And we would also, I suspect, be in a very different place if we hadn't issued travel advisories for portions of Italy or portions of South Korea, and initiated screening of all passengers on all direct flights into the United States from both of those countries.

I will tell you, we had a very -- we had a very thorough discussion today of the prospect of recommending to the President additional travel advisories. What we're doing, particularly as Dr. Fauci said, is we're following the facts. And -- and we're going to bring those recommendations forward in the time and manner that we, as the White House Coronavirus Task Force, determine are appropriate.

But let me tell you, it is literally a day-to-day consideration. And we're going to continue to put the health and safety of America first.

Dr. Birx, did you want to amplify that or --

DR. BIRX: I think that was perfectly said.

THE VICE PRESIDENT: Dr. Fauci, did you want to?

How about you?

Q Thank you.

THE VICE PRESIDENT: Sure.

Q Tom Bossert, who used to be a part of this administration, had an op-ed where he basically said that the U.S. has 10 days before hospitals could be overrun. He recommended that schools be shut down for maybe eight weeks. What does the

administration think about that? Does it agree that we -- that the U.S. could be at the point where there could be a turning point in the next 10 days or so? And what about keeping schools open? Should they be kept open?

THE VICE PRESIDENT: Well, let me say, the recommendations that you have and that every American now has at [Coronavirus.gov](https://www.cdc.gov/coronavirus) apply to every jurisdiction in the country, every state and every community, irrespective of whether or not there's been a coronavirus case established.

I will tell you that we're working very closely with California, Washington, New York, Florida to develop community-specific recommendations for those areas where we have had what is known as community spread: a number of coronavirus cases that appear that is being transmitted in the community.

In the next 24 hours, working with those states, we'll be publishing CDC's recommendations for what ought to be done. But I want to turn it over to Dr. Fauci to tell you that we really think the most important thing here is that we continue to bring the facts forward to the American people. And that -- and that our proposals and our recommendations, while -- while all of these apply to everybody in the United States and it'll help reduce the infection rate of the coronavirus -- that, for those communities that are being impacted, we're going to develop specific recommendations that'll make the most sense for them.

Dr. Fauci?

Q Thank you. And, Dr. Fauci, can you say whether -- is it -- can you wait until there's community spread to make some of these decisions?

DR. FAUCI: Well, it depends on the degree of community spread. I mean community spread could be just a small amount or you could start to see multiple generations.

But getting to your individual question -- that everything is on the table for

consideration. So the idea that we're not closing all -- I mean, I think, for the country right now to say we're going to close all the schools in the country, I don't think would be appropriate.

With school closures, the appropriate -- depending upon not whether you have already -- the horse is out of the barn -- but when you start to see, "We're getting a little bit danger here, so let's do it."

So it's incorrect to say, "Now everything has happened bad, let's close the school." And it's incorrect to say, "Let's just blanket close the schools in the entire country tonight." I don't think that that would be appropriate. But I do think it would be appropriate to carefully try and do things like closing, but there's other things besides closing.

To do real mitigation sometime before you think you really need it -- that gets back to what I said a few moments ago about where the puck is going to be. But you want to make sure you're not so far ahead that you overshoot.

THE VICE PRESIDENT: Great.

Q Just real quick, should the President stop shaking hands with people? He just did it at the Medal of Freedom ceremony a few moments ago. On this sign up here, it says you should stop handshaking if you're at your workplace and in your school or in commercial establishments. Should the President set that example? I noticed you've been opting for the elbow bump.

THE VICE PRESIDENT: I've been shaking hands too. (Laughter.)

Q What -- what do you make of that? Is that necessary, do you think, at this point?

THE VICE PRESIDENT: Well, look, as the President has said, in our line of work, you shake hands when someone wants to shake your hand. And I expect the President will continue to do that. I'll continue to do it.

What -- what this is, is a broad recommendation for Americans. But a really good recommendation is to wash your hands often. And -- and all the experts tell me that, while people want to -- want to get the various sanitizing lotions, washing your hands with hot soap and water for 20 seconds is just as good as any lotion you can buy.

So, how about right there? How about one or two more?

Q So is it a plan to coordinate a response with other countries?

THE VICE PRESIDENT: I'm sorry, say again?

Q Is it a plan to coordinate a response with other countries in the continent? President Trump met President from Brazil, Bolsonaro, this weekend. Did they talk about coronavirus?

THE VICE PRESIDENT: I know that they spoke about a broad range of issues, and I'm confident that coronavirus was discussed.

What I -- what I can tell you is that our focus is on the health and wellbeing of the American people. We're going to continue to communicate with nations across this hemisphere and across the country. But what the President has given us as a mission of the White House Coronavirus Task Force is to see to the health and wellbeing of the American people, and we'll continue to make recommendations to do just that.

How about one more?

Q Thank you. Mr. Vice President. Two questions. One on Washington State. They made a request of strategic stockpile for, they said, 233,000 masks. And they received half of that. Wondering if -- if that report is inaccurate, please speak to it.

And, secondly, on cruise lines: Are you looking at a bailout for cruise lines? Several of

these companies are tax-exempt.

SECRETARY AZAR: So -- so they got half of the shipment from the Strategic National Stockpile initially. And then, when the Vice President actually went out to the state of Washington, that's when the second half of the shipment arrived.

But I have spoken directly with Governor Inslee, with whom we've had a superb working relationship, and he has informed me that there are some additional personal protective equipment needs that a couple of their hospitals have. And we're working through the Strategic -- Strategic National Stockpile to make sure we are directing and fulfilling shipments to them as needed.

THE VICE PRESIDENT: All right. I want to echo, again, our gratitude to Governor Inslee and -- and all the health officials in the state of Washington. I was there last week. Our teams are working very closely together. We'll follow up on that public report that the Secretary has indicated.

But, look, we're in -- as I said, in the next 24 hours, we'll be working with not only Washington State, but California, with New York, with Florida, and -- and unveiling our recommendations, CDC's recommendations, to those areas that have been impacted by community spread. And then we'll continue to come alongside those communities to do everything in our power to mitigate the spread.

But let me just say again, as a resource -- thank you all; we'll be back here again tomorrow -- Coronavirus.gov. Practical information for every American. Details for state labs that may yet have questions about performing their own tests. We have specifics -- enzymes, agents, ingredients that -- where they can be acquired and how -- for the performance of coronavirus tests.

But for every American, I just want to say again: Remember the -- the risks to the average American of contracting the coronavirus remains low. But, however, the risk to senior citizens with serious underlying chronic health conditions is very significant, and it's

important for all of us to continue to take all the steps necessary to look after the most vulnerable, to look after our health. And I'm confident that we'll get through this together.

Thank you.

END 6:26 P.M. EDT

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To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	NDMS Paramedic Inadvertent PPE Breach at TCID Facility
Date:	2020/03/10 21:55:01
Priority:	Normal
Type:	Note

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Good Evening Dr. Kadlec,

BLUF: National IMT reported On 09Mar20, that a NDMS Paramedic was involved in an inadvertent PPE Breach with an unmasked passenger at the TCID Facility in Texas.

- Brief close contact with unmasked 51 y/o female.
 - First test prior to breach was negative for COVID-19
 - Second test resulted positive, via nasal swab on 10Mar20
 - Employee is undergoing active monitoring in isolation
 - Deputy FHCO-MG is coordinating with state, local and military partners regarding disposition plan

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

Very Respectfully,

Secretary's Operations Center

U.S. Department of Health and Human Services (HHS)
 Assistant Secretary for Preparedness and Response (ASPR)
 200 Independence Ave. S.W.
 Washington D.C. 20201
 Office (202) 619-7800
 Fax: 800-514-4256
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Subject:	NDMS Paramedic Inadvertent PPE Breach at TCID Facility
Date:	2020/03/10 21:54:58
Priority:	Normal
Type:	Note

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Secretary's Operations Center

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From:	Sherman, Jennifer (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F30FE7FAE664419FA654B20EDCCB1E78-SHERMAN, JE>
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Subject:	media - Louisiana
Date:	2020/03/10 22:20:16
Priority:	Normal
Type:	Note

Sir,

As promised, here is what I'm thinking for media during your Louisiana swing –

(b)(5)

Jenn Sherman

Director of Public Affairs

Office of the Surgeon General

Department of Health and Human Services (HHS)

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Subject:	Fwd: U.S. nears grim coronavirus milestone: 1,000 cases
Date:	2020/03/10 23:51:55
Priority:	Normal
Type:	Note

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Date: March 10, 2020 at 11:32:35 PM EDT
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Subject: U.S. nears grim coronavirus milestone: 1,000 cases
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U.S. nears grim coronavirus milestone: 1,000 cases

By Matthew Choi

03/10/2020 11:31 PM EDT

Nearly 1,000 people in the United States have been diagnosed with the coronavirus, according to an unofficial count compiled by researchers at Johns Hopkins University.

The 984th case was reported on Tuesday night, as state and local officials in California and New York began enacting aggressive new measures to contain and mitigate the spread of the virus. The numbers have risen rapidly since health authorities announced the first community-spread case in California on Feb. 26.

Hopkins compiled the numbers using data from local and national health departments including the Centers for Disease Control and Prevention, which has lagged the Hopkins count, and from

local news reports of confirmed cases. The count has risen in part because hospitals, labs and other public health facilities finally now have access to more testing kits after weeks of confusion and delay. Public health experts believe the ongoing testing problems mean that unknown numbers of cases have gone undetected.

At least 28 people have died from the disease in the United States, according to the Hopkins database, though public health officials expect that toll to rise.

Most of the reported deaths so far have taken place in Washington state, where a nursing home and retirement complex near Seattle suffered a lethal outbreak of the virus. Washington's King County announced the discovery of 75 new confirmed cases on Tuesday, bringing the total number in the county to nearly 200.

Also on Tuesday, Massachusetts declared a state of emergency as officials there announced that the number of confirmed cases in the state had leaped to 92, most of them linked to a biotech firm's strategy meeting in Boston.

Although public health officials have warned consistently that the number of cases would inevitably rise, President Donald Trump and several of his top aides have repeatedly sought to downplay the threat posed by the virus, which originated in Wuhan, China.

During a news conference in February, when the number of U.S. cases stood at just 15, Trump predicted the tally would drop to zero "within a couple of days."

Since then, his remarks have suggested he is monitoring the rising caseload closely. During a visit to CDC headquarters in Atlanta last week, the president said that he preferred that a cruise ship off the California coast that housed infected individuals not be allowed to return to land.

"I don't need to have the numbers double because of one ship that wasn't our fault," Trump said. The ship was allowed to dock in Oakland, Calif., on Tuesday.

Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, stressed during a White House briefing on Tuesday that the rising number of cases was expected and that it would certainly continue to grow by the following morning.

The number of cases has continued to mount in Europe, Fauci noted, though he said it appeared that the epidemic's growth rate was slowing in China.

"If you look at the curves of outbreaks, they go big peaks and come down. What we need to do is flatten that down. ... You do that by trying to interfere with the natural flow of the outbreak," Fauci said. "We would like the country to realize that as a nation we can't be doing the kinds of things we were doing a few months ago."

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To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	NDMS Paramedic Inadvertent PPE Breach at TCID Facility (Update #1)
Date:	2020/03/11 05:54:29
Priority:	Normal
Type:	Note

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Good Morning Dr. Kadlec,

BLUF: National IMT reported On 11Mar20 one NDMS Paramedic who had a PPE breach was transferred.

- The exposed NDMS team member was transferred to Lackland site 1 for 14 days active monitoring.
- The current census for site 1 is 99 (98 from the princess cruise, and 1 NDMS).

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

Very Respectfully,

Secretary's Operations Center

U.S. Department of Health and Human Services (HHS)
Assistant Secretary for Preparedness and Response (ASPR)
200 Independence Ave. S.W.
Washington D.C. 20201
Office (202) 619-7800
Fax: 800-514-4256
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Recipient:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Sent Date:	2020/03/11 05:54:27
Delivered Date:	2020/03/11 05:54:29
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:	NDMS Paramedic Inadvertent PPE Breach at TCID Facility (Update #1)
Date:	2020/03/11 05:54:29
Priority:	Normal
Type:	Note

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Good Morning Dr. Kadlec,

BLUF: National IMT reported On 11Mar20 one NDMS Paramedic who had a PPE breach was transferred.

- The exposed NDMS team member was transferred to Lackland site 1 for 14 days active monitoring.
- The current census for site 1 is 99 (98 from the princess cruise, and 1 NDMS).

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:	2020/03/11 05:54:27
Delivered Date:	2020/03/11 05:54:29

From:	Mike Allen <mike@axios.com>
To:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	Axios AM: Mike's Top 10 — Push for Sanders to concede — D.C.'s new fight
Date:	2020/03/11 06:11:59
Priority:	Normal
Type:	Note



☐☐ **Situational awareness:** Vladimir Putin could remain Russia's president until 2036 un

• • **Today's Smart Brevity™ count:** 1,187 words ... 4½ minutes.

1 big thing: Biden runs table; top Dems push Sanders to co

Total pledged delegates for 2020 Democratic candidates

Updated March 19, 11:20 am EDT

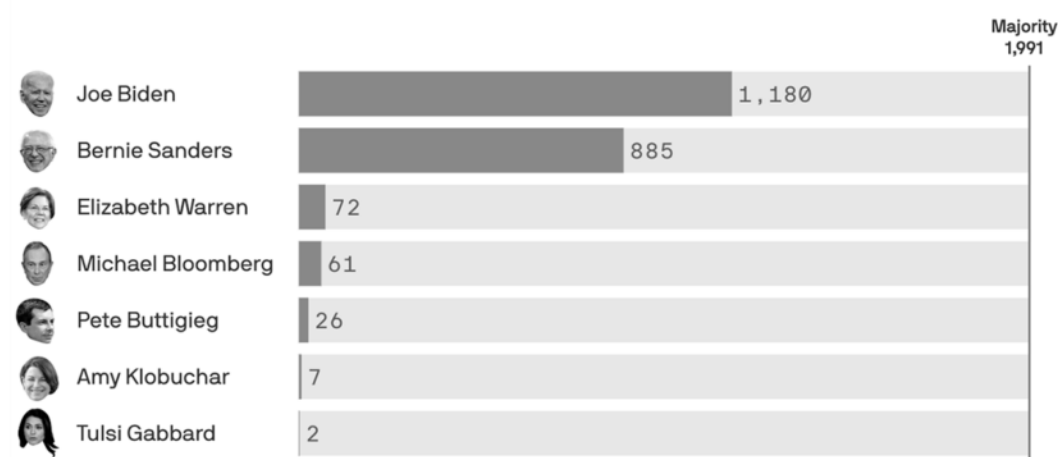


Chart: Naema Ahmed/Axios

Joe Biden decisively won four more states — Michigan, Missouri, Mississippi and Idaho — and

- **James Carville** said on MSNBC: "Let's shut this puppy down. ... This thing is decided."
- **David Axelrod** on CNN: "You're gonna see *enormous* pressure from all elements of the

Sanders didn't comment on the results, and Biden began to pivot to the general election, pro

- **Biden thanked Sanders** — and Sanders' supporters — for their "tireless energy" and
- **Biden invited** new backers, saying, "We need you, we want you and there's a place in o

What's next: Biden is poised to dominate the March 17 contests that include Florida, the nation

- **Coronavirus fears** have begun to halt the sort of large rallies that were staples of San

Michigan, where Biden won 53% to 37%, was a huge loss for Sanders that his campaign worke

- **He escalated** attacks against Biden — both on his record and the idea that he is the "e

Share this story.



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2. Last night in two charts

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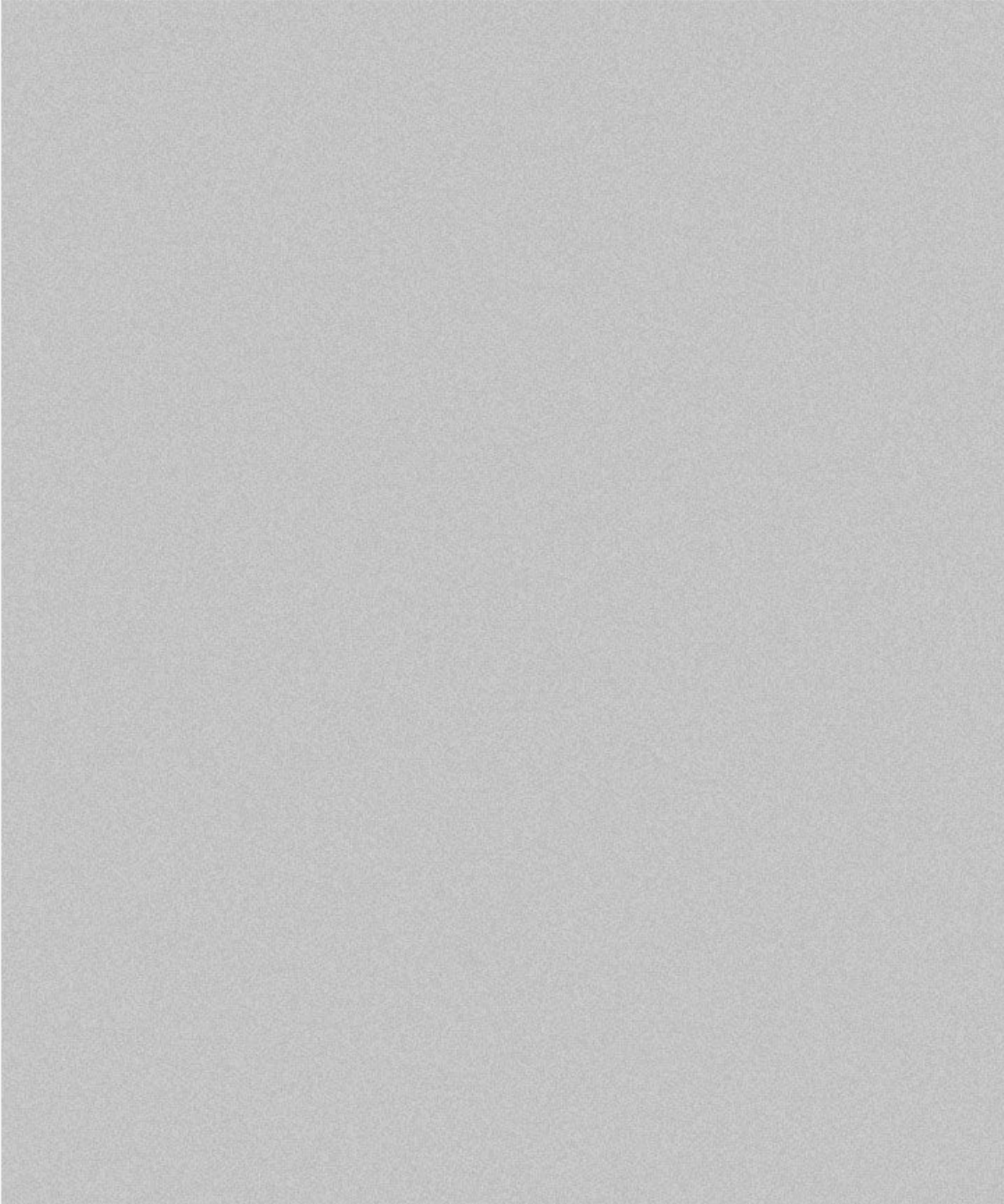
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Graphics: AP



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3. Virus amps up pressure for paid sick leave



Sender:	Mike Allen <mike@axios.com>
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To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	HHS Executive Summary 11Mar20
Date:	2020/03/11 07:02:46
Priority:	Normal
Type:	Note

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HHS Executive Summary: Tuesday, 11Mar20

1. HHS

Today's Noteworthy Topics:

COVID-19 (Novel Coronavirus)

As of 10Mar20, 1700ET, the CDC confirmed and presumptive positive U.S. cases of COVID-19 was 690 across 36 states and D.C. with 26 deaths. As of 11Mar20, 0251ET 613 California residents from the Grand Princess cruise ship have been transported to Travis AFB, CA. The three flights carrying passengers from the ship departed from Oakland, CA and arrived at three DoD quarantine locations. The flight inbound to Lackland arrived with 97 passengers onboard, the flight to Miramar MCAS arrived with 42 passengers, and the flight to Dobbins ARB arrived with 124 passengers. A passenger from the Miramar flight arrived symptomatic for COVID-19 and was transported by ambulance to a local hospital for treatment. A NDMS paramedic suffered a PPE breach at the Texas Center for Infectious Disease (TCID). The NDMS team member has been moved to Lackland for 14 days active monitoring.

Daily Operational Schedule:

0815 – COVID-19 Operational Update Brief
0830 – FEMA Daily Operations Briefing
0900 – COVID-19 White House Sub Task Force Call
1100 – COVID-19 PMO Call
1200 – Monthly Communications Testing
1200 – COVID-19 Global Integration Meeting
1200 – COVID-19 Modeling Output Update
1300 – IMD Sync Call for COVID-19 and Repatriations
1400 – Resource Coordination Call
1600 – COVID-19 White House Task Force Call

Public Health Emergency of National Significance:

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

HHS Response Status Summary:

HHS SOC: Level I (Full Activation)
CDC EOC: Level III (Polio/Ebola)

CDC EOC: COVID-19 (Agency-Wide Response)
FDA EOC: Level II (Vape Product Response, COVID-19)

Emergency Support Function (ESF) Activation:

ESF – 8: 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 30Jun20). Activated Region IX (2018 California Wildfires projected end date of 31Mar20).

HHS Deployments: (Total = 1073)

ASPR: 729 – (11) 2020 Earthquake Puerto Rico, (704) COVID-19, (3) Irma, (5) Irma/Maria Recovery, (2) FY Funded Training Q1, (2) FY Non-Funded Training Q1, (1) California Wildfires, (1) California Wildfires Recovery

CDC: 344 – (1) Puerto Rico, (277) COVID-19, (35) Polio, (31) Ebola

FMS Status:

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

New Mission Assignments (MA): 4340DR-VI-HHS-06-14: FEMA has sent, and HHS has accepted, a mission assignment. In accordance with the NDRF, post declaration activation of the Health and Social Services to RSF to provide federal coordination with the appropriate Recovery Support Function (RSF) primary and support agencies and organizations, as well as other Federal agencies, State and private sector partners. This mission assignment provides no additional funding. Estimated projected end date was extended to 30Jun20.

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 – Deployed, DC; Blue – Fully Mission Capable – PR; Gold – Fully Mission Capable

Regional IMATs: Region IV-2, TN

Significant National Weather:

A slow moving weather system will produce several days of periodic heavy rain in the Desert Southwest. Strong to isolated severe thunderstorms with damaging winds will also be possible. A front across the Central U.S. may produce strong to isolated severe storms with damaging winds and large hail in the South Plains and Lower Mississippi River. Heavy rain may develop midweek in the Mid-South.

3. OPDIV/STAFFDIV Overnight Reports:

CDC:

- COVID-19 – 103 Locations (including countries, territories, and areas) – Update

FDA:

- Coronavirus Disease 2019 (COVID-19)/ML/2019
- E. coli O103:H2/Produce (Suspect)/Feb 2020
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Prepared by:

Secretary's Operations Center

U.S. Department of Health and Human Services (HHS)
Assistant Secretary for Preparedness and Response (ASPR)
200 Independence Ave., S.W.
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Office: (202) 619 – 7800
Fax: 1-800-514-4256
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To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	HHS Executive Summary 11Mar20
Date:	2020/03/11 07:02:48
Priority:	Normal
Type:	Note

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Prepared by:

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U.S. Department of Health and Human Services (HHS)
Assistant Secretary for Preparedness and Response (ASPR)
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Sent Date:	2020/03/11 07:02:40
Delivered Date:	2020/03/11 07:02:48

From:	Andrew Sole <andrewsole@ecvlp.com>
To:	<beth.reinhard@washpost.com>
CC:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.up (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	Re: Face masks in national stockpile have not been substantially replenished since 2009
Date:	2020/03/11 07:36:53
Priority:	Normal
Type:	Note

Ms. Reinhard:

If you have any questions or wish to obtain more information from me, please feel free to reach out to me.

Regards,
Andrew Sole

Andrew L. Sole, Esq.
Managing Member
Esopus Creek Advisors LLC
1325 Avenue of Americas
Suite 2724
New York, NY 10019

Office: (212) 786-6142

Email: andrewsole@ecvlp.com

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On Mar 11, 2020, at 6:51 AM, Andrew Sole <andrewsole@ecvlp.com>wrote:

Ms. Reinhard:

Thank you for this story. In the interests of full disclosure, we are a large shareholder of SIGA Technologies, the owner of TPOXX. TPOXX is the only FDA approved antiviral treatment for smallpox (variola). TPOXX is supplied to the SNS, holding just 1.75 mm courses. The vaccine which is stockpiled in the SNS holds 330mm courses.

The vaccine is not effective in an outbreak because you need to be vaccinated within 3 days of a

known outbreak in order to be effective. Smallpox has a 14 day incubation period and you will be asymptomatic until around day 10 thus the vaccine has no utility between days 4-14 in an outbreak. TPOXX can be given at day 14 and is 100% effective against smallpox. Dr. Kadlec knows the data presumably.

The smallpox contagion rate is an R factor of 7 (vs 2.3 for COVID 19) and a lethality rate of 30 % (versus approx 1-3% for COVID 19). Coronavirus has caused widespread fear and has destroyed trillions of dollars in the economy and has strained the airlines.

The SNS is indeed underfunded and it buys inadequate amounts of TPOXX , an FDA proven antiviral. And a final point, although smallpox is maintained in Russia and US labs, it can be synthesized for biological terrorist purposes.

The SNS is not adequately protecting the American people in my view. Your article was excellent and it really showed how both there are too few critical drugs and medical supplies in the SNS.

Regards,
Andrew Sole

Andrew L. Sole, Esq.
Managing Member
Esopus Creek Advisors LLC
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Suite 2724
New York, NY 10019

Office: (212) 786-6142

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Sent Date:	2020/03/11 07:36:11
Delivered Date:	2020/03/11 07:36:53

From:	Horoho, Patricia D <patricia.horoho@optum.com>
To:	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>
CC:	Brown, David <david.brown292@optum.com>; Brown, Karoom <karoom.brown@optum.com>; Rosenthal, Lisa <lisa.rosenthal@optum.com>; Trent-Adams, Sylvia (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=650dc3276414421693345147bfafd132-Trent-Adams>
Subject:	Collaborative outreach
Date:	2020/03/11 08:04:17
Priority:	Normal
Type:	Note

Good Morning Dr. Kadlec and Dr. Yeskey,

I want to extend my utmost appreciation for your service during active duty and your continued service to protect the health and safety of Americans. My team has been in close dialogue with ADM Giroir and RADM Trent-Adams, recently collaborating with many leaders from HHS OASH on pathways for partnership on several public health priorities. Part of the discussion was on specific ways we could support the COVID-19 response and RADM Trent-Adams suggested we reach out to you both directly. As the 43rd U.S. Army Surgeon General and the CEO of UnitedHealth Group's federal health business, OptumServe, I wanted to personally reach out to offer our assistance in preparation and response to the rapidly evolving circumstances surrounding the COVID-19 outbreak.

Optum and UnitedHealthcare provides services and benefits to nearly 126 million individuals including 12.5 million Medicare beneficiaries, 6.5 million Medicaid beneficiaries and a potential to reach over 6 million Veterans through our Community Care provider network covering 36 states. As a large healthcare organization with a workforce of nearly 300,000 and more than 100,000 physicians and providers, I wanted to share the ways our organization is responding to the COVID-19 outbreak.

- Optum has established multi-disciplinary teams in local markets to provide screening when appropriate through care delivery capabilities
- Those with UHC benefits can conduct a Virtual Visit with a doctor and schedule the visit through a smartphone app
- Diagnostic testing and supportive care will be covered once diagnostic tests are made available commercially
- Free emotional support help line to all UHG employees and a toll-free Public Crisis line available to anyone
- Proactive outreach and support to employees who are in higher risk areas by combining COVID-19 outbreak map with global employee travel data

OptumServe Health Services designs and manages health programs for the government leveraging a nationwide network of medical, dental and behavioral health providers. Below are specific capabilities that are scalable and ready to support your potential needs right now:

- Leverage 18 years of providing service member health readiness exams for the DoD to deliver mobile or clinic based readiness exam prior to deployment of Federal public health and medical personnel
- Comprehensive workflow management solution including personalized EHR capabilities with NIST Compliance and ATOs with both the VA and CDC
- Provider & beneficiary portals for interfacing with health care data and streamline training to Federal medical personnel
- Nurse Advice Line to help those who are self-quarantined connect to a medical professional while staying in their own home
- Distribution Operations Center offers warehouse support and logistics distribution to support a wide-range of activities including medical kit assembly, shipping of medical equipment and supplies to mobile units
- Cold Chain Storage accredited by Verified-Accredited Wholesale Distributors (VAWD) National Association of Boards of Pharmacy for vaccine handling, storage, and distribution and is authorized by the United States Army Medical Material Agency (USAMMA) to warehouse Government-furnished flu and Anthrax vaccines
- On-site event model used with the annual readiness of all branches of the guard and reserve could be used for wide scale testing and or vaccination of government, military and federal employees if needed

If there is anything you would like more information on, please let me know. All capabilities described above can be utilized right now in our current data center environment and/or customized to specific needs.

Respectfully
Patty
Ceo Optumserve

Sent with BlackBerry Work
(www.blackberry.com)

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Sender:	Horoho, Patricia D <patricia.horoho@optum.com>
Recipient:	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>; Brown, David <david.brown292@optum.com>; Brown, Karoom <karoom.brown@optum.com>;

	Rosenthal, Lisa <lisa.rosenthal@optum.com>; Trent-Adams, Sylvia (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=650dc3276414421693345147bfafd132-Trent-Adams>
Sent Date:	2020/03/11 08:00:34
Delivered Date:	2020/03/11 08:04:17

From:	Bill Thompson <Bill.Thompson@modetransportation.com>
To:	'info@uso.org' <info@uso.org>
CC:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	RE: [External] - URGENT: Coronavirus impacting U.S. military bases
Date:	2020/03/11 08:15:49
Priority:	Normal
Type:	Note

I have donated to many other worthy causes and President Trump and his administration will protect our military. !

From: Alan Reyes, USO <info@uso.org>
Sent: Wednesday, March 11, 2020 7:02 AM
To: Bill Thompson <Bill.Thompson@modetransportation.com>
Subject: [External] - URGENT: Coronavirus impacting U.S. military bases



SUPPORT OUR TROOPS »

Bill,

I just stepped out of a meeting directing the USO's response to the impacts of coronavirus on U.S. troops and military bases around the world. Because you're such a critical part of our team, I wanted to share an update with you:

- This outbreak is impacting day-to-day military base operations around the world — especially in South Korea and the Pacific — and limiting service members' access to community resources they need.
- Troops are facing base restrictions and even the isolation of quarantine if they've been directly exposed to the virus.

- • So far, service members stationed in South Korea have been ordered to stay on their bases — including Camp Walker, Camp Humphreys and Camp Casey. And yet, many support programs on base like restaurants, libraries and gyms have been shut down, leaving service members without community resources.

Military leadership has asked that many USO centers overseas remain open and extend hours of operation to continue providing trusted support during this rapidly changing situation. **It's always been the USO's goal to support brave men and women in uniform, and this is no exception.** Our top priority remains providing our service members with the resources they need no matter what they're facing.

We're one of the *only* organizations mobilizing to make sure our troops have everything they need to face this coronavirus outbreak. We've already spent \$50,000 on protective equipment and sanitation supplies to help ensure our centers remain safe and open for service members, but our work can't stop there. **We're counting on your help to deliver critical resources to support service members around the world during this time of growing need and uncertainty.**

So please, help us support our troops with a gift of \$10 to send much-needed resources to our brave heroes grappling with coronavirus around the world.

Thank you so much for supporting our brave troops during this critical moment.

Alan J. Reyes
Chief Operating Officer, USO

\$3 »

\$10 »

\$15 »

\$25 »

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Sender: Bill Thompson <Bill.Thompson@modetransportation.com>

Recipient: 'info@uso.org' <info@uso.org>;
Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group

	(FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/11 08:15:28
Delivered Date:	2020/03/11 08:15:49

From:	OS Secretarys Operations Center </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=32B1F28D808B43B6903C00083291303E-SECRETARYS>
To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	COVID-19 Morning CDC Update 11Marr20
Date:	2020/03/11 08:37:04
Priority:	Normal
Type:	Note

COVID-19 Response update Mar 11, 2020

INTERNAL - NOT FOR FURTHER DISTRIBUTION

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

Domestic Updates

Counts by Jurisdiction (Includes Presumptive Positives and Confirmed Cases)

(Data as of 03:00 ET 11 Mar) - All the US case counts reported to CDC (below) will be shown in black

Jurisdiction N=40 (38 States + DC)	Cases and Deaths Reported to CDC and/or reported on Jurisdiction Websites				For Situational Awareness Cases and Deaths reported by jurisdictions*** or un sources [†] as of 03:00 11 Mar	
	Total Cases*	Total Deaths*	New Cases**	New Deaths**	Cases ^A	Deaths ^A
Arizona	6	0	0	0	6	0
California	133	2	24	0	157	2
Colorado	17	0	5	0	18	0
Connecticut	2	0	0	0	2	0
Florida	21	2	8	0	28	2
Georgia	22	0	5	0	22	0
Hawaii	2	0	0	0	2	0
Illinois	19	0	8	0	19	0
Indiana	6	0	2	0	6	0
Iowa						

Jurisdiction	Cases and Deaths Reported to CDC and/or reported on Jurisdiction Websites				For Situational Awareness Cases and Deaths reported by jurisdictions*** or un sources ⁺ as of 03:00 11 Mar	
	Total Cases*	Total Deaths*	New Cases**	New Deaths**	Cases ^A	Deaths ^A
N=40 (38 States + DC)	13	0	5	0	13	0
Kansas	1	0	0	0	1	0
Kentucky	8	0	2	0	8	0
Louisiana	6	0	5	0	6	0
Maryland	9	0	4	0	9	0
Massachusetts	92	0	51	0	92	0
Michigan	2	0	2	0	2	0
Minnesota	3	0	1	0	3	0
Missouri	1	0	0	0	1	0
Nebraska	3	0	0	0	5	0
Nevada	2	0	0	0	4	0
New Hampshire	5	0	1	0	5	0
New Jersey	15	1	4	1	15	1
New York (excluding NYC)	137	0	14	0	137	0
New York City	36	0	16	0	36	0
North Carolina	7	0	0	0	7	0
Ohio	3	0	0	0	3	0
Oklahoma	2	0	1	0	2	0
Oregon	15	0	1	0	15	0
Pennsylvania	12	0	2	0	14	0
Rhode Island	5	0	2	0	5	0
South Carolina						

Jurisdiction	Cases and Deaths Reported to CDC and/or reported on Jurisdiction Websites				For Situational Awareness Cases and Deaths reported by jurisdictions*** or un sources ⁺ as of 03:00 11 Mar	
	Total Cases*	Total Deaths*	New Cases**	New Deaths**	Cases ^A	Deaths ^A
N=40 (38 States + DC)	9	0	2	0	9	0
South Dakota	5	0	5	0	5	1
Tennessee	7	0	3	0	7	0
Texas	13	0	1	0	20	0
Utah	2	0	1	0	2	0
Vermont	1	0	0	0	1	0
Virginia	8	0	3	0	9	0
Washington	267	24	105	2	267	25
Wisconsin	3	0	1	0	3	0
District of Columbia	4	0	-1	0	4	0
Grand Princess [§]			0	0	21	0
Total (without repat cases)	924	29	283	3	991	31
Repat cases [#]	49	0	0	0	49	0
Total (with repat)	973	29	283	3	1040	31

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

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

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

⁺Unofficial sources include: Johns Hopkins dashboard or media. See notes below on specific sources for each jurisdiction

[§] These cases occurred in international waters but are being reported in the media as US cases

[#] Includes 3 cases from Hubei repatriation, 46 cases from Diamond Princess repatriation.

^A Early Alert References:

AZ: [AZ PH reports 6 cases.](#)

CO: [CO PH reports 17 cases + "1 indeterminant treated as positive"](#)

FL: [FL PH reports 29 cases \(21 FL resident & 2 non-FL resident\), + 5 repat cases, and 2 deaths \(FL Residents\)](#)

LA: [LA PH reports 6 cases](#)

MA: [MA PH reports 92 cases](#)

MI: [MI now reports 2 cases \(new state\)](#)

NE: [NE PH reporting 3 cases. NE media reports "state health department confirms 5th case](#)

NV: [NV PH site only updated weekly. Reporting 0 cases \(update 3 Mar\). Southern Nevada Health District reporting 2 cases, Media reporting 4 cases](#)

NJ: [NJ PH reporting 15 presumptive positive cases and 1 death](#)

PA: PA PH reports 12 cases. Media reports 2 new cases in Bucks county for total of 14 cases

SD: SD PH reports 5 cases (new state), Media reporting 1 death.

TX: TX PH reports 13 cases in Collin (1), Fort Bend (6), and Harris Counties (6). On 10 Mar, media sources report new cases in other counties: Dallas (2), Montgomery (1), Tarrant (1), Gregg (1), and 2 new cases in Collin county.

VA: VA PH reports 8 cases. Media reporting 9th case.

WA: WA PH reporting 267 cases and 24 deaths. Media reporting 25 deaths.

WI: WI PH reports 3 cases, 2 positive and 1 "positive:recovered"

Exposure category among US COVID-19 Cases Not Associated with Repatriation*

Exposure Category	Number Cases
Travel-related	92
Person-to-person spread	75
Under investigation	757
Total cases	924

*These data represent cases detected and tested in the United States through U.S. public health surveillance systems since January 21, 2020. This includes both confirmed and presumptive positive cases reported to CDC. It does not include people who returned to the U.S. via State Department-chartered flights (Hubei or Diamond Princess repatriation).

Travel/Migration Updates

Data as of 09 Mar

Airport Entry Screening

- **54,902*** air travelers screened to date. Zero (0) F11 site persons currently under mandatory 14-day quarantine.
- Daily for 09 Mar
 - Air travelers screened: **381**
 - Hospital Referrals: 0
 - Q-orders Issued: 0
- Ill Korean traveler identified by CBP at LAX on 08 Mar was negative for COVID-19 disease
- Iranian traveler with cough and recent hospitalization who was screened at LAX on 08 Mar is presumptive positive for COVID-19 disease
- Total cases identified at airports: 2
 - Ill Response: 1 (Hubei traveler transiting through LAX from MEX)
 - Active Screening: 1 (Iran traveler above)

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

F11 Quarantine Orders

- Under quarantine as of 09 Mar: 0
- Cumulative to date: 18

Travel Health Notices

Level 3

- ☐ China
- ☐ South Korea
- ☐ Italy (*posted 28 Feb*)
- ☐ Iran (*posted 28 Feb*)

Level 2

- ☐ Japan

Level 1

- ☐ Hong Kong

Information Box

- ☐ Singapore
- ☐ Taiwan
- ☐ Thailand

Travel Health Notice Updates

- No updates at this time

Other

- Updated guidance for flight crews currently being reviewed by FAA, to include recommendations for both international and domestic crew
- Providing legal and policy support for quarantine orders for Grand Princess passengers
- T-HAN now on website in 13 languages: www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html

International Updates

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

Data as of 04:00 EST 10 Mar 2020 [Source: WHO SitRep - 50]

Globally	China*		Outside of China		
	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Countries/ Territories/ Areas
113,702 (4,125 new)	80,924 (20 new)	3,140 (17 new)	32,778 (4,105 new)	872 (186 new)	109 (5 new)

*China totals include:

- ☐ Hong Kong 115 cases (1 new), 3 deaths (0 new)
- ☐ Macau 10 cases (0 new), 0 deaths (0 new)

- Taiwan 45 cases (0 new), and 1 death (0 new)

Data as of 04:00 EST, 10 Mar 2020* [Source: [WHO SitRep - 50](#)]

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	7,513	131	54	3	Local transmission	0
Japan	514	26	9	2	Local transmission	0
Singapore	160	10	0	0	Local transmission	0
Malaysia	117	24	0	0	Local transmission	0
Australia	92	15	3	0	Local transmission	0
Viet Nam	31	1	0	0	Local transmission	0
Philippines	33	23	1	0	Local transmission	0
New Zealand	5	0	0	0	Local transmission	3
Cambodia	2	0	0	0	Local transmission	2
Brunei Darussalam	1	1	0	0	Imported cases only	0
Mongolia	1	1	0	0	Imported cases only	0
European Region						
Italy	9,172	1,797	463	97	Local transmission	0
Germany	1,139	27	2	2	Local transmission	0
France	1,402	286	30	11	Local transmission	0
Spain	1,024	435	28	18	Local transmission	0
Switzerland	332	0	2	0	Local transmission	1
The United Kingdom	323	46	3	1	Local transmission	0
Netherlands						

Reporting Country/ Territory/ Area [†]	Total confirmed+ cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification [§]	Days since last reported case
	321	56	3	0	Local transmission	0
Belgium	239	39	0	0	Local transmission	0
Sweden	248	45	0	0	Local transmission	0
Norway	192	23	0	0	Local transmission	0
Austria	131	19	0	0	Local transmission	0
Greece	73	0	0	0	Local transmission	1
Iceland	55	0	0	0	Local transmission	2
Denmark	90	54	0	0	Local transmission	0
San Marino	49	12	2	1	Local transmission	0
Czechia	38	6	0	0	Local transmission	0
Israel	39	0	0	0	Local transmission	1
Portugal	30	0	0	0	Local transmission	1
Finland	40	10	0	0	Local transmission	0
Ireland	24	3	0	0	Local transmission	0
Romania	15	0	0	0	Local transmission	1
Georgia	15	2	0	0	Imported cases only	0
Slovenia	23	7	0	0	Local transmission	0
Croatia	12	1	0	0	Local transmission	0
Estonia	10	0	0	0	Imported cases only	3
Azerbaijan	9	0	0	0	Imported cases only	3
Hungary						

Reporting Country/ Territory/ Area [†]	Total confirmed+ cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification [§]	Days since last reported case
	9	0	0	0	Local transmission	1
Russian Federation	7	0	0	0	Imported cases only	3
Belarus	6	0	0	0	Local transmission	5
Poland	16	5	0	0	Local transmission	0
Malta	4	1	0	0	Imported cases only	0
North Macedonia	7	4	0	0	Local transmission	0
Albania	2	0	0	0	Imported cases only	1
Slovakia	7	2	0	0	Local transmission	0
Bosnia and Herzegovina	2	0	0	0	Local transmission	5
Cyprus	2	2	0	0	Imported cases only	0
Bulgaria	4	0	0	0	Local transmission	2
Luxembourg	5	3	0	0	Imported cases only	0
Andorra	1	0	0	0	Imported cases only	7
Armenia	1	0	0	0	Imported cases only	8
Holy See	1	0	0	0	Under investigation	4
Latvia	6	3	0	0	Imported cases only	0
Liechtenstein	1	0	0	0	Imported cases only	4
Lithuania	1	0	0	0	Imported cases only	11
Monaco	1	0	0	0	Under investigation	9
Republic of Moldova	1	0	0	0	Imported cases only	2

Reporting Country/ Territory/ Area [†]	Total confirmed+ cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification [§]	Days since last reported case
Serbia	1	0	0	0	Under investigation	4
Ukraine	1	0	0	0	Imported cases only	6
Territories**						
Faroe Islands	2	0	0	0	Imported cases only	1
Gibraltar	1	0	0	0	Under investigation	6
Guernsey	1	1	0	0	Imported cases only	0
South-East Asia Region						
Thailand	53	3	1	0	Local transmission	0
India	44	1	0	0	Local transmission	0
Indonesia	19	13	0	0	Local transmission	0
Maldives	4	0	0	0	Local transmission	1
Bangladesh	3	0	0	0	Local transmission	1
Bhutan	1	0	0	0	Imported cases only	4
Nepal	1	0	0	0	Imported cases only	46
Sri Lanka	1	0	0	0	Imported cases only	43
Eastern Mediterranean Region						
Iran (Islamic Republic of)	7,161	595	237	43	Local transmission	0
Kuwait	65	1	0	0	Imported cases only	0
Bahrain	109	30	0	0	Local transmission	0
Iraq	61	1	6	0	Local transmission	0
Egypt	59	4	1	0	Local transmission	0
UAE						

Reporting Country/ Territory/ Area [†]	Total confirmed [‡] cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification [§]	Days since last reported case
	59	14	0	0	Local transmission	0
Lebanon	41	9	0	0	Local transmission	0
Oman	18	2	0	0	Imported cases only	0
Qatar	18	3	0	0	Imported cases only	0
Saudi Arabia	15	0	0	0	Imported cases only	1
Pakistan	16	10	0	0	Local transmission	0
Afghanistan	4	0	0	0	Imported cases only	2
Morocco	2	0	0	0	Imported cases only	5
Jordan	1	0	0	0	Imported cases only	7
Tunisia	2	0	0	0	Imported cases only	1
Territories**						
occupied Palestinian territory	26	7	0	0	Local transmission	0
Region of the Americas						
United States of America	472	259	19	8	Local transmission	0
Canada	77	15	0	0	Local transmission	0
Brazil	25	0	0	0	Local transmission	1
Ecuador	15	0	0	0	Local transmission	1
Argentina	12	0	1	0	Imported cases only	1
Mexico	7	0	0	0	Imported cases only	2
Peru	9	3	0	0	Local transmission	0
Chile	13	3	0	0	Local transmission	0

Reporting Country/ Territory/ Area [†]	Total confirmed+ cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification [§]	Days since last reported case
Costa Rica	9	0	0	0	Local transmission	1
Colombia	3	2	0	0	Imported cases only	0
Panama	1	1	0	0	Imported cases only	0
Dominican Republic	5	4	0	0	Imported cases only	0
Paraguay	1	0	0	0	Imported cases only	1
Territories**						
French Guiana	5	0	0	0	Imported cases only	2
Martinique	2	0	0	0	Imported cases only	2
Saint Martin	2	0	0	0	Under investigation	7
Saint Barthelemy	1	0	0	0	Under investigation	7
African Region						
Algeria	20	0	0	0	Local transmission	1
Senegal	4	0	0	0	Imported cases only	5
Cameroon	2	0	0	0	Local transmission	3
South Africa	7	4	0	0	Imported cases only	0
Nigeria	2	0	0	0	Imported cases only	1
Togo	1	0	0	0	Imported cases only	3
Subtotal for all regions	32,082	4,105	865	186		
International conveyance (Diamond Princess)	696	0	7	0	Local transmission	2
Grand total	32,778	4,105	872	186		

*Numbers include both domestic and repatriated cases

¹The 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.

²Case classifications are based on [WHO case definitions](#) case definitions for COVID-19.

³Transmission classification is based on WHO analysis of available official data and may be subject to reclassification as additional data become available. Countries/territories/areas experiencing multiple types of transmission are classified in the highest category for which there is evidence; they may be removed from a given category if interruption of transmission can be demonstrated. It should be noted that even within categories, different countries/territories/areas may have differing degrees of transmission as indicated by the differing numbers of cases and other factors. Not all locations within a given country/territory/area are equally affected.

Terms:

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

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

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

- *Bolivia*
- **Burkina Faso**
- **Democratic Republic of Congo**
- **Honduras**
- **Jamaica**
- **Turkey**

Additional International Updates:

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

109 (56%) WHO member states affected

- Over 24 hours
 - Over 24 hours, 4,105 new cases (99.5%) outside of China, 20 new cases in China
 - New countries/territories reporting cases, last 24 hours: Brunei, Channel Islands, Cyprus, Mongolia, Panama
 - Early reports: Bolivia, DRC, Jamaica, Panama, Turkey
- Sustained local transmission in China, Korea, Iran, Japan, Europe
- Regional spread in European and Eastern Mediterranean regions
 - European countries with marked increases in cases last 24-48 hours (e.g., Italy +977 cases, Spain +615 cases; Denmark and Norway +40% and +30%, respectively)
 - EMRO – most cases continue to be linked with travel, but local transmission is occurring

- AFRO & PAHO (Southern) primarily reporting travel-associated cases

Top countries reporting cases:

Italy – 10,149 cases, 631 deaths

- Last 24 hours, +977 cases and 168 deaths
- 5,038 remain hospitalized, 877 in ICU
- MSF Belgium mission to Lombardy
- China donating money, PPE, oxygen and other supplies

Iran – 8,042 cases, 291 deaths (Last 24 hours, +881 cases)

Korea – 7,755 cases, 54 deaths

- 242 cases and 6 new deaths
- Concerns re large cluster in Seoul (~90 cases) related to health insurance call center

France – 1,774 cases, 33 deaths

Spain – 1,639 cases, 36 deaths

- Last 24 hours, +615 cases and 8 deaths
- Last 48 hours, 64% of total cases reported
- Madrid, Catalonia, Basque areas with most cases

Germany – 1,296 cases, 2 deaths

Japan – 568 cases, 12 deaths

- 3 cases report different tours in Egypt

Switzerland – 419 cases, 3 deaths (Last 24 hours, +144 cases)

Other:

- Bolivia – 1st and 2nd cases, travel from Italy
- Brazil – 34 total cases, local transmission reported in Sao Paulo and Bahia states
- Brunei 2nd-6th cases, travel from Malaysia (1)
- Burkina Faso – 1st and 2nd cases, travel from France
- Cambodia – 3rd case, British national
- Canada – 93 cases; 1 death

- British Colombia (39 cases); Ontario (36 cases); Alberta (14 cases); Quebec (4 cases)
 - 79% of ill individuals are travelers and 12% are close contacts of those travelers
- Denmark – 262 total cases, 40% increase in number reported cases last 24 hours
- DRC – 1st case in Kinshasa, travel from France
- Indonesia – 19 total cases, 13 new (7 ex-COVID infected countries, 6 contacts)
- Jamaica – 1st case, travel from the UK
- Martinique – 3rd case, travel from France
- Mexico – 7 cases
 - Cases by state: 1 Sinaloa State, 3 Mexico City, 1 border state of Coahuila, 1 Chiapas, 1 state of Mexico
- Moldova – 2nd and 3rd cases, travel from Italy
- Mongolia – 1st case, travel from France
- Morocco – 3rd case, travel from France
- Norway – 277 total cases, 30% increase in number reported cases last 24 hours
- Panama – 1st-8th cases, travel from Spain (3), France (1), US (4), Cuba (2), Puerto Rico (1)
- Paraguay – 2nd-5th cases, travel from Argentina (1)
- Turkey – 1st case, traveler from Europe

Very Respectfully,

Secretary's Operations Center

U.S. Department of Health and Human Services (HHS)
 Assistant Secretary for Preparedness and Response (ASPR)
 200 Independence Ave. S.W.
 Washington D.C. 20201
 Office (202) 619-7800

Fax: 800-514-4256
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Subject:	COVID-19 Morning CDC Update 11Marr20
Date:	2020/03/11 08:37:03
Priority:	Normal
Type:	Note

COVID-19 Response update Mar 11, 2020

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

Domestic Updates

Counts by Jurisdiction (Includes Presumptive Positives and Confirmed Cases)

(Data as of 03:00 ET 11 Mar) - All the US case counts reported to CDC (below) will be shown in black

Jurisdiction N=40 (38 States + DC)	Cases and Deaths Reported to CDC and/or reported on Jurisdiction Websites				For Situational Awareness Cases and Deaths reported by jurisdictions*** or un sources [†] as of 03:00 11 Mar	
	Total Cases*	Total Deaths*	New Cases**	New Deaths**	Cases ^A	Deaths ^A
Arizona	6	0	0	0	6	0
California	133	2	24	0	157	2
Colorado	17	0	5	0	18	0
Connecticut	2	0	0	0	2	0
Florida	21	2	8	0	28	2
Georgia	22	0	5	0	22	0
Hawaii	2	0	0	0	2	0
Illinois	19	0	8	0	19	0
Indiana	6	0	2	0	6	0
Iowa						

Jurisdiction	Cases and Deaths Reported to CDC and/or reported on Jurisdiction Websites				For Situational Awareness Cases and Deaths reported by jurisdictions*** or un sources ⁺ as of 03:00 11 Mar	
	Total Cases*	Total Deaths*	New Cases**	New Deaths**	Cases ^A	Deaths ^A
N=40 (38 States + DC)	13	0	5	0	13	0
Kansas	1	0	0	0	1	0
Kentucky	8	0	2	0	8	0
Louisiana	6	0	5	0	6	0
Maryland	9	0	4	0	9	0
Massachusetts	92	0	51	0	92	0
Michigan	2	0	2	0	2	0
Minnesota	3	0	1	0	3	0
Missouri	1	0	0	0	1	0
Nebraska	3	0	0	0	5	0
Nevada	2	0	0	0	4	0
New Hampshire	5	0	1	0	5	0
New Jersey	15	1	4	1	15	1
New York (excluding NYC)	137	0	14	0	137	0
New York City	36	0	16	0	36	0
North Carolina	7	0	0	0	7	0
Ohio	3	0	0	0	3	0
Oklahoma	2	0	1	0	2	0
Oregon	15	0	1	0	15	0
Pennsylvania	12	0	2	0	14	0
Rhode Island	5	0	2	0	5	0
South Carolina						

Jurisdiction	Cases and Deaths Reported to CDC and/or reported on Jurisdiction Websites				For Situational Awareness Cases and Deaths reported by jurisdictions*** or un- sources ⁺ as of 03:00 11 Mar	
	Total Cases*	Total Deaths*	New Cases**	New Deaths**	Cases ^A	Deaths ^A
N=40 (38 States + DC)	9	0	2	0	9	0
South Dakota	5	0	5	0	5	1
Tennessee	7	0	3	0	7	0
Texas	13	0	1	0	20	0
Utah	2	0	1	0	2	0
Vermont	1	0	0	0	1	0
Virginia	8	0	3	0	9	0
Washington	267	24	105	2	267	25
Wisconsin	3	0	1	0	3	0
District of Columbia	4	0	-1	0	4	0
Grand Princess [§]			0	0	21	0
Total (without repat cases)	924	29	283	3	991	31
Repat cases [#]	49	0	0	0	49	0
Total (with repat)	973	29	283	3	1040	31

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

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

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

⁺Unofficial sources include: Johns Hopkins dashboard or media. See notes below on specific sources for each jurisdiction

[§] These cases occurred in international waters but are being reported in the media as US cases

[#] Includes 3 cases from Hubei repatriation, 46 cases from Diamond Princess repatriation.

^A Early Alert References:

AZ: [AZ PH reports 6 cases.](#)

CO: [CO PH reports 17 cases + "1 indeterminant treated as positive"](#)

FL: [FL PH reports 29 cases \(21 FL resident & 2 non-FL resident\), + 5 repat cases, and 2 deaths \(FL Residents\)](#)

LA: [LA PH reports 6 cases](#)

MA: [MA PH reports 92 cases](#)

MI: [MI now reports 2 cases \(new state\)](#)

NE: [NE PH reporting 3 cases. NE media reports "state health department confirms 5th case](#)

NV: [NV PH site only updated weekly. Reporting 0 cases \(update 3 Mar\). Southern Nevada Health District reporting 2 cases, Media reporting 4 cases](#)

NJ: [NJ PH reporting 15 presumptive positive cases and 1 death](#)

PA: PA PH reports 12 cases. Media reports 2 new cases in Bucks county for total of 14 cases

SD: SD PH reports 5 cases (new state), Media reporting 1 death.

TX: TX PH reports 13 cases in Collin (1), Fort Bend (6), and Harris Counties (6). On 10 Mar, media sources report new cases in other counties: Dallas (2), Montgomery (1), Tarrant (1), Gregg (1), and 2 new cases in Collin county.

VA: VA PH reports 8 cases. Media reporting 9th case.

WA: WA PH reporting 267 cases and 24 deaths. Media reporting 25 deaths.

WI: WI PH reports 3 cases, 2 positive and 1 "positive:recovered"

Exposure category among US COVID-19 Cases Not Associated with Repatriation*

Exposure Category	Number Cases
Travel-related	92
Person-to-person spread	75
Under investigation	757
Total cases	924

*These data represent cases detected and tested in the United States through U.S. public health surveillance systems since January 21, 2020. This includes both confirmed and presumptive positive cases reported to CDC. It does not include people who returned to the U.S. via State Department-chartered flights (Hubei or Diamond Princess repatriation).

Travel/Migration Updates

Data as of 09 Mar

Airport Entry Screening

- **54,902*** air travelers screened to date. Zero (0) F11 site persons currently under mandatory 14-day quarantine.
- Daily for 09 Mar
 - Air travelers screened: **381**
 - Hospital Referrals: 0
 - Q-orders Issued: 0
- Ill Korean traveler identified by CBP at LAX on 08 Mar was negative for COVID-19 disease
- Iranian traveler with cough and recent hospitalization who was screened at LAX on 08 Mar is presumptive positive for COVID-19 disease
- Total cases identified at airports: 2
 - Ill Response: 1 (Hubei traveler transiting through LAX from MEX)
 - Active Screening: 1 (Iran traveler above)

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

F11 Quarantine Orders

- Under quarantine as of 09 Mar: 0
- Cumulative to date: 18

Travel Health Notices

Level 3

- ☐ China
- ☐ South Korea
- ☐ Italy (*posted 28 Feb*)
- ☐ Iran (*posted 28 Feb*)

Level 2

- ☐ Japan

Level 1

- ☐ Hong Kong

Information Box

- ☐ Singapore
- ☐ Taiwan
- ☐ Thailand

Travel Health Notice Updates

- No updates at this time

Other

- Updated guidance for flight crews currently being reviewed by FAA, to include recommendations for both international and domestic crew
- Providing legal and policy support for quarantine orders for Grand Princess passengers
- T-HAN now on website in 13 languages: www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html

International Updates

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

Data as of 04:00 EST 10 Mar 2020 [Source: WHO SitRep - 50]

Globally	China*		Outside of China		
	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Countries/ Territories/ Areas
113,702 (4,125 new)	80,924 (20 new)	3,140 (17 new)	32,778 (4,105 new)	872 (186 new)	109 (5 new)

*China totals include:

- ☐ Hong Kong 115 cases (1 new), 3 deaths (0 new)
- ☐ Macau 10 cases (0 new), 0 deaths (0 new)

- Taiwan 45 cases (0 new), and 1 death (0 new)

Data as of 04:00 EST, 10 Mar 2020* [Source: [WHO SitRep - 50](#)]

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	7,513	131	54	3	Local transmission	0
Japan	514	26	9	2	Local transmission	0
Singapore	160	10	0	0	Local transmission	0
Malaysia	117	24	0	0	Local transmission	0
Australia	92	15	3	0	Local transmission	0
Viet Nam	31	1	0	0	Local transmission	0
Philippines	33	23	1	0	Local transmission	0
New Zealand	5	0	0	0	Local transmission	3
Cambodia	2	0	0	0	Local transmission	2
Brunei Darussalam	1	1	0	0	Imported cases only	0
Mongolia	1	1	0	0	Imported cases only	0
European Region						
Italy	9,172	1,797	463	97	Local transmission	0
Germany	1,139	27	2	2	Local transmission	0
France	1,402	286	30	11	Local transmission	0
Spain	1,024	435	28	18	Local transmission	0
Switzerland	332	0	2	0	Local transmission	1
The United Kingdom	323	46	3	1	Local transmission	0
Netherlands						

Reporting Country/ Territory/ Area [†]	Total confirmed+ cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification [§]	Days since last reported case
	321	56	3	0	Local transmission	0
Belgium	239	39	0	0	Local transmission	0
Sweden	248	45	0	0	Local transmission	0
Norway	192	23	0	0	Local transmission	0
Austria	131	19	0	0	Local transmission	0
Greece	73	0	0	0	Local transmission	1
Iceland	55	0	0	0	Local transmission	2
Denmark	90	54	0	0	Local transmission	0
San Marino	49	12	2	1	Local transmission	0
Czechia	38	6	0	0	Local transmission	0
Israel	39	0	0	0	Local transmission	1
Portugal	30	0	0	0	Local transmission	1
Finland	40	10	0	0	Local transmission	0
Ireland	24	3	0	0	Local transmission	0
Romania	15	0	0	0	Local transmission	1
Georgia	15	2	0	0	Imported cases only	0
Slovenia	23	7	0	0	Local transmission	0
Croatia	12	1	0	0	Local transmission	0
Estonia	10	0	0	0	Imported cases only	3
Azerbaijan	9	0	0	0	Imported cases only	3
Hungary						

Reporting Country/ Territory/ Area [†]	Total confirmed+ cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification [§]	Days since last reported case
	9	0	0	0	Local transmission	1
Russian Federation	7	0	0	0	Imported cases only	3
Belarus	6	0	0	0	Local transmission	5
Poland	16	5	0	0	Local transmission	0
Malta	4	1	0	0	Imported cases only	0
North Macedonia	7	4	0	0	Local transmission	0
Albania	2	0	0	0	Imported cases only	1
Slovakia	7	2	0	0	Local transmission	0
Bosnia and Herzegovina	2	0	0	0	Local transmission	5
Cyprus	2	2	0	0	Imported cases only	0
Bulgaria	4	0	0	0	Local transmission	2
Luxembourg	5	3	0	0	Imported cases only	0
Andorra	1	0	0	0	Imported cases only	7
Armenia	1	0	0	0	Imported cases only	8
Holy See	1	0	0	0	Under investigation	4
Latvia	6	3	0	0	Imported cases only	0
Liechtenstein	1	0	0	0	Imported cases only	4
Lithuania	1	0	0	0	Imported cases only	11
Monaco	1	0	0	0	Under investigation	9
Republic of Moldova	1	0	0	0	Imported cases only	2

Reporting Country/ Territory/ Area [†]	Total confirmed [‡] cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification [§]	Days since last reported case
Serbia	1	0	0	0	Under investigation	4
Ukraine	1	0	0	0	Imported cases only	6
Territories**						
Faroe Islands	2	0	0	0	Imported cases only	1
Gibraltar	1	0	0	0	Under investigation	6
Guernsey	1	1	0	0	Imported cases only	0
South-East Asia Region						
Thailand	53	3	1	0	Local transmission	0
India	44	1	0	0	Local transmission	0
Indonesia	19	13	0	0	Local transmission	0
Maldives	4	0	0	0	Local transmission	1
Bangladesh	3	0	0	0	Local transmission	1
Bhutan	1	0	0	0	Imported cases only	4
Nepal	1	0	0	0	Imported cases only	46
Sri Lanka	1	0	0	0	Imported cases only	43
Eastern Mediterranean Region						
Iran (Islamic Republic of)	7,161	595	237	43	Local transmission	0
Kuwait	65	1	0	0	Imported cases only	0
Bahrain	109	30	0	0	Local transmission	0
Iraq	61	1	6	0	Local transmission	0
Egypt	59	4	1	0	Local transmission	0
UAE						

Reporting Country/ Territory/ Area [†]	Total confirmed [‡] cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification [§]	Days since last reported case
	59	14	0	0	Local transmission	0
Lebanon	41	9	0	0	Local transmission	0
Oman	18	2	0	0	Imported cases only	0
Qatar	18	3	0	0	Imported cases only	0
Saudi Arabia	15	0	0	0	Imported cases only	1
Pakistan	16	10	0	0	Local transmission	0
Afghanistan	4	0	0	0	Imported cases only	2
Morocco	2	0	0	0	Imported cases only	5
Jordan	1	0	0	0	Imported cases only	7
Tunisia	2	0	0	0	Imported cases only	1
Territories**						
occupied Palestinian territory	26	7	0	0	Local transmission	0
Region of the Americas						
United States of America	472	259	19	8	Local transmission	0
Canada	77	15	0	0	Local transmission	0
Brazil	25	0	0	0	Local transmission	1
Ecuador	15	0	0	0	Local transmission	1
Argentina	12	0	1	0	Imported cases only	1
Mexico	7	0	0	0	Imported cases only	2
Peru	9	3	0	0	Local transmission	0
Chile	13	3	0	0	Local transmission	0

Reporting Country/ Territory/ Area [†]	Total confirmed [‡] cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification [§]	Days since last reported case
Costa Rica	9	0	0	0	Local transmission	1
Colombia	3	2	0	0	Imported cases only	0
Panama	1	1	0	0	Imported cases only	0
Dominican Republic	5	4	0	0	Imported cases only	0
Paraguay	1	0	0	0	Imported cases only	1
Territories**						
French Guiana	5	0	0	0	Imported cases only	2
Martinique	2	0	0	0	Imported cases only	2
Saint Martin	2	0	0	0	Under investigation	7
Saint Barthelemy	1	0	0	0	Under investigation	7
African Region						
Algeria	20	0	0	0	Local transmission	1
Senegal	4	0	0	0	Imported cases only	5
Cameroon	2	0	0	0	Local transmission	3
South Africa	7	4	0	0	Imported cases only	0
Nigeria	2	0	0	0	Imported cases only	1
Togo	1	0	0	0	Imported cases only	3
Subtotal for all regions	32,082	4,105	865	186		
International conveyance (Diamond Princess)	696	0	7	0	Local transmission	2
Grand total	32,778	4,105	872	186		

*Numbers include both domestic and repatriated cases

¹The 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.

²Case classifications are based on [WHO case definitions](#) case definitions for COVID-19.

³Transmission classification is based on WHO analysis of available official data and may be subject to reclassification as additional data become available. Countries/territories/areas experiencing multiple types of transmission are classified in the highest category for which there is evidence; they may be removed from a given category if interruption of transmission can be demonstrated. It should be noted that even within categories, different countries/territories/areas may have differing degrees of transmission as indicated by the differing numbers of cases and other factors. Not all locations within a given country/territory/area are equally affected.

Terms:

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

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

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

- *Bolivia*
- **Burkina Faso**
- **Democratic Republic of Congo**
- **Honduras**
- **Jamaica**
- **Turkey**

Additional International Updates:

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

109 (56%) WHO member states affected

- Over 24 hours
 - Over 24 hours, 4,105 new cases (99.5%) outside of China, 20 new cases in China
 - New countries/territories reporting cases, last 24 hours: Brunei, Channel Islands, Cyprus, Mongolia, Panama
 - Early reports: Bolivia, DRC, Jamaica, Panama, Turkey
- Sustained local transmission in China, Korea, Iran, Japan, Europe
- Regional spread in European and Eastern Mediterranean regions
 - European countries with marked increases in cases last 24-48 hours (e.g., Italy +977 cases, Spain +615 cases; Denmark and Norway +40% and +30%, respectively)
 - EMRO – most cases continue to be linked with travel, but local transmission is occurring

- AFRO & PAHO (Southern) primarily reporting travel-associated cases

Top countries reporting cases:

Italy – 10,149 cases, 631 deaths

- Last 24 hours, +977 cases and 168 deaths
- 5,038 remain hospitalized, 877 in ICU
- MSF Belgium mission to Lombardy
- China donating money, PPE, oxygen and other supplies

Iran – 8,042 cases, 291 deaths (Last 24 hours, +881 cases)

Korea – 7,755 cases, 54 deaths

- 242 cases and 6 new deaths
- Concerns re large cluster in Seoul (~90 cases) related to health insurance call center

France – 1,774 cases, 33 deaths

Spain – 1,639 cases, 36 deaths

- Last 24 hours, +615 cases and 8 deaths
- Last 48 hours, 64% of total cases reported
- Madrid, Catalonia, Basque areas with most cases

Germany – 1,296 cases, 2 deaths

Japan – 568 cases, 12 deaths

- 3 cases report different tours in Egypt

Switzerland – 419 cases, 3 deaths (Last 24 hours, +144 cases)

Other:

- Bolivia – 1st and 2nd cases, travel from Italy
- Brazil – 34 total cases, local transmission reported in Sao Paulo and Bahia states
- Brunei 2nd-6th cases, travel from Malaysia (1)
- Burkina Faso – 1st and 2nd cases, travel from France
- Cambodia – 3rd case, British national
- Canada – 93 cases; 1 death

- British Colombia (39 cases); Ontario (36 cases); Alberta (14 cases); Quebec (4 cases)
- 79% of ill individuals are travelers and 12% are close contacts of those travelers
- Denmark – 262 total cases, 40% increase in number reported cases last 24 hours
- DRC – 1st case in Kinshasa, travel from France
- Indonesia – 19 total cases, 13 new (7 ex-COVID infected countries, 6 contacts)
- Jamaica – 1st case, travel from the UK
- Martinique – 3rd case, travel from France
- Mexico – 7 cases
 - Cases by state: 1 Sinaloa State, 3 Mexico City, 1 border state of Coahuila, 1 Chiapas, 1 state of Mexico
- Moldova – 2nd and 3rd cases, travel from Italy
- Mongolia – 1st case, travel from France
- Morocco – 3rd case, travel from France
- Norway – 277 total cases, 30% increase in number reported cases last 24 hours
- Panama – 1st-8th cases, travel from Spain (3), France (1), US (4), Cuba (2), Puerto Rico (1)
- Paraguay – 2nd-5th cases, travel from Argentina (1)
- Turkey – 1st case, traveler from Europe

Very Respectfully,

Secretary's Operations Center

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 Assistant Secretary for Preparedness and Response (ASPR)
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Date:	2020/03/11 09:32:43
Priority:	Normal
Type:	Note

Azar previews 'aggressive steps' administration will recommend to fight coronavirus

By Quint Forgey

03/11/2020 09:31 AM EDT

Health and Human Services Secretary Alex Azar said Wednesday that the federal government would issue new guidance to U.S. communities affected by the coronavirus regarding "aggressive steps" to counter the burgeoning outbreak.

"You're going to hear from CDC today and the White House that we're going to be making recommendations to those local communities about aggressive steps that we think they should be taking, and we've been collaborating closely with them on that," Azar told "Fox & Friends" in an interview.

One administration official said the recommendations will instruct residents of communities in Washington, California, New York and Massachusetts to work from home, and will declare that schools should close under certain circumstances.

The announcement from the secretary Wednesday morning came hours after the number of people in the United States diagnosed with the coronavirus surged past 1,000 — with cases in 38 states that have resulted in at least 29 deaths.

The administration has faced criticism for the time it took to produce testing for the coronavirus as the public health crisis worsened, as well as the availability of those tests to state and local health care providers and the government's inability to track them.

Meanwhile, President Donald Trump has suggested aggressive measures to boost the flagging economy including a payroll tax cut and paid leave for hourly employees unable to work due to the outbreak.

House Democrats are moving forward with their own economic package that proposes paid sick leave for certain workers, increased funding for children's school lunches, expanded unemployment insurance and greater spending on social safety-net programs.

Nancy Cook contributed to this report.

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Subject:	Azar previews 'aggressive steps' administration will recommend to fight coronavirus
Date:	2020/03/11 09:33:24
Priority:	Normal
Type:	Note

Azar previews 'aggressive steps' administration will recommend to fight coronavirus

By Quint Forgey

03/11/2020 09:31 AM EDT

Health and Human Services Secretary Alex Azar said Wednesday that the federal government would issue new guidance to U.S. communities affected by the coronavirus regarding "aggressive steps" to counter the burgeoning outbreak.

"You're going to hear from CDC today and the White House that we're going to be making recommendations to those local communities about aggressive steps that we think they should be taking, and we've been collaborating closely with them on that," Azar told "Fox & Friends" in an interview.

One administration official said the recommendations will instruct residents of communities in Washington, California, New York and Massachusetts to work from home, and will declare that schools should close under certain circumstances.

The announcement from the secretary Wednesday morning came hours after the number of people in the United States diagnosed with the coronavirus surged past 1,000 — with cases in 38 states that have resulted in at least 29 deaths.

The administration has faced criticism for the time it took to produce testing for the coronavirus as the public health crisis worsened, as well as the availability of those tests to state and local health care providers and the government's inability to track them.

Meanwhile, President Donald Trump has suggested aggressive measures to boost the flagging economy including a payroll tax cut and paid leave for hourly employees unable to work due to the outbreak.

House Democrats are moving forward with their own economic package that proposes paid sick leave for certain workers, increased funding for children's school lunches, expanded unemployment insurance and greater spending on social safety-net programs.

Nancy Cook contributed to this report.

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Date:	2020/03/11 09:40:08
Priority:	Normal
Type:	Note

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Sent: Wednesday, March 11, 2020 9:33 AM

To: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>

Subject: Azar previews 'aggressive steps' administration will recommend to fight coronavirus

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03/11/2020 09:31 AM EDT

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Nancy Cook contributed to this report.

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Subject:	HOLD: AMA Video teleconference call with Scientist who attended WHO Advance Mission to Wuhan, China
Date:	2020/03/11 10:28:02
Start Date:	2020/03/13 11:30:00
End Date:	2020/03/13 12:00:00
Priority:	Normal
Type:	Appointment
Location:	TBD
Attendees:	AMA2 (OS/IOS); Apple, Matthew (HHS/IOS); Harrison, Brian (HHS/IOS); Paul Mango ; Puesan, Cesar (HHS/OS/IOS); Stecker, Judy (OS/IOS); Tignor, Beth (HHS/IOS); Schaeffer, Alison (HHS/OS/OGA); Garrett Grigsby (HHS/OS/OGA) (Garrett.Grigsby@hhs.gov); Kyle Zebley (HHS/OS/OGA) (Kyle.Zebley@hhs.gov); Elvander, Erika (OS/OGA)

Topic: Video or teleconference with the US Government scientists who participated in the recent WHO Advance Mission to Wuhan, China. Monday, March 9 after 2pm or Tuesday March 10 after 9:00am.

Objectives: Ask their opinions of the WHO Mission Report; ask their opinions of the Chinese response; thank them for their service.

AMA's Role: Receive informal briefing on their experience in Wuhan, China.

Project Lead (IOS Senior Staff): Brian Harrison

Working Project Lead (Name, Cell and email): Kyle Zebley, (b)(6)

Kyle.Zebley@hhs.gov

Is Conference Call Line needed? Yes

Who will initiate the conference call? Erika Elvander

Who will provide Briefing materials? Office of Global Affairs

HHS Staff Attendees: Garrett Grigsby, Kyle Zebley, Erika Elvander

Schedule Request Justification:

Cliff Lane of the NIH and Weigong Zhou of the CDC recently participated in the WHO Advance Mission to China to investigate the COVID-19 outbreak. Drs. Lane and Zhou were integral members of the WHO team and can provide insight as to inner WHO positioning as well as share observations of the Chinese government's dealing with the outbreak. We are asking you do this by video teleconference as both Dr. Lane and Dr. Zhou are on home quarantine after their return from China.

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From:	McBride, Stefanie (CDC/DDID/NCEZID/DHQP) <wve1@cdc.gov>
To:	McBride, Stefanie (CDC/DDID/NCEZID/DHQP) <wve1@cdc.gov>; Cardo, Denise M. MD (CDC/DDID/NCEZID/DHQP) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a0b28765eb214642ab98980eb2923959-Cardo, Deni>; Srinivasan, Arjun (CDC/DDID/NCEZID/DHQP) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1170e2a697cd486e9ea6d56c2d8044fc-Srinivasan,>; Bell, Michael MD (CDC/DDID/NCEZID/DHQP) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=15dbc2e3be2c41f0ace5f6406b3ade3a-michael.bel>; Moran, Kerri (CDC/DDID/NCEZID/DHQP) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bcaccbebcf9a45739a4a4ceb39a608fd-kerri.moran>; Shulman, Evan T. 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Date:	2020/03/11 10:40:14
Start Date:	2020/03/11 11:00:00
End Date:	2020/03/11 11:30:00
Priority:	Normal
Type:	Appointment
Location:	Skype Meeting or (b)(6)
Attendees:	Cardo, Denise M. MD (CDC/DDID/NCEZID/DHQP); Srinivasan, Arjun (CDC/DDID/NCEZID/DHQP); Bell, Michael MD (CDC/DDID/NCEZID/DHQP); Moran, Kerri (CDC/DDID/NCEZID/DHQP); Shulman, Evan T. (CMS/CCSQ); Stone, Nimalie (CDC/DDID/NCEZID/DHQP); Jacobs Slifka, Kara (CDC/OID/NCEZID);

Adams, Danielle N. (CMS/CCSQ); Hayden, Megan R. (CMS/CCSQ); Tritz, Karen L. (CMS/CCSQ); Hittle, Matthew (CMS/OA); Harris, Melissa L. (CMS/CMCS); Finne, Kristen (OS/ASPR/EMMO); Levine, Cheryl (OS/ASPR/EMMO); Kallen, Alexander (CDC/DDID/NCEZID/DHQP); Schaefer, Melissa K. (CDC/DDID/NCEZID/DHQP); Autrey, Sophia (CMS/CCSQ); Archibald, Traci (CMS/CCSQ); Saunders, Adriane (CMS/CCSQ); Lollar, Ralph F. (CMS/CMCS); Davis, Angel (CMS/CCSQ); Tripp, Lisa C. (CMS/CCSQ); Pace, Sandra M. (CMS/CCSQ); Ling, Shari (CMS/CCSQ); Couch, Marion (CMS/OA); Perz, Joseph (CDC/DDID/NCEZID/DHQP); Coffin, Nicole (CDC/DDID/NCEZID/DHQP); Epstein, Lauren H. (CDC/DDID/NCEZID/DHQP); Phillips, Sally (OS/ASPR/SPPR); Blackfield, Anne (CMS/CMCS); Moody-Williams, Jean D. (CMS/CCSQ); Blackford, Carol W. (CMS/CM); Saxon, Bobby (CMS/CCIIO); Meier, Patricia A. (CMS/CQISCO); Ford-Barnes, Arwenithia (OS/ASPR/IO); Payne, Skip (CMS/OA); Wright, David R. (CMS/CCSQ); Brandt, Kimberly (CMS/OA); Ay, Jean (CMS/CCSQ); Chickering, Steven D. (CMS/CCSQ); Smith, Linda D. (CMS/CCSQ); Reinertsen, Lauren (CMS/CCSQ); Wardlow-Dotter, Dianna (CMS/CCSQ); Garza, Alex (CMS/CCSQ); St Aubin, Francoise E. (CMS/CCSQ); Shuy, Bryan (OS/ASPR/IO); Valentine, Steven (HHS/OASH); Trent-Adams, Sylvia (HHS/OASH); McGowan, Robert (Kyle) (CDC/OD/OCS); Romanik, Nikki Jo (CDC/OD/OCS); Herrmann, Jack (OS/ASPR/OEA); Dafflitto, Scott (OS/ASPR/EMMO); Williams, Teresa (CDC/OD/OCS); Gershman, Lynn E. (CDC/DDPHSIS/OD); Schwartz, Erica (HHS/OASH); Kadlec, Robert (OS/ASPR/IO); Joshi, Cecilia (CDC/DDID/NCEZID/DHQP); Hanns, Sheila R. (CMS/CCSQ)

Update (2020-03-11): Adding additional participants as requested. Resending invite to all so that everyone has correct distribution list.

Update (2020-03-10): Per guidance from the CMS Administrator, this call will move to a daily frequency.

Update (2020-03-09): Adding additional CDC and CMS participants, as requested.

Update (2020-03-08): Many people were forwarded the invite to this call over the weekend, and I also received requests to add people to the invite. I am resending this invite to the full group so that everyone has the full distribution list for the call and that all recipients receive updates to the invite series. There has been no change to the frequency or day/time of the meetings; only changes to the participant list. If there are others who should be added, please contact Stefanie Bumpus McBride. Thanks! - SBM

Update (2020-03-06): Renaming call to reflect all participants and adding addition participants.

Scheduling CDC/CMS COVID check-in: nursing homes for M/W/F from 11-11:30 am.

Please contact Stefanie Bumpus McBride if a call needs to be moved or cancelled, or if additional participants should be added.

If Stefanie is out of the office, please contact Kerri Moran.

CDC staff: if at least one person can join by Skype and monitor if anyone needs to be admitted to the call, that would be very helpful (especially on days I am unable to join).

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Update (2020-03-10, 2): Adding latest issues/solutions document and running list of action items from all calls. These documents will be updated and added to invites daily.

Update (2020-03-10): Per guidance from the CMS Administrator, this call will move to a daily frequency.

Update (2020-03-09): Adding additional CDC and CMS participants, as requested.

Update (2020-03-08): Many people were forwarded the invite to this call over the weekend, and I also received requests to add people to the invite. I am resending this invite to the full group so that everyone has the full distribution list for the call and that all recipients receive updates to the invite series. There has been no change to the frequency or day/time of the meetings; only changes to the participant list. If there are others who should be added, please contact Stefanie Bumpus McBride. Thanks! - SBM

Update (2020-03-06): Renaming call to reflect all participants and adding addition participants.

Scheduling CDC/CMS COVID check-in: nursing homes for M/W/F from 11-11:30 am.

Please contact Stefanie Bumpus McBride if a call needs to be moved or cancelled, or if additional participants should be added.

If Stefanie is out of the office, please contact Kerri Moran.

CDC staff: if at least one person can join by Skype and monitor if anyone needs to be admitted to the call, that would be very helpful (especially on days I am unable to join).

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Recipient:

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Update (2020-03-19): Document from Evan attached:

From Evan: Everyone, this is the latest version of the survey process

(b)(5)

(b)(5)

There have been a few changes since you last saw it (including changes based on CDC recommendations). This is on a very fast track, and expected to be released tomorrow. We will discuss at 11. Thanks! -Evan

Update (2020-03-11): Adding additional participants as requested. Resending invite to all so that everyone has correct distribution list.

Update (2020-03-10): Per guidance from the CMS Administrator, this call will move to a daily frequency.

Update (2020-03-09): Adding additional CDC and CMS participants, as requested.

Update (2020-03-08): Many people were forwarded the invite to this call over the weekend, and I also received requests to add people to the invite. I am resending this invite to the full group so that everyone has the full distribution list for the call and that all recipients receive updates to the invite series. There has been no change to the frequency or day/time of the meetings; only changes to the participant list. If there are others who should be added, please contact Stefanie Bumpus McBride. Thanks! - SBM

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McBride, Stefanie (CDC/DDID/NCEZID/DHQP) <wve1@cdc.gov>;
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Update (2020-03-25): Adding document for discussion during 3/25 call.

Update (2020-03-11): Adding additional participants as requested. Resending invite to all so that everyone has correct distribution list.

Update (2020-03-10): Per guidance from the CMS Administrator, this call will move to a daily frequency.

Update (2020-03-09): Adding additional CDC and CMS participants, as requested.

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Update (2020-03-26, 2): Initial LTC admitting data from CMS attached, as discussed on 3/25 call.

Update (2020-03-26): Draft nursing home telehealth toolkit attached; CMS will seek feedback on this document during 3/26 call. Many CMS staff will not able to join 3/26 call.

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Type:	OLE.CLASS.{00061055-0000-0000-C000-000000000046}

Update (2020-03-27): Adding admitting data from CMS on other care settings.

Update (2020-03-11): Adding additional participants as requested. Resending invite to all so that everyone has correct distribution list.

Update (2020-03-10): Per guidance from the CMS Administrator, this call will move to a daily frequency.

Update (2020-03-09): Adding additional CDC and CMS participants, as requested.

Update (2020-03-08): Many people were forwarded the invite to this call over the weekend, and I also received requests to add people to the invite. I am resending this invite to the full group so that everyone has the full distribution list for the call and that all recipients receive updates to the invite series. There has been no change to the frequency or day/time of the meetings; only changes to the participant list. If there are others who should be added, please contact Stefanie Bumpus McBride. Thanks! - SBM

Update (2020-03-06): Renaming call to reflect all participants and adding addition participants.

Scheduling CDC/CMS COVID check-in: nursing homes for M/W/F from 11-11:30 am.

Please contact Stefanie Bumpus McBride if a call needs to be moved or cancelled, or if additional participants should be added.

If Stefanie is out of the office, please contact Kerri Moran.

CDC staff: if at least one person can join by Skype and monitor if anyone needs to be admitted to the call, that would be very helpful (especially on days I am unable to join).

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English (United States)

(b)(6)

(Atlanta Dial-in Conference Region)

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Recipient:

McBride, Stefanie (CDC/DDID/NCEZID/DHQP) <wve1@cdc.gov>;
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From:	Michael Osterholm (b)(6)@umn.edu>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	FW: Update on NAM/NASEM Response to Coronavirus
Date:	2020/03/11 11:08:26
Priority:	Normal
Type:	Note

Interesting.....obviously I didn't make it.

From: Dzau, Victor J. <(b)(6)@NAS.EDU>
Sent: Wednesday, March 11, 2020 9:49 AM
To: (b)(6)@LSW.NAS.EDU
Subject: Update on NAM/NASEM Response to Coronavirus

Dear NAM Members,

I am writing to share the latest updates on the NAM/NASEM response to coronavirus. I intend to do this regularly in order to keep you informed of our activities in this important and rapidly evolving area.

The first relates to the [Standing Committee on Emerging Infectious Diseases and 21st Century Health Threats](#) (for an overview, see my original message below). Former IOM president [Harvey Fineberg](#) will serve as chair, and the [provisional committee roster](#) is available through the Health and Medicine Division's website. It will come as no surprise that there is tremendous interest in this topic both within and outside the NAM membership – we received over 200 nominations for members of the standing committee. There will be further opportunities to participate as the committee develops its agenda and as separate efforts get underway across the National Academies.

The standing committee is hosting its first meeting virtually TODAY, March 11, to discuss its statement of task and begin scoping its activities ([agenda available here](#)). There will be an open session from 1:30 to 5:00 pm, during which the committee will hear from Kelvin Droegemeier, Director of the White House Office of Science and Technology Policy, and Chris Hassell, Senior Science Advisor to the Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services. The open session will also include a discussion of diagnostic tests and other issues the committee identifies as priorities. **If you would like to listen in to the open session, please register here.** A recording will be made available after the meeting.

Second, as some of you may know, because of the current situation with COVID-19, the National Academy of Sciences (NAS) Annual Meeting, scheduled for April 25-28, has been downsized and converted primarily to virtual participation. NAS president Marcia McNutt has invited me to organize a late-breaking session on the COVID-19 outbreak. The session will be live-streamed, and I encourage you to tune in. Please sign up [here](#) to be notified when more details are available.

Next, as I mentioned in my earlier message, the Global Preparedness Monitoring Board, of which I am a member, issued its [analysis of funding needs](#) to support the global response to COVID-19. Crucially, we

have identified an \$8 billion funding gap in the areas of the World Health Organization's emergency response; regional surveillance and control; vaccine development, distribution, and delivery; R&D, manufacture, and delivery for treatments and diagnostics; and stockpiling vaccines and personal protective equipment. We have reached out to G7 leaders and are working closely with leaders at the World Bank, International Monetary Fund, and global foundations to rally the resources needed. On Monday, the Bill and Melinda Gates Foundation, Wellcome, and Mastercard announced a \$125 million [COVID-19 Therapeutics Accelerator initiative](#) to speed the development of treatments. This is encouraging news, but there is much work to be done.

Finally, the NAM is currently developing a concept with a leading partner organization to develop a regular expert webinar series that could rapidly and regularly provide trustworthy scientific analysis and dialogue on the latest COVID-19 developments for policy makers, public health and health care officials, and the general public. This could be a mechanism for the NAM to serve as a trusted source of information and learned opinions.

Our internal institutional policy and plans are evolving as new information becomes available. Our internal institutional policy and plans are evolving as new information becomes available. This morning, the National Academies issued an all-staff memorandum specifying that all large gatherings and all formal programmatic meetings through May 1 should be converted to virtual events or postponed. In addition, all nonessential business travel is prohibited. Those of you who are involved in meetings in this time period should expect to hear more information directly from your program staff contacts.

I will continue to provide regular updates by email, and you can also visit our [coronavirus resources page](#), which is updated daily. Please don't hesitate to be in touch with questions and suggestions.

Regards,
Victor

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

From: Dzau, Victor J. (b)(6)@NAS.EDU>
Sent: Wednesday, March 4, 2020 9:09 AM
To: (b)(6)@LSW.NAS.EDU
Subject: Responding to Coronavirus

Dear NAM Members,

I am writing to share important updates on the National Academies' responses to the COVID-19 outbreak. The issue is of utmost concern to me personally, as it is for NAM, NAS, NAE, and colleagues across the organization. We are actively working to respond to the crisis at multiple levels – institutionally, nationally, and globally.

Our first obligation is to serve as a reliable source of information. As you know, our knowledge of the virus is in its early stages, with new data emerging daily. At the National Academies, we are monitoring the outbreak closely, depending on leaders at the Centers for Disease Control and Prevention, the National Institute of Allergy and Infectious Diseases, other federal agencies, and the World Health Organization as the best sources for credible, up-to-the-minute details. The National Academies' role is

not to break news but rather to advise policy makers and health leaders on science-based decisions and ensure their access to evidence-based information and impartial expertise.

To that end, the National Academies is establishing a [Standing Committee on Emerging Infectious Diseases and 21st Century Health Threats](#) in response to a request from the White House Office of Science and Technology Policy and Department of Health and Human Services. The standing committee will consist of experts in emerging infectious diseases, public health, preparedness and response, clinical care and crisis standards of care, risk communication, regulatory issues, and more. Members are currently being identified. As a neutral convener with the capacity to respond quickly to requests for information, the committee will serve to advise the federal government about integrating science into national preparedness and response decision making, learning from previous outbreaks, and addressing misinformation. The committee will draw on a robust body of work across the National Academies in the area of pandemic infectious disease, including the [Forum on Microbial Threats](#); the [Forum on Medical and Public Health Preparedness and Response for Disasters and Emergencies](#); the [Forum on Drug Discovery, Development, and Translation](#); the [Crisis Standards of Care](#) series; and the [Global Health Risk Framework for the Future](#).

In our [press release](#) announcing the formation of the standing committee, I note that “at times like this, it is important that we make science-based decisions and communicate transparently to the public, drawing upon trusted scientists and experts.” Indeed, responsible communication informed by trustworthy, scientific expertise is of primary importance in limiting the spread of the virus and protecting the well-being of the public. Advising policy makers on this subject is among our top priorities.

The NAM office of communications is providing regular updates on the National Academies’ response to coronavirus [through our website](#). We will be using [NAM Perspectives](#) as a platform for experts to weigh in on the outbreak and provide learned opinions; later this week, we will publish the first of two papers on COVID-19 crisis standards of care and public communication, respectively. If you would like to be notified when these papers are available, please [sign up here](#) to receive emails about new publications.

Internally, the National Academies have formed a Coronavirus Outbreak Response Working Group to advise staff and volunteers on immediate steps to protect their health and safety, as well as determine plans for maintaining operations in the event of significant community spread in the United States. Please reach out to [Don Laing](#), working group chair, with any inquiries.

Finally, I serve as a member of the [Global Preparedness Monitoring Board](#) (GPMB), co-convened by the World Health Organization (WHO) and World Bank, which monitors and advises on global preparedness and response to infectious outbreaks. In an official statement, we recommend rapid information sharing; preparedness capacity building; accelerated R&D; national and regional collaboration with WHO; financial support for lower-resourced countries; and steps to ensure effective public communication. Our full statement, including specific recommendations for the development of vaccines, diagnostics, and therapeutics, is [available online](#). Later this week, GPMB will be calling for significant financing for global response to COVID-19. There is much work ahead. Please stay tuned.

While we are still learning about coronavirus, we know a great deal about the effective management of global pandemic infectious disease. The challenge now is to apply that knowledge consistently, efficiently, and effectively. As longtime trusted advisors to the government, the NAM and the National

Academies commit to serve as active proponents of evidence-based, science-driven decision making with regard to COVID-19, both domestically and internationally.

I will keep you updated as our plans develop. In the meantime, I welcome your questions and suggestions.

Sincerely,
Victor

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Sender:	Michael Osterholm (b)(6)@umn.edu>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
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Subject:	Fwd: Daily OD Updates nCoV Response
Date:	2020/03/11 12:09:33
Priority:	Normal
Type:	Note

From: "McGowan, Robert (Kyle) (CDC/OD/OCS)" <omc2@cdc.gov>
Date: March 11, 2020 at 12:06:26 PM EDT
To: "Harrison, Brian (HHS/IOS)" <Brian.Harrison@hhs.gov>, "Shuy, Bryan (OS/ASPR/IO)" <Bryan.Shuy@hhs.gov>, "Stecker, Judy (OS/IOS)" <Judy.Stecker@hhs.gov>, "Mango, Paul (HHS/IOS)" <Paul.Mango@hhs.gov>
Subject: FW: Daily OD Updates nCoV Response

Here is what I have for 1/31

From: Fox, LeAnne M. (CDC/DDID/NCIRD/DBD) <lff4@cdc.gov>
Sent: Friday, January 31, 2020 7:32 AM
To: Messonnier, Nancy (CDC/DDID/NCIRD/OD) <nar5@cdc.gov>; Cetron, Marty (CDC/DDID/NCEZID/DGMQ) <mzc4@cdc.gov>; Redfield, Robert R. (CDC/OD) <olx1@cdc.gov>; Schuchat, Anne MD (CDC/OD) <acs1@cdc.gov>; Berger, Sherri (CDC/OCOD/OD) <sob8@cdc.gov>; McGowan, Robert (Kyle) (CDC/OD/OCS) <omc2@cdc.gov>; Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>
Cc: Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <dbj0@cdc.gov>; Patel, Anita (CDC/DDID/NCIRD/OD) <bop1@cdc.gov>; Cohn, Amanda (CDC/DDID/NCIRD/OD) <anc0@cdc.gov>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <jsb6@cdc.gov>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <iaw3@cdc.gov>; Knotts, Ashley (CDC/OD/OCS) <vqf0@cdc.gov>; Warner, Agnes (CDC/OD/OCS) <bli8@cdc.gov>
Subject: Daily OD Updates nCoV Response

Dear All,

Please see the Daily OD Updates for the nCoV Response. Let us know if there are any questions.

Thanks,

LeAnne

INTERNAL - NOT FOR FURTHER DISTRIBUTION

Data Current as of Jan 31, 2020 12:00 AM (EST)

NSC Request for Information

1. • # of total confirmed cases in the U.S. and locations
6 confirmed cases, locations include Washington State, California (2) and Chicago (2), and Arizona
2. • # of total cases in the U.S. undergoing screening at CDC
191 Persons Under Investigation
3. • # of cases screened by CDC that were confirmed not to be coronavirus
97 Persons with negative test results
4. • # of total confirmed cases in China
9,692
5. • # of total confirmed deaths in China
213
6. • # of international cases and locations – **see below**
7. • # of total confirmed international (non-China) deaths - not available to CDC

- **Domestic Updates**

Patients Being Medically Evaluated in US*:

-

	PUI Numbers *Excludes those with contact to known case
Total # PUIs identified*	191
PUIs from the prior 24 hours	23
Total # confirmed cases	6
Total # PUIs with pending test results	88
Total # PUIs with negative test results	97
PUI reported by HD/clinician	185

*We are continuing to revise the process and validate/de-duplicate the data. This means the numbers will be susceptible to change as we implement the systems needed to monitor the increasing number of requests and the variability of submission data from our public health partners who are working at break-neck speed.

- **Confirmed nCoV Cases in the US***

-

State	Age	Sex	Date of Illness Onset	Date of nCoV Confirmation	Exposure	Current Clinical Status	Number of nCoV Positive Cases in Contact Tracing
WA	38	M	1/16/20	1/21/20	Wuhan	Stable	0
IL	63	F	1/14/20	1/23/20	Wuhan	Stable	1
AZ	26	M	1/21/20	1/25/20	Wuhan	Stable	0
CA	54	M	1/14/20	1/25/20	Wuhan	Stable	0
CA	38	M	1/9/20	1/25/20	Wuhan	Stable	0
IL	69	M	unknown	1/29/20	Close contact to 63 yo F in IL	Stable	0

-

- **Information on Newly Confirmed Cases**

No new nCoV positive cases in US in the past 24 hours.

-

Travel and Airport Screening:

-

Repatriation of USG and American Citizens from Wuhan

- Coordination planning with interagency partners for the repatriation flight arriving in the US from Wuhan, Flight departed Wuhan and arrived at March Air Force Base, Riverside, CA
- 195 evacuees evaluated, no medical referrals
- 174 evacuees provided specimens for lab testing, plan to educate passengers about self-monitoring today, specimen shipments enroute and arriving at CDC for testing.

- Planning for Continued Repatriation: (b)(5)

(b)(5)

Screening of passengers coming to US on indirect flights from Wuhan continues (low numbers). No medical referrals in past 24 hours

International Updates

nCov in mainland China

	Confirmed Cases	Severe Cases (%)	Deaths	Affected Provinces	Suspected Cases	Total Contacts Traced	Contacts Under Observation
Total	9,692	1,527 (16%)	213	31	15,238	113,579	102,427
New	1,982	157 (8%)	43	0	4,812	24,886	24,681

Cases outside of China

- 0 new countries reporting cases
- 3 new cases without evidence of travel to China (United States, Taiwan, Germany)

Location	Date First Case Reported	Date Most Recent Case Reported	Confirmed Cases	New Cases (~ 24 hrs)	Deaths	Cases Without China Travel

Thailand	13-Jan	28-Jan	14		0	0
Japan	15-Jan	30-Jan	12	1	0	2
United States	16-Jan	30-Jan	6	1	0	1
Republic of Korea	20-Jan	31-Jan	7	1	0	1
Hong Kong	21-Jan	30-Jan	12	2	0	0
Taiwan	21-Jan	30-Jan	9	1	0	2
Macau	22-Jan	27-Jan	7		0	0
Singapore	23-Jan	30-Jan	13	3	0	0
Vietnam	23-Jan	30-Jan	5	3	0	1
Malaysia	24-Jan	30-Jan	8	1	0	0
France	24-Jan	25-Jan	5		0	0
Nepal	24-Jan	24-Jan	1		0	0
Australia	25-Jan	30-Jan	9	1	0	0
Canada	25-Jan	28-Jan	3		0	0
Cambodia	27-Jan	27-Jan	1		0	0
Germany	27-Jan	30-Jan	5	1	0	5
Sri Lanka	28-Jan	28-Jan	1		0	0
UAE	29-Jan	29-Jan	4			0
Philippines	30-Jan	30-Jan	1		0	0
India	30-Jan	30-Jan	1		0	0
Finland	30-Jan	30-Jan	1		0	0

Total			125	15	0	12
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- First report of cases in a country, after data cutoff (12 AM)

- - • **United Kingdom:** 2 cases who are members of the same family, travel history not reported
 - • **NOT PUBLIC** – One case has had travel to Hubei Province, China and one is a close family contact
 - • **Italy:** First 2 confirmed cases in Chinese tourists. Hospitalized since 29 January in Rome.

Cases pending official announcement

- • **Thailand:** 2 confirmed cases not yet reported by Ministry of Health
- • **France:** 1 confirmed case not yet reported by Ministry of Health

- Noteworthy suspect cases

- - • Awaiting test results for suspect cases in Zambia, Kenya, Equatorial Guinea, Colombia

Additional Updates:

- - • The WHO Emergency Committee meeting on Jan 30th, declared the nCoV epidemic as a PHEIC.
 - • Recent NEJM publication documenting transmission of 2019-nCoV Infection from an asymptomatic contact in Germany.
 - • CDC team has been invited to support response in China in collaboration with WHO and NHC contacted HHS to extend their welcome to US experts to join WHO in this expert group to work together with Chinese counterparts in the ongoing 2019-nCoV prevention and control effort.
 - • NEJM publication in process on 1st US case, possible publication Jan 31st.
 - • HAN released planned for Jan 31st after COCA call.

LeAnne Fox, MD, MPH, DTM&H
 CDR US Public Health Service
 Currently Assigned as Deputy Incident Manager for
 2020 Novel Coronavirus Response

Sender:	Harrison, Brian (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D145EFC9C35C4865ACA6E9D47786B204-HARRISON, B>
Recipient:	Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Redfield, Robert R. (CDC/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ab74a26317547b8a754285d9eaa847c-robert.redf>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>; Grigsby, Garrett (HHS/OS/OGA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7cd78b4810d44b17b8711aaede9a9023-Grigsby, Gl>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; AMA2 (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c145629cc8ac4858bf1f0ce5dd0461dc-AMA2!>
Sent Date:	2020/03/11 12:09:32
Delivered Date:	2020/03/11 12:09:33

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D145EFC9C35C4865ACA6E9D47786B204-HARRISON, B>
To:	AMA2 (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c145629cc8ac4858bf1f0ce5dd0461dc-AMA2!>
CC:	Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Redfield, Robert R. (CDC/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ab74a26317547b8a754285d9eaa847c-robert.redf>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>; Grigsby, Garrett (HHS/OS/OGA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7cd78b4810d44b17b8711aaede9a9023-Grigsby, Gl>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	Fwd: Daily OD Updates nCoV Response
Date:	2020/03/11 12:09:34
Priority:	Normal
Type:	Note

From: "McGowan, Robert (Kyle) (CDC/OD/OCS)" <omc2@cdc.gov>
Date: March 11, 2020 at 12:06:26 PM EDT
To: "Harrison, Brian (HHS/IOS)" <Brian.Harrison@hhs.gov>, "Shuy, Bryan (OS/ASPR/IO)" <Bryan.Shuy@hhs.gov>, "Stecker, Judy (OS/IOS)" <Judy.Stecker@hhs.gov>, "Mango, Paul (HHS/IOS)" <Paul.Mango@hhs.gov>
Subject: FW: Daily OD Updates nCoV Response

Here is what I have for 1/31

From: Fox, LeAnne M. (CDC/DDID/NCIRD/DBD) <lff4@cdc.gov>
Sent: Friday, January 31, 2020 7:32 AM
To: Messonnier, Nancy (CDC/DDID/NCIRD/OD) <nar5@cdc.gov>; Cetron, Marty (CDC/DDID/NCEZID/DGMQ) <mzc4@cdc.gov>; Redfield, Robert R. (CDC/OD) <olx1@cdc.gov>; Schuchat, Anne MD (CDC/OD) <acs1@cdc.gov>; Berger, Sherri (CDC/OCOD/OD) <sob8@cdc.gov>; McGowan, Robert (Kyle) (CDC/OD/OCS) <omc2@cdc.gov>; Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>
Cc: Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <dbj0@cdc.gov>; Patel, Anita (CDC/DDID/NCIRD/OD) <bop1@cdc.gov>; Cohn, Amanda (CDC/DDID/NCIRD/OD) <anc0@cdc.gov>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <jsb6@cdc.gov>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <iaw3@cdc.gov>; Knotts, Ashley (CDC/OD/OCS) <vqf0@cdc.gov>; Warner, Agnes (CDC/OD/OCS) <bli8@cdc.gov>
Subject: Daily OD Updates nCoV Response

Dear All,

Please see the Daily OD Updates for the nCoV Response. Let us know if there are any questions.

Thanks,

LeAnne

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UAE	29-Jan	29-Jan	4			0
Philippines	30-Jan	30-Jan	1		0	0
India	30-Jan	30-Jan	1		0	0
Finland	30-Jan	30-Jan	1		0	0

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Sender:	Harrison, Brian (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D145EFC9C35C4865ACA6E9D47786B204-HARRISON, B>
Recipient:	AMA2 (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c145629cc8ac4858bf1f0ce5dd0461dc-AMA2!>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Redfield, Robert R. (CDC/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ab74a26317547b8a754285d9eaa847c-robert.redf>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>; Grigsby, Garrett (HHS/OS/OGA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7cd78b4810d44b17b8711aaede9a9023-Grigsby, Gl>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Sent Date:	2020/03/11 12:09:32
Delivered Date:	2020/03/11 12:09:34

From:	Jeanne McGlynn Delgado <jeanne@seniorshousing.org>
To:	HHS Secretary (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5e3fce8f00194d8d94fc91094888d811-HHS Secreta>
CC:	Verma, Seema (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e36583cd19bb453997718e4ca9ac8a93-SeemaVermaP>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; David Schless <DSchless@seniorshousing.org>
Subject:	COVID-19 Supplies for Senior Living Communities
Date:	2020/03/11 12:11:33
Priority:	Normal
Type:	Note

Dear Secretary Azar:

Please find attached a letter from the American Senior Housing Association (ASHA) requesting assistance to prioritize the supply and resource needs of the senior living industry as you continue your efforts to address COVID-19. Our member companies provide housing and care to the very populations most at risk, seniors over 80 and those with underlying medical conditions. The shortage of N-95 masks, test kits, and other PPE are a growing concern in our industry. Any assistance you can provide in terms of guidance to state health agencies to recognize our needs and to prioritize senior living communities as priority targets for these supplies as they begin to come online is much appreciated. If we can be of any assistance during this critical time, please reach out. Thank you for your good work and consideration of this request.

Sincerely,

Jeanne McGlynn Delgado
V.P. Government Affairs
American Seniors Housing Association
5225 Wisconsin Avenue, N.W., Suite 502
Washington, D.C. 20015
202-885-5561

Sender:	Jeanne McGlynn Delgado <jeanne@seniorshousing.org>
Recipient:	HHS Secretary (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5e3fce8f00194d8d94fc91094888d811-HHS Secreta>; Verma, Seema (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e36583cd19bb453997718e4ca9ac8a93-SeemaVermaP>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; David Schless <DSchless@seniorshousing.org>
Sent Date:	2020/03/11 12:10:17
Delivered Date:	2020/03/11 12:11:33

From:	Bratcher-Bowman, Nikki (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7014813C9A244F839E5C01FDAAD79179-BRATCHER-BO>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
CC:	Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>
Subject:	ASPR COVID-19 Workforce Communications
Date:	2020/03/11 12:41:13
Priority:	Normal
Type:	Note

Dr. Kadlec,

Below is the approved ASPR COVID-19 workforce communications for you to send to all staff today. The communications is consistent with recent guidance issued by NIH, FDA, and CDC which cancels all travel except mission-essential and response-related. We are also limiting in-person meetings and advising virtual options for upcoming meetings. Please note we should address your decision regarding enhanced telework posture separate from this communication as the situation evolves.

---BREAK BREAK---

CORONAVIRUS UPDATE FOR ASPR STAFF: Travel/Meeting Guidance Team ASPR,

As you know, ASPR is at the forefront of the nation's challenging public health and medical response to the spread of COVID-19. Many across our organization are working tirelessly to repatriate American citizens, utilize the Strategic National Stockpile, advance the work of industry and private sector in support of medical countermeasures development, work with our federal partners on various policy and regulatory flexibilities, and help ensure the stability of our country's healthcare system. The work you are doing is truly amazing. In fact, it is the foundation of ASPR's mission. Dedicated professionals like you transform our mission from words to actions. I encourage you to stay the course, remain focused, and continue offering the right solutions to help meet the nation's most pressing needs during this challenging response.

The safety and well-being of all ASPR personnel is paramount; and while the immediate risk to most Americans from COVID-19 remains low, the potential global public health threat posed by this virus is high. This is a rapidly evolving situation, and the risk assessment for people in the United States may change. At this time, it is critical that we take measures to help safeguard our team. The below guidance is immediately in effect to help us do so:

Travel and Meetings

In support of guidance issued by the [Office of Personnel Management](#) and in an abundance of caution to limit the risk of viral transmission, ASPR is canceling all travel except mission-critical and response-related efforts. Additionally, you are urged to limit attendance at

large meetings to those that are mission critical only. Should you need to host meetings over the next 30 days, we ask that you strongly consider virtual options by utilizing tele/videoconferencing services or postponing/cancelling your meetings. In the coming weeks, ASPR will re-evaluate this guidance for travel and meetings that take place beyond the 30-day period and updated guidance will be provided. Please see your immediate supervisor should you have any questions or concerns regarding this guidance.

Robert Kadlec

-----BREAK BREAK-----

Nikki Bratcher-Bowman
Director of Executive Management
Office of the Assistant Secretary for Preparedness and Response
DHHS
200 Independence Ave., SW – Suite 639D
Washington, DC 20202
Office: 202-730-4884
Cell: (b)(6)

Sender:	Bratcher-Bowman, Nikki (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7014813C9A244F839E5C01FDAAD79179-BRATCHER-BO>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>
Sent Date:	2020/03/11 12:41:10
Delivered Date:	2020/03/11 12:41:13

From:	Kadlec, Robert (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A182EDA693D040D3832BAE6EFCF7A255-KADLEC, ROB>
To:	OS - ASPR Staff </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=872a152cefc64fa5bbe40c4475f57d0-OS - ASPR S>; SNS DISTRO (OS/ASPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=955cc944e506454296cf05d6a483e8a6-SNS DISTRO>
Subject:	CORONAVIRUS UPDATE FOR ASPR STAFF: Travel/Meeting Guidance
Date:	2020/03/11 12:58:36
Importance:	High
Priority:	Urgent
Type:	Note

Team ASPR,

As you know, ASPR is at the forefront of the nation's challenging public health and medical response to the spread of COVID-19. Many across our organization are working tirelessly to repatriate American citizens, deploy the Strategic National Stockpile to support our state and local colleagues, advance the work of industry and private sector in support of medical countermeasures development, work with our federal partners on various policy and regulatory flexibilities, and help ensure the stability of our country's healthcare system.

The work you all are doing is truly amazing. In fact, it is the foundation of ASPR's mission. Dedicated professionals like you transform our mission from words to actions. I encourage you to stay the course, remain focused, and continue offering the right solutions to help meet the nation's most pressing needs during this challenging response.

The safety and well-being of all ASPR personnel is paramount to me and the Secretary; and while the immediate risk to most Americans from COVID-19 remains low, the potential global public health threat posed by this virus is high. This is a rapidly evolving situation, and the risk assessment for people in the United States may and will likely change. At this time, it is critical that we take measures to help safeguard our team. The below guidance is immediately in effect to help us do so:

Travel and Meetings

In support of guidance issued by the [Office of Personnel Management](#) and in an abundance of caution to limit the risk of viral transmission, ASPR is canceling all travel except mission-critical and response-related efforts. Additionally, you are urged to limit attendance at large meetings to those that are mission critical only. Should you need to host meetings over the next 30 days, we ask that you strongly consider virtual options by utilizing tele/videoconferencing services or postponing/cancelling your meetings. In the coming weeks, ASPR will re-evaluate this guidance for travel and meetings that take place beyond the 30-day period and updated guidance will be provided. Please see your immediate supervisor should you have any questions or concerns regarding this guidance.

Bob Kadlec
ASPR

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

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CC:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; 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:	Re: Reuters: Exclusive: White House told federal health agency to classify coronavirus deliberations - sources
Date:	2020/03/11 12:58:36
Priority:	Normal
Type:	Note

Ok

Sent from my iPhone

On Mar 11, 2020, at 12:50 PM, McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov> wrote:

Stephanie with WSJ is now asking me about this too. I can just send our statement.

From: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>
Sent: Wednesday, March 11, 2020 12:50 PM
To: McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>
Cc: Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Subject: Re: Reuters: Exclusive: White House told federal health agency to classify coronavirus deliberations - sources

This is so stupid

Sent from my iPhone

On Mar 11, 2020, at 12:37 PM, McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov> wrote:

Exclusive: White House told federal health agency to classify coronavirus deliberations – sources
Reuters // Aram Roston, Marisa Taylor

WASHINGTON (Reuters) - The White House has ordered federal health officials to treat top-level coronavirus meetings as classified, an unusual step that has restricted information and hampered the U.S. government's response to the contagion, according to four Trump administration officials.

The officials said that dozens of classified discussions about such topics as the scope of infections, quarantines and travel restrictions have been held since mid-January in a high-security meeting room at the Department of Health & Human Services (HHS), a key player in the fight against the coronavirus.

Staffers without security clearances, including government experts, were excluded from the interagency meetings, which included video conference calls, the sources said.

"We had some very critical people who did not have security clearances who could not go," one official said. "These should not be classified meetings. It was unnecessary."

The sources said the National Security Council (NSC), which advises the president on security issues, ordered the classification. "This came directly from the White House," one official said.

The White House insistence on secrecy at the nation's premier public health organization, which has not been previously disclosed, has put a lid on certain information - and potentially delayed the response to the crisis. COVID19, the disease caused by the virus, has killed about 30 people in the United States and infected more than 1,000 people.

HHS oversees a broad range of health agencies, including the U.S. Centers for Disease Control and Prevention, which among other things is responsible for tracking cases and providing guidance nationally on the outbreaks.

The administration officials, who spoke to Reuters on condition of anonymity, said they could not describe the interactions in the meeting room because they were classified.

An NSC spokesman did not respond to questions about the meetings at HHS. But he defended the administration's transparency across federal agencies and noted that meetings of the administration's task force on the coronavirus all are unclassified. It was not immediately clear which meetings he was referring to.

"From day one of the response to the coronavirus, NSC has insisted on the principle of radical transparency," said the spokesman, John Ulliot. He added that the administration "has cut red tape and set the global standard in protecting the American people under President Trump's leadership."

A spokeswoman for the HHS, Katherine McKeogh, issued a statement that did not address questions about classified meetings. Using language that echoed the NSC's, the department said it that it agreed task-force meetings should be unclassified.

Critics have hammered the Trump administration for what they see as a delayed response to coronavirus outbreaks and a lack of transparency, including sidelining experts and providing misleading or incomplete information to the public. State and local officials also have complained of being kept in the dark about essential federal response information.

U.S. Vice-President Mike Pence, the administration's point person on coronavirus, vowed on March 3 to offer "real-time information in a steady pace and be fully transparent." The vice president, appointed by President Donald Trump in late February, is holding regular news briefings and also has pledged to rely on expert guidance.

The meetings at HHS were held in a secure area called a "Sensitive Compartmentalized Information Facility," or SCIF, according to the administration officials.

SCIFs are usually reserved for intelligence and military operations. Ordinary cell phones and computers can't be brought into the chambers. HHS has SCIFs because theoretically it would play a major role in biowarfare or chemical attacks.

A high-level former official who helped address public health outbreaks in the George W. Bush administration said "it's not normal to classify discussions about a response to a public health crisis."

Attendees at the meetings included HHS Secretary Alex Azar and his chief of staff Brian Harrison, the officials said. Azar and Harrison resisted the classification of the meetings, the sources said.

HHS did not make Azar or Harrison available for comment.

One of the administration officials told Reuters that when complex issues about a quarantine came up, a high-ranking HHS lawyer with expertise on the issue was not admitted because he did not have the proper security clearance. His input was delayed and offered at an unclassified meeting, the official said.

A fifth source familiar with the meetings said HHS staffers often weren't informed about coronavirus developments because they didn't have adequate clearance. He said he was told that the matters were classified "because it had to do with China."

The coronavirus epidemic originated in China and the administration's main focus to prevent spread early on was to restrict travel by non-U.S. citizens coming from China and to authorize the quarantine of people entering the United States who may have been exposed to the virus.

One of the administration officials suggested the security clearances for meetings at HHS were imposed not to protect national security but to keep the information within a tight circle, to prevent leaks.

"It seemed to be a tool for the White House - for the NSC - to keep participation in these meetings low," the official 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:	Stecker, Judy (OS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0280B227911B40B6B30A81B8574EDE6B-STECKER, JU>
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Sent Date:	2020/03/11 12:58:35
Delivered Date:	2020/03/11 12:58:36

From:	John Herzog <jherzog@kimbell-associates.com>
To:	John Herzog <jherzog@kimbell-associates.com>
Subject:	Letter from Brookdale Senior Living CEO: Barriers to Protecting Senior Living Communities from COVID-19
Date:	2020/03/11 13:06:41
Priority:	Normal
Type:	Note

To Members of the Coronavirus Task Force,

I am writing today to thank you for the extreme effort and robust coronavirus response. Attached is a letter from Cindy Baier, President and Chief Executive Officer of Brookdale Senior Living Inc., which is the largest operator of senior living communities in the United States. The letter reports on the front-line role that the senior living industry will have in protecting seniors, Brookdale's preparation efforts to date, and specific areas that Brookdale believes can be addressed by Executive and Congressional leadership to enhance the industry's ability to combat COVID-19.

Brookdale operates and manages independent living, assisted living, memory care and continuing care retirement centers, with 743 communities in 45 states and the ability to serve approximately 65,000 residents as of February 1, 2020. The Company also offers a range of home health, hospice and outpatient therapy services to over 20,000 patients as of that date. Brookdale's number one priority is the health and safety of their residents, patients and associates. They have assembled an emergency response team which is communicating and implementing protocols based on federal and state guidance. Brookdale developed a toolkit which can be found here:

<https://protect2.fireeye.com/url?k=876b167e-db3e1f6d-876b2741-0cc47adb5650-2391a1477485cac9&u=https://www.brookdalenews.com/how-brookdale-is-responding-to-covid-19-virus.htm>

Ms. Baier and her executive team stand ready to assist in your efforts and would welcome the opportunity to further discuss the issues outlined in the attached letter. I am happy to facilitate these discussions at your convenience. We appreciate your consideration of the issues addressed in the attached letter.

Many thanks,

John T. Herzog
Vice President
Jeffrey J. Kimbell & Associates
401 9th Street NW, Suite 920
Washington, DC 20004
(202) 735-2596 Office

(b)(6) Cell

JHerzog@Kimbell-Associates.com

<https://protect2.fireeye.com/url?k=1b08ba48-475db35b-1b088b77-0cc47adb5650-096b7392869e3f7d&u=http://www.kimbell-associates.com/>

Sender:	John Herzog <jherzog@kimbell-associates.com>
Recipient:	John Herzog <jherzog@kimbell-associates.com>
Sent Date:	2020/03/11 13:05:09
Delivered Date:	2020/03/11 13:06:41
Message Flags:	Unread

From:	John Herzog <jherzog@kimbell-associates.com>
To:	John Herzog <jherzog@kimbell-associates.com>
Subject:	Letter from Brookdale Senior Living CEO: Barriers to Protecting Senior Living Communities from COVID-19
Date:	2020/03/11 13:06:42
Priority:	Normal
Type:	Note

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Sender:	John Herzog <jherzog@kimbell-associates.com>
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Sent Date:	2020/03/11 13:05:09
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Recipient:	John Herzog <jherzog@kimbell-associates.com>
Sent Date:	2020/03/11 13:05:09
Delivered Date:	2020/03/11 13:06:41

From:	HHS Office of Public Affairs <hhsopa@hhs.gov>
To:	Brooks, John (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=646c7a34da9148189df0d76a885388b9-Brooks, Joh>
Subject:	CDC to Award Over \$560 Million to State & Local Jurisdictions in Support of COVID-19 Response
Date:	2020/03/11 13:13:25
Priority:	Normal
Type:	Note



U.S. Department of Health and
Human Services

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FOR IMMEDIATE RELEASE

March 11, 2020

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"State and local health departments are on the frontlines of responding to the COVID-19 outbreak, and we are deeply grateful for their work," said HHS Secretary Alex Azar. "CDC is distributing this new funding extremely rapidly, as called for by Congress. President Trump, and his entire administration will continue working to ensure state and local jurisdictions have the resources they need to keep Americans safe and healthy."

"Our state, local, tribal and territorial public health partners are on the front lines of the COVID-19 response. The action we are taking today will continue to support their efforts to increase public health capacity where it's needed most," said CDC Director Robert R. Redfield, M.D. "These funds will allow public health leaders to implement critical steps

necessary to contain and mitigate spread of the virus in communities across the country.”

On Friday, March 6, the President signed the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020. The supplemental contains \$8.3 billion government-wide, with resources directed for grants or cooperative agreements to states, localities, territories, and tribes to accelerate planning and operational readiness for COVID-19 preparedness and response, as well as develop tools and strategies, provide technical assistance and program support, as well as ensure ongoing communication and coordination among public health agencies and partners throughout the response.

Today, CDC is contacting State Health Officers to move forward with awarding over \$560 million to states, localities, territories, and tribes. CDC will use existing networks to reach out to state and local jurisdictions to access this initial funding.

To view the list of CDC funding actions to jurisdictions, click [here](#)

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

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Sender:	HHS Office of Public Affairs <hhsopa@hhs.gov>
Recipient:	Brooks, John (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=646c7a34da9148189df0d76a885388b9-Brooks, Joh>
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Date:	2020/03/11 13:13:31
Priority:	Normal
Type:	Note



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Subject:	CDC to Award Over \$560 Million to State & Local Jurisdictions in Support of COVID-19 Response
Date:	2020/03/11 13:13:40
Priority:	Normal
Type:	Note



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Subject:	CDC to Award Over \$560 Million to State & Local Jurisdictions in Support of COVID-19 Response
Date:	2020/03/11 13:13:37
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Type:	Note



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To view the list of CDC funding actions to jurisdictions, click [here](#)

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

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U.S. Department of Health and Human Services (HHS), 200 Independence Avenue, SW 6th Floor Room 647-D, Washington, DC 20201 United States

Sender:	HHS Office of Public Affairs <hhsopa@hhs.gov>
Recipient:	Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>
Sent Date:	2020/03/11 13:13:00
Delivered Date:	2020/03/11 13:13:37

From:	HHS Office of Public Affairs <hhsopa@hhs.gov>
To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Subject:	CDC to Award Over \$560 Million to State & Local Jurisdictions in Support of COVID-19 Response
Date:	2020/03/11 13:13:40
Priority:	Normal
Type:	Note



U.S. Department of Health and
Human Services

News Release

202-690-6343
media@hhs.gov
www.hhs.gov/news
Twitter [@SpoxHHS](https://twitter.com/SpoxHHS)

FOR IMMEDIATE RELEASE

March 11, 2020

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Sent Date:	2020/03/11 13:13:00
Delivered Date:	2020/03/11 13:13:40

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.YDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0280B227911B40B6B30A81B8574EDE6B-STECKER, JU>
To:	AMA2 (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c145629cc8ac4858bf1f0ce5dd0461dc-AMA2!>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	Fwd: CDC to Award Over \$560 Million to State & Local Jurisdictions in Support of COVID-19 Response
Date:	2020/03/11 13:17:42
Priority:	Normal
Type:	Note

Sent from my iPhone

Begin forwarded message:

From: HHS Office of Public Affairs <hhsopa@hhs.gov>
Date: March 11, 2020 at 1:13:33 PM EDT
To: "Stecker, Judy (OS/IOS)" <Judy.Stecker@hhs.gov>
Subject: CDC to Award Over \$560 Million to State & Local Jurisdictions in Support of COVID-19 Response
Reply-To: hhsopa@hhs.gov



U.S. Department of Health and
Human Services

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Sender:	Stecker, Judy (OS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0280B227911B40B6B30A81B8574EDE6B-STECKER, JU>
Recipient:	AMA2 (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c145629cc8ac4858bf1f0ce5dd0461dc-AMA2!>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Sent Date:	2020/03/11 13:17:41
Delivered Date:	2020/03/11 13:17:42
Message Flags:	Unread

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To:	AMA2 (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c145629cc8ac4858bf1f0ce5dd0461dc-AMA2!>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	Fwd: CDC to Award Over \$560 Million to State & Local Jurisdictions in Support of COVID-19 Response
Date:	2020/03/11 13:17:43
Priority:	Normal
Type:	Note

Sent from my iPhone

Begin forwarded message:

From: HHS Office of Public Affairs <hhsopa@hhs.gov>
Date: March 11, 2020 at 1:13:33 PM EDT
To: "Stecker, Judy (OS/IOS)" <Judy.Stecker@hhs.gov>
Subject: CDC to Award Over \$560 Million to State & Local Jurisdictions in Support of COVID-19 Response
Reply-To: hhsopa@hhs.gov



U.S. Department of Health and
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News Release

202-690-6343
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Recipient:	AMA2 (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c145629cc8ac4858bf1f0ce5dd0461dc-AMA2!>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Sent Date:	2020/03/11 13:17:41
Delivered Date:	2020/03/11 13:17:43

From:	Americans for Limited Government <media@limitgov.org>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Reject Pelosi-Schumer attempts to leverage coronavirus fears to expand big government
Date:	2020/03/11 13:40:00
Priority:	Normal
Type:	Note



6

For Immediate Release

Contact: Robert Romano

March 11, 2020

Phone: 703-383-0880 ext. 1003

Reject Pelosi-Schumer attempts to leverage coronavirus fears to expand big government

March 11, 2020, Fairfax, Va.—Americans for Limited Government President Rick Manning today issued the following statement urging President Donald Trump to reject attempts by House Speaker Nancy Pelosi (D-Calif.) and Senate Minority Leader (D-N.Y.) to leverage coronavirus fears to expand the size and scope of government:

“Nancy Pelosi and Chuck Schumer are determined not to let the coronavirus panic go to waste, proposing knee-jerk economically transformative spending plans that neither meet the needs of the crisis nor our nation's limited government priorities. Pelosi and Schumer know that once government giveaways are put into place, they rarely if ever are rescinded.

President Trump should reject these blatant attempts to leverage fear into a permanent expansion of the size and scope of government.”

To view online: <https://protect2.fireeye.com/url?k=c5a5d52e-99f1cc52-c5a5e411-0cc47adc5fa2-64433eb1d8b94815&u=https://getliberty.org/2020/03/reject-pelosi-schumer-attempts-to-leverage-coronavirus-fears-to-expand-big-government/>

Interview Availability: Please contact Americans for Limited Government at 703-383-0880 ext. 1 or at media@limitgov.org.

###

Americans for Limited Government is dedicated to fighting for the survival of America by restoring constitutionally limited government, allowing individuals to pursue life, liberty and happiness. For more information on ALG please visit our website at <https://protect2.fireeye.com/url?k=6e8877ba-32dc6ec6-6e884685-0cc47adc5fa2-32ac85a3bb6fa1d1&u=http://www.getliberty.org/> and <https://protect2.fireeye.com/url?k=b68bf583-eadfecff-b68bc4bc-0cc47adc5fa2-c5ae57dcd8a91d88&u=http://www.dailytorch.com/>.

Americans for Limited Government
10332 Main Street # 326
Fairfax Virginia 22030
United States

This email is intended for Alex.Azar@hhs.gov.
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Sender:	Americans for Limited Government < media@limitgov.org >
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/11 13:39:38
Delivered Date:	2020/03/11 13:40:00
Message Flags:	Unread

From:	Americans for Limited Government <media@limitgov.org>
To:	Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>
Subject:	Reject Pelosi-Schumer attempts to leverage coronavirus fears to expand big government
Date:	2020/03/11 13:39:57
Priority:	Normal
Type:	Note



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Sender:	Americans for Limited Government < media@limitgov.org >
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Sent Date:	2020/03/11 13:39:38
Delivered Date:	2020/03/11 13:39:57

From:	Robert Levitt <(b)(6)@hotmail.com>
To:	Robert Levitt <(b)(6)@hotmail.com>
Subject:	Dr. Levitt's COVID-19 Update for Noon 11 March 2020: A Picture is Worth A Thousand Words
Date:	2020/03/11 13:45:35
Priority:	Normal
Type:	Note

Dear All,

This Noon Update is short and to the point. Please spread the word about how **Dr. Max Starkloff saved Saint Louis from the 1918 Influenza Epidemic**. It's all in the **Influenza Archive**: <https://protect2.fireeye.com/url?k=e60a778e-ba5e6ef2-e60a46b1-0cc47adc5fa2-fe6ca1a62c3a5615&u=https://www.influenzaarchive.org/cities/city-stlouis.html>

St. Louis, Missouri and the 1918-1919 Influenza Epidemic | The American Influenza Epidemic of 1918: A Digital Encyclopedia

In the waning days of September 1918, Dr. Max C. Starkloff, Health Commissioner for the city of St. Louis, actively monitored the news from Boston – at the center of the nation's influenza epidemic – and watched the contagion as it spread westward.

<https://protect2.fireeye.com/url?k=236f65e9-7f3b7c95-236f54d6-0cc47adc5fa2-d04e4a34262d4f26&u=http://www.influenzaarchive.org/>

This is exactly the action plan undertaken by Italy and previously China. The Archive article is short; please read it and then distribute to your HCW and employees and associates.

If you don't have the time to read the Archive article, then take a look at the photo attached above as displayed on MSNBC with Andrea Mitchell today. **A picture is worth a thousand words: when people are socially distanced in an epidemic, very few die.**

The WH and CDC are finally hearing one another, not just listening to one another. So we can expect to get a therapy for COVID-19 soon. Vaccine Phase 2 (efficacy) testing may take a while, but need not take the 12-18 months that Dr. Fauci estimates. It all depends on how many Americans volunteer for Phase 2 testing after Phase 1 (safety) testing is completed. Dr. Jonas Salk got 1.5 Million Americans to volunteer for 'field testing' of his Polio vaccine in 1954. (He also inoculated himself, wife, and three male children previously).

To learn more about how social distancing works, read the Atlantic Monthly article by Jeremy Brown: <https://www.theatlantic.com/ideas/archive/2020/03/were-not-facing-second-spanish-flu/607354/>

Coronavirus Is No 1918 Pandemic - The



Atlantic

We have just commemorated the centenary of the Great Flu Pandemic of 1918, which lasted only a few months but claimed 50 million to 100 million lives worldwide, including 675,000 in the United States.

www.theatlantic.com

Be well,
RGL, M.D.



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Recipient:	Robert Levitt (b)(6)@hotmail.com>
Sent Date:	2020/03/11 13:45:12
Delivered Date:	2020/03/11 13:45:35
Message Flags:	Unread

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Recipient:	Robert Levitt (b)(6) @hotmail.com>
Sent Date:	2020/03/11 13:45:12
Delivered Date:	2020/03/11 13:45:34
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:	Summary: WHO Declares COVID-19 a Global Pandemic
Date:	2020/03/11 13:45:36
Priority:	Normal
Type:	Note

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Good afternoon Dr. Kadlec,

BLUF: The SOC was notified by ASPR IHR Program that the World Health Organization has declared COVID-19 a Global Pandemic.

- The WHO Director at a press conference in Geneva declared COVID-19 a Global Pandemic.
- Due to the expansion of COVID-19 increasing to over 118,000 with cases in 114 countries.
- The total fatality count has exceeded 4,291.
- A full statement will be posted on the EMPortal Incident page once available.

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 (SOC)
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
WK: (202) 619 – 7800
Fax: (202) 619 – 8602
Cell: (b)(6)
Email: hhs.soc@hhs.gov

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to-know in the performance of their official duties. Unauthorized disclosure of this information may result in civil or criminal penalties.

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Sender:	OS Secretarys Operations Center </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=32B1F28D808B43B6903C00083291303E-SECRETARYS>
Recipient:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Sent Date:	2020/03/11 13:45:34
Delivered Date:	2020/03/11 13:45:36
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:	Summary: WHO Declares COVID-19 a Global Pandemic
Date:	2020/03/11 13:45:36
Priority:	Normal
Type:	Note

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Good afternoon Dr. Kadlec,

BLUF: The SOC was notified by ASPR IHR Program that the World Health Organization has declared COVID-19 a Global Pandemic.

- The WHO Director at a press conference in Geneva declared COVID-19 a Global Pandemic.
- Due to the expansion of COVID-19 increasing to over 118,000 with cases in 114 countries.
- The total fatality count has exceeded 4,291.
- A full statement will be posted on the EMPortal Incident page once available.

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,

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U.S. Department of Health and Human Services (HHS)
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Recipient:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Sent Date:	2020/03/11 13:45:34
Delivered Date:	2020/03/11 13:45:36
Message Flags:	Unread

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.DIBOHF23SPDLT)/CN=RECIPIENTS/CN=1D8863B643654B1AAD9A38C952AF613E-MANGO, PAUL>
To:	Wolf, Laura (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userb232d38c>; Trueman, Laura (HHS/IEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=99dcb4c6ea342c08d58f63e37d997e7-Trueaman, La>; Zebley, Kyle (HHS/OS/OGA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b81a0e4749994f969ff1063b9a3a0b1f-Zebley, Kyl>
CC:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	Fwd: medical face mask available
Date:	2020/03/11 14:19:20
Priority:	Normal
Type:	Note

(b)(5)

Sent from my iPhone

Begin forwarded message:

From: "HHS Secretary (HHS/IOS)" <secretary@hhs.gov>
Date: March 11, 2020 at 11:15:27 AM EDT
To: "Mango, Paul (HHS/IOS)" <Paul.Mango@hhs.gov>
Subject: FW: medical face mask available

From: puliyang Liu (b)(6)@gmail.com>
Sent: Tuesday, March 10, 2020 12:41 AM
To: HHS Secretary (HHS/IOS) <secretary@hhs.gov>
Subject: medical face mask available

Dear Alex,

I'm an international student from Kansas state university. (currently in China)because of the influence of coronavirus. I didn't back to states this year. in the past two months helping lots of hospital and company sourcing and buying face masks and medical equipment. (protection suit, non-contact thermometer gun).

The epidemic situation is in a good trend in china. so I hope maybe the source that I have can give u a little help. down below is the detail of the facemask. CIF price 0.65/piece. payment by letter of credit. 500w pieces in stock

Sender:	Mango, Paul (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=1D8863B643654B1AAD9A38C952AF613E-MANGO, PAUL>
Recipient:	Wolf, Laura (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userb232d38c>; Trueman, Laura (HHS/IEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=99dcb4c6ea342c08d58f63e37d997e7-Trueaman, La>;

	Zebley, Kyle (HHS/OS/OGA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b81a0e4749994f969ff1063b9a3a0b1f-Zebley, Kyl>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Sent Date:	2020/03/11 14:19:19
Delivered Date:	2020/03/11 14:19:20