



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

August 8, 2022

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

Dear Mr. Evers:

This letter is the fifteenth 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 **416 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 **165 pages** to you in their entirety and I am further releasing **34 pages** in part, with portions redacted, pursuant to Exemptions (b) (4), (b)(5), and (b)(6) of the FOIA (5 U.S.C. §552 (b)(5) and (b)(6)). Furthermore, I have determined that **217 pages** should be sent for consultation to others and returned to this Department for final disposition.

FOIA exemption (b)(4) permits the withholding of trade secrets and commercial or financial information that is privileged or confidential.

FOIA exemption (b)(5) protects inter-agency or intra-agency memoranda or letters which would not be available by law to a party other than an agency in litigation with the agency. This exemption protects documents that would be covered by any privilege an agency could assert in a civil proceeding. These privileges include, among others, the deliberative process privilege, the attorney-client privilege, the attorney work-product privilege and the presidential communications privilege. 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

Alesia Y. Williams
Director, FOIA Appeals and Litigations
FOI/Privacy Act Division

Enclosure(s)

From:	Alan Reyes, USO <operations@uso.org>
To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Subject:	USO Airport Operations Suspension
Date:	2020/03/12 13:12:22
Priority:	Normal
Type:	Note



Dear Jerome,

We have an important update to share regarding Coronavirus (COVID-19). Due to the rapid spread of the virus, **all USO airport locations in the United States will suspend operations effective Friday, March 13, 2020 and will remain suspended until further notice.** USO will continue to provide programs and resources to service members and their families while ensuring health and safety for all. Some airport locations will continue to work with military commands to support large unit movements through airports.

USO will evaluate operational status on a weekly basis and will reopen airport locations as soon as possible.

We remain committed to responsibly supporting our service members and their families across the United States and overseas. Thank you for your service and we look forward to welcoming guests back to our airport locations soon!

For information on USO location status and programs, please download the USO Mobile app available for **iOS** and **Android** or **visit** **<https://protect2.fireeye.com/url?k=bded1033-e1b93918-bded210c-0cc47a6d17cc-fd18fb9099b389b6&u=https://www.uso.org/coronavirus>**

Very Respectfully,

Alan J. Reyes

Chief Operating Officer, USO

We've contacted you because you provided your email address at a USO center which is listed as jerome.adams@hhs.gov.

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PO Box 96860 Washington, DC 20077-7677

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Sender:	Alan Reyes, USO <operations@uso.org>
Recipient:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Sent Date:	2020/03/12 12:06:15
Delivered Date:	2020/03/12 13:12:22

From:	Sherman, Jennifer (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F30FE7FAE664419FA654B20EDCCB1E78-SHERMAN, JE>
To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Anderson-Villaluz, Dennis (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=61dfc265c6ce45f686ad00f9dfd27901-Anderson-Vi>; Campos, Rafael (OS/OASH) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f4e8264a4c7b4cf6aed5a3f0344cce54-Campos, Raf>
Subject:	FW: Pelosi and Mnuchin race to clinch a deal on coronavirus aid package
Date:	2020/03/12 12:11:32
Priority:	Normal
Type:	Note

FYI

From: POLITICO Pro <politicoemail@politicopro.com>
Sent: Thursday, March 12, 2020 12:10 PM
To: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Subject: Pelosi and Mnuchin race to clinch a deal on coronavirus aid package

Pelosi and Mnuchin race to clinch a deal on coronavirus aid package

By Sarah Ferris, Heather Caygle, Kyle Cheney

03/11/2020 10:54 PM EDT

Speaker Nancy Pelosi and Treasury Secretary Steven Mnuchin are moving swiftly to try to reach a deal on a massive emergency aid package for Americans affected by the coronavirus, negotiating in dramatic fashion as Congress prepares to depart for a weeklong recess amid an intensifying national crisis.

Republicans in the White House and on Capitol Hill have raised major objections to the Democrats' multi-billion-dollar emergency proposal, H.R. 6201 (116), which was unveiled close to midnight on Wednesday. But Pelosi told reporters that Democrats have agreed to "most" of the GOP's proposed changes and reiterated that the House would still power ahead with a vote on Thursday.

"We are responding to their concerns, we don't want them moving the goal posts and that's it," Pelosi said at her weekly press conference.

The speaker noted she was still in contact with Mnuchin, calling most of his requested changes "reasonable." But she shot down House Minority Leader Kevin McCarthy's suggestion that lawmakers continue negotiations for "24 or 48 hours" to get a bipartisan deal.

"We don't need 48 hours, we need to just make a decision to help families right now," Pelosi said. "I'm not sticking around because they don't want to agree to language."

Senior Democrats had initially been hopeful — some, even confident — that their bill would win support from Republicans. By Thursday morning, however, GOP leaders said they would oppose the plan over the paid leave plan and changes to Medicaid, which would help hospitals cover swelling costs of uninsured patients.

The Democrats' package would shore up safety net programs like food assistance, unemployment insurance and temporary sick leave with growing numbers of people forced to stay home from work and schools. It would also make free coronavirus testing widely available in a bid to address one of the nation's major struggles in containing the outbreak.

The divisions on the package have fueled turmoil over the U.S. response to the outbreak as it quickly consumes the nation. With the stock market cratering, lawmakers are increasingly nervous about leaving Washington on Thursday without passing some kind of relief package.

Pelosi has spoken repeatedly with Mnuchin — including a 16-minute phone call on Thursday morning — hoping that if she can win White House support House Republicans would be forced to drop their resistance. Either way, Pelosi said, the bill would be coming to the floor Thursday.

“We're bringing the bill to the floor,” Pelosi told reporters Thursday morning, declining to comment on whether the White House had expressed an opinion on the Democratic measure. She called the question “premature” but added that she thought the White House had gotten ample time to consider the proposals in the package.

Rep. Debbie Dingell (D-Mich.) said the House shouldn't leave town without passing a bill and should consider returning to Washington if there's a path to a deal with the Senate.

“We'll see what the Senate does and if we've got to come back, we've got to come back,” Dingell said, adding, “We have to make sure that this country has the resources that we need to deal with this.”

But many lawmakers are also anxious to be away from Capitol for an extended period of time, perhaps for even longer than the currently scheduled weeklong recess. Both the House and Senate were expected to return March 23, though those plans could change.

McCarthy told Republican lawmakers on a conference call Thursday morning that the GOP is going to oppose the Democratic coronavirus bill as currently constructed, according to sources on the call. At a press briefing shortly after, McCarthy said both chambers should remain in session until a bill can be negotiated, repeatedly emphasizing that they want to work with Pelosi.

“I think we stay here, we get it right,” McCarthy told reporters. “I think we can get this done in the next 48 hours.”

Pelosi shot back at her own press conference: “We don't need 48 hours.”

Republicans have specifically taken issue with language in the bill that requires paid sick leave for all businesses with no exemptions or end date, puts the Social Security Administration in charge of the paid emergency leave program and increases Medicaid's Federal Medical

Assistance Percentage.

Among the biggest points of negotiations between Pelosi and Mnuchin is Democrats' proposal for emergency sick leave, according to people familiar with conversations.

Some of the changes that the GOP has floated, according to McCarthy, include adding employee retention credits, making public health emergencies eligible for disaster aid and ensuring more masks are available for health providers, according to McCarthy.

A senior administration official said Thursday morning the White House was "not likely" to support the House package.

"We continue to want to work with the speaker, but if she's choosing to pass a partisan bill then everyone needs to face that fact and what that means," the official said.

Senate Majority Leader Mitch McConnell called the House measure an "ideological wish list."

The Kentucky Republican insisted the Senate was willing to consider a compromise package if it can be negotiated by Democrats and the White House, but said "left-wing political messaging may have taken priority over the needs of our country."

"Instead of focusing on immediate relief to affected individuals, families and businesses, the House Democrats chose to wander into various areas of policy that are barely related if at all to the issue before us," McConnell said on the Senate floor.

President Donald Trump outlined his own proposals in a prime-time Oval Office address on Wednesday night, which included paid sick leave, small-business loans and delaying tax payment deadlines. Democrats say they plan to address any tax-specific measures in a later package, focusing instead on low-income families and vulnerable populations.

It's unclear whether a deal can be reached in short order, with Democrats signaling they will vote as swiftly as possible to approve the measure amid a rapidly intensifying crisis. Both parties' leaders have indicated that Congress should provide some kind of economic assistance before leaving town for the recess.

The negotiations come at a dramatic moment on Capitol Hill, with senior Democrats and Republicans acknowledging that they had never before seen such a crisis, with no way of knowing the eventual scale in the U.S.

The uncertainty has been compounded by rising frustration among members of both parties about their inability to get clear answers from the Trump administration about the government's capacity to test individuals for the virus.

Conservative Rep. Mark Walker (R-N.C.) said Trump administration officials left "a lot of questions that are still not being able to be answered" after a Thursday morning briefing. "[There's] frustration among members as a whole," he said, particularly about why the United States can't replicate successful testing regimes implemented elsewhere.

"I believe the CDC struggled to give a really strong answer on being able to duplicate some of the places like South Korea," he said.

The Capitol is also grappling with its first case of the coronavirus in its complex. An aide to Sen. Maria Cantwell (D-Wash.) has tested positive for the virus, and multiple congressional offices are now working remotely.

The response on Capitol Hill has been escalating rapidly in the past 24 hours, with party leaders and building security officials deciding to clamp down on public tours.

The sweeping package — crafted in about 72 hours by a handful of Democratic chairmen — took even some Democrats by surprise.

Rep. Ed Perlmutter (D-Col.) told Democratic chairmen at a middle-of-the-night meeting of the House Rules Committee that he didn't understand why the vote couldn't be slowed down slightly for all members to digest the package.

"This is about as far from regular order" as Congress gets, Perlmutter said early Thursday morning, challenging House Energy and Commerce Chairman Frank Pallone.

Marianne LeVine and Jake Sherman contributed to this report.

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USA

Sender:	Sherman, Jennifer (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F30FE7FAE664419FA654B20EDCCB1E78-SHERMAN, JE>
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Sent Date:	2020/03/12 12:11:31
Delivered Date:	2020/03/12 12:11:32
Message Flags:	Unread

From:	Sherman, Jennifer (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F30FE7FAE664419FA654B20EDCCB1E78-SHERMAN, JE>
To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Anderson-Villaluz, Dennis (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=61dfc265c6ce45f686ad00f9dfd27901-Anderson-Vi>; Campos, Rafael (OS/OASH) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f4e8264a4c7b4cf6aed5a3f0344cce54-Campos, Raf>
Subject:	FW: Congress livid over lags in coronavirus testing
Date:	2020/03/12 12:26:25
Priority:	Normal
Type:	Note

From: POLITICO Pro <politicoemail@politicopro.com>
Sent: Thursday, March 12, 2020 12:25 PM
To: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Subject: Congress livid over lags in coronavirus testing

Congress livid over lags in coronavirus testing

By Andrew Desiderio, Marianne LeVine

03/12/2020 12:19 PM EDT

Congressional Republicans and Democrats were outraged on Thursday over the country's significant lag in coronavirus testing, following closed-door briefings from U.S. health officials about the ongoing pandemic.

The simmering frustrations from the twin briefings spilled into public view on the House and Senate sides of the Capitol, where lawmakers began shutting down their offices and tours and other public visits were scrapped indefinitely.

"They're ramping up, but they're still saying it's two weeks before we can get widespread testing," Sen. James Lankford (R-Okla.) said, adding that President Donald Trump was "not accurate" when he said all Americans who want to get tested can get one.

"People should not say, 'If you want a test, you can get a test' right now. That's coming. That's not here right now," Lankford added. "We've got a long way to go to be able to get rapid, efficient testing."

Sen. Lamar Alexander (R-Tenn.), the chairman of the Senate's health committee, said after the briefing that the U.S. is "not the best equipped nation in terms of testing."

"That's absolutely obvious every single senator who asked a question today," Alexander said,

calling it “a serious deficiency” for the country’s health care system.

Lawmakers emerging from the briefings said the U.S. is struggling to keep up with other countries’ capacity to test people for the virus due to issues with the supply chain. According to several attendees, the health officials said the slow pace was due to low availability of cotton swabs, gloves and other protective gear that is necessary for technicians carrying out the tests.

“These things are made primarily outside of the United States,” Sen. Marco Rubio (R-Fla.) said. “Countries that are facing outbreaks are not going to be in the business of shipping out materials that they need themselves.”

Sen. Mike Rounds (R-S.D.) said the officials were “having a very difficult time giving us the numbers that we’re going to need in terms of exactly how many tests and how quickly.”

Senators warned that the U.S. health care system could soon become overwhelmed, noting that countries such as Italy and South Korea are dealing with an influx of patients and limited medical supplies. More than 12,000 people have been infected with the coronavirus in Italy, while South Korea has an estimated 7,800 cases.

About 1,200 people in the U.S. have tested positive for the virus, and that number is expected to grow in the coming days and weeks.

“It’s very frustrating that we have been so slow in getting the testing. There’s no question about that,” Sen. Mitt Romney (R-Utah) added. “You can’t get wipes for your countertop. You can’t get alcohol. You can’t get masks in our country. And it’s very difficult to get tests.”

Rep. Mark Walker (R-N.C.) said Trump administration officials left “a lot of questions that are still not being able to be answered,” particularly on the nation’s testing capacity.

“I believe the [Centers for Disease Control and Prevention] struggled to give a really strong answer on being able to duplicate some of the places like South Korea,” he said.

Walker said officials indicated 2.4 million testing components had been disseminated but not necessarily put together yet. But those components would eventually be able to test about 800,000 people, he said.

Less than 10,000 Americans have been tested, according to lawmakers, while other countries have been able to complete more than that number of tests each day.

“Frankly, having testing would have given us a much better view as to how many people have the virus and what kind of social distancing actions we should be taking to prevent the spread of the virus,” Romney added.

The twin briefings on Thursday, which came after Trump announced a series of executive actions including restricting travel to and from much of Europe, left lawmakers searching for more answers about the federal government’s response to the pandemic.

“We’re just ill-prepared and should have been [prepared]. That’s not a political statement, that’s

just the truth. That's what everybody in that room, I think, took away," Rep. Dean Phillips (D-Minn.) said. "I'm horrified by the lack of leadership, I really am."

With lawmakers scheduled to leave Washington Thursday for a one-week recess, some senators were calling for Congress to remain in session to address the economic impact from the coronavirus, which has taken a massive toll on the stock market and is expected to wreak even more havoc in the coming weeks.

"Look, this is uncharted territory. We have to balance the health and wellbeing of the people that work here with the obligation we have to take actions to help buffer the economic impact and provide resources to deal with the public health of the country," said Rubio, who was putting the finishing touches on legislation to provide new loans to small businesses negatively affected by a lower demand among consumers.

House Democrats also introduced a multibillion dollar coronavirus package late Wednesday night, but its passage remains in flux as lawmakers appear to be at an impasse.

Others, though, noted that both chambers passed an \$8.3 billion package last week and said it was too early to consider additional economic measures.

"I'm going to be sensitive when it starts hitting blue-collar individuals in the pocket and mainstream businesses," Sen. Mike Braun (R-Ind.) said. "Whether we do that now or wait to get more information — I think the next seven to 10 days are going to tell us exactly what we need to do."

Marianne LeVine, Heather Caygle and Kyle Cheney contributed to this report.

To view online:

<https://protect2.fireeye.com/url?k=e4d4f79d-b881fe8e-e4d4c6a2-0cc47adb5650-a9f69ae09fdeb3fb&u=https://subscriber.politicopro.com/education/article/2020/03/congress-livid-over-lags-in-coronavirus-testing-1891611>

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TOP NEWS

[China's mask-making juggernaut cranks into gear](#)

By Finbarr Bermingham | South China Morning Post and Su-Lin Tan | South China Morning Post

Before the outbreak, China already made about half the world's supply of masks, at a rate of 20 million units a day.

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[House Veterans' Affairs Committee votes to allow VA doctors to prescribe medical marijuana](#)

[Pelosi and Mnuchin race to clinch a deal on coronavirus aid package](#)

[FDA finalizes guidance on third-party device reviews](#)

[Democrats yield on giving mask makers liability protections](#)

[WHO declares coronavirus a pandemic](#)

[CMS set to announce Medicare insulin plan](#)

[Republicans defy Galvano on pharmacists](#)

[Exclusive: U.S. coronavirus testing threatened by shortage of critical lab materials](#)

[CDC chief says public tracker of coronavirus tests due this week](#)

[Major opioids case postponed due to coronavirus](#)

[FDA postponing routine foreign inspections due to coronavirus](#)

[House members grill CDC chief on coronavirus testing lag](#)

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China's mask-making juggernaut cranks into gear ([back](#))

By Finbarr Bermingham | South China Morning Post and Su-Lin Tan | South China Morning Post

This story is being published for Pros as part of a content partnership with the South China Morning Post. It originally appeared on [scmp.com](#) on March 12, 2020.

The Liu family factory has been making diapers and baby products in the Chinese city of Quanzhou for over 10 years, but in February, for the first time, it started making face masks, as demand soared spectacularly due to the coronavirus outbreak.

The business — which employs 100 people in the Southeastern Fujian province — has added two production lines to make up to 200,000 masks a day.

And while the decision was primarily commercial, "encouragement" from the Chinese government — in the form of subsidies, lower taxes, interest-free loans, fast-track approvals for expansion and help alleviating labor shortages — made the decision an obvious one, said Mr. Liu who preferred only to give his family name.

"The government is advocating an expansion in production," Liu said. "With faster approvals, producers need to prioritize the government's needs over exports."

The factory is one of thousands of refitted pop-ups around China making masks and other protective equipment for the first time, part of a massive industrial drive to respond to the spread of the coronavirus.

Before the outbreak, China already made about half the world's supply of masks, at a rate of 20 million units a day. That rose to 116 million as of February 29, according to China's state planning agency, a mix of disposable and high-end masks like the American-designed N95 model worn by President Xi Jinping on his trip on Tuesday to Wuhan, the epicenter of the outbreak.

This exponential jump is the result of a wartime-like shift in industrial policy, with Beijing directing its powerful state-owned enterprises to lead the nationwide mask-making effort, and the country's sprawling manufacturing engine following their lead.

"For me, this is the big advantage of China, the speed," said Thomas Schmitz, president of the China branch of Austrian engineering giant Andritz, which has seen a big uptick in demand for its wet wipe-making machines in recent weeks, also due to the virus. "When you need to run, people know how to run, and this is something which has been lost in other countries since their industrial heydays."

Chinese oil and gas major Sinopec upped production of mask raw materials such as polypropylene and polyvinyl chloride in January. This week, it set up two production lines in Beijing to produce melt-blown non-woven fabric, intended to make four tonnes of the fabric each day, which can then be used to produce 1.2 million N95 respirators or six million surgical masks a day.

The maker of China's new J-20 stealth fighter jet, Chengdu Aircraft Industry Group, repurposed part of its factory to design a mask production line, according to local media reports. The Sichuan Daily said 258 of the company's engineers spent three days fast-tracking development of an assembly line with more than 1,200 components.

More than 2,500 companies in China have reportedly started making masks, among them 700 technology companies including iPhone assembler Foxconn and smartphone makers Xiaomi and Oppo, in an extraordinary mobilization of resources.

The result resembles "the war effort" in the middle of the last century in the United States and western Europe, but arguably no other nation could undergo such a transformation so quickly today.

It is a reminder of what can happen in a centrally-planned economy with a strong manufacturing base, but also brings into sharp focus some of the geopolitical issues which have characterized China's at-times difficult relationship with the rest of the world, particularly the European Union and US, over the past couple of years.

China's dominance in manufacturing has become all the more evident as the rest of the world scrambles to shore up their own dwindling medical supplies, leading many to wonder why the world is so dependent on it for vital supplies.

The Italian government, which is dealing with the highest number of coronavirus cases and deaths after China, is to take shipment of 1,000 ventilators, 2 million masks, 100,000 respirators, 200,000 protective suits and 50,000 testing kits from China.

Italian foreign minister Luigi Di Maio said after a phone call with Chinese counterpart Wang Yi, they had agreed the export deal in the same week that European neighbors France and Germany banned masks from being exported because of low domestic supplies.

The Italy export deal showed that "China is emerging as a global public goods provider as the US proves unable and unwilling to lead," said Rush Doshi, the director of the China Strategy Initiative at the Washington-based Brookings Institute think tank.

"China's ability to produce what is needed to fight coronavirus is not simply a product of its economic model - it's also a product of its industrial capacity," Doshi said. "The US once had this capacity too, but it has lost important parts of it. The lesson for Washington is not that we need to emulate the Chinese economic model, but rather that we need to better steward the industrial base in key sectors."

The frustration is felt acutely by Michael Einhorn, president of medical equipment distributor Dealmed-Park Surgical in New York, who has been trying to source stock from China for weeks, "but cannot get straight answers" from vendors.

Unaware that Wuhan was still under heavy economic lockdown, Einhorn said he placed an order with a private seller in China's virus-stricken city last week, but that the goods had not been shipped.

"Everyone is running out here, people are panicking in hospitals and we want to be able to help our most important customers," Einhorn said. "We are dealing with hospitals that do not have products, how in the United States of America in 2020 did this happen?"

With the number of confirmed coronavirus cases in China falling daily, it is not inconceivable that the sort of export deal struck with Italian leaders becomes commonplace, although for now, it deal can be chalked up as a significant public relations coup for Beijing.

The World Medical Association is unable to specify how many masks are required to supply frontline medical staff in virus-hit areas, but said that "this crisis should be a wake up call for politicians and societies to make the necessary investment in emergency preparedness and to look into the vulnerability of our supply chains".

Australian-listed manufacturer Eagle Health announced on Friday that it had installed production lines at its Xiamen factory in southern China to make 300 million masks a year and said it had already received orders from China and would be securing further larger orders internationally.

The group, which normally makes products including amino acids, protein supplements and lozenges in China, said it would prioritize meeting the large domestic demand, but was aware of an impending global shortage.

Eagle Health has already commenced production of its first order of 3.2 million medical masks for the Yiling Hospital Management Group in China, a process which will take 10 days. It has other smaller orders from Chinese government agencies and expects to receive more orders outside China.

"The decision to make more masks came from increased demand. These are opportunities," said chief executive Xu Gang. "The global demand for high quality masks will be significant. Imagine when the schools open. The situation will take some time to peak."

Last week, the Australian Dental Association said supplies of masks at many practices were expected to run out within four weeks. The Australian government has since arranged a supply of 54 million masks for both the dental and medical industries.

At the same time, the US only has 1 per cent of the 3.5 billion masks it would need to counter a serious outbreak, Bloomberg reported.

While China has no quota on the volume of masks that had to be hived off for local consumption, the government has said domestic demand needs to be prioritized.

Businesses are free to export but overseas demand has yet to explode like it has in China, said Fujian factory owner Liu.

Wendy Min, sales director of Pluscare, a manufacturer based near the virus' epicenter in Hubei province, said her company is making 200,000 masks per day, much of which are sold to the government, with exports still restricted by partial lockdown of workers and cargo transport.

"We previously exported to Europe, South America and other parts of Asia," Min said. "But at the moment we can't export. We are trying to discuss this with the government, but we cannot wait any more - we have to export soon."

Min said that while she was receiving countless cold calls up until last week from people in China looking for masks, these have stopped, perhaps unsurprising given the abundance in supplies becoming available.

An influx of Chinese-made masks, though, is likely to be welcomed in other virus-stricken parts of the world.

Miguel Luiz Gricheno, CEO of Brazilian mask manufacturer Destra, said that his company is making 30,000 masks a day, but cannot meet local demand due to a lack of supplies, including the non-woven fabric from which masks are made.

"In disposable masks, most Brazilian companies are paralyzed due to the lack of raw materials," Gricheno said. "With the arrival of the coronavirus in Brazil, the demand has increased a lot but the main raw material comes from abroad."

However, a short-term supply fix will not answer underlying questions about how so many countries found themselves in such dire straits, meaning the geopolitical fallout of the coronavirus will be extensive.

Decades of weak industrial policy helped elect President Donald Trump, who said he would bring manufacturing jobs back to America at China's expense. While he has waged a bruising two-year trade war with China in response, the current situation shows just how difficult it will be to change the global manufacturing processes, which are so heavily controlled by China.

"In the guise of trying to improve efficiency and create value for price-sensitive consumers, we've created a global production network that is very difficult to unwind," said Stephen Roach, a professor of economics at Yale University and a veteran China watcher. "One of the great flaws of globalization is that everyone wanted things cheaper, but did you compromise your health care infrastructure in the process?"

Reuters reported that Trump is considering invoking the emergency provisions of the Defence Production Act, which would allow the government to instruct companies to alter production to help address the domestic shortage of medical supplies like masks. If a company is producing 20 per cent N95 masks and 80 per cent standard masks, the White House could order them to rejig the ratio, an unnamed official said.

The New York Times reported on Wednesday that the White House is preparing an executive order that would allow the government to buy medical supplies from overseas in the hope that it will incentivize companies to make them within the US.

But these changes still do not give Trump the sort of sweeping powers enjoyed by Chinese counterpart Xi.

"When you have a pluralistic, democratic situation that Trump is overseeing, it becomes more unwieldy" to take the steps necessary to address a crisis situation, said Harry Broadman, chair of the emerging markets practice at the Berkeley Research Group and a senior US government official in the 1980s and 1990s.

"That is why I think Trump looks at Xi with envy, because he doesn't have to deal with a disparity of views or democratic interests," Broadman said. "I think Trump is at heart a bilateral guy, as you saw with the phase one [US-China] trade deal and the state-to-state purchases. That is why he likes dealing with [Russian President Vladimir] Putin and Xi, because each of them can move mountains. I think Trump is very envious of that ability."

To view online [click here](#).

House Veterans' Affairs Committee votes to allow VA doctors to prescribe medical marijuana ([back](#))

By Natalie Fertig

Legislation that would allow VA doctors to prescribe medical marijuana to their patients was approved by the House Veterans' Affairs Committee on a 15-11 vote this morning.

Rep. [Greg Steube](#) (R-Fla.) was the lone Republican to vote for the [Veterans Equal Access Act](#).

"Each incremental step forward adds to the momentum," said Rep. [Earl Blumenauer](#) (D-Ore.), the bill's lead sponsor, ahead of the vote. "We need the legislation ... to clarify that doctors can do what they think is in the best interest of their patients."

Rep. [Phil Roe](#) (R-Tenn.) introduced an amendment that would delay implementation of the bill until marijuana is federally legal, but the amendment failed on a party-line vote.

Chairman [Mark Takano](#) (D-Calif.) opposed Roe's amendment because it "would gut the intent of this bipartisan bill."

Blumenauer's bill is somewhat controversial because it goes further than simply researching medical marijuana and would allow VA doctors to prescribe medical marijuana to patients. That proved a step too far for most Republicans on the committee.

"Science should guide us as we look for safe and effective treatments," said Kevin Sabet, president of Smart Approaches to Marijuana, a group that lobbies against making marijuana more accessible. "While components of the marijuana plant have been shown effective for treating certain conditions, raw marijuana has not."

Blumenauer's bill now heads to the full House, where it will await a floor vote.

To view online [click here](#).

Pelosi and Mnuchin race to clinch a deal on coronavirus aid package ([back](#))

By Sarah Ferris, Heather Caygle and Kyle Cheney

Speaker Nancy Pelosi and Treasury Secretary Steven Mnuchin are moving swiftly to try to reach a deal on a massive emergency aid package for Americans affected by the coronavirus, negotiating in dramatic fashion as Congress prepares to depart for a weeklong recess amid an intensifying national crisis.

Republicans in the White House and on Capitol Hill have raised major objections to the Democrats' multi-billion-dollar emergency proposal, H.R. 6201 (116), which was unveiled close to midnight on Wednesday. But Pelosi told reporters that Democrats have agreed to "most" of the GOP's proposed changes and reiterated that the House would still power ahead with a vote on Thursday.

"We are responding to their concerns, we don't want them moving the goal posts and that's it," Pelosi said at her weekly press conference.

The speaker noted she was still in contact with Mnuchin, calling most of his requested changes "reasonable." But she shot down House Minority Leader Kevin McCarthy's suggestion that lawmakers continue negotiations for "24 or 48 hours" to get a bipartisan deal.

"We don't need 48 hours, we need to just make a decision to help families right now," Pelosi said. "I'm not sticking around because they don't want to agree to language."

Senior Democrats had initially been hopeful — some, even confident — that their bill would win support from Republicans. By Thursday morning, however, GOP leaders said they would oppose the plan over the paid leave plan and changes to Medicaid, which would help hospitals cover swelling costs of uninsured patients.

The Democrats' package would shore up safety net programs like food assistance, unemployment insurance and temporary sick leave with growing numbers of people forced to stay home from work and schools. It would also make free coronavirus testing widely available in a bid to address one of the nation's major struggles in containing the outbreak.

The divisions on the package have fueled turmoil over the U.S. response to the outbreak as it quickly consumes the nation. With the stock market cratering, lawmakers are increasingly nervous about leaving Washington on Thursday without passing some kind of relief package.

Pelosi has spoken repeatedly with Mnuchin — including a 16-minute phone call on Thursday morning — hoping that if she can win White House support House Republicans would be forced to drop their resistance. Either way, Pelosi said, the bill would be coming to the floor Thursday.

"We're bringing the bill to the floor," Pelosi told reporters Thursday morning, declining to comment on whether the White House had expressed an opinion on the Democratic measure. She called the question "premature" but added that she thought the White House had gotten ample time to consider the proposals in the package.

Rep. Debbie Dingell (D-Mich.) said the House shouldn't leave town without passing a bill and should consider returning to Washington if there's a path to a deal with the Senate.

"We'll see what the Senate does and if we've got to come back, we've got to come back," Dingell said, adding, "We have to make sure that this country has the resources that we need to deal with this."

But many lawmakers are also anxious to be away from Capitol for an extended period of time, perhaps for even longer than the currently scheduled weeklong recess. Both the House and Senate were expected to return March 23, though those plans could change.

McCarthy told Republican lawmakers on a conference call Thursday morning that the GOP is going to oppose the Democratic coronavirus bill as currently constructed, according to sources on the call. At a press briefing shortly after, McCarthy said both chambers should remain in session until a bill can be negotiated, repeatedly emphasizing that they want to work with Pelosi.

"I think we stay here, we get it right," McCarthy told reporters. "I think we can get this done in the next 48 hours."

Pelosi shot back at her own press conference: "We don't need 48 hours."

Republicans have specifically taken issue with language in the bill that requires paid sick leave for all businesses with no exemptions or end date, puts the Social Security Administration in charge of the paid emergency leave program and increases Medicaid's Federal Medical Assistance Percentage.

Among the biggest points of negotiations between Pelosi and Mnuchin is Democrats' proposal for emergency sick leave, according to people familiar with conversations.

Some of the changes that the GOP has floated, according to McCarthy, include adding employee retention credits, making public health emergencies eligible for disaster aid and ensuring more masks are available for health providers, according to McCarthy.

A senior administration official said Thursday morning the White House was "not likely" to support the House package.

"We continue to want to work with the speaker, but if she's choosing to pass a partisan bill then everyone needs to face that fact and what that means," the official said.

Senate Majority Leader Mitch McConnell called the House measure an "ideological wish list."

The Kentucky Republican insisted the Senate was willing to consider a compromise package if it can be negotiated by Democrats and the White House, but said "left-wing political messaging may have taken priority over the needs of our country."

"Instead of focusing on immediate relief to affected individuals, families and businesses, the House Democrats chose to wander into various areas of policy that are barely related if at all to the issue before us," McConnell said on the Senate floor.

President Donald Trump outlined his own proposals in a prime-time Oval Office address on Wednesday night, which included paid sick leave, small-business loans and delaying tax

payment deadlines. Democrats say they plan to address any tax-specific measures in a later package, focusing instead on low-income families and vulnerable populations.

It's unclear whether a deal can be reached in short order, with Democrats signaling they will vote as swiftly as possible to approve the measure amid a rapidly intensifying crisis. Both parties' leaders have indicated that Congress should provide some kind of economic assistance before leaving town for the recess.

The negotiations come at a dramatic moment on Capitol Hill, with senior Democrats and Republicans acknowledging that they had never before seen such a crisis, with no way of knowing the eventual scale in the U.S.

The uncertainty has been compounded by rising frustration among members of both parties about their inability to get clear answers from the Trump administration about the government's capacity to test individuals for the virus.

Conservative Rep. Mark Walker (R-N.C.) said Trump administration officials left "a lot of questions that are still not being able to be answered" after a Thursday morning briefing. "[There's] frustration among members as a whole," he said, particularly about why the United States can't replicate successful testing regimes implemented elsewhere.

"I believe the CDC struggled to give a really strong answer on being able to duplicate some of the places like South Korea," he said.

The Capitol is also grappling with its first case of the coronavirus in its complex. An aide to Sen. Maria Cantwell (D-Wash.) has tested positive for the virus, and multiple congressional offices are now working remotely.

The response on Capitol Hill has been escalating rapidly in the past 24 hours, with party leaders and building security officials deciding to clamp down on public tours.

The sweeping package — crafted in about 72 hours by a handful of Democratic chairmen — took even some Democrats by surprise.

Rep. Ed Perlmutter (D-Col.) told Democratic chairmen at a middle-of-the-night meeting of the House Rules Committee that he didn't understand why the vote couldn't be slowed down slightly for all members to digest the package.

"This is about as far from regular order" as Congress gets, Perlmutter said early Thursday morning, challenging House Energy and Commerce Chairman Frank Pallone.

Marianne LeVine and Jake Sherman contributed to this report.

To view online [click here](#).

FDA finalizes guidance on third-party device reviews ([back](#))

By David Lim

The FDA today finalized guidance aimed at reducing duplicative reviews in the most common pathway medical device manufacturers bring products to market.

The guidelines outline what types of low to moderate-risk devices submitted under the 510(k) program are eligible to be reviewed by third-party firms instead of the FDA. The guidelines also detail how the agency oversees those firms and how it plans to cut down on the need to routinely re-review their determinations.

"When the FDA routinely re-reviews 510(k) submissions from Third Party Review Organizations, it prevents the FDA and submitters from experiencing efficiencies the Third Party Review Program is meant to achieve," CDRH Director Jeff Shuren told POLITICO.

Under the Medical Device User Fee Amendments of 2017, average initial third-party review time has dropped from 102 days in fiscal 2018 to 66 days in fiscal 2020. TÜV SÜD America and Accelerated Device Approval Services are among the third-party reviewers.

Shuren's hope is the new guidance will help cut down on FDA revisiting the information in the case of substantial quality documentation issues by clarifying expectations for third party reviewers. The agency aims to have 85 percent of third-party submissions not require re-review by 2021, up from 50 percent in 2019.

"We are on track and anticipate meeting this goal," Shuren said.

To view online [click here](#).

Democrats yield on giving mask makers liability protections [\(back\)](#)

By David Lim and Adam Cancryn

House Democrats are reversing course and expressing willingness to extend some liability protections to makers of protective masks amid a scramble to boost the domestic supply of protective gear for health care workers responding to the coronavirus outbreak.

Energy and Commerce Chairman Frank Pallone (D-N.J.) says Democrats are now open to a targeted waiver for the manufacturers and are working to advance a plan this week. Democrats previously raised concerns a broad liability waiver would be too costly.

"Manufacturers initially requested an indefinite, blanket liability for themselves be attached to last week's supplemental," Pallone told POLITICO. "This agreement strikes the right balance and ensures that American health care workers will continue to be protected during this outbreak."

Under the 2005 PREP Act, the government agreed to take over responsibility for liability claims when companies step up to produce products in an emergency. But industrial masks that gained emergency authorization for use in health care settings are not covered by the law because they

are not overseen by the FDA, according to the International Safety Equipment Association. The companies are concerned about lawsuits if individuals who use their products still become sick.

The reversal comes amid harsh criticism from Sen. Tom Cotton (R-Ark.), who accused Pallone on Twitter Wednesday of holding up the proposal over concerns lawyers would profit at the expense of health care workers facing a short supply of protective equipment on the front line.

"We tried to extend the PREP Act to cover industrial masks last week in the emergency-response bill," Cotton tweeted. "Pallone objected. Now, he's refusing to pass the bill this week before the House recesses for a week and goes home."

Cotton told POLITICO on Wednesday that the Senate is gauging support for expanding the liability protections, and that it had already secured unanimous GOP backing.

"The Republicans have cleared it, so now it's just a matter of the Democrats," he said. "If we pass it unanimously in the Senate, I can't imagine that Nancy Pelosi is going to stop seven million masks a week from going to our doctors and nurses."

Mask manufacturer 3M, which Vice President Mike Pence visited last Thursday, had slammed lawmakers for leaving the provision out of the emergency supplemental, saying the decision would lead to the hoarding of masks.

House Speaker Nancy Pelosi in a closed-door meeting Wednesday morning told members that she personally opposed the idea of "waiving liability" for masks, people familiar with her remarks said.

But she also solicited her members' opinions, acknowledging that manufacturers have pointed to the issue as a key roadblock in getting more masks onto the market.

Pelosi had raised the issue with Washington state Democrats as well, many of whom represent districts on the front lines of the outbreak. At least one of those lawmakers, Rep. Suzan DelBene, backs expanding the liability waivers, an aide confirmed.

Washington Gov. Jay Inslee discussed greater liability waivers with his state's lawmakers recently too, a person familiar with the conversations said.

Heather Caygle contributed to this report.

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WHO declares coronavirus a pandemic ([back](#))

By Susannah Luthi

The World Health Organization today declared the coronavirus outbreak a pandemic, after resisting the classification for months as the number of worldwide cases soared well past 100,000.

WHO Director General Tedros Adhanom Ghebreyesus noted the group's deep concern about the "alarming levels of spread" as well as "alarming levels of inaction" in addressing the coronavirus.

Though many infectious disease experts for weeks have asserted the current outbreak is a pandemic, given the disease's spread across virtually every continent, WHO's formal declaration signals an elevated warning over a virus that's spread to more than 100 countries.

"We have rung the alarm bell loud and clear," Tedros said.

The decision to label the virus a pandemic was made deliberately, Tedros said, noting that the term can unnecessarily spark fear or suggest the disease has grown beyond an ability to fight it. He stressed that the coronavirus could still be contained, pointing out that new cases are on the wane in hard-hit countries China, South Korea and Singapore.

"Eighty-one countries have no cases, so they should do everything they can to prevent new cases from entering," he said.

WHO officials declined to recommend whether government should close schools, borders or airports, saying those decisions should be left to individual countries based on their assessment of risks and severity of their outbreaks. But they warned some countries must radically expand testing beyond those who knowingly may have been exposed to the virus.

Testing only a small portion of people "is not the way forward," said Michael Ryan, executive director of WHO's emergency program.

To view online [click here](#).

CMS set to announce Medicare insulin plan ([back](#))

By Dan Diamond and Rachel Rouben

The Trump administration will soon announce a plan to allow Medicare beneficiaries to obtain cheaper insulin, but at potentially higher cost to other seniors, said four individuals with knowledge of the plan.

The voluntary payment demonstration, a project spearheaded by CMS Administrator Seema Verma, will be open to plans serving Medicare Advantage and Medicare Part D. Verma's goal is to help beneficiaries who fall in the Medicare "donut hole" and can end up spending hundreds of dollars on insulin every month.

But the plan involves cost-shifting, the individuals said: Costs would go down for seniors who need insulin, but if seniors are part of participating plans and are not insulin users, their costs would go up.

A senior administration official confirmed the plan, which is expected to be announced this week.

CMS declined comment on the plan. "If indeed there was an announcement of this nature it would be market moving and inappropriate for us to discuss at this time," a spokesperson said.

Insulin's price has skyrocketed in recent years despite some products being on the market for decades. Diabetics' fear and frustration over the rising costs have helped drive lawmakers' ongoing efforts to lower drug prices, a priority for both parties and President Donald Trump ahead of the 2020 election.

The White House had considered introducing measures to slash insulin costs in the president's State of the Union address in February, but the proposal was not ready in time. Verma sped her plan through clearance in recent weeks so health insurers can decide whether to participate ahead of this fall's Medicare open enrollment, two individuals said.

Sarah Oweremohle contributed to this report.

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Republicans defy Galvano on pharmacists [\(back\)](#)

By Alexandra Glorioso

TALLAHASSEE, Fla. — Four Republican senators joined with Democrats today to block their chamber from taking up a House measure on pharmacists that is key to budget negotiations.

Sens. Debbie Mayfield (R-Melbourne), Gayle Harrell (R-Stuart), Ed Hooper (R-Clearwater) and Tom Lee (R-Thonotosassa) each voted against a motion from Sen. Travis Hutson (R-Palm Coast) to replace his pharmacist bill with the House bill.

After the vote, Mayfield said she didn't intend to oppose taking up the House measure. Senate spokesperson Katie Betta said Sen. Bill Montford (D-Tallahassee) mistakenly voted against the motion on Mayfield's behalf.

Hutson's motion failed on a 19-20 vote. Sen. Randolph Bracy (D-Orlando) abstained. A vote to substitute a Senate bill on the floor requires a two-thirds majority to pass.

Minority Leader Audrey Gibson (D-Jacksonville) initially raised the objection. After she succeeded in defeating the substitution, Senate President Bill Galvano temporarily postponed Hutson's measure.

Galvano then handed the Senate gavel to Sen. David Simmons (R-Altamonte Springs) and left the chamber.

The move by the three Republicans has the potential to throw a wrench in budget negotiations between Galvano and House Speaker Jose Oliva, both Republicans.

Galvano had agreed to accept the House pharmacy bill as part of a deal he struck with Oliva on the role of nurse practitioners in health care, the speaker's biggest priority.

As part of that trade, Galvano accepted a pared back nurse practitioner measure for an expanded pharmacist bill. Both proposals are opposed by the Florida Medical Association, the state's doctor lobby.

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Exclusive: U.S. coronavirus testing threatened by shortage of critical lab materials [\(back\)](#)

By David Lim and Brianna Ehley

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.

To view online [click here](#).

CDC chief says public tracker of coronavirus tests due this week [\(back\)](#)

By Brianna Ehley

The CDC expects to set up a tracking system by week's end that will record how many Americans have been tested for the coronavirus, including those tested in hospitals and by public labs, Director Robert Redfield said.

"My hope is by the end of this week we will have a comprehensive tracking of how much testing is being done and what percentage of those are positive, when and where," Redfield said after a House Appropriations Committee hearing.

CDC had disclosed how many people were being tested during the early stages of the outbreak but removed that information from its website last month.

Redfield told lawmakers at the hearing that nearly 5,000 people have been tested through public health labs but added that significantly more will be evaluated by commercial labs, likely through doctors offices.

Now that Quest and LabCorp are running tests, anyone who wants one can go to their doctor and get one, he said.

Redfield's comments come a day after HHS Secretary Alex Azar told reporters that he couldn't say how many Americans have been tested for the virus, since commercial labs don't have to report those numbers to the federal government. Redfield said the government is working with companies to share information.

The Trump administration has been under fire for testing delays due to problems with the CDC's earlier diagnostic test. Critics say that delay contributed to an increasing number of cases related to community spread. Redfield, during the hearing, attributed the bump in community transmission to travelers coming from Europe, which has experienced its own series of outbreaks.

To view online [click here](#).

Major opioids case postponed due to coronavirus [\(back\)](#)

By Dan Goldberg

An upcoming opioids trial in New York that could offer clues about a potential settlement with major drug companies was postponed today because of coronavirus fears.

A case pitting two New York counties against opioid manufacturers and distributors was set to begin March 20, but the judge postponed the trial because it could last months, according to a spokesperson for the Office of Court Administration. The delay is expected to be short, though it will depend on how the virus spreads, the spokesperson said.

The New York case is seen as a crucial test for the drug companies accused of fueling the opioid epidemic. Though the case is not part of the multidistrict litigation in Ohio that's combined thousands of similar lawsuits from municipalities, it could influence talks for a global settlement and show how those cases could unfold.

To view online [click here](#).

FDA postponing routine foreign inspections due to coronavirus [\(back\)](#)

By David Lim

The FDA announced today it will postpone most foreign inspections of medical products due to the coronavirus, effective immediately.

The agency will still consider conducting "mission-critical" inspections on a case-by-case basis, according to FDA Commissioner Stephen Hahn. The decision comes after multiple State Department and CDC advisories to limit trips to certain countries, other nations' decisions to restrict foreign visitors and travel guidance from the Office of Personnel Management.

FDA says it can "maintain oversight over international manufacturers and imported products using alternative tools and methods." These include examining and potentially denying entry to products at borders, reviewing firms' history of compliance with U.S. regulations, sharing information with other countries, and requesting records from manufacturers.

"The FDA will continue working with U.S. Customs and Border Protection to target products intended for importation into the U.S. that violate applicable legal requirements for FDA-regulated products, which may come from a variety of sources, such as first-time importers unfamiliar with regulatory requirements or repeat offenders trying to skirt the law," Hahn said in a statement.

In February, the agency stopped most on-the-ground inspection work in [China due to coronavirus safety concerns](#) after the State Department warned against traveling to the country. FDA at the time said it was able to postpone for-cause inspections in China scheduled in February after "reviewing all available information and analyzing on a case-by-case basis."

To view online [click here](#).

House members grill CDC chief on coronavirus testing lag ([back](#))

By Brianna Ehley

House appropriators today grilled CDC Director Robert Redfield on the Trump administration's failure to provide enough tests to identify the coronavirus before infections could be passed on and subsequent delays getting test results.

A hearing on the CDC's fiscal 2021 budget gave lawmakers from both parties a forum to vent about a testing regimen that Trump health officials now acknowledge is still not producing enough tests to meet the national demand.

Rep. [Jaime Herrera Beutler](#) (R-Wash.) said people in her home state, the epicenter of the outbreak in the U.S., have experienced long delays in receiving their test results and asked Redfield about inadequate testing capacity.

Redfield said nearly 5,000 people have been tested through public health labs as of Monday, adding he anticipated that commercial testing companies would have stepped forward earlier to work with the federal government to develop more tests. "I would have loved the private sector to be fully engaged eight weeks ago," Redfield said.

Redfield said commercial labs like Quest and LabCorp have dramatically increased testing capabilities while acknowledging that public health labs in Washington are overwhelmed.

"There's not enough equipment, there's not enough people, there's not enough internal capacity and not enough surge capacity", Redfield said, adding that the public health infrastructure is stretched thin and has a workforce shortage.

Redfield told lawmakers the increase in cases is likely due to the shift in outbreaks from China to Europe, and travelers returning from there to the United States.

The CDC recently stopped publicly tracking how many people have been tested for the coronavirus. Redfield said his agency will soon reinstate that tracker and include information on how many commercial lab tests are being conducted, though it's not clear when that will be accessible.

He defended the U.S. decision to develop its own diagnostic tests instead of using the ones issued by the World Health Organization, saying the U.S. developed its product quickly and that the WHO test would have had to go through the same regulatory process before being deployed.

He declined to say who made the decision not to use the WHO test.

To view online [click here](#).

Europe's 'young invincibles' navigate HIV without fear [\(back\)](#)

By Ashleigh Furlong

This article is part of [Telescope: The New AIDS Epidemic](#), a deep-dive investigation into the modern face of a disease that transformed the world.

LONDON — Britain's iconic [HIV tombstone advert](#) of the 1980s had a simple, yet effective, message: "AIDS — Don't die of ignorance."

Thirty-odd years after the spot sent shock waves through the U.K., HIV is no longer a death sentence. Antiretroviral medication allows those infected with the virus to live a long, healthy life — and also ensures they won't transmit it to their sexual partners.

But that progress has also generated new risks — and made it more difficult to craft a message that will break through to those who need to hear it.

"It's a contradiction," says Alex Causton-Ronaldson, a campaign mentor at Youth Stop AIDS. "The message is: Don't be complacent and don't get it, but if you do get it, it's not that bad."

Causton-Ronaldson was diagnosed in 2013. Since then, there has been a seismic shift in how HIV is prevented and treated.

The use of pre-exposure prophylaxis — using antiretrovirals to prevent the virus from taking hold — has beefed up the ever-growing prevention arsenal. And seminal studies proving that "undetectable" truly means "untransmittable" have changed the game for people living with HIV.

But at the same time, sex has also changed, with the rise of the hookup culture, spurred on by dating apps, chemsex and ubiquitous social media. Casual, anonymous sex is now safer (and easier) than ever.

For young people, "HIV is not the terrifying thing it was, even when I was diagnosed in 2013," says Causton-Ronaldson. "They have an almost detached and removed view. Because to them, they've got PrEP if they want to, and they don't necessarily worry about contracting HIV."

The result, when it comes to public health, is a mixed blessing. In the EU, [rates of new HIV cases are dropping](#), with AIDS diagnoses in free fall. But rates of many other STIs, such as gonorrhea and syphilis, are on the rise.

The [latest figures](#) from the European Centre for Disease Prevention and Control show that rates of gonorrhea were up by 17 percent in 2017, compared to 2016. Syphilis rates have also [reached an all-time high](#) in Europe, with cases increasing by 70 percent since 2010.

A [study](#) released in December indicated that three-quarters of PrEP users have also been diagnosed with other STIs, and a systematic review of dozens of studies revealed a "high burden" of STIs among people taking PrEP.

The authors frame the findings as highlighting the opportunity for testing and treating other STIs.

But they're also fuel for the debate about whether treatments like PrEP encourage risky behavior, or whether they result in more detection of other diseases because more at-risk people get tested.

Risky business

Rosalie Hayes, senior policy and campaigns officer at the National AIDS Trust, rejects the "moral hazard" argument and points to higher testing rates as the reason behind the spike in recorded cases.

"Once you start accessing PrEP, you're actually getting tested more regularly for STIs, so you will see an increase in diagnoses," she said. "So actually that's a real benefit."

Either way, there's no doubt that for some people, recent advances in prevention — including the global "undetectable equals untransmittable" movement or "U=U" — has changed sexual behaviors.

A recent Australian study on gay men's relationship agreements found a large increase in relationships that allowed condomless sex with casual partners. Almost 40 percent of PrEP users in relationships had such agreements.

Michael Evangeli, a reader in clinical psychology at Royal Holloway, University of London, says that for some people living with HIV, being virally suppressed has meant that they are able to "engage in a whole variety of sexual behaviors that they wouldn't necessarily be engaging in."

Among communities where U=U is well-understood and where there is high PrEP use, such as men who have sex with men in London, "lots of the anxieties and concerns around HIV transmission, and also about HIV disclosure, are massively reduced," he said.

But has this actually changed the anxiety around disclosure? Evangeli isn't so sure.

"Even [for] people living with HIV who accept, understand and are aware of the U=U message, it doesn't necessarily result in a reduction in anxiety about telling other people they are living with HIV," he said.

Those left behind

For some, however, the advent of U=U in some parts of the world has had no effect on their sexual relationships.

"Everybody who's not in the position to become undetectable is left behind," says Tamás Bereczky, the communications lead of the European Patients' Academy and a member of the European AIDS Treatment Group.

He points to areas in Central and Eastern Europe, where access to testing and treatment is dismal. Treatment and routine testing are essential for U=U to be effective — but the ECDC reports that

late diagnosis sits at just under 50 percent for these regions, compared to about 35 percent for people from Western Europe.

"How are [people living there] supposed to become undetectable? It's not that they don't get the message, it's that they don't have access," he said.

Those who argue for the message to be brought to individuals living in these communities are "completely ignorant of the political realities of these people," he added.

A [UNAIDS report](#) in 2018 found that a "broadly threatening treatment environment" for key populations "discourages HIV testing and treatment" in Eastern Europe and Central Asia.

The kids aren't alrightEven in countries such as the U.K., which have robust infrastructure for prevention, testing and treatment, basic messages around safe sex, particularly for young men who have sex with men, can be missing from the dialogue.

Hayes points the National AIDS Trust's 2015 [Boys Who Like Boys study](#), which showed that a third of respondents hadn't received any information on HIV transmission and safer sex in their school sex education.

Things haven't got much better since then. In a November [poll](#) commissioned by the Sex Education Forum, nearly 30 percent of students said they hadn't learned all they needed to about LGBTQ issues, and one in six said that the sex education at school was bad or very bad.

"I think that's quite demonstrative of the state of English sex education," she says.

Change is coming. Starting this September, sex and relationship education [will be compulsory in English schools](#). And last year, the government issued the first new guidance on the topic in 20 years.

But for now, with schools falling short, young people get their information about safe sex elsewhere. And that's not on TV or billboards, or even Facebook, for that matter. They're on [Instagram, YouTube and Snapchat](#).

"I don't think we've got the messaging, or the channels, right when it comes to communicating with young people around HIV," said Causton-Ronaldson, whose day job is in marketing, with a particular focus on young people. "You see a lot of billboard ads out there and that's not necessarily where they are engaging."

"Don't die of ignorance" may have shocked the British public, but it "did the job it needed to do," Causton-Ronaldson said. "The problem is, there has been nothing of that level of mass-market awareness that has happened since then."

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FDA changes safety requirements for diabetes drugs [\(back\)](#)

By Sarah Karlin-Smith

The FDA will no longer require drug companies to conduct large cardiovascular safety studies for all new type 2 diabetes therapies, the agency announced in [draft guidance this morning](#).

The agency is recommending new safety requirements that it says will focus on evaluations that are broader than heart disease. Companies will need to include at least 4,000 patients exposed to the drug in phase III clinical trials, with at least 1,500 patients exposed to the drug for at least one year and 500 patients exposed to the drug for at least two years, the new guidance says.

The phase III studies must enroll patients that have other conditions associated with diabetes or diabetes complications — including 500 people with stage 3 or 4 chronic kidney disease, 600 people with heart disease and 600 people older than 65.

FDA is still recommending sponsors use "rigorous methods" to collect adverse cardiovascular events and assess them by adjudication. Data safety monitoring boards should be used to independently oversee the safety findings. There also may be cases where a company needs to include additional safety data, which FDA will flag to the drug makers before phase III trials.

FDA is also pulling a 2008 guidance that contained the old heart safety recommendation that companies had to demonstrate diabetes drugs did not result in an unacceptable increase in cardiovascular risk. None of the cardiovascular safety trials conducted to meet the 2008 guidance identified an increased risk of heart events, and some demonstrated a reduced risk of these events, FDA notes.

Comments on the [guidance](#) are due in 90 days.

To view online [click here](#).

FDA, FTC crack down on companies making false coronavirus claims [\(back\)](#)

By Sarah Oweremohle

The FDA and FTC issued warning letters to seven companies for falsely claiming their products help fight the coronavirus infection, dubbed Covid-19.

"There already is a high level of anxiety over the potential spread of coronavirus," said FTC Chairman Joe Simons. "What we don't need in this situation are companies preying on consumers by promoting products with fraudulent prevention and treatment claims."

The seven companies include makers of essential oils, tea, tinctures and colloidal silver. FDA has previously warned that colloidal silver products in particular are not safe or effective for

treating any disease or condition. One manufacturer that received a warning, Vital Silver, said on its website that "it's actually widely acknowledged in both science and the medical industry that ionic silver kills coronavirus."

The products included in the warning and their claims are a threat to public health, FDA Commissioner Stephen Hahn said in a statement. "We have an aggressive surveillance program that routinely monitors online sources for health fraud products, especially during a significant public health issue such as this one," he said.

Companies have 48 hours to respond to the agencies with steps they will take to reverse the claims, or risk seizure of their products.

"These warning letters are just the first step. We're prepared to take enforcement actions against companies that continue to market this type of scam," Simons said.

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[China's mask-making juggernaut cranks into gear](#)

By Finbarr Bermingham | South China Morning Post and Su-Lin Tan | South China Morning Post

Before the outbreak, China already made about half the world's supply of masks, at a rate of 20 million units a day.

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China's mask-making juggernaut cranks into gear ([back](#))

By Finbarr Bermingham | South China Morning Post and Su-Lin Tan | South China Morning Post

This story is being published for Pros as part of a content partnership with the South China Morning Post. It originally appeared on [scmp.com](#) on March 12, 2020.

The Liu family factory has been making diapers and baby products in the Chinese city of Quanzhou for over 10 years, but in February, for the first time, it started making face masks, as demand soared spectacularly due to the coronavirus outbreak.

The business — which employs 100 people in the Southeastern Fujian province — has added two production lines to make up to 200,000 masks a day.

And while the decision was primarily commercial, "encouragement" from the Chinese government — in the form of subsidies, lower taxes, interest-free loans, fast-track approvals for expansion and help alleviating labor shortages — made the decision an obvious one, said Mr. Liu who preferred only to give his family name.

"The government is advocating an expansion in production," Liu said. "With faster approvals, producers need to prioritize the government's needs over exports."

The factory is one of thousands of refitted pop-ups around China making masks and other protective equipment for the first time, part of a massive industrial drive to respond to the spread of the coronavirus.

Before the outbreak, China already made about half the world's supply of masks, at a rate of 20 million units a day. That rose to 116 million as of February 29, according to China's state planning agency, a mix of disposable and high-end masks like the American-designed N95 model worn by President Xi Jinping on his trip on Tuesday to Wuhan, the epicenter of the outbreak.

This exponential jump is the result of a wartime-like shift in industrial policy, with Beijing directing its powerful state-owned enterprises to lead the nationwide mask-making effort, and the country's sprawling manufacturing engine following their lead.

"For me, this is the big advantage of China, the speed," said Thomas Schmitz, president of the China branch of Austrian engineering giant Andritz, which has seen a big uptick in demand for its wet wipe-making machines in recent weeks, also due to the virus. "When you need to run, people know how to run, and this is something which has been lost in other countries since their industrial heydays."

Chinese oil and gas major Sinopec upped production of mask raw materials such as polypropylene and polyvinyl chloride in January. This week, it set up two production lines in Beijing to produce melt-blown non-woven fabric, intended to make four tonnes of the fabric each day, which can then be used to produce 1.2 million N95 respirators or six million surgical masks a day.

The maker of China's new J-20 stealth fighter jet, Chengdu Aircraft Industry Group, repurposed part of its factory to design a mask production line, according to local media reports. The Sichuan Daily said 258 of the company's engineers spent three days fast-tracking development of an assembly line with more than 1,200 components.

More than 2,500 companies in China have reportedly started making masks, among them 700 technology companies including iPhone assembler Foxconn and smartphone makers Xiaomi and Oppo, in an extraordinary mobilization of resources.

The result resembles "the war effort" in the middle of the last century in the United States and western Europe, but arguably no other nation could undergo such a transformation so quickly today.

It is a reminder of what can happen in a centrally-planned economy with a strong manufacturing base, but also brings into sharp focus some of the geopolitical issues which have characterized China's at-times difficult relationship with the rest of the world, particularly the European Union and US, over the past couple of years.

China's dominance in manufacturing has become all the more evident as the rest of the world scrambles to shore up their own dwindling medical supplies, leading many to wonder why the world is so dependent on it for vital supplies.

The Italian government, which is dealing with the highest number of coronavirus cases and deaths after China, is to take shipment of 1,000 ventilators, 2 million masks, 100,000 respirators, 200,000 protective suits and 50,000 testing kits from China.

Italian foreign minister Luigi Di Maio said after a phone call with Chinese counterpart Wang Yi, they had agreed the export deal in the same week that European neighbors France and Germany banned masks from being exported because of low domestic supplies.

The Italy export deal showed that "China is emerging as a global public goods provider as the US proves unable and unwilling to lead," said Rush Doshi, the director of the China Strategy Initiative at the Washington-based Brookings Institute think tank.

"China's ability to produce what is needed to fight coronavirus is not simply a product of its economic model - it's also a product of its industrial capacity," Doshi said. "The US once had this capacity too, but it has lost important parts of it. The lesson for Washington is not that we need to emulate the Chinese economic model, but rather that we need to better steward the industrial base in key sectors."

The frustration is felt acutely by Michael Einhorn, president of medical equipment distributor Dealmed-Park Surgical in New York, who has been trying to source stock from China for weeks, "but cannot get straight answers" from vendors.

Unaware that Wuhan was still under heavy economic lockdown, Einhorn said he placed an order with a private seller in China's virus-stricken city last week, but that the goods had not been shipped.

"Everyone is running out here, people are panicking in hospitals and we want to be able to help our most important customers," Einhorn said. "We are dealing with hospitals that do not have products, how in the United States of America in 2020 did this happen?"

With the number of confirmed coronavirus cases in China falling daily, it is not inconceivable that the sort of export deal struck with Italian leaders becomes commonplace, although for now, it deal can be chalked up as a significant public relations coup for Beijing.

The World Medical Association is unable to specify how many masks are required to supply frontline medical staff in virus-hit areas, but said that "this crisis should be a wake up call for politicians and societies to make the necessary investment in emergency preparedness and to look into the vulnerability of our supply chains".

Australian-listed manufacturer Eagle Health announced on Friday that it had installed production lines at its Xiamen factory in southern China to make 300 million masks a year and said it had already received orders from China and would be securing further larger orders internationally.

The group, which normally makes products including amino acids, protein supplements and lozenges in China, said it would prioritize meeting the large domestic demand, but was aware of an impending global shortage.

Eagle Health has already commenced production of its first order of 3.2 million medical masks for the Yiling Hospital Management Group in China, a process which will take 10 days. It has other smaller orders from Chinese government agencies and expects to receive more orders outside China.

"The decision to make more masks came from increased demand. These are opportunities," said chief executive Xu Gang. "The global demand for high quality masks will be significant. Imagine when the schools open. The situation will take some time to peak."

Last week, the Australian Dental Association said supplies of masks at many practices were expected to run out within four weeks. The Australian government has since arranged a supply of 54 million masks for both the dental and medical industries.

At the same time, the US only has 1 per cent of the 3.5 billion masks it would need to counter a serious outbreak, Bloomberg reported.

While China has no quota on the volume of masks that had to be hived off for local consumption, the government has said domestic demand needs to be prioritized.

Businesses are free to export but overseas demand has yet to explode like it has in China, said Fujian factory owner Liu.

Wendy Min, sales director of Pluscare, a manufacturer based near the virus' epicenter in Hubei province, said her company is making 200,000 masks per day, much of which are sold to the government, with exports still restricted by partial lockdown of workers and cargo transport.

"We previously exported to Europe, South America and other parts of Asia," Min said. "But at the moment we can't export. We are trying to discuss this with the government, but we cannot wait any more - we have to export soon."

Min said that while she was receiving countless cold calls up until last week from people in China looking for masks, these have stopped, perhaps unsurprising given the abundance in supplies becoming available.

An influx of Chinese-made masks, though, is likely to be welcomed in other virus-stricken parts of the world.

Miguel Luiz Gricheno, CEO of Brazilian mask manufacturer Destra, said that his company is making 30,000 masks a day, but cannot meet local demand due to a lack of supplies, including the non-woven fabric from which masks are made.

"In disposable masks, most Brazilian companies are paralyzed due to the lack of raw materials," Gricheno said. "With the arrival of the coronavirus in Brazil, the demand has increased a lot but the main raw material comes from abroad."

However, a short-term supply fix will not answer underlying questions about how so many countries found themselves in such dire straits, meaning the geopolitical fallout of the coronavirus will be extensive.

Decades of weak industrial policy helped elect President Donald Trump, who said he would bring manufacturing jobs back to America at China's expense. While he has waged a bruising two-year trade war with China in response, the current situation shows just how difficult it will be to change the global manufacturing processes, which are so heavily controlled by China.

"In the guise of trying to improve efficiency and create value for price-sensitive consumers, we've created a global production network that is very difficult to unwind," said Stephen Roach, a professor of economics at Yale University and a veteran China watcher. "One of the great flaws of globalization is that everyone wanted things cheaper, but did you compromise your health care infrastructure in the process?"

Reuters reported that Trump is considering invoking the emergency provisions of the Defence Production Act, which would allow the government to instruct companies to alter production to help address the domestic shortage of medical supplies like masks. If a company is producing 20 per cent N95 masks and 80 per cent standard masks, the White House could order them to rejig the ratio, an unnamed official said.

The New York Times reported on Wednesday that the White House is preparing an executive order that would allow the government to buy medical supplies from overseas in the hope that it will incentivize companies to make them within the US.

But these changes still do not give Trump the sort of sweeping powers enjoyed by Chinese counterpart Xi.

"When you have a pluralistic, democratic situation that Trump is overseeing, it becomes more unwieldy" to take the steps necessary to address a crisis situation, said Harry Broadman, chair of the emerging markets practice at the Berkeley Research Group and a senior US government official in the 1980s and 1990s.

"That is why I think Trump looks at Xi with envy, because he doesn't have to deal with a disparity of views or democratic interests," Broadman said. "I think Trump is at heart a bilateral guy, as you saw with the phase one [US-China] trade deal and the state-to-state purchases. That is why he likes dealing with [Russian President Vladimir] Putin and Xi, because each of them can move mountains. I think Trump is very envious of that ability."

To view online [click here](#).

House Veterans' Affairs Committee votes to allow VA doctors to prescribe medical marijuana ([back](#))

By Natalie Fertig

Legislation that would allow VA doctors to prescribe medical marijuana to their patients was approved by the House Veterans' Affairs Committee on a 15-11 vote this morning.

Rep. [Greg Steube](#) (R-Fla.) was the lone Republican to vote for the [Veterans Equal Access Act](#).

"Each incremental step forward adds to the momentum," said Rep. [Earl Blumenauer](#) (D-Ore.), the bill's lead sponsor, ahead of the vote. "We need the legislation ... to clarify that doctors can do what they think is in the best interest of their patients."

Rep. [Phil Roe](#) (R-Tenn.) introduced an amendment that would delay implementation of the bill until marijuana is federally legal, but the amendment failed on a party-line vote.

Chairman [Mark Takano](#) (D-Calif.) opposed Roe's amendment because it "would gut the intent of this bipartisan bill."

Blumenauer's bill is somewhat controversial because it goes further than simply researching medical marijuana and would allow VA doctors to prescribe medical marijuana to patients. That proved a step too far for most Republicans on the committee.

"Science should guide us as we look for safe and effective treatments," said Kevin Sabet, president of Smart Approaches to Marijuana, a group that lobbies against making marijuana more accessible. "While components of the marijuana plant have been shown effective for treating certain conditions, raw marijuana has not."

Blumenauer's bill now heads to the full House, where it will await a floor vote.

To view online [click here](#).

Pelosi and Mnuchin race to clinch a deal on coronavirus aid package ([back](#))

By Sarah Ferris, Heather Caygle and Kyle Cheney

Speaker Nancy Pelosi and Treasury Secretary Steven Mnuchin are moving swiftly to try to reach a deal on a massive emergency aid package for Americans affected by the coronavirus, negotiating in dramatic fashion as Congress prepares to depart for a weeklong recess amid an intensifying national crisis.

Republicans in the White House and on Capitol Hill have raised major objections to the Democrats' multi-billion-dollar emergency proposal, H.R. 6201 (116), which was unveiled close to midnight on Wednesday. But Pelosi told reporters that Democrats have agreed to "most" of the GOP's proposed changes and reiterated that the House would still power ahead with a vote on Thursday.

"We are responding to their concerns, we don't want them moving the goal posts and that's it," Pelosi said at her weekly press conference.

The speaker noted she was still in contact with Mnuchin, calling most of his requested changes "reasonable." But she shot down House Minority Leader Kevin McCarthy's suggestion that lawmakers continue negotiations for "24 or 48 hours" to get a bipartisan deal.

"We don't need 48 hours, we need to just make a decision to help families right now," Pelosi said. "I'm not sticking around because they don't want to agree to language."

Senior Democrats had initially been hopeful — some, even confident — that their bill would win support from Republicans. By Thursday morning, however, GOP leaders said they would oppose the plan over the paid leave plan and changes to Medicaid, which would help hospitals cover swelling costs of uninsured patients.

The Democrats' package would shore up safety net programs like food assistance, unemployment insurance and temporary sick leave with growing numbers of people forced to stay home from work and schools. It would also make free coronavirus testing widely available in a bid to address one of the nation's major struggles in containing the outbreak.

The divisions on the package have fueled turmoil over the U.S. response to the outbreak as it quickly consumes the nation. With the stock market cratering, lawmakers are increasingly nervous about leaving Washington on Thursday without passing some kind of relief package.

Pelosi has spoken repeatedly with Mnuchin — including a 16-minute phone call on Thursday morning — hoping that if she can win White House support House Republicans would be forced to drop their resistance. Either way, Pelosi said, the bill would be coming to the floor Thursday.

"We're bringing the bill to the floor," Pelosi told reporters Thursday morning, declining to comment on whether the White House had expressed an opinion on the Democratic measure. She called the question "premature" but added that she thought the White House had gotten ample time to consider the proposals in the package.

Rep. Debbie Dingell (D-Mich.) said the House shouldn't leave town without passing a bill and should consider returning to Washington if there's a path to a deal with the Senate.

"We'll see what the Senate does and if we've got to come back, we've got to come back," Dingell said, adding, "We have to make sure that this country has the resources that we need to deal with this."

But many lawmakers are also anxious to be away from Capitol for an extended period of time, perhaps for even longer than the currently scheduled weeklong recess. Both the House and Senate were expected to return March 23, though those plans could change.

McCarthy told Republican lawmakers on a conference call Thursday morning that the GOP is going to oppose the Democratic coronavirus bill as currently constructed, according to sources on the call. At a press briefing shortly after, McCarthy said both chambers should remain in session until a bill can be negotiated, repeatedly emphasizing that they want to work with Pelosi.

"I think we stay here, we get it right," McCarthy told reporters. "I think we can get this done in the next 48 hours."

Pelosi shot back at her own press conference: "We don't need 48 hours."

Republicans have specifically taken issue with language in the bill that requires paid sick leave for all businesses with no exemptions or end date, puts the Social Security Administration in charge of the paid emergency leave program and increases Medicaid's Federal Medical Assistance Percentage.

Among the biggest points of negotiations between Pelosi and Mnuchin is Democrats' proposal for emergency sick leave, according to people familiar with conversations.

Some of the changes that the GOP has floated, according to McCarthy, include adding employee retention credits, making public health emergencies eligible for disaster aid and ensuring more masks are available for health providers, according to McCarthy.

A senior administration official said Thursday morning the White House was "not likely" to support the House package.

"We continue to want to work with the speaker, but if she's choosing to pass a partisan bill then everyone needs to face that fact and what that means," the official said.

Senate Majority Leader Mitch McConnell called the House measure an "ideological wish list."

The Kentucky Republican insisted the Senate was willing to consider a compromise package if it can be negotiated by Democrats and the White House, but said "left-wing political messaging may have taken priority over the needs of our country."

"Instead of focusing on immediate relief to affected individuals, families and businesses, the House Democrats chose to wander into various areas of policy that are barely related if at all to the issue before us," McConnell said on the Senate floor.

President Donald Trump outlined his own proposals in a prime-time Oval Office address on Wednesday night, which included paid sick leave, small-business loans and delaying tax

payment deadlines. Democrats say they plan to address any tax-specific measures in a later package, focusing instead on low-income families and vulnerable populations.

It's unclear whether a deal can be reached in short order, with Democrats signaling they will vote as swiftly as possible to approve the measure amid a rapidly intensifying crisis. Both parties' leaders have indicated that Congress should provide some kind of economic assistance before leaving town for the recess.

The negotiations come at a dramatic moment on Capitol Hill, with senior Democrats and Republicans acknowledging that they had never before seen such a crisis, with no way of knowing the eventual scale in the U.S.

The uncertainty has been compounded by rising frustration among members of both parties about their inability to get clear answers from the Trump administration about the government's capacity to test individuals for the virus.

Conservative Rep. Mark Walker (R-N.C.) said Trump administration officials left "a lot of questions that are still not being able to be answered" after a Thursday morning briefing. "[There's] frustration among members as a whole," he said, particularly about why the United States can't replicate successful testing regimes implemented elsewhere.

"I believe the CDC struggled to give a really strong answer on being able to duplicate some of the places like South Korea," he said.

The Capitol is also grappling with its first case of the coronavirus in its complex. An aide to Sen. Maria Cantwell (D-Wash.) has tested positive for the virus, and multiple congressional offices are now working remotely.

The response on Capitol Hill has been escalating rapidly in the past 24 hours, with party leaders and building security officials deciding to clamp down on public tours.

The sweeping package — crafted in about 72 hours by a handful of Democratic chairmen — took even some Democrats by surprise.

Rep. Ed Perlmutter (D-Col.) told Democratic chairmen at a middle-of-the-night meeting of the House Rules Committee that he didn't understand why the vote couldn't be slowed down slightly for all members to digest the package.

"This is about as far from regular order" as Congress gets, Perlmutter said early Thursday morning, challenging House Energy and Commerce Chairman Frank Pallone.

Marianne LeVine and Jake Sherman contributed to this report.

To view online [click here](#).

FDA finalizes guidance on third-party device reviews ([back](#))

By David Lim

The FDA today finalized guidance aimed at reducing duplicative reviews in the most common pathway medical device manufacturers bring products to market.

The guidelines outline what types of low to moderate-risk devices submitted under the 510(k) program are eligible to be reviewed by third-party firms instead of the FDA. The guidelines also detail how the agency oversees those firms and how it plans to cut down on the need to routinely re-review their determinations.

"When the FDA routinely re-reviews 510(k) submissions from Third Party Review Organizations, it prevents the FDA and submitters from experiencing efficiencies the Third Party Review Program is meant to achieve," CDRH Director Jeff Shuren told POLITICO.

Under the Medical Device User Fee Amendments of 2017, average initial third-party review time has dropped from 102 days in fiscal 2018 to 66 days in fiscal 2020. TÜV SÜD America and Accelerated Device Approval Services are among the third-party reviewers.

Shuren's hope is the new guidance will help cut down on FDA revisiting the information in the case of substantial quality documentation issues by clarifying expectations for third party reviewers. The agency aims to have 85 percent of third-party submissions not require re-review by 2021, up from 50 percent in 2019.

"We are on track and anticipate meeting this goal," Shuren said.

To view online [click here](#).

Democrats yield on giving mask makers liability protections [\(back\)](#)

By David Lim and Adam Cancryn

House Democrats are reversing course and expressing willingness to extend some liability protections to makers of protective masks amid a scramble to boost the domestic supply of protective gear for health care workers responding to the coronavirus outbreak.

Energy and Commerce Chairman Frank Pallone (D-N.J.) says Democrats are now open to a targeted waiver for the manufacturers and are working to advance a plan this week. Democrats previously raised concerns a broad liability waiver would be too costly.

"Manufacturers initially requested an indefinite, blanket liability for themselves be attached to last week's supplemental," Pallone told POLITICO. "This agreement strikes the right balance and ensures that American health care workers will continue to be protected during this outbreak."

Under the 2005 PREP Act, the government agreed to take over responsibility for liability claims when companies step up to produce products in an emergency. But industrial masks that gained emergency authorization for use in health care settings are not covered by the law because they

are not overseen by the FDA, according to the International Safety Equipment Association. The companies are concerned about lawsuits if individuals who use their products still become sick.

The reversal comes amid harsh criticism from Sen. Tom Cotton (R-Ark.), who accused Pallone on Twitter Wednesday of holding up the proposal over concerns lawyers would profit at the expense of health care workers facing a short supply of protective equipment on the front line.

"We tried to extend the PREP Act to cover industrial masks last week in the emergency-response bill," Cotton tweeted. "Pallone objected. Now, he's refusing to pass the bill this week before the House recesses for a week and goes home."

Cotton told POLITICO on Wednesday that the Senate is gauging support for expanding the liability protections, and that it had already secured unanimous GOP backing.

"The Republicans have cleared it, so now it's just a matter of the Democrats," he said. "If we pass it unanimously in the Senate, I can't imagine that Nancy Pelosi is going to stop seven million masks a week from going to our doctors and nurses."

Mask manufacturer 3M, which Vice President Mike Pence visited last Thursday, had slammed lawmakers for leaving the provision out of the emergency supplemental, saying the decision would lead to the hoarding of masks.

House Speaker Nancy Pelosi in a closed-door meeting Wednesday morning told members that she personally opposed the idea of "waiving liability" for masks, people familiar with her remarks said.

But she also solicited her members' opinions, acknowledging that manufacturers have pointed to the issue as a key roadblock in getting more masks onto the market.

Pelosi had raised the issue with Washington state Democrats as well, many of whom represent districts on the front lines of the outbreak. At least one of those lawmakers, Rep. Suzan DelBene, backs expanding the liability waivers, an aide confirmed.

Washington Gov. Jay Inslee discussed greater liability waivers with his state's lawmakers recently too, a person familiar with the conversations said.

Heather Caygle contributed to this report.

To view online [click here](#).

WHO declares coronavirus a pandemic ([back](#))

By Susannah Luthi

The World Health Organization today declared the coronavirus outbreak a pandemic, after resisting the classification for months as the number of worldwide cases soared well past 100,000.

WHO Director General Tedros Adhanom Ghebreyesus noted the group's deep concern about the "alarming levels of spread" as well as "alarming levels of inaction" in addressing the coronavirus.

Though many infectious disease experts for weeks have asserted the current outbreak is a pandemic, given the disease's spread across virtually every continent, WHO's formal declaration signals an elevated warning over a virus that's spread to more than 100 countries.

"We have rung the alarm bell loud and clear," Tedros said.

The decision to label the virus a pandemic was made deliberately, Tedros said, noting that the term can unnecessarily spark fear or suggest the disease has grown beyond an ability to fight it. He stressed that the coronavirus could still be contained, pointing out that new cases are on the wane in hard-hit countries China, South Korea and Singapore.

"Eighty-one countries have no cases, so they should do everything they can to prevent new cases from entering," he said.

WHO officials declined to recommend whether government should close schools, borders or airports, saying those decisions should be left to individual countries based on their assessment of risks and severity of their outbreaks. But they warned some countries must radically expand testing beyond those who knowingly may have been exposed to the virus.

Testing only a small portion of people "is not the way forward," said Michael Ryan, executive director of WHO's emergency program.

To view online [click here](#).

CMS set to announce Medicare insulin plan ([back](#))

By Dan Diamond and Rachel Rouben

The Trump administration will soon announce a plan to allow Medicare beneficiaries to obtain cheaper insulin, but at potentially higher cost to other seniors, said four individuals with knowledge of the plan.

The voluntary payment demonstration, a project spearheaded by CMS Administrator Seema Verma, will be open to plans serving Medicare Advantage and Medicare Part D. Verma's goal is to help beneficiaries who fall in the Medicare "donut hole" and can end up spending hundreds of dollars on insulin every month.

But the plan involves cost-shifting, the individuals said: Costs would go down for seniors who need insulin, but if seniors are part of participating plans and are not insulin users, their costs would go up.

A senior administration official confirmed the plan, which is expected to be announced this week.

CMS declined comment on the plan. "If indeed there was an announcement of this nature it would be market moving and inappropriate for us to discuss at this time," a spokesperson said.

Insulin's price has skyrocketed in recent years despite some products being on the market for decades. Diabetics' fear and frustration over the rising costs have helped drive lawmakers' ongoing efforts to lower drug prices, a priority for both parties and President Donald Trump ahead of the 2020 election.

The White House had considered introducing measures to slash insulin costs in the president's State of the Union address in February, but the proposal was not ready in time. Verma sped her plan through clearance in recent weeks so health insurers can decide whether to participate ahead of this fall's Medicare open enrollment, two individuals said.

Sarah Oweremohle contributed to this report.

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Republicans defy Galvano on pharmacists [\(back\)](#)

By Alexandra Glorioso

TALLAHASSEE, Fla. — Four Republican senators joined with Democrats today to block their chamber from taking up a House measure on pharmacists that is key to budget negotiations.

Sens. Debbie Mayfield (R-Melbourne), Gayle Harrell (R-Stuart), Ed Hooper (R-Clearwater) and Tom Lee (R-Thonotosassa) each voted against a motion from Sen. Travis Hutson (R-Palm Coast) to replace his pharmacist bill with the House bill.

After the vote, Mayfield said she didn't intend to oppose taking up the House measure. Senate spokesperson Katie Betta said Sen. Bill Montford (D-Tallahassee) mistakenly voted against the motion on Mayfield's behalf.

Hutson's motion failed on a 19-20 vote. Sen. Randolph Bracy (D-Orlando) abstained. A vote to substitute a Senate bill on the floor requires a two-thirds majority to pass.

Minority Leader Audrey Gibson (D-Jacksonville) initially raised the objection. After she succeeded in defeating the substitution, Senate President Bill Galvano temporarily postponed Hutson's measure.

Galvano then handed the Senate gavel to Sen. David Simmons (R-Altamonte Springs) and left the chamber.

The move by the three Republicans has the potential to throw a wrench in budget negotiations between Galvano and House Speaker Jose Oliva, both Republicans.

Galvano had agreed to accept the House pharmacy bill as part of a deal he struck with Oliva on the role of nurse practitioners in health care, the speaker's biggest priority.

As part of that trade, Galvano accepted a pared back nurse practitioner measure for an expanded pharmacist bill. Both proposals are opposed by the Florida Medical Association, the state's doctor lobby.

To view online [click here](#).

Exclusive: U.S. coronavirus testing threatened by shortage of critical lab materials [\(back\)](#)

By David Lim and Brianna Ehley

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.

To view online [click here](#).

CDC chief says public tracker of coronavirus tests due this week [\(back\)](#)

By Brianna Ehley

The CDC expects to set up a tracking system by week's end that will record how many Americans have been tested for the coronavirus, including those tested in hospitals and by public labs, Director Robert Redfield said.

"My hope is by the end of this week we will have a comprehensive tracking of how much testing is being done and what percentage of those are positive, when and where," Redfield said after a House Appropriations Committee hearing.

CDC had disclosed how many people were being tested during the early stages of the outbreak but removed that information from its website last month.

Redfield told lawmakers at the hearing that nearly 5,000 people have been tested through public health labs but added that significantly more will be evaluated by commercial labs, likely through doctors offices.

Now that Quest and LabCorp are running tests, anyone who wants one can go to their doctor and get one, he said.

Redfield's comments come a day after HHS Secretary Alex Azar told reporters that he couldn't say how many Americans have been tested for the virus, since commercial labs don't have to report those numbers to the federal government. Redfield said the government is working with companies to share information.

The Trump administration has been under fire for testing delays due to problems with the CDC's earlier diagnostic test. Critics say that delay contributed to an increasing number of cases related to community spread. Redfield, during the hearing, attributed the bump in community transmission to travelers coming from Europe, which has experienced its own series of outbreaks.

To view online [click here](#).

Major opioids case postponed due to coronavirus ([back](#))

By Dan Goldberg

An upcoming opioids trial in New York that could offer clues about a potential settlement with major drug companies was postponed today because of coronavirus fears.

A case pitting two New York counties against opioid manufacturers and distributors was set to begin March 20, but the judge postponed the trial because it could last months, according to a spokesperson for the Office of Court Administration. The delay is expected to be short, though it will depend on how the virus spreads, the spokesperson said.

The New York case is seen as a crucial test for the drug companies accused of fueling the opioid epidemic. Though the case is not part of the multidistrict litigation in Ohio that's combined thousands of similar lawsuits from municipalities, it could influence talks for a global settlement and show how those cases could unfold.

To view online [click here](#).

FDA postponing routine foreign inspections due to coronavirus ([back](#))

By David Lim

The FDA announced today it will postpone most foreign inspections of medical products due to the coronavirus, effective immediately.

The agency will still consider conducting "mission-critical" inspections on a case-by-case basis, according to FDA Commissioner Stephen Hahn. The decision comes after multiple State Department and CDC advisories to limit trips to certain countries, other nations' decisions to restrict foreign visitors and travel guidance from the Office of Personnel Management.

FDA says it can "maintain oversight over international manufacturers and imported products using alternative tools and methods." These include examining and potentially denying entry to products at borders, reviewing firms' history of compliance with U.S. regulations, sharing information with other countries, and requesting records from manufacturers.

"The FDA will continue working with U.S. Customs and Border Protection to target products intended for importation into the U.S. that violate applicable legal requirements for FDA-regulated products, which may come from a variety of sources, such as first-time importers unfamiliar with regulatory requirements or repeat offenders trying to skirt the law," Hahn said in a statement.

In February, the agency stopped most on-the-ground inspection work in [China due to coronavirus safety concerns](#) after the State Department warned against traveling to the country. FDA at the time said it was able to postpone for-cause inspections in China scheduled in February after "reviewing all available information and analyzing on a case-by-case basis."

To view online [click here](#).

House members grill CDC chief on coronavirus testing lag ([back](#))

By Brianna Ehley

House appropriators today grilled CDC Director Robert Redfield on the Trump administration's failure to provide enough tests to identify the coronavirus before infections could be passed on and subsequent delays getting test results.

A hearing on the CDC's fiscal 2021 budget gave lawmakers from both parties a forum to vent about a testing regimen that Trump health officials now acknowledge is still not producing enough tests to meet the national demand.

Rep. [Jaime Herrera Beutler](#) (R-Wash.) said people in her home state, the epicenter of the outbreak in the U.S., have experienced long delays in receiving their test results and asked Redfield about inadequate testing capacity.

Redfield said nearly 5,000 people have been tested through public health labs as of Monday, adding he anticipated that commercial testing companies would have stepped forward earlier to work with the federal government to develop more tests. "I would have loved the private sector to be fully engaged eight weeks ago," Redfield said.

Redfield said commercial labs like Quest and LabCorp have dramatically increased testing capabilities while acknowledging that public health labs in Washington are overwhelmed.

"There's not enough equipment, there's not enough people, there's not enough internal capacity and not enough surge capacity", Redfield said, adding that the public health infrastructure is stretched thin and has a workforce shortage.

Redfield told lawmakers the increase in cases is likely due to the shift in outbreaks from China to Europe, and travelers returning from there to the United States.

The CDC recently stopped publicly tracking how many people have been tested for the coronavirus. Redfield said his agency will soon reinstate that tracker and include information on how many commercial lab tests are being conducted, though it's not clear when that will be accessible.

He defended the U.S. decision to develop its own diagnostic tests instead of using the ones issued by the World Health Organization, saying the U.S. developed its product quickly and that the WHO test would have had to go through the same regulatory process before being deployed.

He declined to say who made the decision not to use the WHO test.

To view online [click here](#).

Europe's 'young invincibles' navigate HIV without fear [\(back\)](#)

By Ashleigh Furlong

This article is part of [Telescope: The New AIDS Epidemic](#), a deep-dive investigation into the modern face of a disease that transformed the world.

LONDON — Britain's iconic [HIV tombstone advert](#) of the 1980s had a simple, yet effective, message: "AIDS — Don't die of ignorance."

Thirty-odd years after the spot sent shock waves through the U.K., HIV is no longer a death sentence. Antiretroviral medication allows those infected with the virus to live a long, healthy life — and also ensures they won't transmit it to their sexual partners.

But that progress has also generated new risks — and made it more difficult to craft a message that will break through to those who need to hear it.

"It's a contradiction," says Alex Causton-Ronaldson, a campaign mentor at Youth Stop AIDS. "The message is: Don't be complacent and don't get it, but if you do get it, it's not that bad."

Causton-Ronaldson was diagnosed in 2013. Since then, there has been a seismic shift in how HIV is prevented and treated.

The use of pre-exposure prophylaxis — using antiretrovirals to prevent the virus from taking hold — has beefed up the ever-growing prevention arsenal. And seminal studies proving that "undetectable" truly means "untransmittable" have changed the game for people living with HIV.

But at the same time, sex has also changed, with the rise of the hookup culture, spurred on by dating apps, chemsex and ubiquitous social media. Casual, anonymous sex is now safer (and easier) than ever.

For young people, "HIV is not the terrifying thing it was, even when I was diagnosed in 2013," says Causton-Ronaldson. "They have an almost detached and removed view. Because to them, they've got PrEP if they want to, and they don't necessarily worry about contracting HIV."

The result, when it comes to public health, is a mixed blessing. In the EU, [rates of new HIV cases are dropping](#), with AIDS diagnoses in free fall. But rates of many other STIs, such as gonorrhea and syphilis, are on the rise.

The [latest figures](#) from the European Centre for Disease Prevention and Control show that rates of gonorrhea were up by 17 percent in 2017, compared to 2016. Syphilis rates have also [reached an all-time high](#) in Europe, with cases increasing by 70 percent since 2010.

A [study](#) released in December indicated that three-quarters of PrEP users have also been diagnosed with other STIs, and a systematic review of dozens of studies revealed a "high burden" of STIs among people taking PrEP.

The authors frame the findings as highlighting the opportunity for testing and treating other STIs.

But they're also fuel for the debate about whether treatments like PrEP encourage risky behavior, or whether they result in more detection of other diseases because more at-risk people get tested.

Risky business

Rosalie Hayes, senior policy and campaigns officer at the National AIDS Trust, rejects the "moral hazard" argument and points to higher testing rates as the reason behind the spike in recorded cases.

"Once you start accessing PrEP, you're actually getting tested more regularly for STIs, so you will see an increase in diagnoses," she said. "So actually that's a real benefit."

Either way, there's no doubt that for some people, recent advances in prevention — including the global "undetectable equals untransmittable" movement or "U=U" — has changed sexual behaviors.

A recent Australian study on gay men's relationship agreements found a large increase in relationships that allowed condomless sex with casual partners. Almost 40 percent of PrEP users in relationships had such agreements.

Michael Evangeli, a reader in clinical psychology at Royal Holloway, University of London, says that for some people living with HIV, being virally suppressed has meant that they are able to "engage in a whole variety of sexual behaviors that they wouldn't necessarily be engaging in."

Among communities where U=U is well-understood and where there is high PrEP use, such as men who have sex with men in London, "lots of the anxieties and concerns around HIV transmission, and also about HIV disclosure, are massively reduced," he said.

But has this actually changed the anxiety around disclosure? Evangeli isn't so sure.

"Even [for] people living with HIV who accept, understand and are aware of the U=U message, it doesn't necessarily result in a reduction in anxiety about telling other people they are living with HIV," he said.

Those left behind

For some, however, the advent of U=U in some parts of the world has had no effect on their sexual relationships.

"Everybody who's not in the position to become undetectable is left behind," says Tamás Bereczky, the communications lead of the European Patients' Academy and a member of the European AIDS Treatment Group.

He points to areas in Central and Eastern Europe, where access to testing and treatment is dismal. Treatment and routine testing are essential for U=U to be effective — but the ECDC reports that

late diagnosis sits at just under 50 percent for these regions, compared to about 35 percent for people from Western Europe.

"How are [people living there] supposed to become undetectable? It's not that they don't get the message, it's that they don't have access," he said.

Those who argue for the message to be brought to individuals living in these communities are "completely ignorant of the political realities of these people," he added.

A [UNAIDS report](#) in 2018 found that a "broadly threatening treatment environment" for key populations "discourages HIV testing and treatment" in Eastern Europe and Central Asia.

The kids aren't alrightEven in countries such as the U.K., which have robust infrastructure for prevention, testing and treatment, basic messages around safe sex, particularly for young men who have sex with men, can be missing from the dialogue.

Hayes points the National AIDS Trust's 2015 [Boys Who Like Boys study](#), which showed that a third of respondents hadn't received any information on HIV transmission and safer sex in their school sex education.

Things haven't got much better since then. In a November [poll](#) commissioned by the Sex Education Forum, nearly 30 percent of students said they hadn't learned all they needed to about LGBTQ issues, and one in six said that the sex education at school was bad or very bad.

"I think that's quite demonstrative of the state of English sex education," she says.

Change is coming. Starting this September, sex and relationship education [will be compulsory in English schools](#). And last year, the government issued the first new guidance on the topic in 20 years.

But for now, with schools falling short, young people get their information about safe sex elsewhere. And that's not on TV or billboards, or even Facebook, for that matter. They're on [Instagram, YouTube and Snapchat](#).

"I don't think we've got the messaging, or the channels, right when it comes to communicating with young people around HIV," said Causton-Ronaldson, whose day job is in marketing, with a particular focus on young people. "You see a lot of billboard ads out there and that's not necessarily where they are engaging."

"Don't die of ignorance" may have shocked the British public, but it "did the job it needed to do," Causton-Ronaldson said. "The problem is, there has been nothing of that level of mass-market awareness that has happened since then."

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FDA changes safety requirements for diabetes drugs [\(back\)](#)

By Sarah Karlin-Smith

The FDA will no longer require drug companies to conduct large cardiovascular safety studies for all new type 2 diabetes therapies, the agency announced in [draft guidance this morning](#).

The agency is recommending new safety requirements that it says will focus on evaluations that are broader than heart disease. Companies will need to include at least 4,000 patients exposed to the drug in phase III clinical trials, with at least 1,500 patients exposed to the drug for at least one year and 500 patients exposed to the drug for at least two years, the new guidance says.

The phase III studies must enroll patients that have other conditions associated with diabetes or diabetes complications — including 500 people with stage 3 or 4 chronic kidney disease, 600 people with heart disease and 600 people older than 65.

FDA is still recommending sponsors use "rigorous methods" to collect adverse cardiovascular events and assess them by adjudication. Data safety monitoring boards should be used to independently oversee the safety findings. There also may be cases where a company needs to include additional safety data, which FDA will flag to the drug makers before phase III trials.

FDA is also pulling a 2008 guidance that contained the old heart safety recommendation that companies had to demonstrate diabetes drugs did not result in an unacceptable increase in cardiovascular risk. None of the cardiovascular safety trials conducted to meet the 2008 guidance identified an increased risk of heart events, and some demonstrated a reduced risk of these events, FDA notes.

Comments on the [guidance](#) are due in 90 days.

To view online [click here](#).

FDA, FTC crack down on companies making false coronavirus claims [\(back\)](#)

By Sarah Oweremohle

The FDA and FTC issued warning letters to seven companies for falsely claiming their products help fight the coronavirus infection, dubbed Covid-19.

"There already is a high level of anxiety over the potential spread of coronavirus," said FTC Chairman Joe Simons. "What we don't need in this situation are companies preying on consumers by promoting products with fraudulent prevention and treatment claims."

The seven companies include makers of essential oils, tea, tinctures and colloidal silver. FDA has previously warned that colloidal silver products in particular are not safe or effective for

treating any disease or condition. One manufacturer that received a warning, Vital Silver, said on its website that "it's actually widely acknowledged in both science and the medical industry that ionic silver kills coronavirus."

The products included in the warning and their claims are a threat to public health, FDA Commissioner Stephen Hahn said in a statement. "We have an aggressive surveillance program that routinely monitors online sources for health fraud products, especially during a significant public health issue such as this one," he said.

Companies have 48 hours to respond to the agencies with steps they will take to reverse the claims, or risk seizure of their products.

"These warning letters are just the first step. We're prepared to take enforcement actions against companies that continue to market this type of scam," Simons said.

To view online [click here](#).

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Subject:	FOR APPROVAL: HPP COVID19 Supplemental Spend Plan White Paper 2020-3-11 v2.docx
Date:	2020/03/12 13:28:51
Importance:	High
Priority:	Urgent
Type:	Note

Dr. Kadlec,

Per your request, please find attached a White Paper which provides 3 spend plan options for executing the HPP funding from the Coronavirus Supplemental. As discussed, we have currently been apportioned \$100 million and asked to execute this funding as soon as possible. In discussions with grants management we believe we can execute the funding by the middle of April with a streamlined application, review, and award process. The paper outlines spending options at the \$100m, \$200m, and \$300m levels should additional funding become available.

(b)(5)

Please let me know if you have any questions or need additional information prior to your approval of this spending plan.

Warm Regards,
Jack

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

HEALTH AND HUMAN SERVICES (DHHS) | Thomas P. O'Neill Federal Building | 200 C Street SW | Washington, DC 20515
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Subject:	FW: Pool Report #10 -- statement from Grisham on Bolsonaro aide
Date:	2020/03/12 13:57:06
Priority:	Normal
Type:	Note

FYI

From: White House Press Office <info@mail.whitehouse.gov>
Sent: Thursday, March 12, 2020 1:51 PM
To: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Subject: Pool Report #10 -- statement from Grisham on Bolsonaro aide

From: Chambers, Francesca <fchambers@mcclatchydc.com>

Sent: Thursday, March 12, 2020 1:49 PM

Subject: Pool Report #10 -- statement from Grisham on Bolsonaro aide

From Stephanie Grisham:

“The White House is aware of public reports that a member of the Brazilian delegation’s visit to Mar-a-Lago last weekend tested positive for COVID-19; confirmatory testing is pending. Exposures from the case are being assessed, which will dictate next steps. Both the

President and Vice President had almost no interactions with the individual who tested positive and do not require being tested at this time.

“As stated before, the White House Medical Unit and the United States Secret Service has been working closely with various agencies to ensure every precaution is taken to keep the First & Second Families, and all White House staff healthy.

“To reiterate CDC guidelines, there is currently no indication to test patients without symptoms, and only people with prolonged close exposure to confirmed positive cases should self-quarantine.

“We are monitoring the situation closely and will update everyone as we get more information.”

Francesca Chambers
White House Correspondent

P 202-383-6074



C (b)(6)

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From:	Kate Burns <kburns@lauthorities.com>
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Subject:	Expert speakers in every category on COVID-19 impact
Date:	2020/03/12 14:05:39
Priority:	Normal
Type:	Note

Robert,

Are you looking to bring the most up-to-date information to your clients or key stakeholders about the impact of coronavirus on your industry, business, and health at large?

If so, here are some experts we've been recommending to discuss the short- and long-term impacts of COVID-19 in every category – **not only in person, but also virtually or via a conference call.**

Economic impact

- **Marci Rossell, Expert Economic Forecaster, Former CNBC Chief Economist and Co-Host of *Squawk Box***, who analyzes past events to predict the economic impact of seismic surprises like COVID-19 and how businesses can prepare for near-term effects.
- **Benn Steil, Director of International Economics at the Council on Foreign Relations**, who blends history and economics to advise on the measures that need to be taken to keep the economy on track as coronavirus spreads.

Geopolitical impact

- **Lisa Monaco, Former United States Homeland Security & Counterterrorism Advisor**, who discusses why the U.S. must make pandemic disease a national security priority and the resources necessary to combat the global threat to stability and security.
- **Ian Bremmer, International Affairs Expert & President of Eurasia Group**, who shares how geopolitics will determine how the pandemic proceeds, including how global response is impacted by the lack of unity between the world's largest powers.

Business impact

- **Erik Peterson, Partner & Managing Director of A.T. Kearney's Global Business Policy Council**, who focuses on how the fundamental nature of business will change from COVID-19, including the transformation of policy, supply chain management, technology, and workforce.
- **General Stanley McChrystal, World-Renowned Commander of U.S. and International Forces in Afghanistan and Co-founder of McChrystal Group**, who provides the major steps business leaders should take to establish high-functioning teams in times of uncertainty.

Health impact

- **Dr. Celine Gounder, Infectious Disease Specialist, Epidemiologist, and CNN Medical Analyst**, who draws on history, anthropology, politics, and economics to help audiences understand how we can prepare for the spread of illness and the latest science behind epidemics.

- • **Jon Cohen, Senior Correspondent for Science and Infectious Disease Expert**, who provides an in-depth look at where the virus came from, the global response, and the intersection of disease, politics, economics, and human rights at large.

Please let me know if you'd be interested in learning more, or if there is anything else I can help with.

Thanks,

Kate

Kate Burns
SVP, Marketing Chief Experience Officer
(202) 783-0300
Leading Authorities, Inc.

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Subject:	Fwd: Treatment and cure of Corvid-19
Date:	2020/03/12 14:21:53
Priority:	Normal
Type:	Note

Sent from my iPhone

Begin forwarded message:

From: "HHS Secretary (HHS/IOS)" <secretary@hhs.gov>
Date: March 12, 2020 at 1:45:53 PM EDT
To: "Mango, Paul (HHS/IOS)" <Paul.Mango@hhs.gov>, "Pollard, Ashton (OS/IOS)" <Ashton.Pollard@hhs.gov>
Subject: FW: Treatment and cure of Corvid-19

From: Bill Brown <billbrown@brown10.com>
Sent: Thursday, March 12, 2020 1:42 PM
To: HHS Secretary (HHS/IOS) <secretary@hhs.gov>
Subject: Treatment and cure of Corvid-19

Alex Azar,

I am writing you and Vice President Pence to make you aware of and solicit your assistance. My company and my partners have a patented, novel group of molecules that kill coronavirus.

They are called Ceragenins.

The most important application Is for the serious and critical ill patients on respirators. By breathing the Ceragenin through the respirator coronavirus and bacteria will be killed.

Autopsies have shown that most deaths are caused by bacterial infection which spreads rapidly due to the coronas virus impairment of the human immune system.

Over 100 scientific research studies have been completed over the last 10 years. They

demonstrate the safety and effectiveness of Ceragenins.

The University of California at Berkeley is currently researching the mode of action of Ceragenins.

My name is Bill Brown,. I am the chairman and controlling shareholder of Central Garden and Pet company. CENT.

We are a \$2.5 billion sales company with 6000 employees.

We have a Life Science Company within Central. We've been working with Ceragenins for over five years. They have many applications for animals as well as humans.

We will need Vice President Pence and President Trump's emergency support as Ceragenins have not been submitted to the FDA for approval for this application.

Given the national and world crisis, I feel compelled to bring this potential solution forward.

My contact information is:

Mobile: (b)(6)

It takes text but not voicemail.

bbrown@central.com

billbrown@brown10.com

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Subject:	Trump expected to sign order unleashing coronavirus funding
Date:	2020/03/12 14:29:38
Priority:	Normal
Type:	Note

Trump expected to sign order unleashing coronavirus funding

By Anita Kumar

03/12/2020 02:25 PM EDT

President Donald Trump is expected to sign a declaration that would unlock billions of dollars to offset fallout from the coronavirus outbreak, according to three people familiar with the situation.

But aides gave conflicting signals on Thursday about when, exactly, he'll do it — and what precise shape the president's announcement might take. And Trump himself signaled that he had yet to make up his mind.

A White House aide said Wednesday that it will be a limited declaration under the Stafford Act that would tap funding to pay for small business loans and missed paychecks for hourly workers, among other things.

As of Thursday morning, White House economic adviser Larry Kudlow was telling Republicans on a conference call that a Stafford Act declaration could come later in the day, and a second White House official confirmed the timeline. But other officials said the move could be days away.

Trump on Thursday said he is still mulling what emergency funding steps he will take. The president is also pushing for Congress to pass a stimulus package, but lawmakers are bogged down over the details.

“We have things that I can do,” Trump said in the Oval Office while sitting alongside Irish Prime Minister Leo Varadkar. “We have very strong emergency powers under the Stafford Act. ... I have it memorized as to the powers in that act. If we need to do something. I have the right to do a lot of things people don't even know about.”

The president dodged a question about whether he would sign a declaration Thursday, simply saying that he may be working on “more minor things at this point.”

The 1988 Stafford Act is typically associated with more expansive emergency or disaster declarations. Trump could still choose to take such a step, though he has been wary of doing so

as aides debate the merits. Declaring a broader emergency or disaster would bring in the Federal Emergency Management Agency, and tap the agency's resources to help states with resource issues, such as building shelters and mobile hospitals, or helping with transportation and public safety. Any Stafford Act declaration would unlock FEMA's disaster relief fund, which has a balance of more than \$40 billion.

Former senior FEMA officials are already cautioning that the declaration the White House has outlined does not comply with the Stafford Act, saying the law is not designed to free up resources for things like loans and missed paychecks.

Still, any invocation of the Stafford Act would represent another escalation of the Trump administration's coronavirus response after fighting off weeks of criticism that the president was downplaying the issue and moving too slowly. Trump on Wednesday signaled a shift in tone, giving a solemn Oval Office address declaring he was barring foreign visitors from Europe, which is dealing with its own coronavirus outbreak. Yet, Wednesday's speech created confusion among industry executives and foreign leaders, who weren't given a heads up about the move.

Trump has spent weeks trying to reassure the public and investors about the widening outbreak. Cities and states have started taking drastic measures to curb the virus, barring large gatherings and closing offices, while the stock market in recent days has recorded declines not seen since the 2008 recession. Across the U.S., the coronavirus has now killed more than 35 people and health officials have warned that the situation will worsen.

But Trump has been reluctant to declare a more sweeping emergency to combat the outbreak, fearful of stoking panic with such a dramatic step, according to three people familiar with the situation.

Outside of the administration, Democrats and some health experts are urging Trump to declare a broader emergency. Senate Democrats sent Trump a letter on Wednesday outlining their case.

"Calling for a national emergency under the Stafford Act would free up lots of FEMA's resources to help states and localities," Senate Minority Leader Chuck Schumer said on the Senate floor Thursday. "Why he hasn't done it is a mystery. We need him to do it, and do it now."

Some of Trump's closest aides have debated whether a more expansive declaration is needed to ensure those resources are available. Health and Human Services Secretary Alex Azar has pushed for the designation, but Vice President Mike Pence, who Trump tapped to lead the administration's coronavirus response, has been more wary. Officials have yet to make a recommendation to Trump, according to two of the people familiar with the situation.

Separately, Trump has pushed for a payroll tax cut as part of a congressional stimulus package. But Republicans have been cool to that idea and Democrats are moving forward with their own bill that Trump said Thursday he will not support. The two parties have, however, coalesced around some ideas, like approving paid sick leave for workers.

"Look, we are in great shape," Trump said. "Compared to other places, we are in really good

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Jake Sherman and Meridith McGraw contributed to this report.

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Subject:	Trump expected to sign order unleashing coronavirus funding
Date:	2020/03/12 14:29:45
Priority:	Normal
Type:	Note

Trump expected to sign order unleashing coronavirus funding

By Anita Kumar

03/12/2020 02:25 PM EDT

President Donald Trump is expected to sign a declaration that would unlock billions of dollars to offset fallout from the coronavirus outbreak, according to three people familiar with the situation.

But aides gave conflicting signals on Thursday about when, exactly, he'll do it — and what precise shape the president's announcement might take. And Trump himself signaled that he had yet to make up his mind.

A White House aide said Wednesday that it will be a limited declaration under the Stafford Act that would tap funding to pay for small business loans and missed paychecks for hourly workers, among other things.

As of Thursday morning, White House economic adviser Larry Kudlow was telling Republicans on a conference call that a Stafford Act declaration could come later in the day, and a second White House official confirmed the timeline. But other officials said the move could be days away.

Trump on Thursday said he is still mulling what emergency funding steps he will take. The president is also pushing for Congress to pass a stimulus package, but lawmakers are bogged down over the details.

“We have things that I can do,” Trump said in the Oval Office while sitting alongside Irish Prime Minister Leo Varadkar. “We have very strong emergency powers under the Stafford Act. ... I have it memorized as to the powers in that act. If we need to do something. I have the right to do a lot of things people don't even know about.”

The president dodged a question about whether he would sign a declaration Thursday, simply saying that he may be working on “more minor things at this point.”

The 1988 Stafford Act is typically associated with more expansive emergency or disaster declarations. Trump could still choose to take such a step, though he has been wary of doing so

as aides debate the merits. Declaring a broader emergency or disaster would bring in the Federal Emergency Management Agency, and tap the agency's resources to help states with resource issues, such as building shelters and mobile hospitals, or helping with transportation and public safety. Any Stafford Act declaration would unlock FEMA's disaster relief fund, which has a balance of more than \$40 billion.

Former senior FEMA officials are already cautioning that the declaration the White House has outlined does not comply with the Stafford Act, saying the law is not designed to free up resources for things like loans and missed paychecks.

Still, any invocation of the Stafford Act would represent another escalation of the Trump administration's coronavirus response after fighting off weeks of criticism that the president was downplaying the issue and moving too slowly. Trump on Wednesday signaled a shift in tone, giving a solemn Oval Office address declaring he was barring foreign visitors from Europe, which is dealing with its own coronavirus outbreak. Yet, Wednesday's speech created confusion among industry executives and foreign leaders, who weren't given a heads up about the move.

Trump has spent weeks trying to reassure the public and investors about the widening outbreak. Cities and states have started taking drastic measures to curb the virus, barring large gatherings and closing offices, while the stock market in recent days has recorded declines not seen since the 2008 recession. Across the U.S., the coronavirus has now killed more than 35 people and health officials have warned that the situation will worsen.

But Trump has been reluctant to declare a more sweeping emergency to combat the outbreak, fearful of stoking panic with such a dramatic step, according to three people familiar with the situation.

Outside of the administration, Democrats and some health experts are urging Trump to declare a broader emergency. Senate Democrats sent Trump a letter on Wednesday outlining their case.

"Calling for a national emergency under the Stafford Act would free up lots of FEMA's resources to help states and localities," Senate Minority Leader Chuck Schumer said on the Senate floor Thursday. "Why he hasn't done it is a mystery. We need him to do it, and do it now."

Some of Trump's closest aides have debated whether a more expansive declaration is needed to ensure those resources are available. Health and Human Services Secretary Alex Azar has pushed for the designation, but Vice President Mike Pence, who Trump tapped to lead the administration's coronavirus response, has been more wary. Officials have yet to make a recommendation to Trump, according to two of the people familiar with the situation.

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Subject:	Re: etiology of MS and how to help
Date:	2020/03/12 14:34:58
Priority:	Normal
Type:	Note

So my father hired someone to mow the lawn (usually i do it...)

Anyways he did it and there was a lady in his car, he told me she has MS

And we were chatting

Similar story to a nurse i heard

Mandatory vaccinations for her occupation (childcare in this case).

After that the problems started

It is the high doses of neurotoxic aluminum.

(From the aluminum adjuvants in the vaccines and in her case metallic fillings mercury would aggravate).

I asked if they knew what coriander/cilantro was, they said no.

So i shared my aluminum detox drink a fresh lemonade with cilantro....

She looked up coriander/cilantro on her phone.

On Thu, Mar 12, 2020, 1:54 PM The Alchemist (b)(6)@gmail.com wrote:

14 people test positive for coronavirus in NC. Cooper says 'tough decisions ahead.

<https://www.newsobserver.com/news/politics-government/article241123651.html>

Anyways more people are dying from influenza

<https://abc11.com/5987906>

11 FLU DEATHS IN NORTH CAROLINA LAST WEEK AS CORONAVIRUS FEARS GRIP NATION

God willing i will provide a third remedy tonight...

My laptop battery ran out last night.

On Wed, Mar 11, 2020, 11:14 PM The Alchemist (b)(6)@gmail.com wrote:
you see i commute 50 miles each way, which isn't bad, 1 hour

but if there is traffic... 5pm traffic, then it takes 1.5 hours.

Anyways,

I tried to contact our governor to see maybe if NC government isn't as inept as the federal government.

Also, I have that alternative, the sycamore tree maybe our only hope if the supply lines are cut and we can't import stuff

:/

that requires research though, of course an inspiration is only a starting point.

ok good night.

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Subject:	FW: Trump expected to sign order unleashing coronavirus funding
Date:	2020/03/12 14:36:47
Priority:	Normal
Type:	Note

From: POLITICO Pro Budget & Appropriations <politicoemail@politicopro.com>
Sent: Thursday, March 12, 2020 2:29 PM
To: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Subject: Trump expected to sign order unleashing coronavirus funding

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By Anita Kumar

03/12/2020 02:25 PM EDT

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Subject:	RE: Aging & Infectious Disease Experts Urge Community Efforts to Protect Older Adults from COVID-19
Date:	2020/03/12 14:46:46
Priority:	Normal
Type:	Note

Thanks for flagging, Susan!

Gary M. Beck
Office of the Secretary | Intergovernmental and External Affairs
U.S. Department of Health and Human Services

From: Susan Peschin <speschin@agingresearch.org>
Sent: Thursday, March 12, 2020 1:29 PM
To: Azar, Alex (OS/IOS) <Alex.Azar@HHS.GOV>; Beck, Gary (OS/IEA) <Gary.Beck@hhs.gov>; Hargan, Eric (OS/IOS) <Eric.Hargan@hhs.gov>; Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>; Parker, Jim (HHS/IOS) <Jim.Parker@hhs.gov>; Brady, Will (HHS/IOS) <William.Brady@hhs.gov>; Callahan, Kenneth (HHS/IOS) <Kenneth.Callahan@hhs.gov>
Subject: Aging & Infectious Disease Experts Urge Community Efforts to Protect Older Adults from COVID-19

Hi all,
Sharing as an FYI.
Please let us know if we can emphasize any particular resources as we continue to offer updates.
Link to Q&A is below and document attached.
Best,
Sue

Aging & Infectious Diseases Experts Urge Communities to Protect Older Adults From COVID-19

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Catalyzing Innovation for Healthy Aging

March 12, 2020
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Aging and Infectious Diseases Experts Urge Businesses, Schools, and Government to Work Together to Mitigate Community Spread of COVID-19 and Help Protect Older Adults and Adults with Chronic Health Conditions

Alliance for Aging Research and National Foundation for Infectious Diseases issued the following release about the rapidly-spreading novel coronavirus, or COVID-19:

WASHINGTON, March 12, 2020 – The [Alliance for Aging Research](#) (Alliance) and the [National Foundation for Infectious Diseases](#) (NFID) are urging businesses, schools, and federal and state governments to work together to mitigate community spread of COVID-19 and help protect older adults and those with pre-existing medical conditions (such as high blood pressure, heart disease, lung disease, cancer, and/or diabetes), who are at higher risk of serious illness and death from the virus. Both the World Health Organization (WHO) and the United States Centers for Disease Control and Prevention (CDC) have issued advisories to these high-risk groups instructing them to avoid crowds, non-essential travel, and cruise ships. The Alliance and NFID have developed an online resource “[Common Questions and Answers about COVID-19 for Older Adults and People with Chronic Health Conditions](#)” to provide up-to-date information, ways for people to help each other, and credible resources for additional guidance.

According to William Schaffner, M.D., NFID medical director, adults age 60 years and older should strongly consider avoiding non-essential travel and other activities such as

attending crowded events, family gatherings, and religious services. "Older adults and those with underlying health conditions, such as heart disease, lung disease, or diabetes, should keep this advice top of mind: The single most important thing you can do to avoid the virus is to reduce your contact with others," he said.

"With COVID-19, we all need to examine our responsibility to each other as we think about how to govern our behavior. We can't think of this epidemic solely in terms of our personal risk. We need to act collectively in a cooperative manner to help protect older adults age 60 years and older and those with chronic conditions," said **Susan Peschin, MHS**, president and CEO of the Alliance.

[Click here to read the full release.](#)

Contact:

Lauren Smith

Vice President of Communications

press@agingresearch.org

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Sent Date:	2020/03/12 14:46:45
Delivered Date:	2020/03/12 14:46:46
Message Flags:	Unread

From:	Beck, Gary (OS/IEA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A049F8137013412BBF472FC1833391BE-BECK, MICHE>
To:	Susan Peschin <speschin@agingresearch.org>; Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>; Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>; Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Parker, Jim (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7f7ac2e66aa043a6b7cb2eaf967ffa3-Parker, Jam>; Brady, Will (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fa197652dadf4048ad6764b3f9d4a528-Brady, Will>; Callahan, Kenneth (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2e1240d1d62d49b3ba2e4e51c0920908-Callahan, K>
Subject:	RE: Aging & Infectious Disease Experts Urge Community Efforts to Protect Older Adults from COVID-19
Date:	2020/03/12 14:46:46
Priority:	Normal
Type:	Note

Thanks for flagging, Susan!

Gary M. Beck
Office of the Secretary | Intergovernmental and External Affairs
U.S. Department of Health and Human Services

From: Susan Peschin <speschin@agingresearch.org>
Sent: Thursday, March 12, 2020 1:29 PM
To: Azar, Alex (OS/IOS) <Alex.Azar@HHS.GOV>; Beck, Gary (OS/IEA) <Gary.Beck@hhs.gov>; Hargan, Eric (OS/IOS) <Eric.Hargan@hhs.gov>; Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>; Parker, Jim (HHS/IOS) <Jim.Parker@hhs.gov>; Brady, Will (HHS/IOS) <William.Brady@hhs.gov>; Callahan, Kenneth (HHS/IOS) <Kenneth.Callahan@hhs.gov>
Subject: Aging & Infectious Disease Experts Urge Community Efforts to Protect Older Adults from COVID-19

Hi all,
Sharing as an FYI.
Please let us know if we can emphasize any particular resources as we continue to offer updates.
Link to Q&A is below and document attached.
Best,
Sue

Aging & Infectious Diseases Experts Urge Communities to Protect Older Adults From COVID-19

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Catalyzing Innovation for Healthy Aging

March 12, 2020

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Aging and Infectious Diseases Experts Urge Businesses, Schools, and Government to Work Together to Mitigate Community Spread of COVID-19 and Help Protect Older Adults and Adults with Chronic Health Conditions

Alliance for Aging Research and National Foundation for Infectious Diseases issued the following release about the rapidly-spreading novel coronavirus, or COVID-19:

WASHINGTON, March 12, 2020 – The [Alliance for Aging Research](#) (Alliance) and the [National Foundation for Infectious Diseases](#) (NFID) are urging businesses, schools, and federal and state governments to work together to mitigate community spread of COVID-19 and help protect older adults and those with pre-existing medical conditions (such as high blood pressure, heart disease, lung disease, cancer, and/or diabetes), who are at higher risk of serious illness and death from the virus. Both the World Health Organization (WHO) and the United States Centers for Disease Control and Prevention (CDC) have issued advisories to these high-risk groups instructing them to avoid crowds, non-essential travel, and cruise ships. The Alliance and NFID have developed an online resource “[Common Questions and Answers about COVID-19 for Older Adults and People with Chronic Health Conditions](#)” to provide up-to-date information, ways for people to help each other, and credible resources for additional guidance.

According to William Schaffner, M.D., NFID medical director, adults age 60 years and older should strongly consider avoiding non-essential travel and other activities such as

attending crowded events, family gatherings, and religious services. "Older adults and those with underlying health conditions, such as heart disease, lung disease, or diabetes, should keep this advice top of mind: The single most important thing you can do to avoid the virus is to reduce your contact with others," he said.

"With COVID-19, we all need to examine our responsibility to each other as we think about how to govern our behavior. We can't think of this epidemic solely in terms of our personal risk. We need to act collectively in a cooperative manner to help protect older adults age 60 years and older and those with chronic conditions," said **Susan Peschin, MHS**, president and CEO of the Alliance.

[Click here to read the full release.](#)

Contact:

Lauren Smith

Vice President of Communications

press@agingresearch.org

(240) 498-8123

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From:	Early Childhood Development (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0BF9DCF688414E0BB0ADF451B6F400C4-EARLYCHILDH>
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Subject:	Message from the Department of Health and Human Services
Date:	2020/03/12 15:02:09
Priority:	Normal
Type:	Note

Dear ECD Colleagues –

We are sharing this message with you from the Department of Health and Human Services.

Thank you for your continued engagement and partnership with us to address and mitigate the spread of COVID-19. We highly value our strong ongoing partnership, and hope to continue to be a resource to you as you implement community mitigation techniques. As you might imagine, a number of HHS divisions are releasing COVID-19-related information on funding and guidance. We thought it would be helpful to batch up information on key issues to keep you up-to-date.

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Yesterday, CDC released their "[Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission](#)." Essentially, this is a guide describing possible mitigation strategies for communities dealing with transmission at three different levels: (1) None/Minimal, (2) Moderate, or (3) Substantial. Community mitigation strategies, which are non-pharmaceutical interventions, are often the most available interventions to help slow the transmission of COVID-19 in communities. The Mitigation Plan includes a set of actions that persons and communities can take to slow the spread of respiratory virus infections. The Community Mitigation Plan can be found [here](#).

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Yesterday, CDC released updated guidance on infection prevention and control recommendations. Healthcare workers are fighting this outbreak on the front lines, and this guidance is intended to provide assistance to healthcare settings that are handling suspected or confirmed cases of COVID-19. This guidance is applicable to all U.S. healthcare settings, but not for non-healthcare settings. There is separate guidance for that. The new guidance on infection control can be found [here](#).

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Thanks,

Dr. Deborah Bergeron

Director, Office of Early Childhood Development and Office of Head Start

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Sent Date:	2020/03/12 15:02:08

Delivered Date: 2020/03/12 15:02:09

From:	Early Childhood Development (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0BF9DCF688414E0BB0ADF451B6F400C4-EARLYCHILDH>
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Subject:	Message from the Department of Health and Human Services
Date:	2020/03/12 15:02:10
Priority:	Normal
Type:	Note

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Subject:	JAMA Online First
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VIEWPOINT

Supporting the Health Care Workforce During the COVID-19 Global Epidemic

James G. Adams, MD; Ron M. Walls, MD

Coronavirus in Italy – Livestream Q&A Friday, March 13, 08:00 CST (GMT-5)

The Convergence of Neurology and Psychiatry: The Importance of Cross-Disciplinary Education

Matcheri S. Keshavan, MD; Bruce H. Price, MD; Joseph B. Martin, MD, PhD

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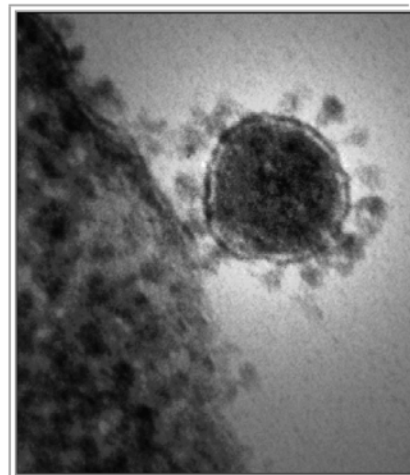
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To:	SOC IST ALL </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5da07c4aeaf247faaa2116779e541aaf-MCB EMG ALL>
CC:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	SOC Preparedness Actions COVID-19: Monday 16MAR20
Date:	2020/03/12 15:34:28
Priority:	Normal
Type:	Note

Good Afternoon all,

The SOC will be taking some increased preparedness actions starting Monday (16MAR20) to increase the social distancing for those who are physically working in the SOC. We are planning on implementing a strategy that will reduce the number of physical desks that are being used in the SOC during both day and night shifts. We will be taking additional precautions to help reduce the risk to everyone who is working in the SOC to include posting signs reminding employees to wash their hands, acquiring touchless hand sanitizing stations at the entrances to the SOC, and instituting a mandatory cycle of cleaning of individual and common work spaces in the SOC. The acquisition of additional cleaning supplies and the hand-sanitizing stations is being worked.

We recognize that the reduction of personnel working in the SOC will place increased demands on our communication systems, and as we take increasing steps based upon the risks and leadership's direction we ask all leaders and section chiefs to scrupulously identify and begin transitioning tasks that can be accomplished remotely and those which must remain in-person. We will be working over the next few days to finalize guidance, that will specify which personnel will continue to work at the primary SOC in DC, those that will work out of the alternate SOC in Maryland, and those that will work virtually.

Jonathan N. Greene

Deputy Assistant Secretary
 Director, Office of Emergency Management and Medical Operations
 U.S. Department of Health and Human Services
 Assistant Secretary for Preparedness and Response
 (202) 730-8642

Email: Jonathan.greene@hhs.gov
 HSDN: Jonathan.greene@dhs.gov

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To:	Delvecchio, Paolo (SAMHSA/OMTO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7b11e3306cbd40a8bb83c9c381671acb-Delvecchio,>; Fauci, Anthony (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau>; Destro, Brenda (HHS/ASPE) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=497b4fb84974401d8d24e98aae25931b-Destro, Bre>; Brookes, Brady (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7a794d62ee454992a4268ae71690f3c1-BDI7>; Schwartz, Erica (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=603e84a0e3744a5d8dcdb759f5dcad91-Schwartz, E>; Donnelly, Kelsey (OS/ASPR/SPPR) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=92628694fc884f0881c4ef23086b9942-Donnelly, K>; Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Perdue, Christopher (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b1f65848ded24b15937eae3dcee7c827-Perdue, Chr>; Chaput, Daniel (OS/ONC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=217b3bc89d6a4606b5b63c48d3e208f2-Chaput, Dan>; Nevel, Amy (HHS/ASPE) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user2448dd24>; Payne, Skip (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=94ba9f17f14149b7b9d64b4b481059fa-PU1K>; Jackson, Zhoowan (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user8cd5dd07>; Stannard, Paula (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f0892a057f83497e9390288c813b61d9-Stannard, P>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Lobos, Elisa (SAMHSA/OFR/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4373665362594c8b833ac405b00358f1-Lobos, Eliz>; Imbriale, Samuel (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user7e54524>; Haris, Mariam (OS/ASPR/SPPR) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5bc86417c474415091784515760ef89b-Harris, Mar>; Fucci, Michael (OS/ASPR/SPPR) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9dfa7aa39b43422385f7209e40a7371d-Fucci, Mich>; Roman-Stolte, Claudia (OS/ASPR/SPPR) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=51688a0dd62e478d9db7348c78b0a5b9-Roman-Stolt>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>; Agnew, Ann (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e5174d56b97948d0820e90e8d8136ee5-Agnew, Ann>; Trueman, Laura (HHS/IEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=99dcba4c6ea342c08d58f63e37d997e7-Trueman, La>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Bird, Catherine (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb9d9180497c49c4a06a0dd1f6043dc7-Bird, Cathe>; Hittle, Taylor (HHS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4a6a08d06d8648fda1e44f515f35eebb-Hittle, Pat>; Arbes, Sarah (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=106db0ac70a241a8b1323647c093d9bf-Arbes, Sara>; Bradsher, Kris (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=af8103b9f1ce4d27b4e32ec850ce7268-Bradsher, K>; Murphy, Ryan (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya>; Tobias, Constance (HHS/DAB) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user039621bc>; Girior, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; Severino, Roger (HHS/OCR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=47bbbf66a9ec4d4b8b74ed8cb2029b31-Severino, R>; Bell, March (HHS/OCR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b058f58ea03648bfb1631467db5ff6d-Bell, March>;

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Gr>; McDaniel, Eileen (HHS/OMHA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4ec60e4f20ac4f14a76d588e5f8ec329-McDaniel, E>; Rucker, Donald (OS/ONC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=56c304886bf3464694559621e2688ec5-Rucker, Don>; Johnson, Lynn (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e08aee07c094419ab78da8fbb9b8be3e-Johnson, Ly>; Robertson, Lance (ACL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4e938be0d69e4311a7aa44b0915297a3-Robertson,>; Nicholls, Richard (ACL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fbd7ebe2c3b54c7ab98e4fd77ea59314-Nicholls, R>; Phillips, Christine (ACL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=600334a3db4c42be803247c2027c2c09-Phillips, C>; Meyers, David (AHRQ/IOD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=efa09be51c1b409f9bd6cbfa4b25a7f7-Meyers, Dav>; McNellis, Robert (AHRQ/CEPI) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c41db31a867e4ea590ad9f7d9b522f1b-McNellis, R>; Patel, Anita (CDC/DDID/NCIRD/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1281344f1dab4bd28aff1cf48cc25420-Patel, Anit>; Ethier, Kathleen (CDC/DDID/NCHHSTP/DASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b1c1bb4997524345aaa95a9472fddb86-Ethier, Kat>; Knutson, Donna (CDC/DDNID/NCEH/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=42c4369a164a4dc9b97b58230d04d368-Knutson, Do>; Blackford, Carol W. (CMS/CM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=63ad10b43706420aa6578a500ad37a59-XL67>; <sh1@fda.hhs.gov>; Hinton, Denise (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a90be508b91e4a19b4839a1ce4f4b75f-denise.hint>; Cheever, Laura (HRSA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7abed2a972f64581a427f024d65befcc-laura.cheev>; Espinosa, Diana (HRSA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=be7b711d9bec4918a4a0e7e84f039a12-diana.espin>; Macrae, Jim (HRSA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5cfb8efeb425477abccf52af9794aba7-jim.macrae.>; Weahkee, Michael (IHS/HQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e3cef0a48d0842dfb636569257ca0e92-michael.wea>; McCollum, Jeffrey T (IHS/HQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00c2c3ddd8fc4c19b20ee1e27ae3af6a-jeffrey.mcc>; Frazier, Francis (IHS/HQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5bc0d0e10f7349a38310945505c38fe9-francis.fra>; Collins, Francis (NIH/OD) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4bd4f570bdcb43f2800bf986fa40d75f-francis.col>; Marston, Hilary (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=93be476c17024bbcb5b44add01fe6a8-hilary.mars>; McCance-Katz, Elinore (SAMHSA/OAS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d8b39d0626bb43c9b297678d56a03bc2-Mccance-Kat>; Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>; Disbrow, Gary (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0fd5845defda4dc0bb45f8fac629cf09-Disbrow, Ga>; Lambert, Linda (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ce6824b6a92a4a4e893ea7b54e17eb3c-Lambert, Li>; Phillips, Sally (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d6ce8134846423cb83b5b28464edb60-Phillips, S>; Smith, Matthew (OS/ASPR/COOP) </o=ExchangeLabs/ou=Exchange Administrative Group

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 Cosgrove, Sandra (OS/ASPR/EEAA) </o=ExchangeLabs/ou=Exchange Administrative Group
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 Cote, Mick (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group
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 Lawrence, Theresa (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group
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 Hadzibegovic, Diana (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group
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Subject:	FW: Idea for Risk Assessment and Prioritization for PPE
Date:	2020/03/12 15:41:40
Priority:	Normal
Type:	Note

Good afternoon DLG members,

Attached is the draft PPE Prioritization Chart from CAPT Lito.

Thank you,

SHANTE ROBINSON, CAPM (CTR) | JR. MANAGEMENT ANALYST, SPPR
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From: Ignacio, Joselito <joselito.ignacio@fema.dhs.gov>
Sent: Thursday, March 12, 2020 2:37 PM
To: DLGDESK (HHS/ASPR/OPP) <DLGDESK@hhs.gov>; Colf, Leremy (OS/ASPR/SPPR) <Leremy.Colf@hhs.gov>
Cc: Cliffer, Kenneth (OS/ASPR/SPPR) <Kenneth.Cliffer@hhs.gov>
Subject: Idea for Risk Assessment and Prioritization for PPE

Leremy and Fellow Colleagues:

Mr. Ken Cliffer from ASPR/Plans and I , based on yesterday's discussion, attached is a very rough and incomplete prioritization chart for informing PPE prioritization.

The scoring legend is on the bottom.

Please feel free to share for this afternoon's discussion.

V/r
Lito

Joselito Ignacio

Joselito Ignacio, MA, MPH, CIH, CSP, REHS
Captain, U.S. Public Health Service
Future Planning Unit Leader
FEMA Crisis Action Task Force – SARS-CoV-2/COVID-19 Response
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From: DLGDESK (HHS/ASPR/OPP) <DLGDESK@hhs.gov>
Sent: Thursday, March 12, 2020 11:12 AM
To: Ignacio, Joselito <joselito.ignacio@fema.dhs.gov>
Cc: Colf, Leremy <leremy.colf@hhs.gov>; DLGDESK (HHS/ASPR/OPP) <DLGDESK@hhs.gov>
Subject: Confirmation: FEMA Participation in 3/12 Disaster Leadership Group (Risk assessment use)

Dear Joselito:

I hope you are well. We wanted to thank you for your participation in yesterday's DLG and for bringing up risk assessment issues. As discussed, the agenda for today's DLG includes risk assessment as an important aspect of PPE prioritization guidance. We will specifically focus on the policy question: Should we use risk assessments to prioritize groups for PPE distribution? Your inputs will be invaluable in informing and guiding this discussion. Can you please confirm that at least one representative from FEMA will participate in this DLG meeting that can speak to this issue?

Please confirm attendance by emailing DLGDESK@hhs.gov.

We look forward to your participation in this meeting.

Respectfully,

Leremy Colf, Ph.D.

Director of Disaster Science

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

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

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From:	Langbein, Stuart M. <stuart.langbein@hoganlovells.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>; Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>
CC:	Berger, James J. (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dcaf2b2f7b1a479d82a2d970d3bef40e-Berger, Jam>; Kellogg, Rachel (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=897ed8e8d85f4105b2bf0705fc476e32-Kellogg, Ra>; Amy Efantis (aefantis@pptaglobal.org) <aefantis@pptaglobal.org>; Julie Birkofer (JBirkofer@pptaglobal.org) <JBirkofer@pptaglobal.org>; Tom Lilburn <tlilburn@pptaglobal.org>
Subject:	Ensuring Supply Chain for Plasma Protein Therapies in the Context of the COVID-19 Outbreak
Date:	2020/03/12 15:58:04
Importance:	High
Priority:	Urgent
Type:	Note

Secretary Azar and Admiral Giroir –

In furtherance of the dialogue that the Plasma Protein Therapeutics Association (PPTA) commenced with Admiral Giroir last year on patient access to plasma protein therapies (see below), we wanted to raise a serious issue on the patient access front that has surfaced in relation to the COVID-19 outbreak which we know is consuming a lot of your time. Specifically, the issue is the potential for the diversion of resources to produce the donor screening assays that are needed for the collection of plasma to priorities related to the COVID-19 outbreak. The attached letter thus asks the Department of Health and Human Services to ensure that consideration is given to the impact on the supply chain for plasma protein therapies as further actions are taken to the COVID-19 outbreak. Thank you in advance for your attention to this important access issue for patients relying on plasma protein therapies. Of course, we are happy to address any questions or provide you with any further information you may need.

Stuart

Stuart Langbein
Partner

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From: Langbein, Stuart M.

Sent: Tuesday, November 19, 2019 3:08 PM

To: Brett.Giroir@hhs.gov

Cc: James.Berger@hhs.gov; Rachel.Kellogg@hhs.gov; Amy Efantis (aefantis@pptaglobal.org); Julie Birkofer (JBirkofer@pptaglobal.org); Tom Lilburn

Subject: Follow Up to Meeting with the Plasma Protein Therapeutics Association

Importance: High

Admiral Giroir –

As you will recall, we met with you as the Plasma Protein Therapeutics Association to discuss patient access to plasma protein therapies at the end of October. While your role within HHS has changed since then (and congratulations are in order on that change!!), we are hoping that we can still take you up on the offer to provide some information to John Brooks about the issues we discussed in light of his role on drug pricing. As you suggested, we have prepared the attached one page document that we believe will be useful to help raise the issues confronting ensuring access to plasma protein therapies now, which could be exacerbated by drug pricing changes that paint with a broad brush. As noted in the attached, it is imperative that the impact of contemplated changes on plasma protein therapies be considered to avoid diminishing access to these products to patients who depend upon them.

Again, thank you very much for the time taken a few weeks ago to meet with us, and thank you in advance for any assistance you can provide in bringing these issues to the attention of John Brooks. Please let us know if there is further information we can provide, or if there are any questions we can address. Thanks.

Stuart Langbein

Stuart Langbein

Partner

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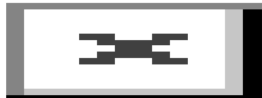
Fax: +1 202 637 5910

Email: stuart.langbein@hoganlovells.com

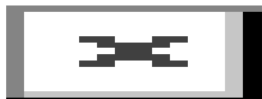
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Sent Date:	2020/03/12 15:56:47
Delivered Date:	2020/03/12 15:58:04

From:	Callahan, Michael V., M.D. <(b)(6)@mgh.harvard.edu>
To:	Biddinger, Paul, M.D. <PBIDDINGER@PARTNERS.ORG>; Shenoy, Erica Seiguer, M.D., Ph.D. <(b)(6)@mgh.harvard.edu>; Orf, Harry W., Ph.D. <(b)(6)@mgh.harvard.edu>; Lawler, James V <(b)(6)@unmc.edu>
CC:	Orf, Harry W., Ph.D. <(b)(6)@mgh.harvard.edu>; Shenoy, Erica Seiguer, M.D., Ph.D. <(b)(6)@mgh.harvard.edu>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Giroir, Bre>; <(b)(6)@unmc.edu>
Subject:	Urgent Messaging
Date:	2020/03/12 16:10:15
Priority:	Normal
Type:	Note

CLASSIFICATION: SBUC
CAVEAT: DO NOT FORWARD

Paul, Erica and Harry

In follow up to yesterday's conversation I am including both the Assistant Secretary of Health, Admiral Brett Giroir and the Assistant Secretary for Public Health Preparedness and Response, Dr Robert Kadlec on this thread as evidence of their support for the need to immediately escalate all national hospital systems to a state of high readiness. Admiral Giroir is a neonatal intensivist and has designed and analyzed mass casualty infection (ARDS) systems under his former federal positions. Dr.Kadlec of course needs no introduction.

Issue:

Medical system preparedness in the US is moving too slow compared the propagation of the virus. Foreign cities with equivalent HCN to those in US are either performing well are failing based on the time to trigger of disaster operations.

Action:

A priority focus is the need to speed up *necessary* screening of all high risk patients to avoid the need for scheduled visits to HCF over the next 100 days when hospitals pose a significant threat to immune vulnerable patients. This effort ("Burst and Coast") has the advantage of also unloading ambulatory care clinics and personnel so that these assets can be devoted to management of convalescing COVID19 patients that still require FiO2 and skilled nursing care. As a reminder LOS for C19 patients is 1.5-2.4 times that of severe hospitalized influenza

As also discussed in our call yesterday, Seattle and San Francisco are both approximately where Milan was on March 1 yet one city is failing whereas the more challenging city—San Francisco— is showing possible evidence of resiliency. These differences are attributed to the timing and aggressiveness of NPI and early implementation of HICS.

** This email proposes to put the best of our US ICS-trained mass casualty infectious disease experts together with you, Paul, and you, Erica, to add to the non-federal voice that is getting the word out nationwide.

Action:

1. Paul, I am connecting you on this email to long term NSC policy expert and clinical intensivist, Carter Mescher, who has the confidence of those above for the immediate purpose of evaluating the Singapore, Taiwan and Hong Kong systems that inspired San Francisco to initiate impressive NPIs among a diverse, non compliant and fearful populace. Carter Mescher has, with other experts and analytics, assembled a list of systems with proven effectiveness.
2. Erica, in this email I am connecting you to Jana Broadhurst MD PhD, s ID trained NAAT expert who executed the UNMC EUA and James Lawler of UNMC, who worked with me on multiple Ebola outbreaks and who is a expert at scaling clinical infectious diseases systems for mass casualty infections. Lawler is on route back to CONUS so his reply may be delayed. In the interim I will provide content and help you engage the nations ID community through pre existing channels.

Please note other institutions and health care networks have also been contacted to address other elements of mass casualty infection preparedness and the preservation of critical medical infrastructures. Please do respond to emails and arrange time to speak with the individuals above as they are working on the National stage.

Michael Callahan MD MSPH DTM&H, DMCC (UK)
Rescue Medicine HASTY Team 1
On Operations

Special Advisor to the Assistant Secretary of Public Health Preparedness and Response
U.S Dept of Health and Human Services
Humphrey Building 6th Floor
Washington, DC

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Recipient:	Biddinger, Paul,M.D. <PBIDDINGER@PARTNERS.ORG>; Shenoy, Erica Seiguer,M.D.,Ph.D. <(b)(6)>@mgh.harvard.edu>; Orf, Harry W.,Ph.D. <(b)(6)>@mgh.harvard.edu>; Lawler, James V <(b)(6)>@unmc.edu>; Orf, Harry W.,Ph.D. <(b)(6)>@mgh.harvard.edu>; Shenoy, Erica Seiguer,M.D.,Ph.D. <(b)(6)>@mgh.harvard.edu>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; <(b)(6)>@unmc.edu>
Sent Date:	2020/03/12 16:07:25
Delivered Date:	2020/03/12 16:10:15

From:	Callahan, Kenneth (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=2E1240D1D62D49B3BA2E4E51C0920908-CALLAHAN, K>
To:	DeFrancis, Suzy <Suzy.DeFrancis@redcross.org>; Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>
Subject:	RE: Meeting with Alex and President of the Red Cross
Date:	2020/03/12 16:27:56
Priority:	Normal
Type:	Note

Hi Suzy – I hope all is well, just want to confirm that I have forwarded your message to the Secretary's team. Thank you.

Ken Callahan

From: DeFrancis, Suzy <Suzy.DeFrancis@redcross.org>
Sent: Thursday, March 12, 2020 2:30 PM
To: Hargan, Eric (OS/IOS) <Eric.Hargan@hhs.gov>
Cc: (b)(6)@yahoo.com' (b)(6)@yahoo.com>
Subject: Meeting with Alex and President of the Red Cross
Importance: High

Eric,
I can't imagine how busy you must be. We are fortunate to have you and Alex at HHS now because you got you training in pandemics 10 years ago!

As you may know, fears of Coronavirus are causing fewer people to give blood and the Red Cross is facing a shortage of blood for patients and hospitals. Our President and CEO Gail McGovern would like to meet with Alex to discuss the situation, what we doing about it and how we can work together on this public health crisis.

Can you make the request to Alex for me or point me to whom I should talk to?

(Btw - Alex and Gail have met several times, including at a State Dinner last summer)

Thanks so much,
Suzy

Suzy DeFrancis
Chief Public Affairs Officer

American Red Cross
430 17th Street NW
Washington, DC 20006
(202) 303-5486 (p)
[@sdefrancis](mailto:sdefrancis@redcross.org)



ARC_Logo_Btn_HorizStkd_RGB

Sender:	Callahan, Kenneth (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=2E1240D1D62D49B3BA2E4E51C0920908-CALLAHAN, K>
Recipient:	DeFrancis, Suzy <Suzy.DeFrancis@redcross.org>; Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>
Sent Date:	2020/03/12 16:27:55
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From:	David Shedd <(b)(6)@me.com>
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.up (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	Fwd: Dataminr delivered the earliest alert on COVID-19
Date:	2020/03/12 16:48:02
Priority:	Normal
Type:	Note

Bob,

I know you much be getting very little sleep. Thank you for serving!

Just wanted to make sure you know about Dataminr. Not trying to “sell” anything below but I want you to know about the availability of a good warning system based on crowd sourcing around Twitter plus other social media.

If I can help, don’t hesitate to reach out.

Warm regards, David

Begin forwarded message:

From: Jeremy Bash <jbash@bgsdc.com>
Subject: Dataminr delivered the earliest alert on COVID-19
Date: March 12, 2020 at 1:57:56 PM EDT
To: "James \"Sandy\" Winnefeld" <(b)(6)@gmail.com>, David Shedd <(b)(6)@me.com>, Richard Haass <rhaass@cfcr.org>, Michael Morell <mmorell@bgsdc.com>, Panetta Office <(b)(6)@gmail.com>, Chris Nowland <(b)(6)@gmail.com>, Mike Vickers - gmail <(b)(6)@gmail.com>, Jason Bordoff <jbordoff@sipa.columbia.edu>, Dell Dailey <(b)(6)@gmail.com>, Dave Radi <(b)(6)@gmail.com>, Joe Anderson <(b)(6)@gmail.com>, Chris Deverell <chris@deverellinnovation.ventures>
Cc: Ted Bailey - Batphone <tbailey@dataminr.com>, Peter Bailey <peter@dataminr.com>, Jason Edelboim <jedelboim@dataminr.com>, Jay Humphlett <jhumphlett@dataminr.com>, Jai-Sun Lee <jlee@dataminr.com>

Dear Dataminr Advisors,

Dataminr delivered the earliest alert on the COVID-19 outbreak from public social media posts in Chinese on the morning of Dec. 30 – and provided the earliest warnings to clients such as HHS, DoD, the White House, the World Health Organization, the United Nations, and large multinational companies. Dataminr’s earliest alert on Coronavirus was delivered 7 days prior to the US Gov announcement about the outbreak. (Another company claimed in the press to have provided the first indication; we beat them by at least 15 hours.)

On December 30, our AI platform discovered indications from inside China that a SARS-like disease was spreading and was being “chatted” about on social media. We also picked up a picture of health workers in scrubs being deployed to clean the seafood market where the outbreak is suspected to have originated.

We have been told that Dataminr is being utilized by the DoD’s National Military Command Center (NMCC) to monitor real-time developments.

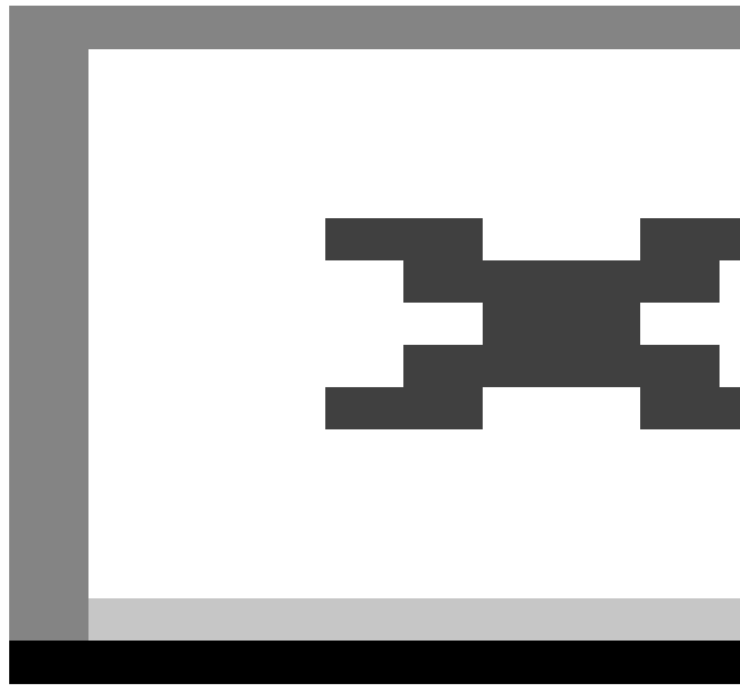
Dataminr has been a crucial source of early warning for hundreds of clients, from public health organizations, to first responders, to hospitals and health systems, to universities, to global enterprises spanning travel, healthcare, retail, tech, financial, as well as the world’s largest news organizations. Since the outbreak, Dataminr has delivered real-time alerts from +1,250 different data sources, in 70 languages, and from 175 countries, including on-the-ground information from eyewitnesses in China, Italy, Iran and South Korea. Corporations have used Dataminr alerts on Coronavirus for a range of use cases including anticipating supply chain disruptions, setting of employee work and safety policies, closing of stores and event venues, cancelling flights, re-routing ships, and changing executive travel itineraries. We have also provided earliest alerts on decisions by governments regarding new cases, as well as decisions to cancel events and close venues.

If you know of anyone in government working on Coronavirus response – particularly those charged with executing the detection and surveillance funds that Congress provided to HHS, CDC, State Dept, and the States, please be in touch with us. An email from you to a key decisionmaker can help improve governmental response (and hopefully save lives) during this crucial time.

Best,

Jeremy Bash
202-841-2958

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A screenshot of a social media post Description automatically generated

<https://protect2.fireeye.com/url?k=0438ad2d-586da43e-04389c12-0cc47adb5650-3742da57caf01dfe&u=https://www.dataminr.com/case-studies/dataminr-delivered-the-earliest-alert-on-covid-19>



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Subject:	New This Week in JAMA Health Forum
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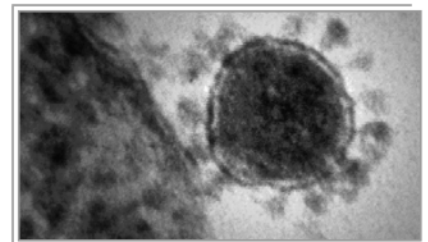
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Carolyn C. Cannuscio, ScD; Rachel Feuerstein-Simon, MPA, MPH



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Message Flags:	Unread

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To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	COVID-19 Open Media Report 12Mar20
Date:	2020/03/12 17:03:04
Priority:	Normal
Type:	Note

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Good afternoon all,

Attached is the 12Mar20 COVID-19 Open Media Report.

BLUF: President Trump bans travel from most of Europe for 30 days. Several states issue bans or recommendations limiting the size of public gatherings. Cruise companies suspend operations and major sports associations suspend games. Capitol closes to visitors and White House suspends tours. A congressional staffer tests positive for COVID-19.

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

- Traditional news media reports over 127,000 cases globally, and over 4,700 deaths worldwide.
First cases reported in Arkansas (n = 1, domestic travel), Delaware (n = 4, domestic travel), Mississippi (n = 1, domestic travel), New Mexico (n = 5, domestic or international travel), North Dakota (n = 1, domestic travel), and Wyoming (n = 1, domestic travel).

Public Health/Clinical Response:

- New York bans gatherings of more than 500 people.
- Florida bans persons with international or cruise travel from visiting nursing homes.
- The National Guard deployed to New Rochelle, NY to clean institutions and deliver food.

Work/Business response:

- Cruise lines suspend operations, including Princess Cruises (60 days) and Viking (through April).

Public Sentiment:

- Volume of conversation spiked last night following numerous major announcements including the President's travel ban, the cancellation of the NBA season and the announcement that a major celebrity has tested positive. All of these events occurring in a short time frame were shocking to a large part of the general population who began to realize this event will have long term impacts on their daily lives (Social Listening Analysis).

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

Prepared by:

Secretary's Operations Center

U.S. Department of Health and Human Services (HHS)
Assistant Secretary for Preparedness and Response (ASPR)
200 Independence Ave. S.W.
Washington D.C. 20201
Office (202) 619-7800
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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:	2020/03/12 17:02:43
Delivered Date:	2020/03/12 17:03:04

From:	OS Secretarys Operations Center </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=32B1F28D808B43B6903C00083291303E-SECRETARYS>
To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	COVID-19 Open Media Report 12Mar20
Date:	2020/03/12 17:03:00
Priority:	Normal
Type:	Note

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Good afternoon all,

Attached is the 12Mar20 COVID-19 Open Media Report.

BLUF: President Trump bans travel from most of Europe for 30 days. Several states issue bans or recommendations limiting the size of public gatherings. Cruise companies suspend operations and major sports associations suspend games. Capitol closes to visitors and White House suspends tours. A congressional staffer tests positive for COVID-19.

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

- Traditional news media reports over 127,000 cases globally, and over 4,700 deaths worldwide.
First cases reported in Arkansas (n = 1, domestic travel), Delaware (n = 4, domestic travel), Mississippi (n = 1, domestic travel), New Mexico (n = 5, domestic or international travel), North Dakota (n = 1, domestic travel), and Wyoming (n = 1, domestic travel).

Public Health/Clinical Response:

- New York bans gatherings of more than 500 people.
- Florida bans persons with international or cruise travel from visiting nursing homes.
- The National Guard deployed to New Rochelle, NY to clean institutions and deliver food.

Work/Business response:

- Cruise lines suspend operations, including Princess Cruises (60 days) and Viking (through April).

Public Sentiment:

- Volume of conversation spiked last night following numerous major announcements including the President's travel ban, the cancellation of the NBA season and the announcement that a major celebrity has tested positive. All of these events occurring in a short time frame were shocking to a large part of the general population who began to realize this event will have long term impacts on their daily lives (Social Listening Analysis).

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

Prepared by:

Secretary's Operations Center

U.S. Department of Health and Human Services (HHS)
Assistant Secretary for Preparedness and Response (ASPR)
200 Independence Ave. S.W.
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cid:image001.png@01D5E9B2.F84B1BA0

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Subject:	Fwd: ProPublica: The FDA Is Forcing the CDC to Waste Time Double Testing Some Coronavirus Cases
Date:	2020/03/12 17:06:59
Priority:	Normal
Type:	Note

Sent from my iPhone

Begin forwarded message:

From: Mike Cooper <mcooper@panix.com>
Date: March 12, 2020 at 4:40:42 PM EDT
To: "cdc@panix.com" <cdc@panix.com>
Subject: ProPublica: The FDA Is Forcing the CDC to Waste Time Double Testing Some Coronavirus Cases

The FDA Is Forcing the CDC to Waste Time Double Testing Some Coronavirus Cases

The FDA's strict guidance on test confirmations is one of several obstacles that has slowed the federal government's response to COVID-19. The FDA could change its rules to speed things up, but hasn't.

by Lydia DePillis and Caroline Chen

March 12, 3:15 p.m. EDT

A federal directive that's supposed to speed up the response to a pandemic is actually slowing down the government's rollout of coronavirus tests.

The directive, issued by the U.S. Food and Drug Administration, requires that the Centers for Disease Control and Prevention, a sister agency, retest every positive coronavirus test run by a public health lab to confirm its accuracy. The result, experts say, is wasting limited resources at a time when thousands of Americans are waiting in line to get tested for COVID-19.

The duplicative effort is the latest obstacle that is slowing the federal response to COVID-19, which has infected more than 1,300 people and resulted in 38 deaths in the United States. Progress was already delayed because the CDC decided to make its own test rather than adopting the design endorsed by the World Health Organization. The test then didn't work properly and had to be fixed. The problems were further compounded by delays in certifying tests by private laboratories as well as a shortage of supplies and raw materials used for testing.

On Feb. 4, the FDA, which regulates devices as well as drugs, released a document called an Emergency Use Authorization to govern the use of the test. The goal of the emergency authorization is to short-circuit the typically onerous regulatory review that the agency imposes on new diagnostic devices -- a process that can take months to years.

In the face of an imminent outbreak, however, the stringently written EUA appears to have become more of a hindrance than a help. Because of the requirement that the CDC rerun tests conducted by public health labs, as of two weeks ago the CDC's website was lagging in its tally because it was only reporting confirmed cases. The CDC is now reporting both presumptive positives, which have been tested only by local labs, as well as cases it has confirmed.

"This is the time when we need as many tests as we can very quickly, because we need to know what is happening in this country," said Dr. Leana Wen, an emergency physician and former health commissioner for the city of Baltimore. "Right now we are in the dark about the degree of COVID-19 spread. It's hard for us to proceed to do our work in public health without concrete information."

The CDC says it is simply following the process set out by federal regulations, though it couldn't say how many false positives, if any, have shown up in the verification process.

"The regulatory language of the EUA dictated that," CDC spokesman Richard Quartarone said. "We have to follow the rules. If we don't follow the rules, FDA could shut us down. That is a real thing."

The CDC is designed to serve as a short-term bridge to widespread testing while it analyzes a new disease and makes sure diagnostic tests are working correctly before handing the role off to the private sector, Quartarone said. If duplication hadn't been required, the CDC may have been able to help with more front-line testing before private-sector labs took over, he said.

The emergency authorization also slowed the process of tests offered by private labs, which became available last week. The FDA initially required private labs to copy the CDC's test design and have the agency review their tests before allowing them to begin testing. It took more than three weeks and growing criticism for the FDA to update its guidelines to allow certain academic labs to start testing once they had validated their tests internally.

In response to questions, FDA spokeswoman Stephanie Cacco referred a reporter to a speech by FDA Commissioner Stephen Hahn on March 7, in which he defended the agency's process.

"In the U.S., we have policies in place that strike the right balance during public health emergencies of ensuring critical independent review by the scientific and public health experts and timely test availability," Hahn said. "The CDC test is a high-quality test, and it's important to remember that false negatives or positives can be detrimental to making sure we are treating patients early, without delay, and also not quarantining healthy individuals."

Joshua Sharfstein, vice dean for public health practice and community engagement at Johns Hopkins' School of Public Health, said the FDA's high standards might have been appropriate for smaller outbreaks. The FDA issued EUAs for diagnostics during the 2014 Ebola crisis and in 2016 for the mosquito-borne Zika virus. The coronavirus, however, is moving too fast to maintain absolute control -- and the FDA could have ordered up a more flexible process, Sharfstein said.

"If you were to go back in time and tell the FDA 'you've got a month to get a million tests ready,' I imagine they wouldn't have chosen this strategy," said Sharfstein, who oversaw EUAs while he served as deputy commissioner of the FDA during the Obama administration.

Requiring confirmatory tests not only adds time to the process but also uses crucial chemicals needed to set up the tests. "You need some of the reagents that now are in short supply to prepare the tests," said CDC Director Robert Redfield in a hearing before the House Oversight Committee on Thursday, explaining the difficulty in expanding capacity

even as private labs received green lights to start testing.

Private labs need only get confirmation for their first five positive and first five negative clinical specimens, according to the FDA's Feb. 29 guidance. Commercial giants like LabCorp and Quest Diagnostics say they are now able to run thousands of tests a day.

"We want them to come online, because we don't have the manufacturing capacity; our system in place is not designed for that massive amount," Quartarone said of the private labs. "In general, CDC testing is a drop in the bucket for the overall testing that happens."

According to the American Enterprise Institute, as of Thursday afternoon, nationwide testing capacity was at about 20,695 people a day. California public and private labs accounted for 39% of capacity, and the CDC and public health labs together accounted for about 17% of available tests.

That's only testing capacity, however. According to Redfield, actual testing is still hampered by shortages of essential equipment and manpower.

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Sent Date:	2020/03/12 17:06:58
Delivered Date:	2020/03/12 17:06:59
Message Flags:	Unread

From:	Robert Levitt <(b)(6)@hotmail.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Time for GEN Petraeus to head War Production Board for PPE and Drugs and Reagents for COVID-19 Fight
Date:	2020/03/12 17:14:45
Priority:	Normal
Type:	Note

Dear Secretary Alex,

I'd like you to tell the President two messages:

1. Get the Coronavirus test-you're the Commander in Chief. You are risking the Nation by being The Donald and not getting the test. Why not get it? It will be negative.

2. Put the Country on a war footing-a war against Coronavirus. **Put GEN Petraeus in charge of the War Production Board and bring manufacturing of PPE and reagents and drugs back to the U.S.** All the U.S. multinationals have India, Asian, South American facilities. Close them down if all manufactured products don't come to U.S. Run all health care companies 3 shifts/24 hours. Start tomorrow at 7AM.

My COVID-19 Update will be later today. We're tiptoeing through the tulips. I'd sent this message to Contact The White House, but the Office of Correspondence doesn't reply to my emails, so they are going into the trash.

Be well,

Robert G. Levitt, M.D.

Sent from [Outlook](#)

Sender:	Robert Levitt <(b)(6)@hotmail.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
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Subject:	Fwd: Newsmax: HHS Sec. Azar Was Key Figure Behind European Travel Ban
Date:	2020/03/12 17:44:47
Priority:	Normal
Type:	Note

Sent from my iPhone

Begin forwarded message:

From: "McKeogh, Katherine (OS/ASPA)" <Katherine.McKeogh@hhs.gov>
Date: March 12, 2020 at 5:39:54 PM EDT
To: "Stecker, Judy (OS/IOS)" <Judy.Stecker@hhs.gov>, "Oakley, Caitlin B. (OS/ASPA)" <Caitlin.Oakley@HHS.GOV>, "Murphy, Ryan (OS/ASPA)" <Ryan.Murphy1@hhs.gov>
Subject: Newsmax: HHS Sec. Azar Was Key Figure Behind European Travel Ban

HHS Sec. Azar Was Key Figure Behind European Travel Ban
Newsmax // John Gizzi

The Trump Administration figure who pushed the hardest for the travel ban from Europe, announced by President Donald Trump Wednesday night, was Secretary of Health and Human Services Alex Azar, Newsmax has learned.

Sources close to the White House confirmed to us that prior to the president's evening address to the nation on the coronavirus crisis, there was considerable dissension among administration officials about the controversial ban on travel to all European countries except the United Kingdom.

The same sources said that throughout the day, Azar pushed hard for the travel ban and was easily the most outspoken administration official supporting it.

Azar's outspokenness on behalf of what is easily the most contentious part of the president's coronavirus response is surprising. A veteran of the Bush-43 Administration, Azar has been relatively low-key in his role on the White House Coronavirus Task Force.

In most of the task force briefings — on and off camera — he has been deferential to its chairman, Vice President Mike Pence (to whose 2012 campaign for governor of Indiana, then-Indianapolis resident Azar was a contributor).

But today, sources told us, Azar was anything but deferential and on the part of the president's program dealing with the virus.

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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Subject:	OSG Comms Nightly: Thursday, March 12
Date:	2020/03/12 17:53:24
Priority:	Normal
Type:	Note

Good evening, Dr. Adams,
We have two updates for you below.

Your media TOMORROW

You have 2 media interviews scheduled tomorrow morning. Topics are included below. We will be sure to send over the daily OVP talking points as soon as we have them. Please let us know if you need anything additional in the meantime.

For the second interview, I'll leave this to Dennis and Rafael to map out in greater detail, but the plan is for you to head to your 10am CST event location a little early and do the 9:50am CST radio interview there in a quiet place. If this needs to change, I will be on standby to notify the station.

YOU will call-in to *Morning News with Brian Haldane*, 107.3 FM just before 7:15 am **CST**
(interview slated for approximately 7:15 am CST)

Hotline: 225-408-1897

The LIVE interview should last 10 minutes

Topics: How Louisiana and the country are handling the outbreak, explain containment vs. mitigation, what precautions can be taken, addressing misinformation

Host's bio is attached

YOU will call-in to *The Moon Griffon Show*, 96.5 KPEL FM – just before 9:50 am **CST** (interview slated for approximately 9:50 am CST)

Hotline: 337-354-1850

This LIVE interview should last 10 minutes

Topics: Precautions everyone can take, addressing misinformation

Host's bio is attached

Media coverage today

Below is a round-up of the coverage so far on your visit with the Governor. I expect additional pieces to post in the overnight.

- Associated Press: [Louisiana Governor, US Surgeon General Meet on Coronavirus](#) **picked up by multiple outlets*
- The Monroe News-Star: [US Surgeon General Jerome Adams, Gov. Jon Bel Edwards give COVID-19 update for Louisiana](#)
- The Center Square: [Louisiana governor and U.S. surgeon general urge caution and calm while dealing with coronavirus concerns](#)
- WAFB TV (CBS): [Gov. Edwards holds joint news conference with U.S. Surgeon General on Louisiana's COVID-19 cases](#) **picked up by multiple outlets*
- WGNO TV (ABC): [WATCH: Gov. Edwards, U.S. Surgeon General discuss COVID-19](#)
- FOX 44: [RECAP: Gov. John Bel Edwards, U.S. Surgeon General hold press conference on COVID-19 response](#)
- WWL TV (CBS): [How is coronavirus testing done? US Surgeon General and Governor explain](#)
- FOX 8: [Governor John Bel Edwards news conference with U.S. Surgeon General Jerome Adams](#)
- WWL TV (CBS): [Louisiana Coronavirus Updates: 14 presumed positive cases](#)

Please let us know if there is anything else you need.

Jenn Sherman

Director of Public Affairs

Office of the Surgeon General

Department of Health and Human Services (HHS)

Sender:	Sherman, Jennifer (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F30FE7FAE664419FA654B20EDCCB1E78-SHERMAN, JE>
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From:	Giroir, Brett (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A56FCE4755704C4CA031D621B46FD6F7-GIRORI, BRE>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Steve Hahn <SH1@fda.hhs.gov>; Johnston, Darcie (HHS/IEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f6a8047840ca4406b5ac6bc5cf259937-Johnston, D>
CC:	Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Lenihan, Keagan (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7aa9d3462c324d65a1da026ba1e76aa5-Lenihan, Ke>
Subject:	RE: FYSA
Date:	2020/03/12 20:22:46
Priority:	Normal
Type:	Note

copy

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

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

From: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
 Sent: Thursday, March 12, 2020 8:01 PM
 To: Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Steve Hahn <SH1@fda.hhs.gov>; Johnston, Darcie (HHS/IEA) <Darcie.Johnston@hhs.gov>
 Cc: Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Lenihan, Keagan (HHS/IOS) <Keagan.Lenihan@hhs.gov>
 Subject: FYSA

S1 called Mayor DeBlasio called ref testing COVID-19 shortage of test kits and reagent. S1 asked Darcie to connect Tim atFDA to provide TA.

Sent from my iPhone

Sender:	Giroir, Brett (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A56FCE4755704C4CA031D621B46FD6F7-GIRORI, BRE>
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Sent Date:	2020/03/12 20:22:45
Delivered Date:	2020/03/12 20:22:46

From:	Robert Levitt (b)(6)@hotmail.com>
To:	Robert Levitt (b)(6)@hotmail.com>
Subject:	Dr. Levitt's COVID-19 Update for Evening 12 March 2020/ Need for Speed and War Production Board.
Date:	2020/03/12 21:29:35
Priority:	Normal
Type:	Note

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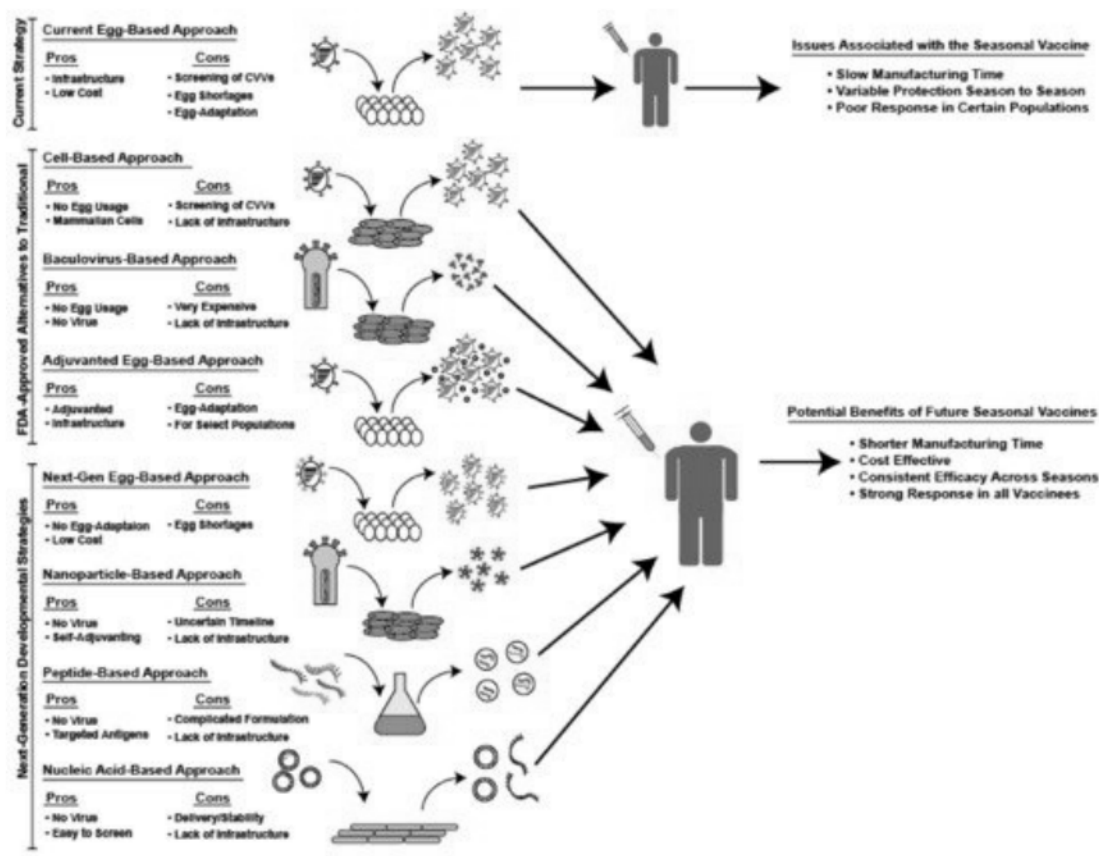
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[Daily Recap&utm_medium=email&utm_term=0_8cab1d7961-83aa75600b-1310851](https://www.statnews.com/2020/03/11/researchers-rush-to-start-moderna-coronavirus-vaccine-trial-without-usual-animal-testing/?utm_source=STAT+Newsletters&utm_campaign=83aa75600b-Daily+Recap&utm_medium=email&utm_term=0_8cab1d7961-83aa75600b-1310851)

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Vaccines

06 00019 g001 550

Figure 1. Summary of alternative approaches to traditional, egg-grown seasonal influenza vaccines that are either currently in use or in development. A depiction of the various alternative approaches to avoid the problems associated with the current seasonal influenza vaccines and a list of their respective pros and cons.

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Santa Clara County, California Japan

Italy South Korea

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RGL, M.D.

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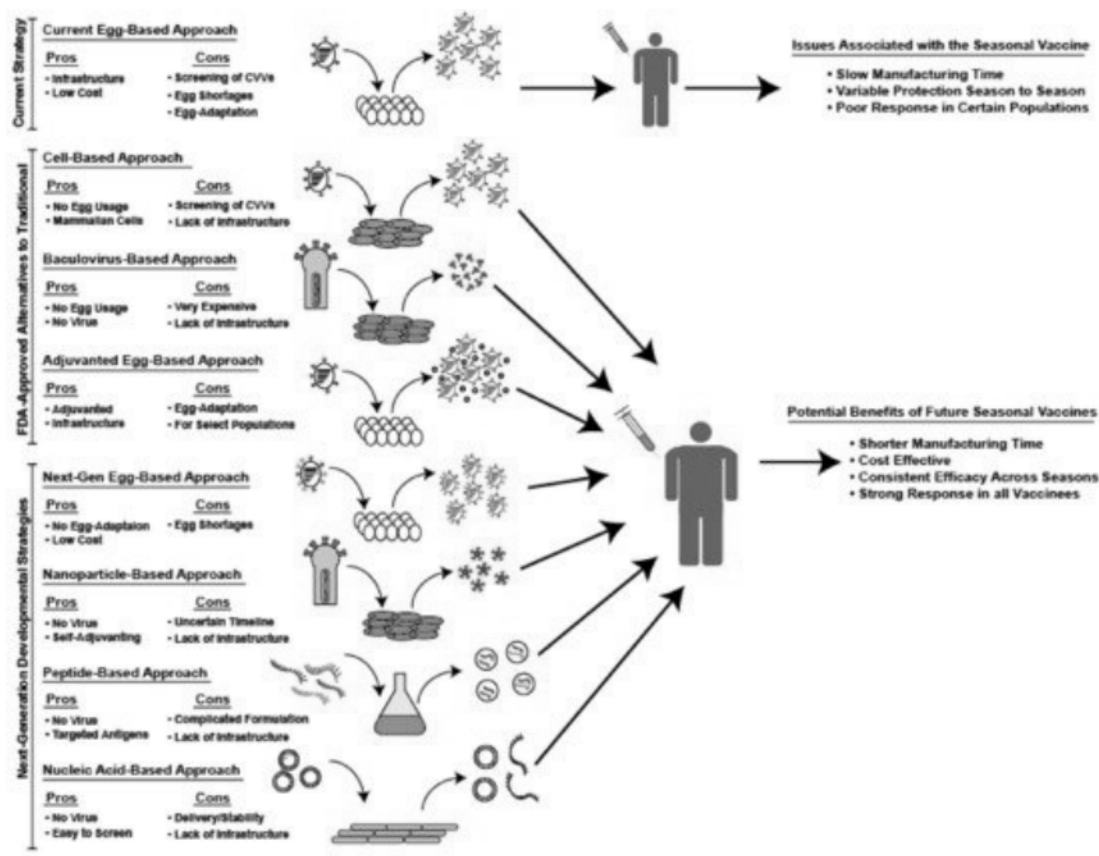
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RGL, M.D.

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From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A56FCE4755704C4CA031D621B46FD6F7-GIRORI, BRE>
To:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Johnston, Darcie (HHS/IEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f6a8047840ca4406b5ac6bc5cf259937-Johnston, D>
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Subject:	RE: Louisiana hospital surge capacity
Date:	2020/03/12 22:28:46
Priority:	Normal
Type:	Note

Governor just called me.

We are LA buddies....

He and Sen Cassidy want to know whether the VA hospitals in LA can be used for capacity. That is not in my workstream but I am sure BK has this

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

Sent: Thursday, March 12, 2020 10:27 PM

To: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Johnston, Darcie (HHS/IEA) <Darcie.Johnston@hhs.gov>

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

Subject: Fwd: Louisiana hospital surge capacity

Will whoever most appropriate call this doctor tomorrow morning? Thank you.

BG - he said he knows you.

Brian Harrison

Chief of Staff

U.S. Department of Health and Human Services

202.690.7000

brian.harrison@hhs.gov

Begin forwarded message:

From: "Harrison, Brian (HHS/IOS)" <Brian.Harrison@hhs.gov>
Date: March 12, 2020 at 10:26:04 PM EDT
To: JBE <jbe@la.gov>
Subject: Re: Louisiana hospital surge capacity

Governor - Nice speaking a moment ago.

We will contact Dr. Guidry.

Regards,

Brian

Brian Harrison
Chief of Staff
U.S. Department of Health and Human Services
202.690.7000
brian.harrison@hhs.gov

On Mar 12, 2020, at 10:24 PM, JBE <jbe@la.gov> wrote:

Mr. Harrison:

Thanks for taking my call a minute ago. Dr. Jimmy Guidry is the Public Health Director for Louisiana. I am interested in requesting through HHS that the New Orleans VA Hospital be available for surge capacity related to our Coronavirus (COVID-19) response. Dr. Guidry can be reached at (b)(6) Thank you.
John Bel

Sent from my iPhone

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To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	Summary: Open source media multi-state update on COVID-19
Date:	2020/03/12 22:34:46
Priority:	Normal
Type:	Note

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Good evening Dr. Kadlec,

BLUF: The DHS National Operations Center media reports COVID-19 multiple states update.

- □Kansas: reported its first death after a male in his 70s who lived in a long-term care facility in Wyandotte County died.
 - The man had other underlying health conditions and was receiving care at a local hospital before he passed away.
 - This death is the state's fifth confirmed case of coronavirus.
 - The state has declared a state of emergency.
- □California: Transportation Security Administration (TSA) reported three officers tested positive for COVID-19.
 - Two of the officers performed pat-downs and luggage checks at Mineta San Jose International Airport prior to testing, according to the TSA.
 - The third agent spent their shift as a travel document checker and screened entrants at the checkpoint's known crew member access point.
 - The number of cases in Santa Clara County jumped Thursday afternoon from 48 to 66.
- □Louisiana: reports 19 COVID-19 cases were reported in the state.
 - Fifteen of those were in Orleans Parish.
- □Missouri: announced Thursday that there is a second presumptive positive case of COVID-19 in the southwest part of the state.
 - The patient is a person from Springfield in their 20s who had recently traveled to Austria.
 - Governor Parson called the case "travel-related".
- □Nebraska: issued a declaration of emergency Thursday night.
 - Eleven total cases have been identified in related to COVID-19, including nine presumptive positive and two positive cases across the state.
- □Illinois and the City of Chicago: are mandating all large-scale events exceeding 1,000 individuals be cancelled for the next 30 days.
- • * National Capital Region (NCR): Several institutions in the NCR will be closed due to COVID-19.
 - • * Arlington National Cemetery in Virginia will close to visitors beginning Friday.
 - • * All Smithsonian museums in Washington, DC, metropolitan area and New York City, including the National Zoo will temporarily close to the public starting Saturday, 14Mar20

- • * The Archdiocese of Washington in Washington, D.C., canceled all Masses open to the public starting Friday until further notice
- • * All Catholic schools will be closed from the 16-27Mar20.
- • * Several cities and counties across the United States declared emergencies due to COVID-19.
 - • * Some of the cities include: Charlottesville, Virginia; York, Pennsylvania; Annapolis, Maryland; Pullman, Washington; St. Louis, Missouri; Sioux Falls, South Dakota; Asheville, North Carolina; Worcester, Massachusetts; Flint, Michigan; Truckee, California; and Southold Town, New York.
 - • * Some of the counties include: Anne Arundel County, Maryland; Albemarle County, Virginia; Mercer County, New Jersey; and Yakima County, Washington.

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Very Respectfully,

Secretary's Operations Center

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



cid:image001.png@01D5F8B1.F324C230

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Recipient:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Sent Date:	2020/03/12 22:34:43

Delivered Date: 2020/03/12 22:34:46

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: Open source media multi-state update on COVID-19
Date:	2020/03/12 22:34:46
Priority:	Normal
Type:	Note

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Good evening Dr. Kadlec,

BLUF: The DHS National Operations Center media reports COVID-19 multiple states update.

- □Kansas: reported its first death after a male in his 70s who lived in a long-term care facility in Wyandotte County died.
 - The man had other underlying health conditions and was receiving care at a local hospital before he passed away.
 - This death is the state's fifth confirmed case of coronavirus.
 - The state has declared a state of emergency.
- □California: Transportation Security Administration (TSA) reported three officers tested positive for COVID-19.
 - Two of the officers performed pat-downs and luggage checks at Mineta San Jose International Airport prior to testing, according to the TSA.
 - The third agent spent their shift as a travel document checker and screened entrants at the checkpoint's known crew member access point.
 - The number of cases in Santa Clara County jumped Thursday afternoon from 48 to 66.
- □Louisiana: reports 19 COVID-19 cases were reported in the state.
 - Fifteen of those were in Orleans Parish.
- □Missouri: announced Thursday that there is a second presumptive positive case of COVID-19 in the southwest part of the state.
 - The patient is a person from Springfield in their 20s who had recently traveled to Austria.
 - Governor Parson called the case "travel-related".
- □Nebraska: issued a declaration of emergency Thursday night.
 - Eleven total cases have been identified in related to COVID-19, including nine presumptive positive and two positive cases across the state.
- □Illinois and the City of Chicago: are mandating all large-scale events exceeding 1,000 individuals be cancelled for the next 30 days.
- • * National Capital Region (NCR): Several institutions in the NCR will be closed due to COVID-19.
 - • * Arlington National Cemetery in Virginia will close to visitors beginning Friday.
 - • * All Smithsonian museums in Washington, DC, metropolitan area and New York City, including the National Zoo will temporarily close to the public starting Saturday, 14Mar20

- • * The Archdiocese of Washington in Washington, D.C., canceled all Masses open to the public starting Friday until further notice
- • * All Catholic schools will be closed from the 16-27Mar20.
- • * Several cities and counties across the United States declared emergencies due to COVID-19.
 - • * Some of the cities include: Charlottesville, Virginia; York, Pennsylvania; Annapolis, Maryland; Pullman, Washington; St. Louis, Missouri; Sioux Falls, South Dakota; Asheville, North Carolina; Worcester, Massachusetts; Flint, Michigan; Truckee, California; and Southold Town, New York.
 - • * Some of the counties include: Anne Arundel County, Maryland; Albemarle County, Virginia; Mercer County, New Jersey; and Yakima County, Washington.

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Recipient:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Sent Date:	2020/03/12 22:34:43

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Message Flags:	Unread

From:	The Alchemist (b)(6)@gmail.com>
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau>; Beaver, Julia (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a05286b19a7b4895a71b9d1087666b25-julia.beave>; <Norman.Sharpless@fda.hhs.gov>; Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>; <michael.strong@cihr-irsc.gc.ca>; Keegan, Patricia (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2c9b1a0f14e84a819dcdf7a997a9999-patricia.ke>; Lowy, Douglas (NIH/NCI) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=aad7e8b13b6740959f2bec763a1a3217-douglas.low>; Woodcock, Janet (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5f925e9a0f9147b186d40072d474d13d-janet.woodc>; Langevin, Helene (NIH/NCCIH) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=27585df077174daf87a437e2b492ea2b-helene.lang>; Biable, Missiratch (Mimi) (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=16ecd42585564abea7003ada035df689-missiratch.>; Ibrahim, Amna (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ddefd991104249dd83c6586bfc7c19e-amna.ibrahi>
Subject:	Re: oh Canada. . . we stand on guard for thee...
Date:	2020/03/13 00:45:28
Priority:	Normal
Type:	Note

God keep our land
Glorious and free !!

-

maybe I should open one of those mexico clinics

:)

jk

On Fri, Mar 13, 2020 at 12:43 AM The Alchemist (b)(6)@gmail.com>wrote:
'Murica!

On Fri, Mar 13, 2020 at 12:43 AM The Alchemist (b)(6)@gmail.com>wrote:
hey WTH, this wiki version is WRONG!

oh it was pre 1954 version

"I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands,
one Nation under God, indivisible, with liberty and justice for all."

On Fri, Mar 13, 2020 at 12:42 AM The Alchemist (b)(6)@gmail.com>wrote:

I pledge allegiance to the Flag of the United States of America and to the Republic for which it stands, one nation, indivisible, with liberty and justice for all.

We said it everyday from KG to grade 3

anyways, you are the government(s).

I am the Alchemist.

goodbye (for now).

On Fri, Mar 13, 2020 at 12:40 AM The Alchemist <(b)(6)@gmail.com> wrote:
Anyways, I was an American capitalist first

you can take this back.

- peace

On Fri, Mar 13, 2020 at 12:33 AM The Alchemist <(b)(6)@gmail.com> wrote:

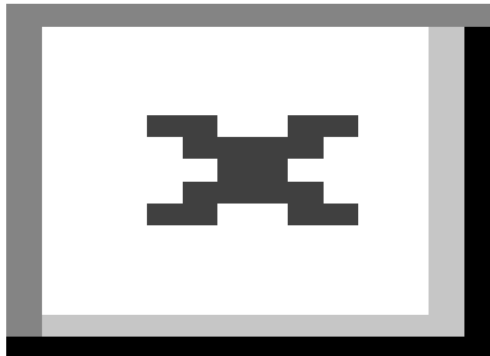


image.png

even the sikh guy who tried to run for Prime Minister

smh

On Fri, Mar 13, 2020 at 12:29 AM The Alchemist <(b)(6)@gmail.com> wrote:
Sophie Trudeau, wife of Canadian Prime Minister, tests positive for coronavirus

true patriot love, in all thy sons command.

With glowing hearts . . .

:)

so Dr Strong,

<https://www.cnn.com/2020/03/12/americas/sophie-gregoire-trudeau-coronavirus/index.html>

what are you going to do now?

i maybe inclined to return to my friends in London,

of course I make alot of Benjamins down here.

Sender:	The Alchemist <(b)(6)@gmail.com>
Recipient:	Fauci, Anthony (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau>; Beaver, Julia (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a05286b19a7b4895a71b9d1087666b25-julia.beave>; <Norman.Sharpless@fda.hhs.gov>; Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>; <michael.strong@cihr-irsc.gc.ca>; Keegan, Patricia (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2c9b1a0f14e84a819dcddf7a997a9999-patricia.ke>; Lowy, Douglas (NIH/NCI) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=aad7e8b13b6740959f2bec763a1a3217-douglas.low>; Woodcock, Janet (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5f925e9a0f9147b186d40072d474d13d-janet.woodc>; Langevin, Helene (NIH/NCCIH) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=27585df077174daf87a437e2b492ea2b-helene.lang>; Biable, Missiratch (Mimi) (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=16ecd42585564abea7003ada035df689-missiratch.>; Ibrahim, Amna (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ddefd991104249dd83c6586bfc7c19e-amna.ibrahi>
Sent Date:	2020/03/13 00:45:07
Delivered Date:	2020/03/13 00:45:28
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To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Government Reimbursement Digest for Thursday March 12, 2020
Date:	2020/03/13 01:49:56
Priority:	Normal
Type:	Note



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Mar 12, 2020

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started 11 hours ago, [Melissa Wong](#) (0 replies)

COVID-19 webinar and toolkit planning [external link to thread view](#)

1 The AHLA Payers, Plans and Managed Care... Melissa Wong

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MiniCAT Use In ENT Practice [external link to thread view](#)

2 [I have an ENT practice in Illinois that has...](#) Michael Sacopulos

[top](#)

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1. [COVID-19 webinar and toolkit planning](#)

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Mar 12, 2020 12:40 PM

[Melissa Wong](#)

[Melissa Wong](#)

The AHLA Payers, Plans and Managed Care Practice Group is committed to helping our members respond to the current coronavirus outbreak.

As part of this effort, we are planning a distance learning webinar to be scheduled in the next few weeks that will discuss key guidance and best practices related to COVID-19. This webinar will be specifically tailored for managed care plans, both government and commercial. Please contact Melissa Wong and Jeff Wurzburg at melissa.wong@hklaw.com and jeff.wurzburg@nortonrosefulbright.com if you are interested in serving as a speaker for this important webinar.

In addition, our PG is now compiling a toolkit to help our PPMC members access any federal and state communications, guidance and other resources sent to health plans specifically on the coronavirus



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outbreak. We ask any of our members to forward any appropriate links or documents from the various states to Ryan Morgan and Andrea DeBerry at rmorgan@polsinelli.com and andrea.d.deberry@kp.org. Your contributions are very much appreciated by the entire membership.

Finally, if you have ideas on other ways that PPMC can help support you and your organizations during this time, please do not hesitate to reach out to Janice Ziegler and Karen Palmersheim at janice.zielger@dentons.com and karen.palmersheim@cigna.com with any additional feedback.

Melissa Wong, Partner
Holland & Knight LLP | Boston, MA
(617) 305-2156 | melissa.wong@hklaw.com

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2. [MiniCAT Use In ENT Practice](#)

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[Michael Sacopulos](#)

Mar 12, 2020 3:47 PM
[Michael Sacopulos](#)

I have an ENT practice in Illinois that has raised

questions about proper procedures for use of a MiniCAT. Must a physician be present to conduct the study? I have been unable to find any information regarding proper billing for an in-house MiniCAT in the State of Illinois. Any help will be appreciated.

Michael Sacopulos Esq.
Terre Haute IN
(812) 238-2565



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Delivered Date:	2020/03/13 01:49:56
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Subject:	Health Insurance Digest for Thursday March 12, 2020
Date:	2020/03/13 01:59:39
Priority:	Normal
Type:	Note



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Health Insurance

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Mar 12, 2020

Discussions

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COVID-19 webinar and toolkit planning [external link to thread view](#)

1 The AHLA Payers, Plans and Managed Care... Melissa Wong

.

1. COVID-19 webinar and toolkit planning

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Mar 12, 2020 12:40 PM

Melissa Wong

Melissa Wong

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Melissa Wong, Partner
Holland & Knight LLP | Boston, MA
(617) 305-2156 | melissa.wong@hklaw.com

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Sent Date:	2020/03/13 01:59:31
Delivered Date:	2020/03/13 01:59:39

From:	Kadlec, Robert (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A182EDA693D040D3832BAE6EFCF7A255-KADLEC, ROB>
SentVia:	Ford-Barnes, Arwenithia (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D533ABC24CBE44B79F6FDDC6B08737A6-FORD-BARNES>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Eldridge, Schuyler (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=102f8b9575fe4272b3a14d43a5cf3f1a-Eldridge, S>; Wallace, Rodney (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b4654f8f0c0f4623b9e47465e9e1037a-Wallace, Ro>; 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>; Barry, Daniel J (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user3e449ce0>; Johnson, Christopher (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user38f622d9>; Limbago, Brandi (CDC/DDID/NCIRD/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a93dde7e9f794a088519d682aa05c257-Limbago, Br>; Ford-Barnes, Arwenithia (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d533abc24cbe44b79f6fddc6b08737a6-Ford-Barnes>; Moreno, Rafael (OS/ASPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1dcc2da7031645b39c430a140fd4c446-Moreno, Raf>; Callahan, Victoria (OS/ASPR/IO) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=95162cb185624a6be5fadf08484c141-Callanhan, >; Disbrow, Gary (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0fd5845defda4dc0bb45f8fac629cf09-Disbrow, Ga>
CC:	Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Blatner, Gretta (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=623cb123c2324236b1db6fb9153e0bbf-Blatner, Gr>; Kuhnert-Tallman, Wendi (CDC/DDID/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=25762b0bdeac4d30856ed335c2a37a24-Kuhnert, We>; Benford, Joffrey (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=475b27f64a8345d98908051b5f96d1d4-Benford, Jo>; Braxton, Makoto (OS/ASPR/ORM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=732ba978b99d4c91b175cebadaba7e4b-Braxton, Ma>
Subject:	(b)(5)
Date:	2020/03/12 22:34:20
Start Date:	2020/03/13 14:00:00
End Date:	2020/03/13 14:30:00
Priority:	Normal
Type:	Appointment
Location:	ASPR Main Conference Room Humphrey Building 638G - Tele Conference # (b)(6)
Attendees:	Kadlec, Robert (OS/ASPR/IO); Shuy, Bryan (OS/ASPR/IO); Eldridge, Schuyler (OS/ASPR/MFHC); Wallace, Rodney (OS/ASPR/BARDA); Cooper, Kevin (OS/ASPR/ORM); Adams, Steven A. (CDC/SNS/DSNS); Barry, Daniel J (HHS/OGC); Johnson, Christopher (OS/OGC); Limbago, Brandi (CDC/DDID/NCIRD/OD); Ford-Barnes, Arwenithia (OS/ASPR/IO); Moreno, Rafael (OS/ASA/IOS); Callahan, Victoria (OS/ASPR/IO) (CTR); Disbrow, Gary (OS/ASPR/BARDA); Bright, Rick (OS/ASPR/BARDA); Blatner, Gretta (OS/ASPR/BARDA) (Gretta.Blatner@hhs.gov); Kuhnert-Tallman, Wendi (CDC/DDID/OD); Benford, Joffrey (OS/ASPR/AMCG) (Joffrey.Benford@hhs.gov); Makoto Braxton (OS/ASPR/ORM) (Makoto.Braxton@hhs.gov)

Please see the attachment...per Mr. Barry

From: Barry, Daniel J (HHS/OGC)

Sent: Thursday, March 12, 2020 7:37 PM

To: Ford-Barnes, Arwenithia (OS/ASPR/IO) <Arwenithia.FordBarnes@hhs.gov>

Cc: Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Eldridge, Schuyler (OS/ASPR/MFHC) <schuyler.eldridge@hhs.gov>; Wallace, Rodney (OS/ASPR/BARDA) <Rodney.Wallace@hhs.gov>; Cooper, Kevin (OS/ASPR/ORM) <Kevin.Cooper@hhs.gov>; Adams, Steven A. (CDC/SNS/DSNS) <saa1@cdc.gov>; Johnson, Christopher (OS/OGC) <Christopher.Johnson@hhs.gov>; Limbago, Brandi (CDC/DDID/NCIRD/OD) <bbl7@cdc.gov>

Subject: (b)(5)

Arwenithia:

I would like to get on Dr. Kadlec's calendar for sometime tomorrow (b)(5)

(b)(5) I would like to include the following people in the meeting, and I think some will need to join by phone:

Dan Barry
Chris Johnson
Schuyler Eldridge
Kevin Cooper
Steve Adams
Rodney Wallace
Brandi Limbago
Bryan Shuy (Optional)
Gary Disbrow

I am attaching some background material for Dr. Kadlec and the attendees.

(b)(5)

Thank you,

Dan Barry
Deputy General Counsel

Sender:	Kadlec, Robert (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A182EDA693D040D3832BAE6EFCF7A255-KADLEC, ROB>; Ford-Barnes, Arwenithia (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D533ABC24CBE44B79F6FDDC6B08737A6-FORD-BARNES>
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>; Eldridge, Schuyler (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=102f8b9575fe4272b3a14d43a5cf3f1a-Eldridge, S>; Wallace, Rodney (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b4654f8f0c0f4623b9e47465e9e1037a-Wallace, Ro>; 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>; Barry, Daniel J (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user3e449ce0>; Johnson, Christopher (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user38f622d9>; Limbago, Brandi (CDC/DDID/NCIRD/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a93dde7e9f794a088519d682aa05c257-Limbago, Br>; Ford-Barnes, Arwenithia (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d533abc24cbe44b79f6fddc6b08737a6-Ford-Barnes>; Moreno, Rafael (OS/ASPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1dcc2da7031645b39c430a140fd4c446-Moreno, Raf>; Callahan, Victoria (OS/ASPR/IO) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=95162cb185624a6ebe5fadf08484c141-Callanhan,>; Disbrow, Gary (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0fd5845defda4dc0bb45f8fac629cf09-Disbrow, Ga>; Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Blatner, Gretta (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=623cb123c2324236b1db6fb9153e0bbf-Blatner, Gr>; Kuhnert-Tallman, Wendi (CDC/DDID/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=25762b0bdeac4d30856ed335c2a37a24-Kuhnert, We>; Benford, Joffrey (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=475b27f64a8345d98908051b5f96d1d4-Benford, Jo>; Braxton, Makoto (OS/ASPR/ORM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=732ba978b99d4c91b175cebadaba7e4b-Braxton, Ma>
Sent Date:	2020/03/12 22:34:21
Delivered Date:	2020/03/12 22:34:20
From:	Smedley, Mark I. <mark.smedley@thermofisher.com>
To:	Chang, William (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3cf70c842da144ab9bee61f353d932a0-Chang, Will>; Stevenson, Mark <mark.stevenson@thermofisher.com>; Barry, Daniel J (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user3e449ce0>
CC:	Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>
Subject:	Thermo Fisher Covid Response
Date:	2020/03/12 17:43:20
Priority:	Normal
Type:	Note

Team

In response to the questions asked this morning

(b)(4)

I am happy to answer questions you may have

Dan, we will copy you on the technical information we are sending to Brandi at the CDC.

Regards

Mark Smedley

President, Genetic Sciences Division

Life Sciences Solutions Group

Thermo Fisher Scientific

180 Oyster Point Boulevard

South San Francisco, California 94080

Phone: +1 (650) 246 4040

Mobile: (b)(6)

mark.smedley@thermofisher.com

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Life Sciences Solutions Group

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South San Francisco, California 94080

Phone: +1 (650) 246 4040

Mobile: (b)(6)

mark.smedley@thermofisher.com

From: "Chang, William (HHS/OGC)" <William.Chang@hhs.gov>;

Date: Thursday, March 12, 2020 at 10:38 AM

To: "Stevenson, Mark" <mark.stevenson@thermofisher.com>; "Barry, Daniel J (HHS/OGC)" <daniel.barry@hhs.gov>;

Cc: Mark Smedley <mark.smedley@thermofisher.com>; "Shuy, Bryan (OS/ASPR/IO)" <Bryan.Shuy@hhs.gov>;

Subject: Re: Contact details

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Thank you. Copying Bryan.

Office of the General Counsel
U.S. Department of Health and Human Services
(b)(6) (c)
202.690.7741 (o)

On: 12 March 2020 13:24,
"Stevenson, Mark" <mark.stevenson@thermofisher.com> wrote:

Here are our contact details. Mark Smedley will respond to you on the numbers you requests.

Mark Stevenson
Executive Vice President and
Chief Operating Officer
Thermo Fisher Scientific
168 Third Avenue | Waltham, MA 02451
T (781) 622-1344 C: (b)(6)
mark.stevenson@thermofisher.com | www.thermofisher.com
Assistant: Kimberly O'Neill
T (781) 419-3222
kimberly.oneill@thermofisher.com

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Recipient:	Chang, William (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3cf70c842da144ab9bee61f353d932a0-Chang, Will>; Stevenson, Mark <mark.stevenson@thermofisher.com>; Barry, Daniel J (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user3e449ce0>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>
Sent Date:	2020/03/12 17:43:04
Delivered Date:	2020/03/12 17:43:20
From:	Varma, Kamini H. <Kamini.Varma@thermofisher.com>
To:	Limbago, Brandi (CDC/DDID/NCIRD/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a93dde7e9f794a088519d682aa05c257-Limbago, Br>; Barry, Daniel J (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user3e449ce0>; Eldridge, Schuyler (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=102f8b9575fe4272b3a14d43a5cf3f1a-Eldridge, S>; EOC Report (CDC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3c4925b97efc4c43b34671b4c5f6b3dd-EOC Report>
CC:	Smedley, Mark I. <mark.smedley@thermofisher.com>; Kerr, Liz <Elizabeth.Kerr@thermofisher.com>; Stevenson, Mark <mark.stevenson@thermofisher.com>
Subject:	COVID-19: CDC Lab SME Call w/Thermofisher Scientific - Follow up
Date:	2020/03/12 18:33:19
Priority:	Normal
Type:	Note

Brandi

It was a pleasure speaking with you today.

As per our conversation, I have attached a presentation that broadly talks about our COVID19 solution

(b)(4)

Feel free to reach out to me with any additional questions.

Best Regards,

Kamini

Kamini Varma, Ph.D.

Sr. Director, Clinical R&D and Applications Solutions

Genetic Sciences Division

Thermo Fisher Scientific

200 Oyster Point Blvd, Office 345 | South San Francisco, CA 94080

Direct: (650) 246-5357 | Mobile: (b)(6)

kamini.varma@thermofisher.com

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Sent Date:	2020/03/12 18:31:30
Delivered Date:	2020/03/12 18:33:19
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To:	Chang, William (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3cf70c842da144ab9bee61f353d932a0-Chang, Will>; Stevenson, Mark <mark.stevenson@thermofisher.com>; Barry, Daniel J (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user3e449ce0>
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Mark Smedley

President, Genetic Sciences Division

Life Sciences Solutions Group

Thermo Fisher Scientific

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Cc: Mark Smedley <mark.smedley@thermofisher.com>; "Shuy, Bryan (OS/ASPR/IO)" <Bryan.Shuy@hhs.gov>;

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kimberly.oneill@thermofisher.com

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Kamini Varma, Ph.D.

Sr. Director, Clinical Research and Applications Solutions

Genetic Sciences Division

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Direct: (650) 246-5357 | Mobile: (b)(6)

kamini.varma@thermofisher.com

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Sent Date:	2020/03/12 18:31:30
Delivered Date:	2020/03/12 18:33:19
From:	<Arwenthia.FordBarnes@hhs.gov>
To:	Ford-Barnes, Arwenthia (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d533abc24cbe44b79f6fddc6b08737a6-Ford-Barnes>
Subject:	Message from KM_C558
Date:	2020/03/13 14:10:26
Priority:	Normal
Type:	Note

Sender:	<Arwenthia.FordBarnes@hhs.gov>
Recipient:	Ford-Barnes, Arwenthia (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d533abc24cbe44b79f6fddc6b08737a6-Ford-Barnes>
Sent Date:	2020/03/13 14:10:08
Delivered Date:	2020/03/13 14:10:26

From:	Ford-Barnes, Arwenithia (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D533ABC24CBE44B79F6FDDC6B08737A6-FORD-BARNES>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
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Subject:	Your TGIF March 13, 2020 Calendar
Date:	2020/03/12 23:22:42
Priority:	Normal
Type:	Note

Good evening Sir –

- Two morning conflicts: AMA Daily IMT and ASPR Morning Senior Leadership
- 1:45pm – Dan Barry sent material sent for meeting tomorrow: (b)(5)

(b)(5)

Arwenithia Ford-Barnes

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

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

Email: Arwenithia.FordBarnes@hhs.gov

(Please make sure your telephone is at the bottom of your salutation)

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

Sender:	Ford-Barnes, Arwenithia (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D533ABC24CBE44B79F6FDDC6B08737A6-FORD-BARNES>
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Sent Date:	2020/03/12 23:22:35
Delivered Date:	2020/03/12 23:22:42
From:	Smedley, Mark I. <mark.smedley@thermofisher.com>
To:	Chang, William (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3cf70c842da144ab9bee61f353d932a0-Chang, Will>; Stevenson, Mark <mark.stevenson@thermofisher.com>; Barry, Daniel J (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user3e449ce0>
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Mark Smedley

President, Genetic Sciences Division

Life Sciences Solutions Group

Thermo Fisher Scientific

180 Oyster Point Boulevard

South San Francisco, California 94080

Phone: +1 (650) 246 4040

Mobile: (b)(6)

mark.smedley@thermofisher.com

From: "Chang, William (HHS/OGC)" <William.Chang@hhs.gov>;

Date: Thursday, March 12, 2020 at 10:38 AM

To: "Stevenson, Mark" <mark.stevenson@thermofisher.com>; "Barry, Daniel J (HHS/OGC)" <daniel.barry@hhs.gov>;

Cc: Mark Smedley <mark.smedley@thermofisher.com>; "Shuy, Bryan (OS/ASPR/IO)" <Bryan.Shuy@hhs.gov>;

Subject: Re: Contact details

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Thank you. Copying Bryan.

Office of the General Counsel

U.S. Department of Health and Human Services

(b)(6) (c)

202.690.7741 (o)

On: 12 March 2020 13:24,

"Stevenson, Mark" <mark.stevenson@thermofisher.com> wrote:

Here are our contact details. Mark Smedley will respond to you on the numbers you requests.

Mark Stevenson

Executive Vice President and
Chief Operating Officer
Thermo Fisher Scientific
168 Third Avenue | Waltham, MA 02451
T (781) 622-1344 C: (b)(6)
mark.stevenson@thermofisher.com | www.thermofisher.com
Assistant: Kimberly O'Neill
T (781) 419-3222
kimberly.oneill@thermofisher.com

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Sender: Smedley, Mark I. <mark.smedley@thermofisher.com>	
Recipient:	Chang, William (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3cf70c842da144ab9bee61f353d932a0-Chang, Will>; Stevenson, Mark <mark.stevenson@thermofisher.com>; Barry, Daniel J (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user3e449ce0>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>
Sent Date: 2020/03/12 17:43:04	
Delivered Date: 2020/03/12 17:43:20	
From: Varma, Kamini H. <Kamini.Varma@thermofisher.com>	
To:	Limbago, Brandi (CDC/DDID/NCIRD/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a93dde7e9f794a088519d682aa05c257-Limbago, Br>; Barry, Daniel J (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user3e449ce0>; Eldridge, Schuyler (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=102f8b9575fe4272b3a14d43a5cf3f1a-Eldridge, S>; EOC Report (CDC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3c4925b97efc4c43b34671b4c5f6b3dd-EOC Report>
CC:	Smedley, Mark I. <mark.smedley@thermofisher.com>; Kerr, Liz <Elizabeth.Kerr@thermofisher.com>; Stevenson, Mark <mark.stevenson@thermofisher.com>
Subject: COVID-19: CDC Lab SME Call w/ThermoFisher Scientific - Follow up	
Date: 2020/03/12 18:33:19	
Priority: Normal	
Type: Note	

Brandi

It was a pleasure speaking with you today.

As per our conversation, I have attached a presentation that broadly talks about our COVID19 solution

(b)(4)

Feel free to reach out to me with any additional questions.

Best Regards,

Kamini

Kamini Varma, Ph.D.

Sr. Director, Clinical R&D and Applications Solutions
Genetic Sciences Division
Thermo Fisher Scientific
200 Oyster Point Blvd, Office 345 | South San Francisco, CA 94080
Direct: (650) 246-5357 | Mobile: (b)(6)
kamini.varma@thermofisher.com

Sender:	Varma, Kamini H. <Kamini.Varma@thermofisher.com>
Recipient:	Limbago, Brandi (CDC/DDID/NCIRD/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a93dde7e9f794a088519d682aa05c257-Limbago, Br>; Barry, Daniel J (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user3e449ce0>; Eldridge, Schuyler (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=102f8b9575fe4272b3a14d43a5cf3f1a-Eldridge, S>; EOC Report (CDC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3c4925b97efc4c43b34671b4c5f6b3dd-EOC Report>; Smedley, Mark I. <mark.smedley@thermofisher.com>; Kerr, Liz <Elizabeth.Kerr@thermofisher.com>; Stevenson, Mark <mark.stevenson@thermofisher.com>
Sent Date:	2020/03/12 18:31:30
Delivered Date:	2020/03/12 18:33:19

From:	Caitlin Owens <caitlin@axios.com>
To:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	Axios Vitals: Explaining coronavirus testing delay — Lessons from Italy — Remote everything
Date:	2020/03/13 06:17:41
Priority:	Normal
Type:	Note



Good morning.

📺 **Heads-up:** We have a special report about the coronavirus coming this weekend. As a subsc

📺 **This week on "Axios on HBO":** Rep. James Clyburn, the Democratic "kingmaker" largely chair Tom Perez talks diversity, coronavirus and the future of the Democratic party; plus much

Today's word count is 1,212, or a 5-minute read.

1 big thing: Why the U.S. is so far behind on testing

COVID-19 testing capacity by organization

As of 5:00 pm EDT

Organization	Patients per day
UC San Diego	20
UCLA	20
UC San Francisco	35
Columbia Irving Medical Center	40
NorthShore Healthsystem	50
Johns Hopkins	50
Solaris Diagnostics	100
Northwell Labs	160
CDC	200
Stanford Universtiy	300
Mayo Clinic	300
Bill & Melinda Gates Foundation	400
Viracor Eurofins	1k
ARUP Laboratories	1k
Quest Diagnostics	2k
U. of Washington Virology Lab	3k
LabCorp	3k

Sender:	Caitlin Owens <caitlin@axios.com>
Recipient:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Sent Date:	2020/03/13 06:16:23
Delivered Date:	2020/03/13 06:17:41

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 — "Catastrophe medicine" — The new handshake
Date:	2020/03/13 06:18:55
Priority:	Normal
Type:	Note



🕒 **It's Friday the 13th.** What could go wrong?

- • **Today's Smart Brevity™ count:** 1,169 words ... 4½ minutes.

🎬 **Sunday on "Axios on HBO"** (6 p.m. ET/PT): House Majority Whip James Clyburn, credi

- • *See a clip.*

1 big thing ... A grand experiment: Remote everything



Sender:	Mike Allen <mike@axios.com>
Recipient:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Sent Date:	2020/03/13 06:18:42
Delivered Date:	2020/03/13 06:18:55
Message Flags:	Unread

From:	Kim, Paul D., MD <Paul.Kim@va.gov>
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
CC:	Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>
Subject:	RE: Louisiana hospital surge capacity
Date:	2020/03/13 06:25:07
Priority:	Normal
Type:	Note

Bob,

We issued talking points for the SecVA yesterday and we are in some deliberate planning so lets be tied at the hip on this one (and more)

Paul

From: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Sent: Thursday, March 12, 2020 10:33 PM
To: Kim, Paul D., MD <Paul.Kim@va.gov>
Cc: Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Yeskey, Kevin (OS/ASPR/IO) <Kevin.Yeskey@hhs.gov>
Subject: [EXTERNAL] Fwd: Louisiana hospital surge capacity

Paul FYSA will work with you on outreach. Best. Bob

Sent from my iPhone

Begin forwarded message:

From: "Giroir, Brett (HHS/OASH)" <Brett.Giroir@hhs.gov>
Date: March 12, 2020 at 10:28:46 PM EDT
To: "Harrison, Brian (HHS/IOS)" <Brian.Harrison@hhs.gov>, "Kadlec, Robert (OS/ASPR/IO)" <Robert.Kadlec@hhs.gov>, "Johnston, Darcie (HHS/IEA)" <Darcie.Johnston@hhs.gov>
Cc: "Stecker, Judy (OS/IOS)" <Judy.Stecker@hhs.gov>
Subject: RE: Louisiana hospital surge capacity

Governor just called me.
We are LA buddies....

He and Sen Cassidy want to know whether the VA hospitals in LA can be used for capacity.
That is not in my workstream but I am sure BK has this

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: Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>
Sent: Thursday, March 12, 2020 10:27 PM
To: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Johnston, Darcie (HHS/IEA) <Darcie.Johnston@hhs.gov>
Cc: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>
Subject: Fwd: Louisiana hospital surge capacity

Will whoever most appropriate call this doctor tomorrow morning? Thank you.

BG - he said he knows you.

Brian Harrison
Chief of Staff
U.S. Department of Health and Human Services
202.690.7000
brian.harrison@hhs.gov

Begin forwarded message:

From: "Harrison, Brian (HHS/IOS)" <Brian.Harrison@hhs.gov>
Date: March 12, 2020 at 10:26:04 PM EDT
To: JBE <jbe@la.gov>
Subject: Re: Louisiana hospital surge capacity

Governor - Nice speaking a moment ago.

We will contact Dr. Guidry.

Regards,

Brian

Brian Harrison
Chief of Staff
U.S. Department of Health and Human Services
202.690.7000
brian.harrison@hhs.gov

On Mar 12, 2020, at 10:24 PM, JBE <jbe@la.gov> wrote:

Mr. Harrison:

Thanks for taking my call a minute ago. Dr. Jimmy Guidry is the Public Health Director for Louisiana. I am interested in requesting through HHS that the New Orleans VA Hospital be available for surge capacity related to our Coronavirus (COVID-19) response. Dr. Guidry can be reached at (b)(6) Thank you.

John Bel

Sent from my iPhone

Sender:	Kim, Paul D., MD <Paul.Kim@va.gov>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>
Sent Date:	2020/03/13 06:22:59
Delivered Date:	2020/03/13 06:25:07

From:	OS Secretarys Operations Center </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=32B1F28D808B43B6903C00083291303E-SECRETARYS>
To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	HHS Executive Summary 13Mar20
Date:	2020/03/13 06:39:50
Priority:	Normal
Type:	Note

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HHS Executive Summary: Friday, 13Mar20

1. HHS

Today's Noteworthy Topics:

COVID-19 (Novel Coronavirus)

As of 12Mar20, 1700ET, the CDC confirmed that presumptive positive U.S. cases of COVID-19 reached 1,255 across 44 states and D.C. with 35 deaths. All HHS and ASPR staff will be required to present a HHS issued ID card to the US Capitol Police in order to access the O'Neil Building in response to COVID-19. HHS employees will no longer be able to access the Ford Building or any other buildings on Capitol Hill, unless escorted by an employee of the House of Representatives. Arlington National Cemetery station is now closed until further notice. WMATA Metro Blue line train will bypass Arlington National Cemetery station. All Smithsonian museums in Washington D.C. and New York City will be closed to the public beginning 14Mar20 until further notice. Kentucky, Michigan, Maryland, and Ohio have implemented state wide closures of all K-12 schools for the next two to three weeks.

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 – DOD COVID-19 SVTC
1300 – IMD Sync Call for COVID-19
1400 – Daily 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:

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 = 1278)

ASPR: 919 – (11) Earthquake Puerto Rico, (902) COVID-19, (5) Irma/Maria Recovery, (2) FY Funded Training Q1, (2) FY Non-Funded Training Q1, (1) California Wildfires, (1) California Wildfires Recovery

CDC: 359 – (1) Puerto Rico, (290) COVID-19, (35) Polio, (33) Ebola

FMS Status:

- • * 32 (250 Bed) FMS sets are deployable
- • * 09 (50 Bed) FMS sets are deployable

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

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

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

NWC: Monitoring

NRCC: Response Operations Cell (ROC) activated

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

Regional IMATs: Region IV-2, TN

Significant National Weather:

A cold front will produce potential for severe storms with a few tornadoes, potentially strong, damaging winds, and large hail from the Lower Mississippi Valley to the Tennessee and Ohio Valleys. A separate storm will continue producing locally heavy rain across the Desert Southwest. In Alaska, a powerful storm will spread blizzard conditions across a wide swath of West and North Alaska.

3. OPDIV/STAFFDIV Overnight Reports:

CDC:

- COVID-19 – 111 Locations (including countries, territories, and areas) – Update
- Measles (Rubeola) – Central African Republic – Update
- Lassa Fever – Nigeria – Update

FDA:

- Coronavirus Disease 2019 (COVID-19)/ML/2019
- *Listeria monocytogenes*/Produce (Suspect)/Feb 2020

Prepared by:**Secretary's Operations Center**

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



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Recipient:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Sent Date:	2020/03/13 06:39:41
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Subject:	HHS Executive Summary 13Mar20
Date:	2020/03/13 06:39:49
Priority:	Normal
Type:	Note

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Prepared by:**Secretary's Operations Center**

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



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