



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

October 7, 2022

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

Dear Mr. Evers:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- ~~viii. Isolation~~

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

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

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

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

- ~~xiii. Containment~~

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

- i. Disease
- ii. Virus

The Department processed **401 pages** of potentially responsive records captured in the agency's search for FOIA request 2020-00717-FOIA-OS. After a careful review of these pages, I have determined to release **215 pages** to you in their entirety and I am further releasing in part **102 pages**, 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 **84 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
Director, FOIA Appeals and Litigations
FOI/Privacy Act Division

Enclosure(s)

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.SPDLT)/CN=RECIPIENTS/CN=C145629CC8AC4858BF1F0CE5DD0461DC-AMA2!>
To:	Collins, Francis (NIH/OD) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4bd4f570bdc43f2800bf986fa40d75f-francis.col>
CC:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Tabak, Lawrence (NIH/OD) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=197374c4f1864f8e97f24f1d96aeb765-lawrence.ta>
Subject:	Re: telework
Date:	2020/03/13 19:52:01
Priority:	Normal
Type:	Note

I understand. ASA is where this should have been run by, not Danielle. Puts other parts of HHS in Maryland in a difficult spot. Perhaps I can defend based on the patient point. We'll see if they raise it.

On Mar 13, 2020, at 7:25 PM, Collins, Francis (NIH/OD) [E] <collinsf@od.nih.gov>wrote:

Hi Alex,

I was extremely distressed to hear that NIH's action in encouraging telework-eligible employees to begin to use this option (not required, just encouraged) on Monday March 16 might be causing you major heartburn. That is the very last thing I would want to do at this time of such stress! I honestly thought that I was acting as a good steward of my role as NIH Director, trying to do everything possible to keep our staff and Clinical Center patients safe, while continuing to pursue our critical mission. I've attached the all staff memo that was sent out a couple of hours ago. Danielle saw this and did not raise any red flags.

The attached OPM memo from March 12 seemed to me and my senior staff to encourage this action (see highlighted sentence), informed by the fact that Governor Hogan confirmed that community spread of coronavirus is now a reality in Maryland (see <https://thehill.com/policy/healthcare/487319-maryland-confirms-community-spread-will-close-schools>).

I deeply apologize if this is going to cause you grief in the Task Force. I will take complete responsibility. But I will also reach out to Tony Fauci. I am pretty sure he would endorse the rationale for the actions we have taken.

I'm available all evening if you want to discuss. 301-641-0104

With regrets for adding more trouble than you already have on your plate,

Francis

<M-20-13 OPM Memo Updated Guidance on Telework Flexibilities in Response to
Coronavirus.pdf>
<mime-attachment>

Sender:	AMA2 (OS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=C145629CC8AC4858BF1F0CE5DD0461DC-AMA2!>
Recipient:	Collins, Francis (NIH/OD) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4bd4f570bdc43f2800bf986fa40d75f-francis.col>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Tabak, Lawrence (NIH/OD) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=197374c4f1864f8e97f24f1d96aeb765-lawrence.ta>
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Message Flags:	Unread

From:	Dareshori, Zack (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A4E07B941ED04118AB39D2F6E3F2392C-DARESHORI,>
To:	IOS Nightly Update </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ac603d3712a448338b70d3ad0ea131c9-IOS Nightly>
CC:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>
Subject:	IOS Nightly Update
Date:	2020/03/13 19:58:08
Priority:	Normal
Type:	Note

Sent to White House (Night Note):

- **Coronavirus (COVID-19) Update: FDA Issues Emergency Use Authorization to Thermo Fisher (Confidential, Market-moving)**
Tonight/Tomorrow, the U.S. Food and Drug Administration issued the fourth COVID-19 diagnostic Emergency Use Authorization to Thermo Fisher for its TaqPath COVID-19 Combo Kit.

Other Newsworthy Items:

- Saturday, Surgeon General Adams will participate in an interview on *Justice with Judge Jeanine*

From Today:

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- (CMS) [CMS Publishes FAQs to Ensure Individuals, Issuers and States have Clear Information on Coverage Benefits for COVID-19](#)
- (NIH) [NIH researchers discover tooth-enamel protein in eyes with dry AMD](#)
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Notable Coverage:

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Washington Post // Amy Goldstein, Laurie McGinley, Yasmeen Abutaleb

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Recipient:	IOS Nightly Update </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ac603d3712a448338b70d3ad0ea131c9-IOS Nightly>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>
Sent Date:	2020/03/13 19:58:07
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To:	IOS Nightly Update </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ac603d3712a448338b70d3ad0ea131c9-IOS Nightly>
CC:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>
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- (NIH) [NIH researchers discover tooth-enamel protein in eyes with dry AMD](#)
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Notable Coverage:

[Under heavy fire, Trump administration partners with private sector to expand coronavirus testing](#)
Washington Post // Amy Goldstein, Laurie McGinley, Yasmeen Abutaleb

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Recipient:	IOS Nightly Update </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ac603d3712a448338b70d3ad0ea131c9-IOS Nightly>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>
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Message Flags:	Unread

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CC:	EDH (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=393ceddbc5fa4d44a9734e20f54c8146-EDH6886>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>
Subject:	Secretary's Nightly Update
Date:	2020/03/13 19:58:51
Priority:	Normal
Type:	Note

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Sender:	Dareshori, Zack (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A4E07B941ED04118AB39D2F6E3F2392C-DARESHORI,>
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Delivered Date:	2020/03/13 19:58:51

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To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Schwartz, Erica (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=603e84a0e3744a5d8dcbd759f5dcad91-Schwartz, E>; Wright, Janet (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=41f672e2527b4f44891fb4f8e08cdfd-Wright, Jan>; Dulaigh, Joel (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02b15e96dc484db29682c1d336e63441-Dulaigh, Jo>
CC:	Heck, Mia (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=70dbe2065d644b8dadbf56c5d63553d-Heck, Mia>; Broido, Tara (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2c3cd5c5afe049b6a8b48c25324c7465-Broido, Tar>; Migliaccio-Grabill, Kate (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f902e34652a84a61ac85adaa853d80f6-Migliaccio, >; Kotwicki, Lauren (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=54d62ddb3fc4b358ab573ccc13fbbb7-Kotwicki, L>; Channer, Amber (OS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b74c322c69df44669a06155edd78c7fa-Channer, Am>
Subject:	WH Fact Sheet
Date:	2020/03/13 21:14:10
Priority:	Normal
Type:	Note

Sir,

Here is a fact sheet from the WH about today's announcement.

Let us know if you have any questions.

Office of the Press Secretary
FOR IMMEDIATE RELEASE
March 13, 2020

**PRESIDENT DONALD J. TRUMP HAS MOBILIZED THE FULL RESOURCES OF THE
FEDERAL GOVERNMENT TO RESPOND TO THE CORONAVIRUS**

"I will never hesitate to take any necessary steps to protect the lives, health, and safety of the American people. I will always put the wellbeing of America first." – President Donald J. Trump

MOBILIZING ALL FEDERAL RESOURCES: President Donald J. Trump is leveraging the full power of the Federal Government to protect the health and safety of the American people.

- President Trump is exercising statutory authorities to declare a national emergency in response to the coronavirus.
- The unprecedented action the President is taking invites States, territories, and tribes to access over \$42 billion in existing funding to combat the coronavirus.
 - The Administration has taken decisive action to ensure State, local, and tribal leaders have the resources they need to provide protective measures for their

communities.

- The Small Business Administration also has authority and available funding to make over \$7 billion in loans to qualifying small businesses to assist economic recovery.
- President Trump is directing further actions across his Administration in response to the coronavirus.
 - The Centers for Medicare and Medicaid Services has announced guidance to limit medically unnecessary visits to nursing homes to protect vulnerable elderly Americans
 - The Secretary of the Education will be waiving interest on all student loans held by the Federal Government.
 - The President is directing the Department of Energy to purchase large quantities of crude oil for the strategic reserve.
- The President is urging every State to set up emergency operational centers and is asking every hospital to activate its emergency preparedness plan.

EMPOWERING HEALTHCARE PROVIDERS: The President's emergency declaration will give healthcare providers on the front lines of this pandemic the flexibility they need to respond.

- President Trump continues to cut through every piece of unnecessary red tape that may hinder our response efforts and make every Federal resource available.
- The President will empower the Secretary of Health and Human Services (HHS) to waive provisions of certain laws and regulations and give maximum flexibility to healthcare providers to care for their patients.
- The declaration will provide HHS with critical authorities to waive:
 - Certain laws to enable telehealth, remote doctors' visits, and hospital check-ins
 - Licensing requirements so doctors from other states can provide services in areas with the greatest need.
 - Critical Access Hospital requirements to allow those hospitals to have more beds and longer lengths of stay
 - The requirement of a 3-day hospital stay prior to admission to a nursing home.
 - Rules hindering hospitals' ability to bring additional physicians on board or obtain needed office space.
 - Restrictions on where hospitals can care for patients.
- The Administration will be working to eliminate every obstacle possible to ensure healthcare providers can deliver Americans the care they need.

RAPIDLY EXPANDING TESTING: The Trump Administration is working to rapidly expand coronavirus testing across the nation and make sure Americans who need them have access.

- President Trump is mobilizing resources across the Federal Government to accelerate testing and expand access for more Americans.
 - The President wants to make sure that those who need a test can get a test safely, quickly, and conveniently.
- The Administration is working with the private sector to open up drive-through testing collection sites in critical areas impacted by the coronavirus.
- The Administration is working with Google to develop a website Americans can go to determine whether a test is needed and, if so, facilitate testing at a nearby location.
- The Food and Drug Administration is issuing emergency authorization for new commercial

coronavirus tests that will help significantly expand testing across the country.

- One new test produced by Roche has already been authorized and authorization is coming for another test very shortly.
- Up to 2 million additional tests are expected to be available next week thanks to these efforts.
- President Trump and his Administration are working to provide maximum flexibility for States to approve labs for coronavirus testing.
- HHS recently announced it is providing funding to help accelerate the development of two rapid diagnostic tests.
- The Administration has designated Assistant Secretary for Health Brett Giroir to take the lead in coordinating testing efforts to ensure seamless access for patients, doctors, and hospitals.
- The Administration continues to cut red tape that restricted who qualifies for testing.

###

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Jenn Sherman

Director of Public Affairs

Office of the Surgeon General

Department of Health and Human Services (HHS)

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Subject:	Fwd: USAID chief to leave post
Date:	2020/03/13 21:39:13
Priority:	Normal
Type:	Note

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Chief of Staff
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202.690.7000
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Begin forwarded message:

From: "Oakley, Caitlin B. (OS/ASPA)" <Caitlin.Oakley@HHS.GOV>
Date: March 13, 2020 at 9:31:26 PM EDT
To: "Grigsby, Garrett (HHS/OS/OGA)" <Garrett.Grigsby@hhs.gov>, "Zebley, Kyle (HHS/OS/OGA)" <Kyle.Zebley@hhs.gov>, "Harrison, Brian (HHS/IOS)" <Brian.Harrison@hhs.gov>, "Stecker, Judy (OS/IOS)" <Judy.Stecker@hhs.gov>, "Murphy, Ryan (OS/ASPA)" <Ryan.Murphy1@hhs.gov>
Subject: FW: USAID chief to leave post

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Sent: Friday, March 13, 2020 9:31 PM
To: Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Subject: USAID chief to leave post

USAID chief to leave post

By Gabby Orr

03/13/2020 09:28 PM EDT

The head of the U.S. Agency for International Development will leave the job at the end of this month, two people familiar with the move confirmed Friday, marking a high-level departure from one of the agencies tasked with responding to the global coronavirus outbreak.

Former GOP Rep. Mark Green is expected to submit his resignation to President Donald Trump early next week, according to a senior administration official, who said USAID Deputy Administrator Bonnie Glick, a Trump loyalist and former State Department foreign service officer, will take Green's place as acting head.

Green already informed Secretary of State Mike Pompeo and White House senior adviser Ivanka Trump, with whom he has worked closely on women's global development programs, of his decision to step down.

"His plans have been in place for awhile, but he began telling folks last week," said a person familiar with Green's departure.

The outgoing USAID chief, who has been with the agency since August 2017, is expected to be named president of the McCain Institute for International Leadership. The D.C.-based think tank lost its executive director Kurt Volker, who served as Trump's special envoy to Ukraine, amid the fallout from the House Democrats' impeachment inquiry last fall after he stepped down following his appearance as a witness in the probe.

"I believe the recent media focus on my work as U.S. Special Representative for Ukraine Negotiations risks becoming a distraction from the accomplishments and continued growth of the Institute," said Volker, who was involved in the Trump administration's pressure campaign against Ukraine. The McCain Institute could not be reached for comment.

Green's exit from the agency, which has been at the center of the Trump administration's efforts to divert Middle East aid to religious minorities in the region, comes weeks after he announced a \$37 million commitment to 25 countries that have been affected by Covid-19, which reached pandemic levels this week and has topped 1,000 confirmed cases inside the United States.

Earlier Friday, Trump declared a national emergency that could free up to \$50 billion to fight the rapidly spreading virus by boosting containment efforts and the availability of test kits.

A spokesperson for USAID did not immediately return a request for comment.

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Date:	2020/03/13 21:39:15
Priority:	Normal
Type:	Note

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From:	Robert Levitt <(b)(6)@hotmail.com>
To:	Robert Levitt <(b)(6)@hotmail.com>
Subject:	Dr. Levitt's COVID-19 Update for Evening on Friday the 13th March/ ALL GOOD NEWS TODAY
Date:	2020/03/13 22:23:51
Priority:	Normal
Type:	Note

Dear All,

My thanks to **Disney CEO Bob Chapek for having the courage to close WDW theme parks on both coasts today**. Readers may not be aware that Microbiology was Mr. Chapek's major in college. Chapek will pay salaries to theme park employees while the parks are closed. He has saved thousands of grandparents and disabled visitors' lives by his actions.

My thanks to **President Trump for 'putting the pedal to the metal' today as he called a Public Health Emergency**. This allows **FEMA to act according to the Stafford Act**, a 192 page document that essentially frees up hospitals and federal agencies from normal rules and regs to act in the best interests of the Nation in a Major Disaster. **See page 14 of the Stafford Act for a summary of what FEMA and health care agencies and hospitals can now do:**

[https://www.fema.gov/media-library-data/1582133514823-](https://www.fema.gov/media-library-data/1582133514823-be4368438bd042e3b60f5cec6b377d17/Stafford%20June%202019%20508.pdf)

[be4368438bd042e3b60f5cec6b377d17/Stafford June 2019 508.pdf](https://www.fema.gov/media-library-data/1582133514823-be4368438bd042e3b60f5cec6b377d17/Stafford June 2019 508.pdf). In dollar terms, **\$50 Billion is now available for FEMA to distribute locally to whomever comes calling. (We need a minimum of \$200 Billion if we use Italy as a template)**

NIH has established a LitCovid website where curated journal publications are added daily. See: <https://www.ncbi.nlm.nih.gov/research/coronavirus/docsum>

LitCovid - NCBI - NLM - NIH

LitCovid is a unique web system for tracking the most recent publications and literature about the 2019 Coronavirus (2019-nCoV, SARS-CoV-2, COVID-19) outbreak. LitCovid is the most comprehensive resource on the subject.

www.ncbi.nlm.nih.gov

You can search COVID-19 by subject matter or country of origin of article.

The Scientist has an article on modeling the future numbers of COVID-19 patients in the U.S. and the number of hospital beds, respirators, ventilators, ICU beds needed for the epidemic. See: https://www.the-scientist.com/news-opinion/modelers-struggle-to-predict-the-future-of-the-covid-19-pandemic-67261?utm_campaign=TS_DAILY%20NEWSLETTER_2020&utm_source=hs_email&utm_medium=email&utm_content=84700679&hsenc=p2ANqtz-9YFBmJvICaybxCGjJt5_6k8fyZoNYjOf--K1LO1BRHvTyY6sEhVDGQZXrL1V4hz0OGTnHsLau9setKqTDlLeIPZ5_-jA&hsmi=84700679

The Media/Press, which lives by the mantra: 'if it bleeds, it leads', has talked about 150 Million infected persons in U.S. and several million hospitalized. Without knowing the test results of the new RT-PCR tests to be in operation next week, it is impossible to make accurate estimates. **We have no denominator for the positive and/or negative RT-PCR tests for coronavirus yet.**

If you remember the **Vox** interview with Bruce Aylward after his trip to PRC, he said that **only 0.47% of 340,000 tests in one city were positive.** I do not believe what Dr. Frieden is saying on cable TV. **I trust Drs. Fauci and Redfield and Scientist Fair from Texas A&M.**

But we need to start somewhere. **If we use Italy as a precedent, we will need 4X everything: funds, hospital beds, ICU beds, ventilators (which never expire), PPE, than we have now.** And we should never forget that pandemics are self-limited by season, mutations, new vaccines, new drugs, and contact tracing and isolation.

Everything I read today was uplifting: schools closing, public events limited to 500 or 1000 persons, no weekend hours for malls, social distancing, new tests from Roche, vaccines ready for Phase 2 if ethics issues resolved, etc. We can beat this miserable virus by starving the virus of our host human cells. No source of energy for the virus means death to the virus.

The economy has and will take blows. It did in 1918 Influenza Epidemic. But remember the Dow rebounded after the epidemic resolved. See:



20yr Chart

Chart by stockcharts.com

As the Fed Chairman has stated, the economy is strong, but reacting to a threat. It has taken a hit and will continue to be hit, but the economy will respond to the end of the coronavirus epidemic. Yet we need to do as PRC, Taiwan, South Korea have done: go IT and Internet for

everything; be smart about hygiene; social distance; quarantine; **go to a war-time administration re: economy**; and starve the coronavirus of energy sources (us). **I hope the President and Congress decide on a War Production Board for our economy within 10 days.** Perhaps a week's recess for the House will let them see how the Nation is depending on them for answers. Then the House will come back into session and begin the War Production Board administration of our economy with the President's approval. That's what is necessary in a democracy of 300,000,000 people. Much different in PRC or Taiwan or South Korea.

Be well,
RGL, M.D.

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CC:	Phillips, Sally (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d6ce8134846423cb83b5b28464edb60-Phillips, S>; DeBord, Kristin (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d2cce28859884c1c835a9404885d6534-DeBord, Kri>; Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>; Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Greene, Jonathan (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1b692a4d6cff4afabbbee99d35336ece-Greene, Jon>; Austin, Meredith (uscg.mil) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9d5f9850a051458eae1ef58335e3c19-Meredith.L.>; Hassell, David (Chris) (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=aedbf0ff96e4119ac7a3b3abaf71a3d-Hassell, Da>; Cooper, Kevin (OS/ASPR/ORM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3460d98a33e6478a9baf70248f5432bc-Cooper, Kev>; Mccreary, Kenneth (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e54a08da8a85428bbdef43cad748a8e9-Mccreary, K>; Cote, Mick (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user9459b24b>; Bratcher-Bowman, Nikki (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7014813c9a244f839e5c01fdaad79179-Bratcher-Bo>; Ford-Barnes, Arwenithia (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d533abc24cbe44b79f6fddc6b08737a6-Ford-Barnes>; rstephan@gryphonscientific.com </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user362337fc>; Moreno, Rafael (OS/ASPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1dcc2da7031645b39c430a140fd4c446-Moreno, Raf>; Vineyard, Michael (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userdcac6abd>; McClellan, Wesley (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8660a885de1a40bdad88ec678ba68a1a-McClellan,>; Kennedy, Ted (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user04e22e7e>; Perdue, Christopher (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b1f65848ded24b15937eae3dcee7c827-Perdue, Chr>
Subject:	FOUO U.S. Government COVID-19 Response Plan Initial Distribution
Date:	2020/03/13 23:15:54
Priority:	Normal
Type:	Note

Dr. Kadlec/Bryan – please see attached final “US. Gvt. COVID-19 Response Plan” which is a culmination of our whole of government planning and staffing effort to adapt the 2018 Pandemic Crisis Action Plan for the current outbreak. As we move forward we will also continue our efforts to operationalize the implementation of this plan icw ASPR & CDC Task Forces and other key stakeholders.

Of note this plan was completed in less than 6 weeks, and by comparison the similar Zika Plan took 6 months to be planned, staffed and approved. This would not have been possible without the incredible teamwork and extraordinary efforts of the ASPR Planning Division, our great FEMA

augmentation team and many other partners across all Departments and Agencies as well as the OP DIVs and Staff Divs of HHS. A summary of the note that is going out through the NSC DRG, the FEMA ESFLG Exec Sec and HHS SOC is below.

The Department of Health and Human Services is pleased to publish and provide the final approved "U.S. Government COVID-19 Response Plan", dtd 13 March 2020 as Adapted from the 2018 Pandemic Crisis Action Plan.

"This plan outlines the United States Government (USG) coordinated federal response activities for COVID-19 in the United States (U.S.). The President appointed the Vice President to lead the USG effort with the Department of Health and Human Services (HHS) serving as the Lead Federal Agency (LFA) consistent with the Pandemic and All Hazards Preparedness Act (PAHPA) and Presidential Policy Directive (PPD) 44. Under the National Response Framework (NRF) and the Biological Incident Annex (BIA) to the Response and Recovery Federal Interagency Operational Plans (FIOP), other federal agencies will support HHS through the Emergency Support Functions (ESFs). The response will be carried out according to the NRF and in accordance with established departmental authorities and standing policies and procedures. This plan identifies anticipated roles and responsibilities of HHS, federal departments and agencies, and supporting organizations, to establish lines of authority and avoid overlap and duplication of effort."

Thxs

v/r, klm

Ken McCreary
Planning Division Director
Office of Strategy, Policy, Planning, and Requirements
Office of Incident Command and Control
Office of the Assistant Secretary for Preparedness and Response
Office of the Secretary
Department of Health and Human Services
Office: 202-260-1071
Cell: (b)(6)
Email: kenneth.mccreary@hhs.gov

Sender:	Mccreary, Kenneth (OS/ASPR/SPPR) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=E54A08DA8A85428BBDEF43CAD748A8E9-MCCREARY, K>
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Delivered Date:	2020/03/13 23:15:54
Message Flags:	Unread

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CC:	Arbes, Sarah (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=106db0ac70a241a8b1323647c093d9bf-Arbes, Sara>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Pence, Laura (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d1027e80d2334093870fdb436c5576cd-Pence, Laur>
Subject:	Re: Rep. Mark Pocan - Grand Princess Passenger Problems At Dobbins Air Force Base
Date:	2020/03/13 23:20:34
Priority:	Normal
Type:	Note

Hi Judy,

(b)(5)

We're doing our best to accommodate these requests, communicate with what amounts to every state and their delegation, and do this all under the tight timeline.

We're zeroed in on getting the details right and it's not an excuse, but it's a disservice to you if we don't put it in context (and absent everything else).

Best,
Bryan

Sent from my iPhone

On Mar 13, 2020, at 10:54 PM, Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>wrote:

Do you all need more staff? What is going on?!?

Sent from my iPhone

On Mar 13, 2020, at 10:53 PM, Arbes, Sarah (HHS/ASL) <Sarah.Arbes@hhs.gov>wrote:

We are seeing increasing numbers of complaints like this...lack of food, soap, sanitizer, and most of all information. How can ASL help??

Begin forwarded message:

From: "Bagby, David" <David.Bagby@mail.house.gov>

Date: March 13, 2020 at 10:36:58 PM EDT

To: Assistant Secretary for Legislation <ASL@hhs.gov>, "Bassett, Matthew (HHS/ASL)" <Matthew.Bassett@hhs.gov>, "Arbes, Sarah (HHS/ASL)" <Sarah.Arbes@hhs.gov>

Cc: "Varese, Dane" <Dane.Varese@mail.house.gov>, "Wavrunek, Glenn" <Glenn.Wavrunek@mail.house.gov>, "Zelenko, Leslie" <Leslie.Zelenko@mail.house.gov>

Subject: Rep. Mark Pocan - Grand Princess Passenger Problems At Dobbins Air Force Base

To whom it may concern:

I'm reaching out because I just got off the phone with (b)(6) who lives in the district my boss, Rep. Mark Pocan, represents.

She has two parents – (b)(6) both in their 70s – who were on the Grand Princess which recently docked in Oakland. As you know, that disembarkment was a terrible experience, and what they've encountered since has only gotten worse. Rep. Pocan would like to know when they will be allowed to return home to Wisconsin, and he wants to ensure that adequate care and lodging is provided to them immediately.

According to my conversation with (b)(6) Jim and Judy have still not been tested for coronavirus, and have still not met with CDC staff even though they were promised a consult by noon today.

(b)(6) are currently at the Air Force base in Dobbins, GA, have been without their luggage for 3 days, and have no toilet paper, soap, towels, or bottled water. They were only offered an apple and a cold sandwich today for food after arriving to the base at 2am. This is not acceptable.

Rep. Pocan would like to know the following:

1. • What are the next steps for (b)(6)?
2. • When will they be allowed to return home or at least transferred to Wisconsin?
3. • When will they be seen by a CDC official?
4. • When will they be tested for coronavirus?
5. • When will they be placed in more hospitable living conditions? (Again, this should occur immediately.)

I look forward to a prompt reply. (b)(6) will be interviewed several times on news stations in Wisconsin this weekend. Her phone number, should you need it, is (b)(6)

Thank you,

David

David Bagby
Deputy Chief of Staff
Congressman Mark Pocan (WI-02)
1421 Longworth HOB
Washington, DC 20515
(202) 225-2906

Sender:	Shuy, Bryan (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FDEB5CA04B6B4ED19FEC2209B5F571E7-SHUY, BRYAN>
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Sent Date:	2020/03/13 23:20:32
Delivered Date:	2020/03/13 23:20:34

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=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>
Subject:	Re: "drug design"
Date:	2020/03/14 00:39:38
Priority:	Normal
Type:	Note

Ameen.

On Sat, Mar 14, 2020 at 12:38 AM The Alchemist <(b)(6)@gmail.com> wrote:
 "But why oh dear Alchemist?"

Here my intensive theological studies gives me a distinct advantage,

Ecclesiasticus 34:4

“Of an unclean thing what can be cleansed?
 and from that thing which is false what
 truth can come?”

Ecclesiasticus 38:4

“The Lord hath created medicines out of the earth; and he that is wise will not abhor them.”

King James Version (KJV)

-

Ecclesiasticus Chapter 23

1O Lord, Father and Governor of all my whole life, leave me not to their counsels, and let me not fall by them.

2Who will set scourges over my thoughts, and the discipline of wisdom over mine heart? that they spare me not for mine ignorances, and it pass not by my sins:

3Lest mine ignorances increase, and my sins abound to my destruction, and I fall before mine adversaries, and mine enemy rejoice over me, whose hope is far from thy mercy.

4O Lord, Father and God of my life, give me not a proud look, but turn away from thy servants always a haughty mind.

5Turn away from me vain hopes and concupiscence, and thou shalt hold him up that is desirous always to serve thee.

6Let not the greediness of the belly nor lust of the flesh take hold of me; and give not over me thy servant into an impudent mind.

On Sat, Mar 14, 2020 at 12:32 AM The Alchemist <(b)(6)>@gmail.com> wrote:
It is all wrong in theory and practice.

□

That's all folks.

Goodnight.

On Sat, Mar 14, 2020, 12:18 AM The Alchemist <(b)(6)@gmail.com> wrote:
Tetrahedron Letters

Volume 19, Issue 34, 1978, Pages 3181-3184

A new model for calculating atomic charges in molecules

This is Johann Gasteiger's 1978 paper.

I always like to understand the underlying algorithm

The danger of computational methods is (GIGO) garbage in garbage out...

On Fri, Mar 13, 2020, 11:56 PM The Alchemist <(b)(6)@gmail.com> wrote:
So it turns out the pharma industry is behind the curve when it comes to this type of research

Typically the pharmaceutical (organic) chemists synthesize molecules and do a trial and error (in vitro)

Then come to you etc...

Anyways i will try to develop my skills in this area....

Computational chemistry
Computational biology

Computational biochemistry!

:)

(The Alchemist does not believe using single purified molecules is a wise way to cure diseases.)

Although it is good scientific research to know the mechanisms.

While my unique technical expertise is phytochemistry, in the end I am "traditional healer".

Not a doctor or pharmacist.

On Fri, Mar 13, 2020, 11:38 PM The Alchemist <(b)(6)>@gmail.com wrote:
This is interesting stuff

Anyways i got all the tools, including software from the scripps institute

It's rather tedious

First you need your .pdb files
(Receptor)

- you can download these from the protein database
- you have to add the non polar hydrogens, calculate some advanced parameters (kollman charges, gasteiger values) [there are scripts for this]
- add AD4 types

You can do that in Autodocktools, and finally export a pdbqt file

Then you also need the ligand...

The problem is those are typically molecules, so now you have to convert a molecular structure to a pdb file as well...

The other good database is ZINC but that gives smiles format or sdf files

You can use a tool openBabel to make the pdb file

So in the end you need a pdbtqt file and pdbqt file for the ligand.

Then you can use this tool called Autodock Vina,

That requires some parameters though, including angstrom level box parameters

Anyways i am trying it out...

On Fri, Mar 13, 2020, 9:41 PM The Alchemist <(b)(6)>@gmail.com wrote:
Up to 150 million Americans are expected to contract the coronavirus, congressional doctor says

<https://www.cnbc.com/2020/03/11/up-to-150-million-americans-are-expected-to-contract-the-coronavirus-congressional-doctor-says.html?recirc=taboolainternal>

the congress and supreme court's doctor, is saying this...

i too think that, instead of trying to run and hide, the only way is to develop immunity naturally.

On Fri, Mar 13, 2020 at 9:39 PM The Alchemist <(b)(6)>@gmail.com> wrote:
<https://www.cnbc.com/2020/03/13/eli-lilly-ceo-hopes-to-start-testing-coronavirus-cure-this-summer.html>

looks like they are trying to isolate some antibodies

anyways,

i did what i could.

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>
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To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	HHS Domestic SPOTREP: COVID-19 (Update #166)
Date:	2020/03/14 01:51:48
Priority:	Normal
Type:	Note

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HHS Domestic SPOTREP: COVID-19 (Update #166)

Source: HHS

What: The Department of Health and Human Services is pleased to publish and provide the final approved U.S. Government COVID-19 Response Plan, dated 13Mar20 as adapted from the 2018 Pandemic Crisis Action Plan.

- This plan outlines the United States Government (USG) coordinated federal response activities for COVID-19 in the United States (U.S.).
- The President appointed the Vice President to lead the USG effort with the Department of Health and Human Services (HHS) serving as the Lead Federal Agency (LFA) consistent with the Pandemic and All Hazards Preparedness Act (PAHPA) and Presidential Policy Directive (PPD) 44.
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Please see the attached PanCAP adapted USG COVID-19 Response Plan for more information.

When: 14Mar20 0150ET

Where: Domestic

Why: CIR: Disease – International

Actions/Follow-Up: The SOC will continue to monitor this incident and report as needed. *This message was distributed to the 2019 nCoV IMT, 2019 nCoV Interagency, 2019 nCoV IST, 2019 nCoV Senior Leadership Distribution Lists.*

Prepared by: Juan Ospina, Watch Officer
Approved by: RHibano Dokong, Senior Watch Officer

Secretary's Operations Center

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



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Sent Date:	2020/03/14 01:51:19
Delivered Date:	2020/03/14 01:51:48

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 Domestic SPOTREP: COVID-19 (Update #166)
Date:	2020/03/14 01:51:50
Priority:	Normal
Type:	Note

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HHS Domestic SPOTREP: COVID-19 (Update #166)

Source: HHS

What: The Department of Health and Human Services is pleased to publish and provide the final approved U.S. Government COVID-19 Response Plan, dated 13Mar20 as adapted from the 2018 Pandemic Crisis Action Plan.

- This plan outlines the United States Government (USG) coordinated federal response activities for COVID-19 in the United States (U.S.).
- The President appointed the Vice President to lead the USG effort with the Department of Health and Human Services (HHS) serving as the Lead Federal Agency (LFA) consistent with the Pandemic and All Hazards Preparedness Act (PAHPA) and Presidential Policy Directive (PPD) 44.
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To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	HHS Domestic SPOTREP: COVID-19 (Update #166)
Date:	2020/03/14 01:51:49
Priority:	Normal
Type:	Note

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HHS Domestic SPOTREP: COVID-19 (Update #166)

Source: HHS

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Please see the attached PanCAP adapted USG COVID-19 Response Plan for more information.

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Where: Domestic

Why: CIR: Disease – International

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To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	HHS Executive Summary 14Mar20
Date:	2020/03/14 06:44:05
Priority:	Normal
Type:	Note

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HHS Executive Summary: Saturday, 14Mar20

1. HHS

Today's Noteworthy Topics:

COVID-19 (Novel Coronavirus)

As of 13Mar20, 1700ET, the CDC confirmed that presumptive positive U.S. cases of COVID-19 reached 1,694 across 47 states and D.C. with 41 deaths. Combined CDC and WHO reported global cases: 125,755; global deaths: 4,625; Countries with cases: 117. On 13Mar20, POTUS declared a National Emergency to combat COVID-19. State of Emergency Declarations: 45; 6 states (VA, MT, DE, KS, NV, MT), and 3 Tribes (Northern Arapaho Tribe, Hoopa Valley Tribe, and the Confederated Tribes of the Colville Reservation). The Department of Health and Human Services is very pleased to publish and provide the final approved U.S. Government COVID-19 Response Plan, dated 13Mar20 as adapted from the 2018 Pandemic Crisis Action Plan. The SOC will remain at Level 1 (Full Activation) with ESF 1, 6, 13, 14 and 15 activated in support. The SOC will begin implementing social distancing measures as a precaution for those who are physically working in the Operations Center beginning on 16Mar20.

Daily Operational Schedule:

0815 – COVID-19 Operational Update Brief
1300 – IMD Sync Call for COVID-19
1400 – Daily Resource Coordination Call

Public Health Emergency of National Significance:

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

HHS Response Status Summary:

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

Emergency Support Function (ESF) Activation:

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

Recovery Support Function (RSF) Activation:

H&SS RSF: Activated Region II (2017 Irma/Maria, Puerto Rico projected end date of 30Jun20). Activated Region IX (2018 California Wildfires projected end date of 31Mar20).

HHS Deployments: (Total = 1358)

ASPR: 988 – (11) Earthquake Puerto Rico, (963) COVID-19, (5) Irma/Maria Recovery, (3) Irma, (2) FY Funded Training Q1, (2) FY Non-Funded Training Q1, (1) California Wildfires, (1) California Wildfires Recovery

CDC: 370 – (1) Puerto Rico, (305) COVID-19, (33) Polio, (31) 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; Gold – Fully Mission Capable

Regional IMATs: Region IV-2, TN

Significant National Weather:

Storm systems across the western U.S. will continue to bring heavy rainfall to portions of the Desert Southwest today, with heavy snows continuing across many mountainous areas through the weekend. Heavy snow is also possible across the Central Plains into Saturday, with a few severe thunderstorms possible across West Texas and Eastern New Mexico.

3. OPDIV/STAFFDIV Overnight Reports:

CDC:

- COVID-19 – 115 Locations (including countries, territories, and areas) – Update

- Influenza A (H9N2) – Senegal – New
- Measles (Rubeola) – Democratic Republic of the Congo – Update
- Dengue – Marshall Islands – Update

FDA:

- Adverse Events Possibly Linked to Vaping Products/Unknown/ML/Aug 2019
- Coronavirus Disease 2019 (COVID-19)/ML/2019
- *E. coli* O103:H2/Produce (Suspect)/Feb 2020
- Hepatitis A Virus/Fresh Fruit (Suspect)/Jan 2020
- *Listeria monocytogenes*/Produce (Suspect)/Feb 2020
- *Salmonella* Braenderup/Fruit (suspect)/Dec 2019

Prepared by:

Secretary's Operations Center

U.S. Department of Health and Human Services (HHS)
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Subject:	HHS Executive Summary 14Mar20
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Sent Date:	2020/03/14 06:43:59
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To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.up (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
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Megan T. Sandel, MD, MPH; Allison Bovell-Ammon, MDiv

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Kirstie C. Lithgow, MD; Madalene Earp, PhD; Aleem Bharwani, MD, MPP; et al

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OPINION

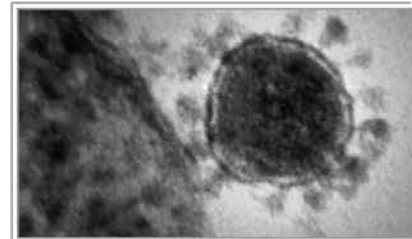
2019 CORONAVIRUS

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Medicare Beneficiaries

Kenton J. Johnston, PhD; Julie P. W. Bynum, MD, MPH; Karen E. Joynt Maddox, MD, MPH



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Plans for People Experiencing Homelessness

Sachin H. Jain, MD, MBA; John Baackes; James J. O'Connell, MD

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Next Phase in Effective Cost

Chief Executive Officer

Tampa, Florida

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Primary Care Physician - Cleveland

Cleveland, Ohio, United States

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HHS-20-0564-P-000051

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To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Kellogg, Rachel (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=897ed8e8d85f4105b2bf0705fc476e32-Kellogg, Ra>
CC:	Mccreary, Kenneth (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e54a08da8a85428bbdef43cad748a8e9-Mccreary, K>; Flowers, Artensie (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0a55a86b0a484e1899af59c110adc045-Flowers, Ar>; Cooper, Kevin (OS/ASPR/ORM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3460d98a33e6478a9baf70248f5432bc-Cooper, Kev>; Ford-Barnes, Arwenithia (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d533abc24cbe44b79f6fddc6b08737a6-Ford-Barnes>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>
Subject:	RE: COVID Meeting re: Supplies
Date:	2020/03/14 07:47:48
Priority:	Normal
Type:	Note

Good morning all, and thank you for being included here. I have alerted the staff of the MRC program that there may be opportunities for MRC units to be involved in drive thru testing and to expect more information this weekend. My staff is primarily regional liaisons who routinely work with the ASPR Regional Administrators and RECs. I've learned overnight that the ASPR RA's are already connected with FEMA on state engagement for test sites, so the MRC RL engagement may also naturally flow from there. I've also learned that the New Mexico MRCs have already been contacted about participating in the test sites in their state.

For additional context and background, attached in our most recent roll up of known MRC unit engagements in COVID-19 activities; this is a weekly report and represents information through Wednesday. Also, using FY19 data, we've developed one pagers of highlights for each state which can be found here: <https://mrc.hhs.gov/pageViewFldr/FY19MRCHighlights>.

Given my current family conditions, I will need a call in to participate in this morning's meeting. If that's not possible, I'm happy to follow up with Artensie after the meeting.

Esmeralda Pereira
esmeralda.pereira@hhs.gov
office: 202-205-0065
cell: (b)(6)

From: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Sent: Friday, March 13, 2020 10:16 PM
To: Kellogg, Rachel (HHS/OASH) <Rachel.Kellogg@hhs.gov>
Cc: Mccreary, Kenneth (OS/ASPR/SPPR) <Kenneth.Mccreary@hhs.gov>; Flowers, Artensie (OS/ASPR/EMMO) <Artensie.Flowers@hhs.gov>; Cooper, Kevin (OS/ASPR/ORM)

<Kevin.Cooper@hhs.gov>; Ford-Barnes, Arwenithia (OS/ASPR/IO) <Arwenithia.FordBarnes@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Pereira, Esmeralda (OS/ASPR/EMMO) <esmeralda.pereira@hhs.gov>
Subject: Re: COVID Meeting re: Supplies

+ Esmeralda
Sent from my iPhone

On Mar 13, 2020, at 10:14 PM, Kellogg, Rachel (HHS/OASH)
<Rachel.Kellogg@hhs.gov> wrote:

Team ASPR,

We are having a meeting at 0830 tomorrow morning in ADM Giroir's conference room (b)(6) to discuss COVID lab testing site plans. We need ASPR in the room to discuss SNS and additional ASPR support. The team will include ADM Giroir, Brad Smith and FEMA. Please confirm who will be in attendance.

Thank you,
Rachel

Rachel Kellogg, RN
Policy Advisor
Office of the Assistant Secretary for Health
U.S. Department of Health & Human Services
Mobile (b)(6)

Sender:	Pereira, Esmeralda (OS/ASPR/EMMO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=USER32D79DEB>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Kellogg, Rachel (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=897ed8e8d85f4105b2bf0705fc476e32-Kellogg, Ra>; McCreary, Kenneth (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e54a08da8a85428bbdef43cad748a8e9-McCreary, K>; Flowers, Artensie (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0a55a86b0a484e1899af59c110adc045-Flowers, Ar>; Cooper, Kevin (OS/ASPR/ORM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3460d98a33e6478a9baf70248f5432bc-Cooper, Kev>; Ford-Barnes, Arwenithia (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d533abc24cbe44b79f6fddc6b08737a6-Ford-Barnes>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>
Sent Date:	2020/03/14 07:47:46
Delivered Date:	2020/03/14 07:47:48

From:	<j.artega@netzero.net>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>; Andrew Wheeler <Wheeler.andrew@Epa.gov>; Ben Carson <ben.carson@hud.gov>; Chad Wolf <dhsexecsec@hq.dhs.gov>; Dan Brouillette <dan.brouillette@energy.gov>; David Bernhardt <david.berhardt@ios.doi.gov>; Elaine Chao <elaine.chao@dot.gov>; Elisabeth "Betsy" Prince DeVos <betsy.devos@ed.gov>; Eugene Scalia <executivesecretariat@dol.gov>; Federal Whistleblower <'DHSOIGHOTLINE@dhs.gov'>; Gina Haspel, Director of CIA <gina.haspel@cia.gov>; John Edwards <john.edwards@cia.gov>; Joseph Maguire <joseph.maguire@dni.gov>; Jovita Carranza (SBA) <jovita.carranza@sba.gov>; Kelly Craft <kelly.craft@un.org>; Kevin Hassett <kevin.hassett@whitehouse.gov>; Mark Esper <mark.esper@defense.gov>; Matthew Whitaker <matthew.whitaker@justice.gov>; Megan Smith <(b)(6)@postp.eop.gov>; Mick Mulvaney <info@mickmulvaney.gov>; Mike Pence <info@mike.pence.com>; Mike Pompeo <mike.pompeo@state.gov>; Peter Navarro <peter.navarro@whitehouse.gov>; President Donald Trump <info@donaldtrump.com>; Robert E. Lighthizer <(b)(6)@ustr.eop.gov>; Robert Wilkie <robert.wilkie@va.gov>; Russ Vought <(b)(6)@omb.eop.gov>; Sonny Perdue <sonny.perdue@usda.gov>; Steve Mnuchin <steve.mnuchin@treasury.gov>; Wilbur Ross <wilbur.ross@commerce.gov>; William Barr, Attorney General <william.barr@justice.gov>
CC:	Christina Sharkey <Christina.Sharkey@trade.gov>; Christina Sharkey <office.prague@trade.gov>
Subject:	1 A sense of urgency: Coronavirus vs. URA IV
Date:	2020/03/14 08:16:56
Priority:	Normal
Type:	Note

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

01010111 01000101 01000010 00100000 01001110 01000101 01010100 01010111 01001111
 01010010 01001011 00100000 01010011 01001000 01001001 01000101 01001100 01000100®

WNS®
 Secure by Design

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

Illinois public health agency website taken down by hackers

(March 13, 2020) <https://protect2.fireeye.com/url?k=ad4fb0dd-f11ba9a1-ad4f81e2-0cc47adc5fa2-12b26ca442dd6f99&u=https://thehill.com/policy/cybersecurity/487282-illinois-public-health-agencys-website-taken-down-by-hackers>

The Champaign-Urbana Public Health District announced on Facebook on Tuesday that their website was “down...”

... the website was taken down by a ransomware attack and will likely be down for the next week or two.

The Champaign-Urbana Public Health District serves over 200,000 people, including students at the University of Illinois. The university announced Wednesday that it would move to online classes due to coronavirus concerns.

“So last year 37,000 Americans died from the common Flu. It averages between 27,000 and 70,000 per year. Nothing is shut down, life & the economy go on. At this moment there are 546 confirmed cases of CoronaVirus, with 22 deaths. Think about that!” ~ President Trump

(March 9, 2020) <https://twitter.com/realDonaldTrump/status/1237027356314869761>

37,000 deaths from the common flu in the U.S. alone and no national emergency declaration?

Coronavirus updates: Stocks surge as Trump declares national emergency amid pandemic

(March 13, 2020) <https://protect2.fireeye.com/url?k=2de45c0f-71b04573-2de46d30-0cc47adc5fa2-4b6c2cf8130824df&u=https://www.cbsnews.com/live-updates/coronavirus-updates-cases-fears-deaths-us-latest-2020-03-13/>

On Friday, President Trump declared a national emergency "to unleash the full power of the federal government."

"No resource will be spared, nothing whatsoever..."

More than 4,700 people have died, including 42 people in the United States.

Six more national emergency declarations and the U.S. federal government will begin to take the coronavirus pandemic as seriously as the global URA pandemic.¹

Which threat to public health deserves more media attention? Would the Coronavirus problem be allowed to escalate to a seven (7) time, potentially eight (8) time national emergency? If not, why not?

The answer to the last question should have been applied to the cyber-crime problem (URA) in 2015, especially today.

In the spirit of the seven (7) possibly eight (8) national emergencies, the Sherman Act, two Presidential executive orders, a Supreme Court decision and the U.S. Constitution,² Web Network Shield looks forward to working with the federal government to protect the U.S. citizen's fourth amendment rights to security and prevent all forms of URA in the U.S.

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

WNS provides the following protection benefits:

- There is no need to obfuscate your email address because WNS protects your email address from phishing scams by immediately detecting and preventing all forms of URA (unauthorized remote access);
- There is no need to repeatedly change your username, password, or email address because WNS protects your email address by immediately detecting and preventing all forms of URA;
- WNS eliminates the need to update your security software (i.e. download malware and spyware URLs on your hard drive) because WNS debugs all forms of URA. Downloading more than 350,000 malware strains daily will "crash" your device's hard drive and render your device unusable;
- Protects your information against all forms of URA even if the attacker has your user name, password, and IP address.
- Provides a browser speed not throttled by spyware and/or extensions used to track user activity;
- Pass a penetration test from all forms of URA;
- Immediately detect and prevent data breaches against all forms of URA;
- Secure a data transmission up to 200 feet.

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

The WNS web browser is free to download.³ If preventing all forms of URA and the continuation of a seven (7) time national emergency is important to you, Web Network Shield kindly suggests you express your concerns by speaking words of encouragement, support, and appreciation to your Representative <https://www.house.gov/representatives/find-your-representative>, Senator https://www.senate.gov/general/contact_information/senators_cfm.cfm, U. S.

Commercial Service <https://2016.export.gov/usoffices/index.asp> or Web Network Shield 480-318-8020.

Web Network Shield mission statement:

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

The following is a sample of the mounting evidence that URA can affect the physical health of people.

¹ Anxiety, depression and PTSD: The hidden epidemic of data breaches and cyber crimes

(February 21, 2020) <https://protect2.fireeye.com/url?k=d576e539-8922fc45-d576d406-0cc47adc5fa2-84c4c88dd0c98855&u=https://www.usatoday.com/story/tech/conferences/2020/02/21/data-breach-tips-mental-health-toll-depression-anxiety/4763823002/>

Greenville Water target of international cyber-attack, officials say

The attack caused technical difficulties for staff and customers

(January 26, 2020) <https://protect2.fireeye.com/url?k=fdc5dd44-a191c438-fdc5ec7b-0cc47adc5fa2-171887a5f7f2ccd3&u=https://www.wyff4.com/article/greenville-water-target-of-international-cyber-attack-officials-say/30659975>

U.S. probes cyber attack on water system

(November 19, 2011) <https://protect2.fireeye.com/url?k=5880abb9-04d4b2c5-58809a86-0cc47adc5fa2-04c6ede4969fe6a5&u=https://www.reuters.com/article/us-cybersecurity-attack-idUSTRE7AH2C320111119>

US calls for cyber reform after massive hack

(June 6, 2015) <https://phys.org/news/2015-06-cyber-reform-massive-hack.html>

"The fact is, we need the United States Congress to come out of the dark ages and come into the 21st century to make sure we have the kinds of defenses that are necessary to protect a modern computer system..."

"It's impossible to overstate this threat..." she said.

"Trillions of dollars, the private data of every single American, even the security of critical infrastructure like our power grid, nuclear plants and drinking water are all at risk."

Hackers force water utilities to sink or swim

(March 28, 2019) <https://protect2.fireeye.com/url?k=19df2bad-458b32d1-19df1a92-0cc47adc5fa2-576d013f9866986a&u=https://www.eenews.net/stories/1060131769>

In many emergency planning exercises, it isn't the lack of electricity that triggers chaos and widespread casualties. It's the lack of clean water that forces people from their homes.

'Scotch tape and bubble gum'

Even if supply interruptions or chemical releases don't become a full-blown crisis, a hack that causes people to lose faith in the quality of their water is "certainly within the realm of possibility" for nation-state hackers, he said.

At least 20 breaches have affected water organizations and over 81,200 records

(March 29, 2019)

<https://protect2.fireeye.com/url?k=c6026e82-9a5677fe-c6025fbd-0cc47adc5fa2-20a02b7a4a2a0014&u=https://www.privacyrights.org/data->

[breaches?title=Water&breach_type%5B%5D=285&breach_type%5B%5D=268&breach_type%5B%5D=267&breach_type%5B%5D=264&breach_type%5B%5D=265&breach_type%5B%5D=266&breach_type%5B%5D=269&breach_type%5B%5D=270&taxonomy_vocabulary_11_tid%5B%5D=2439&taxonomy_vocabulary_11_tid%5B%5D=2436&taxonomy_vocabulary_11_tid%5B%5D=2434&taxonomy_vocabulary_11_tid%5B%5D=2257&taxonomy_vocabulary_11_tid%5B%5D=2122&taxonomy_vocabulary_11_tid%5B%5D=1473&taxonomy_vocabulary_11_tid%5B%5D=1153&taxonomy_vocabulary_11_tid%5B%5D=513&taxonomy_vocabulary_11_tid%5B%5D=306&taxonomy_vocabulary_11_tid%5B%5D=276&taxonomy_vocabulary_11_tid%5B%5D=275&taxonomy_vocabulary_11_tid%5B%5D=274&taxonomy_vocabulary_11_tid%5B%5D=273&taxonomy_vocabulary_11_tid%5B%5D=272&taxonomy_vocabulary_11_tid%5B%5D=271&Search+Data+Breaches](#)

New study shows just how bad vehicle hacking has gotten

(December 19, 2019) <https://protect2.fireeye.com/url?k=739b407b-2fcf5907-739b7144-0cc47adc5fa2-08d54d4a406aa230&u=https://www.msn.com/en-us/autos/news/new-study-shows-just-how-bad-vehicle-hacking-has-gotten/ar-BBY81la>

A GPS vulnerability could allow hackers and terrorists to hijack ships, drones and commercial airliners...

(July 27, 2013) <https://protect2.fireeye.com/url?k=1ecd25c7-42993cbb-1ecd14f8-0cc47adc5fa2-d961c2d7eb571e03&u=http://securityaffairs.co/wordpress/16698/hacking/gps-vulnerability-exploitable-to-control-the-route-of-a-vessel.html>

How Hackers Actually Can Attack And Crash A Plane Remotely

(August 29, 2014) <https://protect2.fireeye.com/url?k=95bf2e6c-c9eb3710-95bf1f53-0cc47adc5fa2-76e7666e842e31d3&u=https://www.offthegridnews.com/current-events/how-hackers-actually-can-attack-and-crash-a-plane-remotely/>

EMP Risk is 'Not a Sideshow': Why One Cyber Attack Could Wipe Out 90% of US Population

(July 21, 2018) <http://www1.cbn.com/cbnnews/us/2018/july/emp-risk-is-not-a-sideshow-why-one-cyber-attack-could-wipe-out-90-of-us-population>

Multi-Pronged Threats to US Security

"This isn't a sideshow," he said. "This is the way the primary way our enemies would come after us in a future war, cyber, physical sabotage and nuclear EMP attack."

Pry worked on the US commission assessing the threat of an electromagnetic pulse (EMP) attack, which would wipe out electrical systems.

EMP Could Kill 90% of Americans Within One Year

The challenge will be ensuring a full team effort between government and private enterprise to fully protect us.

'Cyber event' disrupted U.S. grid networks — DOE

(April 30, 2019) <https://protect2.fireeye.com/url?k=06d807d5-5a8c1ea9-06d836ea-0cc47adc5fa2-d06aea4b9cd5fc73&u=https://www.eenews.net/stories/1060242741>

A "cyber event" interrupted grid operations in parts of the western United States last month, according to a cryptic report posted by the Department of Energy.

The March 5 incident lasted from 9 a.m. until nearly 7 p.m. but didn't lead to a power outage, based on a brief summary of the electric disturbance report filed by the victim utility.

DOE uses a broad definition of "cyber event," describing it as any disruption to an electrical system or grid communication network "caused by unauthorized access" to hardware, software or data.

At least 30 data breaches have affected US gas/power/electric organizations and over 2.8 million records

(April 9, 2018)

https://protect2.fireeye.com/url?k=0d83e6c8-51d7ffb4-0d83d7f7-0cc47adc5fa2-b46bcf45cc4499ba&u=https://www.privacynights.org/data-breaches?title=Gas-&breach_type%5B%5D=285&breach_type%5B%5D=268&breach_type%5B%5D=267&breach_type%5B%5D=264&breach_type%5B%5D=265&breach_type%5B%5D=266&breach_type%5B%5D=269&breach_type%5B%5D=270&taxonomy_vocabulary_11_tid%5B%5D=2439&taxonomy_vocabulary_11_tid%5B%5D=2436&taxonomy_vocabulary_11_tid%5B%5D=2434&taxonomy_vocabulary_11_tid%5B%5D=2257&taxonomy_vocabulary_11_tid%5B%5D=2122&taxonomy_vocabulary_11_tid%5B%5D=1473&taxonomy_vocabulary_11_tid%5B%5D=1153&taxonomy_vocabulary_11_tid%5B%5D=513&taxonomy_vocabulary_11_tid%5B%5D=306&taxonomy_vocabulary_11_tid%5B%5D=276&taxonomy_vocabulary_11_tid%5B%5D=275&taxonomy_vocabulary_11_tid%5B%5D=274&taxonomy_vocabulary_11_tid%5B%5D=273&taxonomy_vocabulary_11_tid%5B%5D=272&taxonomy_vocabulary_11_tid%5B%5D=271&Search+Data+Breaches

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<https://protect2.fireeye.com/url?k=8fe9fed4-d3bde7a8-8fe9cfeb-0cc47adc5fa2-509942a44107830b&u=https://www.privacyrights.org/data-breaches?title=power+&breach type%5B%5D=285&breach type%5B%5D=268&breach type%5B%5D=267&breach type%5B%5D=264&breach type%5B%5D=265&breach type%5B%5D=266&breach type%5B%5D=269&breach type%5B%5D=270&org type%5B%5D=260&org type%5B%5D=262&org type%5B%5D=261&org type%5B%5D=259&org type%5B%5D=257&org type%5B%5D=258&org type%5B%5D=263&taxonomy vocabulary 11 tid%5B%5D=2436&taxonomy vocabulary 11 tid%5B%5D=2434&taxonomy vocabulary 11 tid%5B%5D=2257&taxonomy vocabulary 11 tid%5B%5D=2122&taxonomy vocabulary 11 tid%5B%5D=1473&taxonomy vocabulary 11 tid%5B%5D=1153&taxonomy vocabulary 11 tid%5B%5D=513&taxonomy vocabulary 11 tid%5B%5D=306&taxonomy vocabulary 11 tid%5B%5D=276&taxonomy vocabulary 11 tid%5B%5D=275&taxonomy vocabulary 11 tid%5B%5D=274&taxonomy vocabulary 11 tid%5B%5D=273&taxonomy vocabulary 11 tid%5B%5D=272&taxonomy vocabulary 11 tid%5B%5D=271&=Search+Data+Breachess>
<https://protect2.fireeye.com/url?k=57cab7f9-0b9eae85-57ca86c6-0cc47adc5fa2-0802b3347f978494&u=https://www.privacyrights.org/data-breaches?title=electric+&breach type%5B%5D=285&breach type%5B%5D=268&breach type%5B%5D=267&breach type%5B%5D=264&breach type%5B%5D=265&breach type%5B%5D=266&breach type%5B%5D=269&breach type%5B%5D=270&org type%5B%5D=260&org type%5B%5D=262&org type%5B%5D=261&org type%5B%5D=259&org type%5B%5D=257&org type%5B%5D=258&org type%5B%5D=263&taxonomy vocabulary 11 tid%5B%5D=2436&taxonomy vocabulary 11 tid%5B%5D=2434&taxonomy vocabulary 11 tid%5B%5D=2257&taxonomy vocabulary 11 tid%5B%5D=2122&taxonomy vocabulary 11 tid%5B%5D=1473&taxonomy vocabulary 11 tid%5B%5D=1153&taxonomy vocabulary 11 tid%5B%5D=513&taxonomy vocabulary 11 tid%5B%5D=306&taxonomy vocabulary 11 tid%5B%5D=276&taxonomy vocabulary 11 tid%5B%5D=275&taxonomy vocabulary 11 tid%5B%5D=274&taxonomy vocabulary 11 tid%5B%5D=273&taxonomy vocabulary 11 tid%5B%5D=272&taxonomy vocabulary 11 tid%5B%5D=271&=Search+Data+Breachess>

Family Of Montecito Mudslide Victim Files First Wrongful Death Lawsuit

(March 29, 2018) <https://protect2.fireeye.com/url?k=a6d2a93f-fa86b043-a6d29800-0cc47adc5fa2-d57d971e21ea183e&u=https://losangeles.cbslocal.com/2018/03/29/first-wrongful-death-lawsuit-montecito-mudslide-victim/>

The lawsuit claims that the Thomas Fire, which tore through Ventura and Santa Barbara Counties in December and leading to the largest wildfire in California's history, was started by faulty electrical equipment.

PG&E plans to file for Chapter 11 bankruptcy as Camp Fire investigation continues

(January 14, 2019) <https://protect2.fireeye.com/url?k=8622e981-da76f0fd-8622d8be-0cc47adc5fa2-8257e969e29303c8&u=https://www.usatoday.com/story/money/business/2019/01/14/pg-e-chapter-11-bankruptcy-co-says-file-january-29/2568147002/>

The devastating Camp Fire that blazed through Butte County, California, during the fall of 2018 killed 86 people and destroyed an estimated 14,000 homes. Though the cause has not been officially determined, many are pointing the finger at utility company Pacific Gas & Electric...

The San Francisco-headquartered utility, which serves 16 million residents in northern and central California, said it does not expect its bankruptcy filing to impact electric or natural gas service for customers.

PG&E has seen its shares plunge in recent days after media reports about the company's potential bankruptcy filing as lawsuits have been filed charging the utility's role in the devastating wildfires that killed dozens.

In a dusty corner of Israel, hackers change cancer records to test defences

(March 2, 2020) <https://protect2.fireeye.com/url?k=3ffb3f0-63afba8c-3ffb92cf-0cc47adc5fa2-ef6b0ebaef246020&u=https://www.independent.ie/business/technology/in-a-dusty-corner-of-israel-hackers-change-cancer-records-to-test-defences-38930354.html>

² Obama declares cyber attacks a 'national emergency'

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

President Obama Extends National Emergency on Foreign Cyber Threat Actors

(April 1, 2016) <https://protect2.fireeye.com/url?k=4665c64e-1a31df32-4665f771-0cc47adc5fa2-d918728365851f87&u=http://interactivegov.com/articles/president-obama-extends-national-emergency-on-foreign-cyber-threat-actors>

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

(March 29, 2017) <https://protect2.fireeye.com/url?k=b426f68b-e872eff7-b426c7b4-0cc47adc5fa2-207823d418ed82b2&u=https://www.whitehouse.gov/the-press-office/2017/03/29/notice-regarding-continuation-national-emergency-respect-significant>

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

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

(March 27, 2018) <https://protect2.fireeye.com/url?k=862a876b-da7e9e17-862ab654-0cc47adc5fa2-34a707402987771f&u=https://www.whitehouse.gov/presidential-actions/notice-regarding-continuation-national-emergency-respect-significant-malicious-cyber-enabled-activities/>

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

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

(September 12, 2018) <https://protect2.fireeye.com/url?k=31d9cacb-6d8dd3b7-31d9fbf4-0cc47adc5fa2-4477a7305fa0ed1d&u=https://www.whitehouse.gov/presidential-actions/executive-order-imposing-certain-sanctions-event-foreign-interference-united-states-election/>

Trump Extends National Cybersecurity Emergency

Says malicious attacks pose "extraordinary" threat

(March 27, 2019) <https://protect2.fireeye.com/url?k=8aa0f618-d6f4ef64-8aa0c727-0cc47adc5fa2-987093b6c3c96010&u=https://www.multichannel.com/news/trump-extends-national-cybersecurity-emergency-418884>

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

Trump extends national emergency on foreign election interference

(September 11, 2019) <https://protect2.fireeye.com/url?k=8b54bb2c-d700a250-8b548a13-0cc47adc5fa2-14b0706ccaf11425&u=https://thehill.com/homenews/administration/460821-trump-extends-national-emergency-on-foreign-election-interference>

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

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

https://protect2.fireeye.com/url?k=f5505bff-a9044283-f5506ac0-0cc47adc5fa2-5b8a5e1fa29a0a22&u=http://unclaw.com/chin/leaching/antitrust/statutory_supplement.pdf

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

PROTECTING CYBER SECURITY

(2000?) <https://protect2.fireeye.com/url?k=d2064f54-8e525628-d2067e6b-0cc47adc5fa2-d110b2167777eed4&u=https://clintonwhitehouse5.archives.gov/WH/EOP/NSC/html/nsc-22.html>

May 1998

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

July 1996

Establishment of President's Commission on Critical Infrastructure Protection.

President George W. Bush

NATIONAL SECURITY PRESIDENTIAL DIRECTIVE/NSPD-54

HOMELAND SECURITY PRESIDENTIAL DIRECTIVE/HSPD-23

(January 8, 2008) <https://protect2.fireeye.com/url?k=ebc186dc-b7959fa0-ebc1b7e3-0cc47adc5fa2-327be0b790c0d984&u=https://nsarchive2.gwu.edu/dc.html?doc=5026680-George-Bush-National-Security-Presidential>

Pg. 7 (24)

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

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

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

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

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

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

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

The Constitution of the United States

(September 25, 1789) <https://protect2.fireeye.com/url?k=61f8870e-3dac9e72-61f8b631-0cc47adc5fa2-3a0d3c920fa16298&u=http://constitutionus.com/>

Section 9

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

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

Amendment IV

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

(1791)

<https://protect2.fireeye.com/url?k=69fa176f-35ae0e13-69fa2650-0cc47adc5fa2-32b17cc2f7f22e33&u=https://billofrightsinstitute.org/founding-documents/bill-of-rights/>

³ The Federal government will subsidize the cost of WNS in a program similar to subsidized cell phones, HUD Section 8 rent, and medical insurance.

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To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	COVID-19 Morning CDC Update 14Mar20
Date:	2020/03/14 09:06:51
Priority:	Normal
Type:	Note

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COVID-19 Response update Mar 14, 2020

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Domestic Updates – Case Counts

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

Counts by Jurisdiction (Includes Presumptive Positives and Confirmed Cases)

(Data as of 03:00 ET 14 Mar) - All the US case counts reported to CDC (below) will be shown in black

Jurisdictions N = 52	Cases and Deaths Reported to CDC and/or Reported on Jurisdiction Websites					For Situational Awareness Cases and Deaths Reported Jurisdictions*** or Unofficial Sources 03:00 2020-3-14	
49 states + DC, NYC, and PR	Total Cases*	Total Deaths**	New Cases**	New Deaths**	Cases	Deaths	
Alabama	5	0	5	0	5	0	
Alaska	1	0	0	0	1	0	
Arizona	10	0	1	0	9	0	
Arkansas	9	0	3	0	6	0	
California	264	5	40	1	282	4	
Colorado	63	1	14	1	49	0	
Connecticut							

Jurisdictions N = 52	Cases and Deaths Reported to CDC and/or Reported on Jurisdiction Websites				For Situational Awareness Cases and Deaths Reported Jurisdictions*** or Unofficial Sources 03:00 2020-3-14	
49 states + DC, NYC, and PR	Total Cases*	Total Deaths**	New Cases**	New Deaths**	Cases	Deaths
	11	0	6	0	11	0
Delaware	5	0	1	0	4	0
Florida	70	3	29	1	50	2
Georgia	45	1	3	0	42	1
Hawaii	2	0	0	0	2	0
Idaho	1	0	1	0	1	0
Illinois	46	0	14	0	46	0
Indiana	12	0	0	0	13	0
Iowa	17	0	1	0	17	0
Kansas	6	1	2	0	5	1
Kentucky	14	0	3	0	14	0
Louisiana	36	0	17	0	36	0
Maine	3	0	2	0	1	0
Maryland	17	0	5	0	18	0
Massachusetts	123	0	15	0	123	0
Michigan	25	0	13	0	16	0
Minnesota	14	0	5	0	14	0
Mississippi	6	0	5	0	1	0
Missouri	4	0	2	0	2	0
Montana	5	0	4	0	1	0
Nebraska						

Jurisdictions N = 52	Cases and Deaths Reported to CDC and/or Reported on Jurisdiction Websites				For Situational Awareness Cases and Deaths Reported by Jurisdictions*** or Unofficial Sources 03:00 2020-3-14	
49 states + DC, NYC, and PR	Total Cases*	Total Deaths**	New Cases**	New Deaths**	Cases	Deaths
	14	0	3	0	13	0
Nevada	16	0	9	0	17	0
New Hampshire	6	0	0	0	6	0
New Jersey	50	1	21	0	29	1
New Mexico	10	0	4	0	10	0
New York (excluding NYC)	267	0	37	0	421	0
New York City	154	0	59	0	- [†]	- [†]
North Carolina	15	0	0	0	17	0
North Dakota	1	0	0	0	1	0
Ohio	13	0	8	0	13	0
Oklahoma	5	0	2	0	2	0
Oregon	30	0	6	0	30	0
Pennsylvania	41	0	18	0	41	0
Rhode Island	14	0	9	0	14	0
South Carolina	13	0	1	0	13	0
South Dakota	9	1	1	0	8	1
Tennessee	26	0	8	0	26	0
Texas	39	0	15	0	43	0
Utah	6	0	1	0	9	0
Vermont	2	0	0	0	2	0
Virginia						

Jurisdictions N = 52	Cases and Deaths Reported to CDC and/or Reported on Jurisdiction Websites				For Situational Awareness Cases and Deaths Reported by Jurisdictions*** or Unofficial Sources 03:00 2020-3-14	
49 states + DC, NYC, and PR	Total Cases*	Total Deaths**	New Cases**	New Deaths**	Cases	Deaths
	30	0	13	0	30	0
Washington	568	37	111	6	568	37
West Virginia	0	0	0	0	0	0
Wisconsin	19	0	11	0	19	0
Wyoming	2	0	1	0	1	0
American Samoa	0	0	0	0	0	0
District of Columbia	10	0	0	0	10	0
Guam	0	0	0	0	0	0
Northern Mariana Islands	0	0	0	0	0	0
Palau	0	0	0	0	0	0
Puerto Rico	3	0	3	0	0	0
U.S. Virgin Islands	0	0	0	0	0	0
Fed. States of Micronesia	0	0	0	0	0	0
Republic of Marshall Islands	0	0	0	0	0	0
Grand Princess [§]	0	0	0	0	21	0
Subtotal (without repat cases)	2177	50	532	9	2133	47
Repat cases [#]	49	0	0	0	49	0
Total (including repat cases)	2226	50	532	9	2182	47

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

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

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

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

Includes 3 cases from Hubei repatriation, 46 cases from Diamond Princess repatriation.

* In the "Situational Analysis" part of the table, NYC and NY State cases are combined under NY State

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

Exposure Category	Number Cases
Travel-related	161
Close contact with known case	156
Under investigation	1860
Total cases	2177

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

Domestic Updates – Notes from the Field

Data as of 13 Mar

NE (new team):

- • * One case diagnosed in SD, resides in NE. This case was positive by the SD public health lab but further testing of subsequent specimens in NE were all negative. All contacts negative as of today.
- • * A prior case was associated with a Special Olympics event in Lincoln. Two additional close contacts are positive. Over 190 event attendees were tested and all were negative.

RI:

- Total of 14 cases, 9 new cases from ages 2-67 years; exposures travel related, HCW exposure and other.
 - 4 of 9 new cases with known exposure history, 5 still under investigation
 - Nursing home resident– asymptomatic – roommate tested – results are pending – will be discharged for home quarantine
 - 2 y/o female aboard a cruise from NYC to the Bahamas – Norwegian Cruise line – symptomatic entire trip, several household contacts – attends a daycare in CT
 - 7 y/o male, only symptom was mild cough; attended professional basketball game in Boston and received an autograph from Utah Jazz player who tested positive (denies physical contact, stood near while he got an autograph)
 - 26 y/o female, NICU nurse, contact of ID doc, worked while symptomatic (dates unknown)
- Serologic study of ~30 exposed high school students completed, results due early next week.

CO:

- 77 positives, first death reported, community transmission in tourist communities, Metro Denver, Aspen
- National Guard running state mobile drive-up clinic; on first day, 12% were positive.
- Testing capacity is at critical state, non-priority specimens are being directed to commercial labs.
- CO modified isolation orders to remove need for negative testing for non HCW cases; affecting release of international (Australia) persons back into home country if don't have evidence of 2 negative tests.

CA, Santa Clara County:

- 2nd death reported in Santa Clara County (87 year-old female diagnosed on 12 Mar); 13 new cases in past 24 hrs, 92 total cases, ~42% hospitalized
- Initiated drive through system to obtain specimens from suspected cases of public health significance
- New community mitigation measures: Public schools closed for 3 weeks starting March 16; New legal order *banning gatherings larger than 100 people with strict conditions for gatherings between 35 and 100 people*
- Disseminated first routine report for COVID-19 syndromic surveillance (see attached)

NY:

- Total NY State cases 421, total cases in Westchester 158. There are 62 (14.7%) COVID-19 patients currently hospitalized (12 (19%) in ICU). One new county reported one new case.
- There are 3 LTCF and 1 assisted living facility with COVID-19 cases.
 - 1st LTCF – 15 contacts tested, completing 14 days post-exposure 3/14
 - 2nd LTCF – 7 COVID+ patients, 3 with symptoms; challenges continue in implementing ICP recommendations (limited hand sanitizer and lack of PPE in front of case doors, ineffective PPE warnings on case doors).
 - 3rd LTCF – 1 COVID+ patient currently in ICU in another facility, 46 contacts being tested (2 symptomatic), 41 staff in home quarantine (3 symptomatic and being tested); IPC recommendations made to facility
 - Assisted living facility – 1 COVID+ patient, husband now symptomatic, being tested and transported to hospital; 4 staff furloughed; IPC proactive – has restricted all nonessential visitors, patients quarantined in room with active symptom monitoring
- Gov Cuomo announced that FDA has approved New York State to authorize 28 labs to run COVID-19 testing increasing testing capacity to 6,000 tests/day
- Drive-thru COVID-19 testing being stood up, first one in New Rochelle operational

Domestic Updates – Laboratory

Data as of 13 Mar

- □83 public-health labs now up and running with CDC assay (50 states plus DC)
- □CDC testing update from the beginning of the response until end of day 13 Mar
 - 4355 samples reported
 - 1919 cases reported
- □Public Health testing update until end of day 13 Mar
 - 12,584 samples tested
- □Serology update
 - Current ELISA throughput is 500/week with an additional 1000/week in the surge lab
 - Microneutralization throughput is 120/week with an additional 200/week in the surge lab
- □Large commercial laboratories – EUA update
 - ARUP – testing nationwide
 - LabCorp - testing nationwide
 - MAYO – testing nationwide
 - Quest – testing nationwide through California facility (currently scaling up capacity, reportedly starting with West Coast)
 - Data reported to CDC from subset of large commercial labs (as of 12 Mar, 22:00 EDT)
 - □1766 tests ordered
 - □910 results so far: 49 positive; 787 negative; 74 indeterminate
- □Large commercial diagnostic companies
 - Roche – received approval from FDA to start to ship their reagents and pre-position them to be ready to initiate testing upon authorization of their EUA. This high throughput system can test up to ~3000 samples/24 hours

Travel/Migration Updates

Data as of 12 Mar

Airport Entry Screening

- 56,510* air travelers screened to date. Zero (0) F11 site persons currently under mandatory 14-day quarantine.
- Daily for 12 Mar
 - Air travelers screened: 363
 - Hospital Referrals: 4
 - All 4 were ill travelers with travel history in Europe
 - IAD: 2, traveled in both France and Spain, 1 sicker and referred for testing. Companion had residual cough following recent illness and was sent to hospital as well.
 - JFK: College student doing study abroad in Milan
 - LAX: Travel to Paris and Prague
 - Q-orders Issued: 0

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

F11 Quarantine Orders

- Under quarantine as of 12 Mar: 0
- Cumulative to date: 18

Travel Health Notices*

Widespread sustained (ongoing) spread and restrictions on entry to the United States

- • * China ([Level 3 Travel Health Notice](#))
- • * Iran ([Level 3 Travel Health Notice](#))
- • * Most of Europe** ([Level 3 Travel Health Notice](#))

Widespread sustained (ongoing) spread

- South Korea ([Level 3 Travel Health Notice](#))

Sustained (ongoing) community spread

- □ Global Outbreak Notice ([Level 2 Travel Health Notice](#))

Limited community spread

- Travelers should practice usual precautions

*See [CDC's COVID-19 Travel Website](#) for more info

** Countries include Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, Monaco, San Marino, Vatican City. See <https://wwwnc.cdc.gov/travel/notices/warning/coronavirus-europe> for specifics

Other

- Live on web:

- [Joint FAA guidance for airlines and crew on FAA's website](#) with link on our travel page
 - [Domestic travel FAQs](#)
- Still working to operationalize 212F proclamation for Schengen countries, awaiting official federal register notice
 - Updating health education materials: THANs, web, airport posters
 - Requesting additional staff and resources to new Q stations
- In clearance:
 - Guidelines for consular officers for clearing US immigrant visa applicants overseas
 - Notification to US refugee health coordinators re: management of COVID-19 within refugee populations
- Continuing issuance of legal quarantine orders for Grand Princess passengers

International Updates

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

Data as of 04:00 EST 13 Mar 2020 [Source: WHO SitRep - 53]

Globally	China*		Outside of China		
	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Countries/ Territories/ Areas
132,758 (7,499 new)	80,991 (11 new)	3,180 (7 new)	51,767 (7,488 new)	1,775 (335 new)	122 (5 new)

*China totals include:

- * Hong Kong – 131 cases (2 new), 3 deaths (0 new)
- * Macau – 10 cases (0 new), 0 deaths (0 new)
- * Taiwan – 49 cases (0 new), 1 death (0 new)

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

Data as of 04:00 EST, 13 Mar 2020* [Source: WHO SitRep - 53]

Reporting Country/ Territory/ Area†	Total confirmed‡ cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification§	Days since last reported case
Western Pacific Region						
Republic of Korea	7979	110	66	0	Local transmission	0
Japan	675	55	19	4	Local transmission	0
Singapore	187	9	0	0	Local transmission	0
Australia	140	18	3	0	Local transmission	0
Malaysia	129	0	0	0	Local transmission	2
Philippines	52	0	2	0	Local transmission	1
Viet Nam	39	0	0	0	Local transmission	1

Reporting Country/ Territory/ Area†	Total confirmed‡ cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification§	Days since last reported case
Brunei Darussalam	12	0	0	0	Imported cases only	1
Cambodia	5	2	0	0	Local transmission	0
New Zealand	5	0	0	0	Local transmission	6
Mongolia	1	0	0	0	Imported cases only	3
Territories**						
French Polynesia	1	0	0	0	Imported cases only	0
European Region						
Italy	15113	2651	1016	189	Local transmission	0
Spain	2965	825	84	36	Local transmission	0
France	2860	591	61	13	Local transmission	0
Germany	2369	802	6	3	Local transmission	0
Switzerland	858	213	6	2	Local transmission	0
Denmark	674	59	0	0	Local transmission	0
Sweden	620	159	0	0	Local transmission	0
Netherlands	614	111	5	0	Local transmission	0
The United Kingdom	594	134	8	2	Local transmission	0
Austria	361	59	1	1	Local transmission	0
Belgium	314	0	0	0	Local transmission	1
Norway	489	0	0	0	Local transmission	1
Czechia	116	22	0	0	Local transmission	0
Finland	109	69	0	0	Local transmission	0

Reporting Country/ Territory/ Area†	Total confirmed‡ cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification§	Days since last reported case
Greece	98	0	1	0	Local transmission	1
Israel	75	0	0	0	Local transmission	2
Ireland	70	27	1	0	Local transmission	0
San Marino	63	0	2	0	Local transmission	2
Iceland	61	0	0	0	Local transmission	3
Slovenia	57	0	0	0	Local transmission	1
Poland	49	5	1	1	Local transmission	0
Romania	48	0	0	0	Local transmission	1
Portugal	41	0	0	0	Local transmission	2
Russian Federation	34	14	0	0	Imported cases only	0
Georgia	25	2	0	0	Imported cases only	0
Albania	23	13	0	0	Imported cases only	0
Slovakia	21	11	0	0	Local transmission	0
Serbia	19	0	0	0	Under investigation	1
Luxembourg	17	0	0	0	Imported cases only	1
Croatia	16	0	0	0	Local transmission	2
Hungary	16	3	0	0	Local transmission	0
Latvia	16	0	0	0	Imported cases only	1
Estonia	13	0	0	0	Imported cases only	2
Belarus	12	0	0	0	Local transmission	1

Reporting Country/ Territory/ Area†	Total confirmed‡ cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification§	Days since last reported case
Azerbaijan	11	2	0	0	Imported cases only	0
Malta	9	3	0	0	Imported cases only	0
Bulgaria	7	0	1	0	Local transmission	1
North Macedonia	7	0	0	0	Local transmission	3
Cyprus	6	0	0	0	Imported cases only	1
Bosnia and Herzegovina	4	0	0	0	Local transmission	2
Liechtenstein	4	3	0	0	Imported cases only	0
Republic of Moldova	4	0	0	0	Imported cases only	1
Lithuania	3	0	0	0	Imported cases only	1
Ukraine	3	2	0	0	Imported cases only	0
Andorra	1	0	0	0	Imported cases only	10
Armenia	1	0	0	0	Imported cases only	11
Holy See	1	0	0	0	Under investigation	7
Monaco	1	0	0	0	Under investigation	12
Turkey	1	0	0	0	Imported cases only	1
Territories**						
Faroe Islands	2	0	0	0	Imported cases only	4
Gibraltar	1	0	0	0	Under investigation	9
Guernsey	1	0	0	0	Imported cases only	3
Jersey	2	2	0	0	Imported cases only	0
South-East Asia Region						

Reporting Country/ Territory/ Area†	Total confirmed‡ cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification§	Days since last reported case
Thailand	75	5	1	0	Local transmission	0
India	74	1	1	1	Local transmission	0
Indonesia	34	0	1	0	Local transmission	1
Maldives	8	0	0	0	Local transmission	2
Bangladesh	3	0	0	0	Local transmission	4
Sri Lanka	3	1	0	0	Imported cases only	0
Bhutan	1	0	0	0	Imported cases only	7
Nepal	1	0	0	0	Imported cases only	49
Territories**						
Réunion	3	3	0	0	Imported cases only	0
Eastern Mediterranean Region						
Iran (Islamic Republic of)	10075	1075	429	75	Local transmission	0
Qatar	262	0	0	0	Imported cases only	1
Bahrain	195	6	0	0	Local transmission	0
United Arab Emirates	85	11	0	0	Local transmission	0
Kuwait	80	0	0	0	Imported cases only	1
Iraq	70	0	7	0	Local transmission	1
Egypt	67	0	1	0	Local transmission	1
Lebanon	66	0	3	0	Local transmission	1
Saudi Arabia	21	0	0	0	Imported cases only	1
Pakistan	20	1	0	0	Local transmission	0

Reporting Country/ Territory/ Area†	Total confirmed‡ cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification§	Days since last reported case
Oman	18	0	0	0	Imported cases only	3
Afghanistan	7	0	0	0	Imported cases only	1
Tunisia	7	1	0	0	Imported cases only	0
Morocco	6	1	1	0	Imported cases only	0
Jordan	1	0	0	0	Imported cases only	10
Territories**						
occupied Palestinian territory	31	1	0	0	Local transmission	0
Region of the Americas						
United States of America	1264	277	36	7	Local transmission	0
Canada	138	45	1	0	Local transmission	0
Brazil	77	25	0	0	Local transmission	0
Chile	33	10	0	0	Local transmission	0
Argentina	31	12	1	0	Imported cases only	0
Costa Rica	22	9	0	0	Local transmission	0
Peru	22	5	0	0	Local transmission	0
Ecuador	17	0	0	0	Local transmission	1
Panama	14	4	1	0	Imported cases only	0
Mexico	12	1	0	0	Imported cases only	0
Colombia	9	0	0	0	Imported cases only	1
Dominican Republic	5	0	0	0	Imported cases only	3

Reporting Country/ Territory/ Area†	Total confirmed‡ cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification§	Days since last reported case
Paraguay	5	0	0	0	Imported cases only	2
Bolivia (Plurinational State of)	3	1	0	0	Imported cases only	0
Cuba	3	3	0	0	Imported cases only	0
Honduras	2	0	0	0	Imported cases only	1
Guyana	1	1	1	1	Imported cases only	0
Jamaica	1	0	0	0	Imported cases only	2
Saint Vincent and the Grenadines	1	1	0	0	Imported cases only	0
Territories**						
French Guiana	6	1	0	0	Imported cases only	0
Martinique	4	1	0	0	Imported cases only	0
Saint Martin	2	0	0	0	Under investigation	10
Saint Barthelemy	1	0	0	0	Under investigation	10
African Region						
Algeria	25	0	1	0	Local transmission	1
South Africa	17	4	0	0	Imported cases only	0
Senegal	10	6	0	0	Imported cases only	0
Burkina Faso	2	0	0	0	Imported cases only	2
Cameroon	2	0	0	0	Local transmission	6
Nigeria	2	0	0	0	Imported cases only	4
Cote d'Ivoire	1	0	0	0	Imported cases only	1

Reporting Country/ Territory/ Area†	Total confirmed‡ cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification§	Days since last reported case
Democratic Republic of the Congo	1	0	0	0	Imported cases only	2
Togo	1	0	0	0	Imported cases only	6
Subtotal for all regions	51071	7488	1768	335		
International conveyance (Diamond Princess)	696	0	7	0	Local transmission	5
Grand total	51767	7488	1775	335		

Numbers include both domestic and repatriated cases

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

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

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

Terms:

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

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

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

- Cayman Islands
- Gabon
- Mauritania
- Ghana
- Kenya
- Guinea
- Sudan
- Ethiopia
- Guinea
- Trinidad & Tobago
- Kazakhstan

Additional International Updates

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

121 (63%) WHO member countries and areas affected (5 new)

- Over 24 hours
 - Over 24 hours, 7,488 new cases (99.9%) outside of China, 11 new cases in China
 - New countries/territories reporting cases, last 24 hours: Cuba, Guyana, Jersey, Reunion, Saint Vincent and the Grenadines
 - Early reports: Antigua and Barbuda (1), Aruba (2), Cayman Islands (1), Ethiopia (1), Ghana (2), Guatemala (1), Guinea (1), Kazakhstan (4), Kenya (1), Puerto Rico (3), Saint Lucia (1), Sudan (1), Uruguay (4), Venezuela (2)
- Sustained local transmission in China, Korea, Iran, Japan, Europe
- Regional spread in European and Eastern Mediterranean regions
 - EURO – declared the epicenter of the pandemic by WHO
 - EMRO – most cases continue to be linked with travel, but local transmission is occurring
 - AFRO primarily reporting travel-associated cases, local transmission reported in few countries (Algeria, Cameroon)
 - PAHO local transmission reported in more countries (US, Canada, Brazil, Chile, Costa Rica, Peru, Ecuador), more cases being reported in Caribbean region

Guatemala – first country to restrict travelers from the US

The United Nations Response Foundation (Washington DC) and WHO announced 13 March the creation of the COVID-19 Solidarity Response Fund to raise money for COVID-19 activities – hopes are high at WHO that this will raise millions for WHO and key partners.

Top countries reporting cases

Italy – since last Sit Rep, 17,660 cases, 1,266 deaths (25% increase in deaths, last 24 hours)

Iran – since last Sit Rep, 11,364 cases, 514 deaths

Korea – since last Sit rep, 8,086 cases, 72 deaths

Spain – since last Sit Rep, 4,231 cases, 120 deaths (43% increase in cases, last 24 hours)

France – since last Sit Rep, 3,661 cases, 79 deaths

Germany – since last Sit Rep, 3,062 cases, 5 deaths

Switzerland – since last Sit Rep, 1,009 cases, 6 deaths

Norway – since last Sit Rep, 750 cases, 1 death

Other

- Antigua and Barbuda – 1st case, travel from UK
- Aruba – 1st – 2nd cases, travel from US (1 US citizen)
- Canada – 176 cases; 1 death

- British Colombia (53 cases); Ontario (79 cases); Alberta (23 cases); Quebec (17 cases); New Brunswick (1); Manitoba (1); Repatriations (2)
- Cayman Islands – 1st case, transferred from a cruise ship
- Ethiopia – 1st case, travel from Burkina Faso
- Ghana – 1st and 2nd cases, travel from Norway and Turkey
- Guatemala – 1st case, travel from Spain
- Indonesia – Mission report focused on surveillance and screening, visited 5 points of entry (air and sea), found screening inconsistent, case definitions not well known, informational materials sparse, not doing very much testing, no plan to obtain more kits. Nothing in report to allay fears that Indonesia is missing cases.
- Kazakhstan – 1st case, travel from Italy via Russia
- Kenya – 1st case, travel from US via UK
- Mexico – 26 cases
- Limited information on cases and locations released
- Saint Lucia – 1st case, travel from UK
- Sudan – 1st case, travel from UAE
- Puerto Rico – 1st – 3rd cases, travel from Italy (2)
- Uruguay – 1st – 4th cases, travel from Italy
- Venezuela – 1st – 2nd cases, travel from US (1), Italy (1), Spain (2)

Very Respectfully,

Secretary's Operations Center

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Subject:	COVID-19 Morning CDC Update 14Mar20
Date:	2020/03/14 09:06:51
Priority:	Normal
Type:	Note

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COVID-19 Response update Mar 14, 2020

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Domestic Updates – Case Counts

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

Counts by Jurisdiction (Includes Presumptive Positives and Confirmed Cases)

(Data as of 03:00 ET 14 Mar) - All the US case counts reported to CDC (below) will be shown in black

Jurisdictions N = 52	Cases and Deaths Reported to CDC and/or Reported on Jurisdiction Websites					For Situational Awareness Cases and Deaths Reported Jurisdictions*** or Unofficial Sources 03:00 2020-3-14	
49 states + DC, NYC, and PR	Total Cases*	Total Deaths**	New Cases**	New Deaths**	Cases	Deaths	
Alabama	5	0	5	0	5	0	
Alaska	1	0	0	0	1	0	
Arizona	10	0	1	0	9	0	
Arkansas	9	0	3	0	6	0	
California	264	5	40	1	282	4	
Colorado	63	1	14	1	49	0	
Connecticut							

Jurisdictions N = 52	Cases and Deaths Reported to CDC and/or Reported on Jurisdiction Websites					For Situational Awareness Cases and Deaths Reported by Jurisdictions*** or Unofficial Sources 03:00 2020-3-14	
49 states + DC, NYC, and PR	Total Cases*	Total Deaths**	New Cases**	New Deaths**	Cases	Deaths	
	11	0	6	0	11	0	
Delaware	5	0	1	0	4	0	
Florida	70	3	29	1	50	2	
Georgia	45	1	3	0	42	1	
Hawaii	2	0	0	0	2	0	
Idaho	1	0	1	0	1	0	
Illinois	46	0	14	0	46	0	
Indiana	12	0	0	0	13	0	
Iowa	17	0	1	0	17	0	
Kansas	6	1	2	0	5	1	
Kentucky	14	0	3	0	14	0	
Louisiana	36	0	17	0	36	0	
Maine	3	0	2	0	1	0	
Maryland	17	0	5	0	18	0	
Massachusetts	123	0	15	0	123	0	
Michigan	25	0	13	0	16	0	
Minnesota	14	0	5	0	14	0	
Mississippi	6	0	5	0	1	0	
Missouri	4	0	2	0	2	0	
Montana	5	0	4	0	1	0	
Nebraska							

Jurisdictions N = 52	Cases and Deaths Reported to CDC and/or Reported on Jurisdiction Websites				For Situational Awareness Cases and Deaths Reported by Jurisdictions*** or Unofficial Sources 03:00 2020-3-14	
49 states + DC, NYC, and PR	Total Cases*	Total Deaths**	New Cases**	New Deaths**	Cases	Deaths
	14	0	3	0	13	0
Nevada	16	0	9	0	17	0
New Hampshire	6	0	0	0	6	0
New Jersey	50	1	21	0	29	1
New Mexico	10	0	4	0	10	0
New York (excluding NYC)	267	0	37	0	421	0
New York City	154	0	59	0	- [†]	- [†]
North Carolina	15	0	0	0	17	0
North Dakota	1	0	0	0	1	0
Ohio	13	0	8	0	13	0
Oklahoma	5	0	2	0	2	0
Oregon	30	0	6	0	30	0
Pennsylvania	41	0	18	0	41	0
Rhode Island	14	0	9	0	14	0
South Carolina	13	0	1	0	13	0
South Dakota	9	1	1	0	8	1
Tennessee	26	0	8	0	26	0
Texas	39	0	15	0	43	0
Utah	6	0	1	0	9	0
Vermont	2	0	0	0	2	0
Virginia						

Jurisdictions N = 52	Cases and Deaths Reported to CDC and/or Reported on Jurisdiction Websites				For Situational Awareness Cases and Deaths Reported by Jurisdictions*** or Unofficial Sources 03:00 2020-3-14	
	Total Cases*	Total Deaths**	New Cases**	New Deaths**	Cases	Deaths
49 states + DC, NYC, and PR	30	0	13	0	30	0
Washington	568	37	111	6	568	37
West Virginia	0	0	0	0	0	0
Wisconsin	19	0	11	0	19	0
Wyoming	2	0	1	0	1	0
American Samoa	0	0	0	0	0	0
District of Columbia	10	0	0	0	10	0
Guam	0	0	0	0	0	0
Northern Mariana Islands	0	0	0	0	0	0
Palau	0	0	0	0	0	0
Puerto Rico	3	0	3	0	0	0
U.S. Virgin Islands	0	0	0	0	0	0
Fed. States of Micronesia	0	0	0	0	0	0
Republic of Marshall Islands	0	0	0	0	0	0
Grand Princess [§]	0	0	0	0	21	0
Subtotal (without repat cases)	2177	50	532	9	2133	47
Repat cases [#]	49	0	0	0	49	0
Total (including repat cases)	2226	50	532	9	2182	47

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

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

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

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

Includes 3 cases from Hubei repatriation, 46 cases from Diamond Princess repatriation.

* In the "Situational Analysis" part of the table, NYC and NY State cases are combined under NY State

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

Exposure Category	Number Cases
Travel-related	161
Close contact with known case	156
Under investigation	1860
Total cases	2177

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

Domestic Updates – Notes from the Field

Data as of 13 Mar

NE (new team):

- • * One case diagnosed in SD, resides in NE. This case was positive by the SD public health lab but further testing of subsequent specimens in NE were all negative. All contacts negative as of today.
- • * A prior case was associated with a Special Olympics event in Lincoln. Two additional close contacts are positive. Over 190 event attendees were tested and all were negative.

RI:

- Total of 14 cases, 9 new cases from ages 2-67 years; exposures travel related, HCW exposure and other.
 - 4 of 9 new cases with known exposure history, 5 still under investigation
 - Nursing home resident– asymptomatic – roommate tested – results are pending – will be discharged for home quarantine
 - 2 y/o female aboard a cruise from NYC to the Bahamas – Norwegian Cruise line – symptomatic entire trip, several household contacts – attends a daycare in CT
 - 7 y/o male, only symptom was mild cough; attended professional basketball game in Boston and received an autograph from Utah Jazz player who tested positive (denies physical contact, stood near while he got an autograph)
 - 26 y/o female, NICU nurse, contact of ID doc, worked while symptomatic (dates unknown)
- Serologic study of ~30 exposed high school students completed, results due early next week.

CO:

- 77 positives, first death reported, community transmission in tourist communities, Metro Denver, Aspen
- National Guard running state mobile drive-up clinic; on first day, 12% were positive.
- Testing capacity is at critical state, non-priority specimens are being directed to commercial labs.
- CO modified isolation orders to remove need for negative testing for non HCW cases; affecting release of international (Australia) persons back into home country if don't have evidence of 2 negative tests.

CA, Santa Clara County:

- 2nd death reported in Santa Clara County (87 year-old female diagnosed on 12 Mar); 13 new cases in past 24 hrs, 92 total cases, ~42% hospitalized
- Initiated drive through system to obtain specimens from suspected cases of public health significance
- New community mitigation measures: Public schools closed for 3 weeks starting March 16; New legal order *banning gatherings larger than 100 people with strict conditions for gatherings between 35 and 100 people*
- Disseminated first routine report for COVID-19 syndromic surveillance (see attached)

NY:

- Total NY State cases 421, total cases in Westchester 158. There are 62 (14.7%) COVID-19 patients currently hospitalized (12 (19%) in ICU). One new county reported one new case.
- There are 3 LTCF and 1 assisted living facility with COVID-19 cases.
 - 1st LTCF – 15 contacts tested, completing 14 days post-exposure 3/14
 - 2nd LTCF – 7 COVID+ patients, 3 with symptoms; challenges continue in implementing ICP recommendations (limited hand sanitizer and lack of PPE in front of case doors, ineffective PPE warnings on case doors).
 - 3rd LTCF – 1 COVID+ patient currently in ICU in another facility, 46 contacts being tested (2 symptomatic), 41 staff in home quarantine (3 symptomatic and being tested); IPC recommendations made to facility
 - Assisted living facility – 1 COVID+ patient, husband now symptomatic, being tested and transported to hospital; 4 staff furloughed; IPC proactive – has restricted all nonessential visitors, patients quarantined in room with active symptom monitoring
- Gov Cuomo announced that FDA has approved New York State to authorize 28 labs to run COVID-19 testing increasing testing capacity to 6,000 tests/day
- Drive-thru COVID-19 testing being stood up, first one in New Rochelle operational

Domestic Updates – Laboratory

Data as of 13 Mar

- ☐ 83 public-health labs now up and running with CDC assay (50 states plus DC)
- ☐ CDC testing update from the beginning of the response until end of day 13 Mar
 - 4355 samples reported
 - 1919 cases reported
- ☐ Public Health testing update until end of day 13 Mar
 - 12,584 samples tested
- ☐ Serology update
 - Current ELISA throughput is 500/week with an additional 1000/week in the surge lab
 - Microneutralization throughput is 120/week with an additional 200/week in the surge lab
- ☐ Large commercial laboratories – EUA update
 - ARUP – testing nationwide
 - LabCorp - testing nationwide
 - MAYO – testing nationwide
 - Quest – testing nationwide through California facility (currently scaling up capacity, reportedly starting with West Coast)
 - Data reported to CDC from subset of large commercial labs (as of 12 Mar, 22:00 EDT)
 - ☐ 1766 tests ordered
 - ☐ 910 results so far: 49 positive; 787 negative; 74 indeterminate
- ☐ Large commercial diagnostic companies
 - Roche – received approval from FDA to start to ship their reagents and pre-position them to be ready to initiate testing upon authorization of their EUA. This high throughput system can test up to ~3000 samples/24 hours

Travel/Migration Updates

Data as of 12 Mar

Airport Entry Screening

- **56,510*** air travelers screened to date. Zero (0) F11 site persons currently under mandatory 14-day quarantine.
- Daily for 12 Mar
 - Air travelers screened: **363**
 - Hospital Referrals: 4
 - All 4 were ill travelers with travel history in Europe
 - IAD: 2, traveled in both France and Spain, 1 sicker and referred for testing. Companion had residual cough following recent illness and was sent to hospital as well.
 - JFK: College student doing study abroad in Milan
 - LAX: Travel to Paris and Prague
 - Q-orders Issued: 0

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

F11 Quarantine Orders

- Under quarantine as of 12 Mar: 0
- Cumulative to date: 18

Travel Health Notices*

Widespread sustained (ongoing) spread and restrictions on entry to the United States

- • * China ([Level 3 Travel Health Notice](#))
- • * Iran ([Level 3 Travel Health Notice](#))
- • * Most of Europe** ([Level 3 Travel Health Notice](#))

Widespread sustained (ongoing) spread

- South Korea ([Level 3 Travel Health Notice](#))

Sustained (ongoing) community spread

- □ Global Outbreak Notice ([Level 2 Travel Health Notice](#))

Limited community spread

- Travelers should practice usual precautions

*See [CDC's COVID-19 Travel Website](#) for more info

** Countries include Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, Monaco, San Marino, Vatican City. See <https://wwwnc.cdc.gov/travel/notices/warning/coronavirus-europe> for specifics

Other

- Live on web:

- [Joint FAA guidance for airlines and crew on FAA's website](#) with link on our travel page
 - [Domestic travel FAQs](#)
- Still working to operationalize 212F proclamation for Schengen countries, awaiting official federal register notice
 - Updating health education materials: THANs, web, airport posters
 - Requesting additional staff and resources to new Q stations
- In clearance:
 - Guidelines for consular officers for clearing US immigrant visa applicants overseas
 - Notification to US refugee health coordinators re: management of COVID-19 within refugee populations
- Continuing issuance of legal quarantine orders for Grand Princess passengers

International Updates

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

Data as of 04:00 EST 13 Mar 2020 [Source: WHO SitRep - 53]

Globally	China*		Outside of China		
	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Countries/ Territories/ Areas
132,758 (7,499 new)	80,991 (11 new)	3,180 (7 new)	51,767 (7,488 new)	1,775 (335 new)	122 (5 new)

*China totals include:

- * Hong Kong – 131 cases (2 new), 3 deaths (0 new)
- * Macau – 10 cases (0 new), 0 deaths (0 new)
- * Taiwan – 49 cases (0 new), 1 death (0 new)

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

Data as of 04:00 EST, 13 Mar 2020* [Source: WHO SitRep - 53]

Reporting Country/ Territory/ Area†	Total confirmed‡ cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification§	Days since last reported case
Western Pacific Region						
Republic of Korea	7979	110	66	0	Local transmission	0
Japan	675	55	19	4	Local transmission	0
Singapore	187	9	0	0	Local transmission	0
Australia	140	18	3	0	Local transmission	0
Malaysia	129	0	0	0	Local transmission	2
Philippines	52	0	2	0	Local transmission	1
Viet Nam	39	0	0	0	Local transmission	1

Reporting Country/ Territory/ Area†	Total confirmed‡ cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification§	Days since last reported case
Brunei Darussalam	12	0	0	0	Imported cases only	1
Cambodia	5	2	0	0	Local transmission	0
New Zealand	5	0	0	0	Local transmission	6
Mongolia	1	0	0	0	Imported cases only	3
Territories**						
French Polynesia	1	0	0	0	Imported cases only	0
European Region						
Italy	15113	2651	1016	189	Local transmission	0
Spain	2965	825	84	36	Local transmission	0
France	2860	591	61	13	Local transmission	0
Germany	2369	802	6	3	Local transmission	0
Switzerland	858	213	6	2	Local transmission	0
Denmark	674	59	0	0	Local transmission	0
Sweden	620	159	0	0	Local transmission	0
Netherlands	614	111	5	0	Local transmission	0
The United Kingdom	594	134	8	2	Local transmission	0
Austria	361	59	1	1	Local transmission	0
Belgium	314	0	0	0	Local transmission	1
Norway	489	0	0	0	Local transmission	1
Czechia	116	22	0	0	Local transmission	0
Finland	109	69	0	0	Local transmission	0

Reporting Country/ Territory/ Area†	Total confirmed‡ cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification§	Days since last reported case
Greece	98	0	1	0	Local transmission	1
Israel	75	0	0	0	Local transmission	2
Ireland	70	27	1	0	Local transmission	0
San Marino	63	0	2	0	Local transmission	2
Iceland	61	0	0	0	Local transmission	3
Slovenia	57	0	0	0	Local transmission	1
Poland	49	5	1	1	Local transmission	0
Romania	48	0	0	0	Local transmission	1
Portugal	41	0	0	0	Local transmission	2
Russian Federation	34	14	0	0	Imported cases only	0
Georgia	25	2	0	0	Imported cases only	0
Albania	23	13	0	0	Imported cases only	0
Slovakia	21	11	0	0	Local transmission	0
Serbia	19	0	0	0	Under investigation	1
Luxembourg	17	0	0	0	Imported cases only	1
Croatia	16	0	0	0	Local transmission	2
Hungary	16	3	0	0	Local transmission	0
Latvia	16	0	0	0	Imported cases only	1
Estonia	13	0	0	0	Imported cases only	2
Belarus	12	0	0	0	Local transmission	1

Reporting Country/ Territory/ Area†	Total confirmed‡ cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification§	Days since last reported case
Azerbaijan	11	2	0	0	Imported cases only	0
Malta	9	3	0	0	Imported cases only	0
Bulgaria	7	0	1	0	Local transmission	1
North Macedonia	7	0	0	0	Local transmission	3
Cyprus	6	0	0	0	Imported cases only	1
Bosnia and Herzegovina	4	0	0	0	Local transmission	2
Liechtenstein	4	3	0	0	Imported cases only	0
Republic of Moldova	4	0	0	0	Imported cases only	1
Lithuania	3	0	0	0	Imported cases only	1
Ukraine	3	2	0	0	Imported cases only	0
Andorra	1	0	0	0	Imported cases only	10
Armenia	1	0	0	0	Imported cases only	11
Holy See	1	0	0	0	Under investigation	7
Monaco	1	0	0	0	Under investigation	12
Turkey	1	0	0	0	Imported cases only	1
Territories**						
Faroe Islands	2	0	0	0	Imported cases only	4
Gibraltar	1	0	0	0	Under investigation	9
Guernsey	1	0	0	0	Imported cases only	3
Jersey	2	2	0	0	Imported cases only	0
South-East Asia Region						

Reporting Country/ Territory/ Area†	Total confirmed‡ cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification§	Days since last reported case
Thailand	75	5	1	0	Local transmission	0
India	74	1	1	1	Local transmission	0
Indonesia	34	0	1	0	Local transmission	1
Maldives	8	0	0	0	Local transmission	2
Bangladesh	3	0	0	0	Local transmission	4
Sri Lanka	3	1	0	0	Imported cases only	0
Bhutan	1	0	0	0	Imported cases only	7
Nepal	1	0	0	0	Imported cases only	49
Territories**						
Réunion	3	3	0	0	Imported cases only	0
Eastern Mediterranean Region						
Iran (Islamic Republic of)	10075	1075	429	75	Local transmission	0
Qatar	262	0	0	0	Imported cases only	1
Bahrain	195	6	0	0	Local transmission	0
United Arab Emirates	85	11	0	0	Local transmission	0
Kuwait	80	0	0	0	Imported cases only	1
Iraq	70	0	7	0	Local transmission	1
Egypt	67	0	1	0	Local transmission	1
Lebanon	66	0	3	0	Local transmission	1
Saudi Arabia	21	0	0	0	Imported cases only	1
Pakistan	20	1	0	0	Local transmission	0

Reporting Country/ Territory/ Area†	Total confirmed‡ cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification§	Days since last reported case
Oman	18	0	0	0	Imported cases only	3
Afghanistan	7	0	0	0	Imported cases only	1
Tunisia	7	1	0	0	Imported cases only	0
Morocco	6	1	1	0	Imported cases only	0
Jordan	1	0	0	0	Imported cases only	10
Territories**						
occupied Palestinian territory	31	1	0	0	Local transmission	0
Region of the Americas						
United States of America	1264	277	36	7	Local transmission	0
Canada	138	45	1	0	Local transmission	0
Brazil	77	25	0	0	Local transmission	0
Chile	33	10	0	0	Local transmission	0
Argentina	31	12	1	0	Imported cases only	0
Costa Rica	22	9	0	0	Local transmission	0
Peru	22	5	0	0	Local transmission	0
Ecuador	17	0	0	0	Local transmission	1
Panama	14	4	1	0	Imported cases only	0
Mexico	12	1	0	0	Imported cases only	0
Colombia	9	0	0	0	Imported cases only	1
Dominican Republic	5	0	0	0	Imported cases only	3

Reporting Country/ Territory/ Area†	Total confirmed‡ cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification§	Days since last reported case
Paraguay	5	0	0	0	Imported cases only	2
Bolivia (Plurinational State of)	3	1	0	0	Imported cases only	0
Cuba	3	3	0	0	Imported cases only	0
Honduras	2	0	0	0	Imported cases only	1
Guyana	1	1	1	1	Imported cases only	0
Jamaica	1	0	0	0	Imported cases only	2
Saint Vincent and the Grenadines	1	1	0	0	Imported cases only	0
Territories**						
French Guiana	6	1	0	0	Imported cases only	0
Martinique	4	1	0	0	Imported cases only	0
Saint Martin	2	0	0	0	Under investigation	10
Saint Barthelemy	1	0	0	0	Under investigation	10
African Region						
Algeria	25	0	1	0	Local transmission	1
South Africa	17	4	0	0	Imported cases only	0
Senegal	10	6	0	0	Imported cases only	0
Burkina Faso	2	0	0	0	Imported cases only	2
Cameroon	2	0	0	0	Local transmission	6
Nigeria	2	0	0	0	Imported cases only	4
Cote d'Ivoire	1	0	0	0	Imported cases only	1

Reporting Country/ Territory/ Area†	Total confirmed‡ cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification§	Days since last reported case
Democratic Republic of the Congo	1	0	0	0	Imported cases only	2
Togo	1	0	0	0	Imported cases only	6
Subtotal for all regions	51071	7488	1768	335		
International conveyance (Diamond Princess)	696	0	7	0	Local transmission	5
Grand total	51767	7488	1775	335		

Numbers include both domestic and repatriated cases

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

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

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

Terms:

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

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

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

- Cayman Islands
- Gabon
- Mauritania
- Ghana
- Kenya
- Guinea
- Sudan
- Ethiopia
- Guinea
- Trinidad & Tobago
- Kazakhstan

Additional International Updates

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

121 (63%) WHO member countries and areas affected (5 new)

- Over 24 hours
 - Over 24 hours, 7,488 new cases (99.9%) outside of China, 11 new cases in China
 - New countries/territories reporting cases, last 24 hours: Cuba, Guyana, Jersey, Reunion, Saint Vincent and the Grenadines
 - Early reports: Antigua and Barbuda (1), Aruba (2), Cayman Islands (1), Ethiopia (1), Ghana (2), Guatemala (1), Guinea (1), Kazakhstan (4), Kenya (1), Puerto Rico (3), Saint Lucia (1), Sudan (1), Uruguay (4), Venezuela (2)
- Sustained local transmission in China, Korea, Iran, Japan, Europe
- Regional spread in European and Eastern Mediterranean regions
 - EURO – declared the epicenter of the pandemic by WHO
 - EMRO – most cases continue to be linked with travel, but local transmission is occurring
 - AFRO primarily reporting travel-associated cases, local transmission reported in few countries (Algeria, Cameroon)
 - PAHO local transmission reported in more countries (US, Canada, Brazil, Chile, Costa Rica, Peru, Ecuador), more cases being reported in Caribbean region

Guatemala – first country to restrict travelers from the US

The United Nations Response Foundation (Washington DC) and WHO announced 13 March the creation of the COVID-19 Solidarity Response Fund to raise money for COVID-19 activities – hopes are high at WHO that this will raise millions for WHO and key partners.

Top countries reporting cases

Italy – since last Sit Rep, 17,660 cases, 1,266 deaths (25% increase in deaths, last 24 hours)

Iran – since last Sit Rep, 11,364 cases, 514 deaths

Korea – since last Sit rep, 8,086 cases, 72 deaths

Spain – since last Sit Rep, 4,231 cases, 120 deaths (43% increase in cases, last 24 hours)

France – since last Sit Rep, 3,661 cases, 79 deaths

Germany – since last Sit Rep, 3,062 cases, 5 deaths

Switzerland – since last Sit Rep, 1,009 cases, 6 deaths

Norway – since last Sit Rep, 750 cases, 1 death

Other

- Antigua and Barbuda – 1st case, travel from UK
- Aruba – 1st – 2nd cases, travel from US (1 US citizen)
- Canada – 176 cases; 1 death

- British Colombia (53 cases); Ontario (79 cases); Alberta (23 cases); Quebec (17 cases); New Brunswick (1); Manitoba (1); Repatriations (2)
- Cayman Islands – 1st case, transferred from a cruise ship
- Ethiopia – 1st case, travel from Burkina Faso
- Ghana – 1st and 2nd cases, travel from Norway and Turkey
- Guatemala – 1st case, travel from Spain
- Indonesia – Mission report focused on surveillance and screening, visited 5 points of entry (air and sea), found screening inconsistent, case definitions not well known, informational materials sparse, not doing very much testing, no plan to obtain more kits. Nothing in report to allay fears that Indonesia is missing cases.
- Kazakhstan – 1st case, travel from Italy via Russia
- Kenya – 1st case, travel from US via UK
- Mexico – 26 cases
- Limited information on cases and locations released
- Saint Lucia – 1st case, travel from UK
- Sudan – 1st case, travel from UAE
- Puerto Rico – 1st – 3rd cases, travel from Italy (2)
- Uruguay – 1st – 4th cases, travel from Italy
- Venezuela – 1st – 2nd cases, travel from US (1), Italy (1), Spain (2)

Very Respectfully,

Secretary's Operations Center

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 Assistant Secretary for Preparedness and Response (ASPR)
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Date:	2020/03/14 09:28:29
Priority:	Normal
Type:	Note

Good morning, sir –

Below are some updated talking points related to the Strategic National Stockpile. Other principals have been getting questions on this front lately. I am also trying to track down an update on respirators. Will share as soon as I have additional details.

(b)(5)

(b)(5)

Jenn Sherman

Director of Public Affairs

Office of the Surgeon General

Department of Health and Human Services (HHS)

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CC:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Beck, Gary (OS/IEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a049f8137013412bbf472fc1833391be-Beck, Miche>; Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>
Subject:	Re: Follow-up with CEO Greg Adams
Date:	2020/03/14 09:30:51
Priority:	Normal
Type:	Note

Hi Laird,

I ll work on getting this to the team and circle back shortly .

Thanks

Beth

Sent from my iPhone

On Mar 14, 2020, at 9:29 AM, Laird Burnett <Laird.Burnett@kp.org>wrote:

Colleagues,

Thank you again for all of your work and efforts to coordinate with us on COVID 19 response issues. This is follow up on the highest priority issues that our principals discussed last week and ask if we could set up a call between Secretary Azar and our Chairman &CEO Greg Adams over the weekend.

At this point, our highest priorities are (1) we still see as vital that CDC guidelines fully move to the “droplet” standard, and (2) we are beginning to experience critical equipment shortages, so wanted to follow up on the Secretary’s request that we share information on this to help inform HHS’ priorities in allocating emergency funding and resources.

The highest priority equipment shortages include isolation masks, testing swabs, face shields and n-95 masks. For example, we have 6 days supply of testing swabs under current assumptions. If rates of use increase, our time line is even shorter.

Thanks for your consideration of this request.

Laird

Laird D. Burnett
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Subject:	RE: TPs on SNS
Date:	2020/03/14 10:42:03
Priority:	Normal
Type:	Note

One correction and some additional info on ventilators...

(b)(5)

From: Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>
Sent: Saturday, March 14, 2020 9:36 AM
To: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Cc: Schwartz, Erica (HHS/OASH) <Erica.Schwartz@hhs.gov>; Wright, Janet (HHS/OASH) <Janet.Wright@HHS.GOV>; Dulaigh, Joel (HHS/OASH) <Joel.Dulaigh@hhs.gov>; Heck, Mia (HHS/OASH) <Mia.Heck@hhs.gov>; Broido, Tara (HHS/OASH) <Tara.Broido@hhs.gov>; Migliaccio-Grabill, Kate (HHS/OASH) <Kate.Migliaccio-Grabill@hhs.gov>; Kotwicki, Lauren (HHS/OASH)

<Lauren.Kotwicki@hhs.gov>; Channer, Amber (OS/OASH) <Amber.Channer@hhs.gov>

Subject: Re: TPs on SNS

Excellent! Thanks!

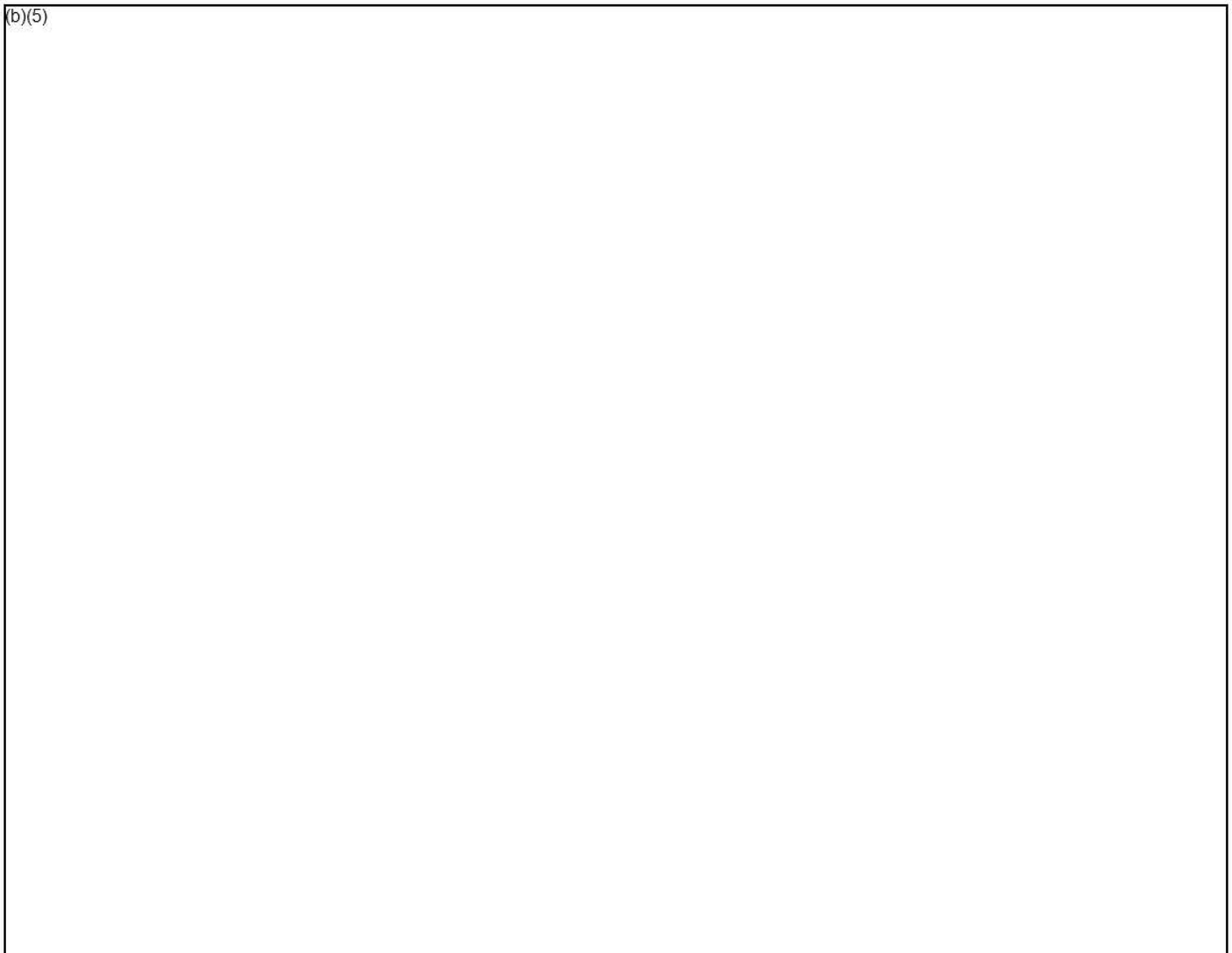
VADM Jerome Adams
20th US Surgeon General

On Mar 14, 2020, at 9:28 AM, Sherman, Jennifer (HHS/OASH)
<Jennifer.Sherman@hhs.gov>wrote:

Good morning, sir –

Below are some updated talking points related to the Strategic National Stockpile. Other principals have been getting questions on this front lately. I am also trying to track down an update on respirators. Will share as soon as I have additional details.

(b)(5)



(b)(5)

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>
Recipient:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Schwartz, Erica (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=603e84a0e3744a5d8dcdb759f5dcad91-Schwartz, E>; Wright, Janet (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=41f672e2527b4f44891fb4fbe08cdfd-Wright, Jan>; Dulaigh, Joel (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02b15e96dc484db29682c1d336e63441-Dulaigh, Jo>; Heck, Mia (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=70dbe2065d644b8dadbf56c5d63553d-Heck, Mia>; Broido, Tara (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2c3cd5c5afe049b6a8b48c25324c7465-Broido, Tar>; Migliaccio-Grabill, Kate (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f902e34652a84a61ac85adaa853d80f6-Migliaccio,>; Kotwicki, Lauren (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=54d62ddb3fc4b358ab573ccc13fbbb7-Kotwicki, L>; Channer, Amber (OS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b74c322c69df44669a06155edd78c7fa-Channer, Am>
Sent Date:	2020/03/14 10:42:03
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>; Schwartz, Erica (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=603e84a0e3744a5d8dcbd759f5dcad91-Schwartz, E>; Wright, Janet (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=41f672e2527b4f44891fb4fbe08cdfd-Wright, Jan>; Dulaigh, Joel (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02b15e96dc484db29682c1d336e63441-Dulaigh, Jo>
CC:	Heck, Mia (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=70dbe2065d644b8dadbf56c5d63553d-Heck, Mia>; Broido, Tara (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2c3cd5c5afe049b6a8b48c25324c7465-Broido, Tar>; Migliaccio-Grabill, Kate (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f902e34652a84a61ac85adaa853d80f6-Migliaccio, >; Channer, Amber (OS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b74c322c69df44669a06155edd78c7fa-Channer, Am>; Kotwicki, Lauren (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=54d62ddb3fc4b358ab573ccc13fbbb7-Kotwicki, L>
Subject:	FW: Surgeon General advises hospitals to cancel elective surgeries
Date:	2020/03/14 10:45:25
Priority:	Normal
Type:	Note

Sir,

FYI that your tweet from this morning has been written up by POLITICO.

From: POLITICO Pro Health Care <politicoemail@politicopro.com>
Sent: Saturday, March 14, 2020 10:00 AM
To: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Subject: Surgeon General advises hospitals to cancel elective surgeries

Surgeon General advises hospitals to cancel elective surgeries

By Susannah Luthi

03/14/2020 09:58 AM EDT

The nation's top doctor on Saturday urged a widespread halt of hospital elective procedures amid mounting concern that the health system doesn't have enough beds to manage a potential surge of coronavirus cases.

"Hospital & healthcare systems, PLEASE CONSIDER STOPPING ELECTIVE PROCEDURES until we can #FlattenTheCurve!" U.S. Surgeon General Jerome Adams tweeted this morning.

He warned that every elective surgery could spread coronavirus within the facility, use up protective medical gear as public officials worry about shortages and burden a hospital workforce who "may be needed" to respond to COVID-19.

Adams was responding to new recommendations from the American College of Surgeons issued Friday. The group said hospitals, health systems and surgeons should "thoughtfully review" all their scheduled operations and consider canceling or postponing them "until we have passed the predicted inflection point" in the disease spread and "can be confident that our health care infrastructure can support a potentially rapid and overwhelming uptick in critical patient care needs."

Some hospitals like Massachusetts' Tufts Medical Center have already started rescheduling knee and hip replacements and other procedures.

To view online:

<https://subscriber.politicopro.com/health-care/whiteboard/2020/03/surgeon-general-advises-hospitals-to-cancel-elective-surgeries-3977839>

You received this POLITICO Pro content because your customized settings include: Health, Infectious Diseases, Medical Services and Providers, Hospitals and Clinics, Nurses and Physicians, Public Health. To change your alert settings, please go to <https://subscriber.politicopro.com/settings>.

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This email alert has been sent for the exclusive use of POLITICO Pro subscriber, jennifer.sherman@hhs.gov. Forwarding or reproducing the alert without the express, written permission of POLITICO Pro is a violation of copyright law and the POLITICO Pro subscription agreement.

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This email was sent to jennifer.sherman@hhs.gov by:

POLITICO, LLC
1000 Wilson Blvd.
Arlington, VA 22209
USA

Sender:	Sherman, Jennifer (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F30FE7FAE664419FA654B20EDCCB1E78-SHERMAN, JE>
Recipient:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Schwartz, Erica (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=603e84a0e3744a5d8dcbd759f5dcad91-Schwartz, E>; Wright, Janet (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=41f672e2527b4f44891fb4f8e08cdfd-Wright, Jan>; Dulaigh, Joel (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02b15e96dc484db29682c1d336e63441-Dulaigh, Jo>; Heck, Mia (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=70dbe2065d644b8dadbf56c5d63553d-Heck, Mia>; Broido, Tara (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group

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Sent Date:	2020/03/14 10:45:25
Message Flags:	Unread

From:	Weir, Charles (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=USER24F49DA6>
To:	Dreyzehner, John (CDC/DDPHSIS/CPR/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7572776246e34d2ba1047ba324019eb8-john.dreyze>; Redd, John (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ba3fed4ee8646ec849a5a87136a24f6-Redd, John>; IMTNAT Chief Medical Officer (OS/ASPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c3bed42c77f54ffc99a0eecd3719243-IMTNAT.CMO>; IMTNAT Operations (OS/ASPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=844e2285682f44538ea8b390af497dfb-IMTNAT.OPS>; SOC ASPR SLT </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=462b691cb8a743c6870dbb5626596c94-SOC ASPR SL>; Borden, Cheryl Ann (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b671591104d544c694e1da28fdde6175-Borden, Che>; Field Operations and Response Division </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c982b5811dce4a9ca3e4c454ece0d74a-ASPR.DFOR>; OS - ASPR - PDAS - EMMO - Readiness - HPP </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f60f5b3f68f241d3b60300245eaaf8b3-OS-ASPR-PDA>
CC:	Marble, Eric S. (CDC/DDPHSIS/CPR/DEO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=553916dd592043c9bae57e69f9351fbb-eric.marble>; Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=46f1a9bf71a045e784720357cbd5d63a-satish.pill>
Subject:	Re: Recommendation to collect and test a single upper respiratory nasopharyngeal swab (NP).
Date:	2020/03/14 11:24:36
Priority:	Normal
Type:	Note

Thank you.

CAPT Charles Weir
ASPR Representative at CDC

(b)(6)

charles.weir@hhs.gov

On: 14 March 2020 11:12,

"Dreyzehner, John (CDC/DDPHSIS/CPR/OD)" <PWN3@cdc.gov>wrote:

-Searching "FDA COVID FAQs" will direct to currently allowed alternatives. OR:

<https://www.fda.gov/emergency-preparedness-and-response/mcm-issues/coronavirus-disease-2019-covid-19-frequently-asked-questions>

Q: I am having trouble obtaining viral transport media/universal transport media (VTM/UTM) to collect and transport patient samples. Are there alternatives that I can use?

A: While VTM/UTM remains the preferred transport media, FDA believes that the following alternative transport media could be used to collect and transport patient samples for molecular RT-PCR SARS-CoV-2 assays in a manner that will stabilize the RNA without meaningful degradation:

- • Liquid Amies-based transport media.
 - • Supplies:
 - • E-Swab by Copan (Catalogue # 481C and 482C) with regular or flex minitip applicator
 - • Opti-Swab by Puritan (Catalogue # LA-117), swab included in kit (Catalog#3317-H).
 - • Storage: Up to 72 hours at 4°C, or frozen for longer storage.

If the above are not available, FDA believes that the following could be used to collect and transport samples for molecular RT-PCR SARS-CoV-2 assays:

- • Dry swab in saline
 - • Supplies:
 - • Puritan: 25-3317-H, 25-3316-U, 25-3316-H, 25-3317-U, 25-3318-U, 25-3318-H, 3316-U, 3317-U, 3318-U, 25-3319-H, 3316-H, 3318-H, 25-3320-U, 25-3320-U EMB 100MM, 25-3320-U EMB 80MM, 25-3320-H and 25-3320-H EMB 80MM
 - • Copan: 501CS01, 503CS01, 516CS01, 518CS01 and 534CS01
 - • Storage: Up to 72 hours at 4°C, or frozen for longer storage.

Please be aware that the CDC does not recommend use of calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit PCR testing.

We are continuing to evaluate other options for specimen collection supplies, and we will update this list accordingly as this information becomes available.

-FDA Call center at [1-888-INFO-FDA](tel:1-888-INFO-FDA) (463-6332) [press star for COVID].

-The call center is more gathering information and directing people to potential supply. It is not a point for immediate shipment. They are cataloging alternatives in coordination with CDC as noted in FAQs below.

From: Weir, Charles (OS/ASPR/IO) <Charles.Weir@hhs.gov>

Sent: Saturday, March 14, 2020 11:06:33 AM

To: Redd, John (OS/ASPR/SPPR) <John.Redd@hhs.gov>; IMTNAT Chief Medical Officer (OS/ASPR) <IMTNAT.CMO@hhs.gov>; IMTNAT Operations (OS/ASPR) <IMTNAT.Ops@hhs.gov>; SOC ASPR SLT <SOC-ASPR-SLT@hhs.gov>; Borden, Cheryl Ann (OS/ASPR/SPPR) <Cherylann.Borden@hhs.gov>; Field Operations and Response Division <ASPR.DFOR@hhs.gov>; OS - ASPR - PDAS - EMMO - Readiness - HPP <OS-ASPR-PDAS-EMMO-Readiness-HPP@hhs.gov>

Subject: RE: Recommendation to collect and test a single upper respiratory nasopharyngeal swab (NP).

From: Weir, Charles (OS/ASPR/IO)

Sent: Saturday, March 14, 2020 11:03 AM

To: Redd, John (OS/ASPR/SPPR) <John.Redd@hhs.gov>; IMTNAT Chief Medical Officer (OS/ASPR) <IMTNAT.CMO@hhs.gov>; IMTNAT Operations (OS/ASPR) <IMTNAT.Ops@hhs.gov>; SOC ASPR SLT <SOC-ASPR-SLT@hhs.gov>; Borden, Cheryl Ann (OS/ASPR/SPPR) <Cherylann.Borden@hhs.gov>; Field Operations and Response Division <ASPR.DFOR@hhs.gov>; OS - ASPR - PDAS - EMMO - Readiness - HPP <OS-ASPR-PDAS-EMMO-Readiness-HPP@hhs.gov>

Subject: Recommendation to collect and test a single upper respiratory nasopharyngeal swab (NP).

From: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) <vig8@cdc.gov>

Sent: Saturday, March 14, 2020 10:58 AM

To: Weir, Charles (OS/ASPR/IO) <Charles.Weir@hhs.gov>

Subject: here you go

<https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>

Sender:	Weir, Charles (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=USER24F49DA6>
Recipient:	Dreyzehner, John (CDC/DDPHSIS/CPR/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7572776246e34d2ba1047ba324019eb8-john.dreyze>; Redd, John (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group

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Sent Date:	2020/03/14 11:24:28
Delivered Date:	2020/03/14 11:24:36

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 — Emergency wakes up Washington — Pre-2020 thinking
Date:	2020/03/14 11:58:01
Priority:	Normal
Type:	Note



 **Tomorrow on "Axios on HBO"** (6 p.m. ET/PT): DNC chair Tom Perez talks about divers

• • **And House Majority Whip James Clyburn** names names about his top picks for J

***Today's Smart Brevity™ count:** 1,186 words ... 4½ minutes.*

1 big thing: National emergency wakes up Washington



Teresa Patton, a night custodial supervisor, sprays bleach disinfectant at Progress South Elementary in O'Fallon, Mo. Photo

After business, sports and the arts took dire steps responding to the pandemic, Washington

- • **Seven weeks (52 days)** after the CDC announced the first U.S. coronavirus case, Pres
 - • **He said the action** "gives tremendous powers for things that we need," including acco
 - • **Asked about** the government's failing on making sufficient tests available, Trump repl
- time."

At 12:50 a.m. today, the House approved an aid package on a bipartisan vote, 363-40, to pro

- • **The package** will provide free testing, sick pay for workers, enhanced unemployment
- • **Why it matters:** The crush of activity capped a tumultuous week in Washington as the

Trump tweeted approval this morning: "Good teamwork between Republicans & Democrats a

- • **The bill now goes** to the Senate, which will be in session next week.
- • **Senate Majority Leader** Mitch McConnell said in a statement: "I believe the vast ma

☐ **Quick catch-up**, via AP:

- • **White House** now conducting temperature checks on anyone in close contact with Tr
- • **White House physician Sean Conley** said in a letter released last night that given t
- • **Spain to follow Italy** into lockdown as virus cases soar.
- • **Apple closing** all stores outside China for two weeks, and will only sell online. *Apple r*
- • **Japanese Prime Minister Shinzo Abe** says his country still intends to open Summ

f Sha

2. Swing voters who view virus through economic lens



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:	2020/03/14 11:57:21
Delivered Date:	2020/03/14 11:58:01

From:	Chuck Floyd <cfloyd@securitysolutionstechnology.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
CC:	Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>; TechWatch Inbox (OS/ASPR/COO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b8708209c9ac43eadeb3c0c9dea19f7f-TechWatch I>; Seals, Jonathan (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userc998f792>; 'Scott Sanders' <scott@sandersfilters.com>
Subject:	Sander's Filters for Coronavirus
Date:	2020/03/14 12:24:27
Importance:	High
Priority:	Urgent
Type:	Note

Alex-

We just got contacted by WalMart and Target to provide the Sander's filter material for all of their stores nationwide. The CME is asking us to do all of the Mercantile Exchange.

Also, Governor Cuomo has ordered the material for New Rochelle.

We think we owe it to President Trump to provide this filter material to the US government so the hot spots, hospitals, nursing homes, etc. are protected by taking the virus out of the air. We have a large order from China, but we do not want to ship the material there. I talked to your guys at HHS and they said they would get the engineering department to look at it.....

Yesterday, Dr, Fauci stated that the federal government needs to contain the disease. We (USG) need to blunt and mitigate the number of people affected and length of time this continues. We totally agree and by using these filters, it will perform this mission. Below are his key talking points.

- The proper course to mitigate or slow down the spread is to reduce the rate of transmission.
- Seek new innovative breakthrough technology from the private sector to assist in this effort.
- Use social distancing be done when possible. Many public gatherings have been cancelled in this effort.
- CDC has recognized this virus can stay airborne and virulent for 2-3 hours.
- During an outbreak, **we must assume the air is contaminated, since we cannot be assured it is not.**
- Viral Shedding from all individuals occurs at a 1000 times greater with CoVid-19-19 than occurred with SARS, which contributes to the rapid spread of this outbreak.

The Sander's filter material does the below:

- This new technology removes sub-micron particles the size of virus and other know pathogens in any inhabited space, quickly, easily, and effectively.
- • This process was verified in testing to remove 89% of sub-micron airborne particles the size of known pathogens in hours..
- • This new technology is a preventative measure like hand washing, covering your cough or a vaccine. It prevents the spread by removing the airborne particles, that spread the disease, before you come in contact with them.
- • We have made this available to New Rochelle at the request of Governor Cuomo.

Scott Sanders needs to make a decision on who gets the filter material which will contain the virus and clean the air. If the VP's task force wants to control the distribution of the filter material, it must happen very soon. This is a no-brainer and a win-win for the task force to put measures in place to control the spread of the virus.

By Monday, Scott has to decide which contracts to honor. We hope the USG realizes the value of what we are offering. Thanks.

Chuck Floyd
Security Solutions Technology
Veteran &SDVOSB
Phone: 301-273-5620
Fax: 301-560-8881



Become a Service-Disabled Veteran-Owned Business - EnRep



VIP



Medal_NatCenter

Image result for vosb logo

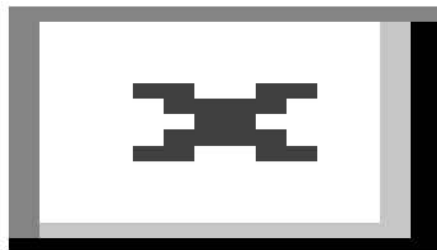
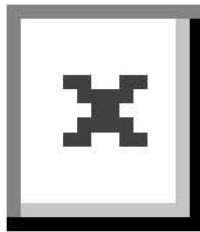
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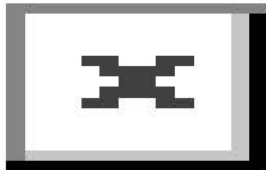
Dear Alex

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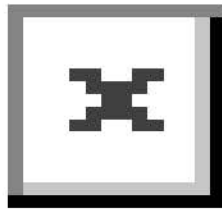
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COVID-19 virus is just one of many pathogens that shoppers can spread unless they wash the bags regularly, which nobody bothers to do. Viruses and bacteria can survive in tote bags up to 9 days, according to [one study of coronaviruses](#). The risk of spreading viruses was clearly demonstrated in a [2018 study published in the *Journal of Environmental Health*](#). The researchers, led by Ryan Sinclair of Loma Linda University School of Public Health, sent shoppers into three California grocery stores carrying polypropylene plastic tote bags that had been sprayed with a harmless surrogate of a virus. After the shoppers bought groceries and checked out, [the researchers found](#) sufficiently high traces of the surrogate to risk transmission on the hands of the shoppers and checkout clerks, as well as on many surfaces touched by the shoppers, including packaged food, unpackaged produce, shopping carts, checkout counters, and the touch screens used to pay for groceries. The researchers said that the results warranted the adaptation of "in-store hand hygiene" and "surface disinfection" by merchants, and they also recommended educating shoppers to wash their bags.



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New York's state officials were told of this risk before they passed the law banning plastic bags. In fact, as Kings County Politics website reported, a Brooklyn activist, Allen Moses, warned that shoppers in New York City could be particularly vulnerable because they often rest their bags on the floors of subway cars containing potentially deadly bacteria from rats—and then set the bag on the supermarket checkout counter. Yet public officials remain committed to reusable bags. A headline on website of New York Department of Health calls reusable grocery bags a **"Smart Choice"** - bizarre advice, considering all the elaborate cautions underneath that headline. The department advises grocery shoppers to segregate different foods in different bags; to package meat and fish and poultry in small disposable plastic bags inside their tote bags; to wash and dry their tote bags carefully; to store the tote bags in a cool, dry place; and never to reuse the grocery tote bags for anything but food.

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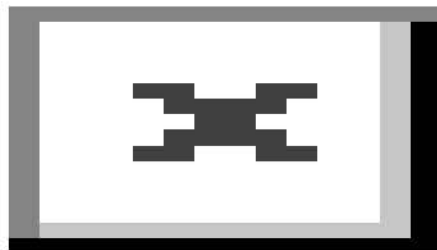
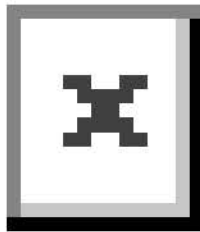
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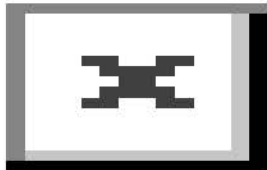
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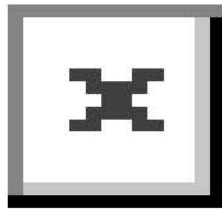
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Subject:	Additional News – March 14, 2020
Date:	2020/03/14 12:54:04
Priority:	Normal
Type:	Note

Additional News – March 14, 2020

1. **Health Exec** ([Full Text link](#)): [CMS outlines coverage benefits for coronavirus](#)
2. **Skilled Nursing News** ([Full Text link](#)): [Verma: CMS to Soon Ban All Nursing Home Visits ‘With a Few Exceptions’ Amid Coronavirus Fears](#)
3. **Modern Healthcare** ([Full Text link](#)): [Trump declares COVID-19 emergency, asks hospitals to activate emergency plans](#)

FULL TEXT ARTICLES:

CMS outlines coverage benefits for coronavirus

<https://www.healthexec.com/topics/policy/cms-outlines-coverage-benefits-coronavirus>

Health Exec // [Amy Baxter](#) // March 13, 2020

CMS has issued Frequently Asked Questions to provide more information on essential health benefits coverage of the new coronavirus, COVID-19, outbreak. The agency has issued guidance for a number of healthcare settings to prepare professionals and better treat high-risk patients.

The FAQs cover existing healthcare coverage under federal rules and clarify what services related to COVID-19, such as testing, isolation or quarantine and vaccination, are covered as benefits in the individual and small group insurance markets. The publication of the FAQs comes after several health insurers announced they would provide COVID-19 testing without cost to members and treat testing as a covered benefit.

“Amid a serious outbreak like this one, Americans understandably crave the security and peace of mind that comes from understanding exactly how they will be covered,” said CMS Administrator Seema Verma. “Today’s guidance aims to give it to them. Working closely with states and issuers around the country, the Trump Administration will continue to provide pertinent information to strengthen the nation’s response and keep Americans informed.”

CMS also noted it will add to the FAQs as more questions around COVID-19 arise.

Find the [FAQs here](#).

###

Verma: CMS to Soon Ban All Nursing Home Visits ‘With a Few Exceptions’ Amid Coronavirus Fears

<https://skillednursingnews.com/2020/03/verma-cms-to-soon-ban-all-nursing-home-visits-with-a-few-exceptions-amid-coronavirus-fears/>

Skilled Nursing News // By [Alex Spanko](#) // March 13, 2020 | March 14, 2020

UPDATE, Saturday, March 14: CMS formally issued its guidance late Friday, enacting a ban on most non-essential visits to nursing homes and also waiving the three-day stay rule for Medicare skilled nursing coverage.

The federal government will soon issue guidance directing nursing home operators to ban the vast majority of visitors amid the spread of the novel coronavirus, marking the latest escalation in the fight to protect vulnerable seniors.

Centers for Medicare & Medicaid Services (CMS) administrator Seema Verma announced the pending change during a Friday news conference with President Trump and Vice President Pence.

“Later, CMS is going to be issuing guidance directing nursing homes to temporarily restrict all visitors and non-essential personnel, with a few exceptions, such as end-of-life situations,” Verma said. “We

fully appreciate that this measure represents a severe trial for residents of nursing homes and those who love them, but we are doing what we must to protect our vulnerable elderly.”

The federal government had previously recommended that operators restrict visits from people experiencing potential symptoms of COVID-19, though many local municipalities and individual companies had enacted stricter bans depending on the severity of the coronavirus risk.

The American Health Care Association, a trade group that represents nursing homes and assisted living communities, had also recommended that people generally stay away from nursing facilities unless absolutely necessary, given the significant mortality rate for the 84-and-above population that makes up the average census at a given property.

“The grim reality is that for the elderly, COVID-19 is almost a perfect killing machine,” Parkinson said on CNN earlier this week.

LeadingAge, which represents nonprofit senior housing and care providers, expressed support for the decision in a statement issued Friday.

“We recognize how difficult this will be for residents and their loved ones,” Katie Smith Sloan, president and CEO, said in the statement. “Yet limiting residents to potential exposure is a crucial element of containment. While this is a significant change to the operating practices of most nursing homes, our members are dedicated to making the adjustments needed to prioritize and protect the needs of older adults and the staff who care for them.”

Verma also thanked the president for formally declaring an emergency over the coronavirus, a move that she said will allow CMS to take sweeping action due to the temporary suspension of certain regulations.

“The flexibilities we’re offering will be a godsend to the providers, clinicians, and facilities on the front lines of this fight,” Verma said.

The move by the federal government comes after several states had implemented similar measures on their own; in the state of New York, where more than 400 cases were confirmed as of Friday, Gov. Andrew Cuomo directed nursing homes and assisted living facilities to limit visitors only to those ‘end-of-life’ circumstances,” New York State Health Facilities Association (NYSHFA) president and CEO Stephen Hanse told Skilled Nursing News.

“No nursing home or assisted living resident to my knowledge has tested positive for COVID-19,” he said. “That said, it’s not a matter of if; it’s a matter of when.”

On a daily basis, SNFs are screening every individual who enters the facility, with a mandatory temperature check and documentation that the person has no symptoms such as cough or fever and has not come into contact with an infected individual or been in an infected area, Hanse said.

While such a step is hard for both residents and their families, it ultimately boils down to infection prevention and control, he explained. And this state could last for quite some time, given the evolving situation with the coronavirus.

"As more testing facilities come online and are approved, more and more testing is going to occur show more instances of infection," Hanse said when asked how long this might go on. "We're really looking three months out."

In Washington, where a nursing facility became the center of a major outbreak of the coronavirus, the move by CMS is welcome, Washington Health Care Association CEO Robin Dale told SNN via email.

"This will help skilled nursing workers in their efforts to prevent COVID-19 from entering their centers," Dale wrote. "It is a tough decision, but friends and families of nursing center residents should know that our amazing workers are focused on doing everything they can to keep our residents safe. They are doing incredible work under very difficult circumstances."

While the incoming federal guidance marks the most severe move yet to contain potentially deadly outbreaks in nursing homes, many providers have already taken steps to substantially reduce the number of non-essential personnel and visitors within their walls.

The exact wording of each company's COVID-19 protocols varies, but several key themes had emerged by Friday: Nobody's coming into a nursing home without a vital reason. Those who are allowed in will be required to limit their movements and sanitize their hands frequently. Housekeeping and dietary teams are ramping up their infection-control protocols, including repeated cleanings of high-touch surfaces throughout their buildings. Families should keep in constant contact with loved ones in nursing homes over the phone, social media, or video chats to prevent loneliness and the potential for confusion or panic.

"The goal of each facility is infection prevention, and limiting the consequences of any that could occur," The Ensign Group (Nasdaq: ENSG) affirmed in its coronavirus update. "The local leaders and caregivers are ever aware of the trust that has been given to them, and are embracing the opportunity to keep their residents and team members safe."

At the Ohio-based CommuniCare, staffers as early as the first week of March were taking the temperature of everyone entering the company's skilled nursing facilities, from staff to vendors — and anyone whose temperature exceeds 100.4 degrees was immediately sent home.

Tim Fields, CEO of Ignite Medical Resorts, told SNN that his company specifically invested in special temporal-scanning thermometers to increase routine checks of employees and residents.

As of Wednesday, the Evangelical Lutheran Good Samaritan Society had already explicitly banned visits at its skilled nursing facilities from anyone who is "not end-of-life-visit related or medically or operationally necessary"; even those people who meet those definitions could still be denied entry if they display symptoms of COVID-19 infection — or any respiratory illness.

Many of the major public health steps taken in response to the coronavirus pandemic — including the widespread cancellation of any large gatherings — have been explicitly aimed at reducing the risk for vulnerable populations, such as the elderly and people with compromised immune systems. But nursing home staff must remain safe as well, in order to keep caring for residents around the clock, and operators are deploying a variety of strategies to mitigate the risk while keeping buildings staffed.

CommuniCare's protocols, for instance, call on individual buildings to maintain consistent staffing schedules to prevent cross-contamination, while also developing contingency plans if workers become ill. The Norcross, Ga.-based PruittHealth, meanwhile, rolled out a type of bonus plan to encourage uninterrupted staffing coverage in the event of an outbreak.

"In the event that an active coronavirus case presents, the PruittHealth partners who work their assigned shifts and other shifts as requested, will be eligible for a bonus when their facility is deemed virus-free," the company noted in its COVID-19 plan.⁷

Maggie Flynn contributed reporting.

###

Trump declares COVID-19 emergency, asks hospitals to activate emergency plans
<https://www.modernhealthcare.com/politics-policy/trump-declares-covid-19-emergency-asks-hospitals-activate-emergency-plans>

Modern Healthcare // RACHEL COHRS // March 13, 2020 04:01 PM

President Donald Trump on Friday asked hospitals to activate their emergency preparedness plans and declared the COVID-19 outbreak a national emergency, which will allow HHS to give providers more flexibility.

"I'm also asking every hospital in this country to activate its emergency preparedness plan so that they can meet the needs of Americans everywhere," Trump said.

Ambassador Debbie Birx, the Trump administration's coronavirus response coordinator, said that hospital emergency preparedness plans could include delaying elective procedures to ensure availability of hospital beds.

The emergency declaration, in conjunction with the administration's prior designation of COVID-19 as a public health emergency on January 31, frees up to \$50 billion in federal disaster relief funding, Trump said, and provides the HHS secretary with more authority to waive some Medicare, Medicaid and Children's Health Insurance Program (CHIP) requirements.

Trump highlighted that the HHS secretary will have authority to waive several requirements hospitals had voiced concerns about, including the 3-day hospital stay requirement for skilled nursing facility coverage; limits on numbers of beds and length of stay in Critical Access Hospitals; requirements that providers have a license in the state in which they are providing services if they have an equivalent license in another state; HIPAA requirements that could be an obstacle to telemedicine accessibility; and easing restrictions on where certain patients can be treated within a hospital.

"We'll remove or eliminate every obstacle necessary to deliver our people the care that they need, and that they're entitled to. No resource will be spared, none whatsoever," Trump said.

It is unclear precisely how much money would be available for which purposes, but the government has wide discretion in how federal emergency funds are spent, said Georgetown University adjunct law professor and Avalere consultant Nick Diamond.

"The law affords a lot of flexibility for funds to be used in concert with some of the waivers, so there is a possibility for reimbursement for services provided by providers in some of their response efforts," Diamond said.

The American Hospital Association, American Medical Association and American Nurses Association on Thursday wrote a letter to Vice President Mike Pence, who heads the White House coronavirus response effort, asking for an emergency declaration.

"Physicians, nurses, first responders, and other healthcare professionals across the country are on the front lines in this effort, and streamlining critical processes is vitally important to prevent the further spread of COVID-19," AMA President Dr. Patrice Harris said in a statement.

Trump also said the administration is in discussions with pharmacies and retailers to set up drive-through testing sites in locations determined by public health officials.

Sen. Rick Scott (R-Fla.), a former Florida governor and health system executive, said he told President Donald Trump on a phone call Thursday that Scott wanted an emergency declaration to provide funding for mobile COVID-19 testing sites to minimize exposure for healthcare workers in primary care and hospital settings who may not have sufficient personal protective equipment.

"I have talked to a lot of hospitals inside and outside the state, and their main concern is how do we make sure they don't lose their workers?" Scott said.

CMS Administrator Seema Verma said Friday that the agency will issue guidance instructing nursing homes to restrict all visitors and non-essential personnel, with exceptions including end-of-life situations.

Senate Democrats had also called upon the administration to declare a national emergency under the Stafford Act.

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

Additional guidance on what types of waivers the Trump administration will allow is expected soon. Similar authorities to those outlined by Trump were invoked in the 2009 H1N1 pandemic.

###

Sender:	Sokol, Lisa Y. (CMS/OC) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=088CED9A3AE044B794D9FE255BAEEB51-S1MF>
Recipient:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Aldana, Karen (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7d0464fed64d4ec9b8872aa4f78f5370-ASYX>; Brookes, Brady (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7a794d62ee454992a4268ae71690f3c1-BDI7>; Ceballos, Kelly L. (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group

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Sent Date:	2020/03/14 12:54:01
Delivered Date:	2020/03/14 12:54:04
Message Flags:	Unread

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.UP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A182EDA693D040D3832BAE6EFCF7A255-KADLEC, ROB>
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CCI Inc. | 10150 National Blvd., Los Angeles, CA 90034
Cell 619-384-3035
Assistant Sarah Burney | 310-996-1713

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Subject:	Re: Hill Rom wants to donate \$5M to Covid efforts... could HHS or CDC accept?
Date:	2020/03/14 13:35:17
Priority:	Normal
Type:	Note

Got your call. Was in a bad reception area. Call when you can.

John Groetelaars
President &CEO

+1 312.819.9390 office

(b)(6) mobile
john.groetelaars@hillrom.com

Assistant: Anna Ibrahim
+1 312.819.7263
anna.ibrahim@hillrom.com

130 E. Randolph St. Suite 1000, Chicago, IL 60601-6768



hillrom.com

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Laura Kwinn Wolf, Ph.D.
Director, Division of Critical Infrastructure Protection
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Unclassified: Laura.wolf@hhs.gov
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Subject:	Re: Hill Rom wants to donate \$5M to Covid efforts... could HHS or CDC accept?
Date:	2020/03/14 14:16:52
Priority:	Normal
Type:	Note

Bob Kadlec tried your cell. His is (b)(6)

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<image001.png>

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Cecilia Stewart <cecilia@ceo.net>; Francis Hawkings <Francis@ceo.net>
Subject: Important Client Request - \$5M donation

John Groetelaars, CEO of Hill-Rom, gave me a call on my cell this morning asking for some philanthropic advice.

He wants to give a donation on behalf of his organization of ~\$5M to COVID-19 related causes.

He's looking for an organization/association that he can provide the donation to that doesn't create optics that Hill-Rom is trying to do any sort of business development efforts.

He's reached out to the American Hospital Association (AHA) but the CEO hasn't responded back yet.

Another organization he's considering is the CDC, but he has no contacts there.

Some recognition for the donation would be beneficial to his organization, but he's more interested in groups/associations that have an impact in the industry.

He's hoping to make this donation very soon, given the timeliness of the issue.

Any suggestions on contacts/organizations that we might be able to connect him with?

Thanks so much!

Chris Edell | Managing Director
CCI Inc. | 10150 National Blvd., Los Angeles, CA 90034
Cell (b)(6)
Assistant Sarah Burney | 310-996-1713

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Sender:	Mango, Paul (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=1D8863B643654B1AAD9A38C952AF613E-MANGO, PAUL>
Recipient:	John Groetelaars <John.Groetelaars@hillrom.com>; Wolf, Laura (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userb232d38c>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group

	(FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Chris Edell <chris@ceo.net>; Jeff Weiss <jeff@ceo.net>
Sent Date:	2020/03/14 14:16:47
Delivered Date:	2020/03/14 14:16:52

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FDEB5CA04B6B4ED19FEC2209B5F571E7-SHUY, BRYAN>
To:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	Fwd: As we look to the next testing issue of stockpile supplies--
Date:	2020/03/14 14:17:28
Priority:	Normal
Type:	Note

Sent from my iPhone

Begin forwarded message:

From: "Shuy, Bryan (OS/ASPR/IO)" <Bryan.Shuy@hhs.gov>
Date: March 14, 2020 at 10:40:19 AM EDT
To: "Stecker, Judy (OS/IOS)" <Judy.Stecker@hhs.gov>, "Murphy, Ryan (OS/ASPA)" <Ryan.Murphy1@hhs.gov>
Subject: As we look to the next testing issue of stockpile supplies--

Hi Judy and Ryan,

While it's fresh on my mind, I wanted to give you and Ryan a launching off point for looking at how we respond to PPE. (b)(5)

(b)(5)

(b)(5) Best, Bryan

Topline

Over the course of the Covid-19 response, HHS has worked to enhance and preserve supply, capacity, and capability of domestic PPE through partnership, innovation, and best practice guidelines:

- • HHS continues to work to procure the maximum amount of PPE across the country and the globe;
 - • RFP for the procurement of up to 500 million N-95 respirators over the course of 18 months with emphasis on immediate procurement
 - • Outreach to global manufacturers and distributors to identify means to immediately procure PPE
- • HHS has worked in continual close collaboration with industry partners to enhance domestic manufacturing capacity of PPE. Industry has responded by adding capacity and maximizing shifts to in some cases double production capacity;

- HHS has accelerated innovative approaches to addressing supply chain resiliency challenges such as domestic manufacturing by developing plans in partnership with industry to retool production facilities to produce health care PPE and by reviewing new technologies to prolong the use of existent PPE;
- HHS through the FDA has provided emergency use authorizations and PREP act declarations to permit the use of non-health care identified N-95 respirators for use in certain health care settings; and,
- HHS through the CDC has provided multiple guidance for the appropriate use that help to conserve and optimize use of PPE.

Sender:	Shuy, Bryan (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FDEB5CA04B6B4ED19FEC2209B5F571E7-SHUY, BRYAN>
Recipient:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Sent Date:	2020/03/14 14:17:27
Delivered Date:	2020/03/14 14:17:28
Message Flags:	Unread

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 Trends: A special report on the coronavirus pandemic
Date:	2020/03/14 14:33:58
Priority:	Normal
Type:	Note



Good afternoon and welcome to a special edition of Axios Trends examining how the coron

- • **Every Axios subscriber gets this special edition**, and all subscribers to Axios AM

📢 Breaking: ROME (AP) - Italian officials say new virus cases jumped 20% to more than 21,0

Situational awareness ... Top headlines from the just concluded White House coronavirus

- • Trump says he's been tested and is waiting on results.
- • The European travel ban is being expanded to include the U.K. and Ireland.
- • Temperature checks began for White House reporters; one was turned away for having
- • NIH's Anthony Fauci warns "we have not reached our peak ... we will see more cases an

Smart Brevity count: 1,838 words, a 7-minute read.

1 big thing: The pandemic shaping the future



HHS-20-0564-P-000161

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:	2020/03/14 14:33:27
Delivered Date:	2020/03/14 14:33:58
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To:	Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>
CC:	Tignor, Beth (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=464729cc8a584516addbbc50d76a94a8-Tignor, Beth>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Apple, Matthew (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b2d31099399446eab9bff69d52880932-Apple, Matt>; Beck, Gary (OS/IEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a049f8137013412bbf472fc1833391be-Beck, Miche>; Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>
Subject:	Re: Follow-up with CEO Greg Adams
Date:	2020/03/14 14:39:01
Priority:	Normal
Type:	Note

We do not need Redfield. Giroir, Kadlec, and I can handle. VP coming to Humphrey at 400pm. How about trying for 445pm?

Sent from my iPhone

On Mar 14, 2020, at 2:28 PM, Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov> wrote:

Should Paul and Kadlec and Redfield contact first? Seems like that's their area and then a follow up with ama or?

Sent from my iPhone

On Mar 14, 2020, at 9:32 AM, Tignor, Beth (HHS/IOS) <Beth.Tignor@hhs.gov> wrote:

HHS only -
Brian / Judy

Please see below and advise if we are going to move forward with the request for a call this weekend.

Thanks Beth

Sent from my iPhone

Begin forwarded message:

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

Date: March 14, 2020 at 9:29:26 AM EDT

To: "Harrison, Brian (HHS/IOS)" <Brian.Harrison@hhs.gov>, "Beck, Gary (OS/IEA)" <Gary.Beck@hhs.gov>, "Tignor, Beth (HHS/IOS)" <Beth.Tignor@hhs.gov>

Cc: "Yeskey, Kevin (OS/ASPR/IO)" <Kevin.Yeskey@hhs.gov>

Subject: Follow-up with CEO Greg Adams

Colleagues,

Thank you again for all of your work and efforts to coordinate with us on COVID 19 response issues. This is follow up on the highest priority issues that our principals discussed last week and ask if we could set up a call between Secretary Azar and our Chairman & CEO Greg Adams over the weekend.

At this point, our highest priorities are (1) we still see as vital that CDC guidelines fully move to the “droplet” standard, and (2) we are beginning to experience critical equipment shortages, so wanted to follow up on the Secretary’s request that we share information on this to help inform HHS’ priorities in allocating emergency funding and resources.

The highest priority equipment shortages include isolation masks, testing swabs, face shields and n-95 masks. For example, we have 6 days supply of testing swabs under current assumptions. If rates of use increase, our time line is even shorter.

Thanks for your consideration of this request.

Laird

Laird D. Burnett
VP Government Relations
Kaiser Permanente

202-216-1900 (office)
202-236-7883 (mobile)

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Recipient:	Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Tignor, Beth (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=464729cc8a584516addbbc50d76a94a8-Tignor, Bet>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Apple, Matthew (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b2d31099399446eab9bff69d52880932-Apple, Matt>; Beck, Gary (OS/IEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a049f8137013412bbf472fc1833391be-Beck, Miche>; Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>
Sent Date:	2020/03/14 14:39:00
Delivered Date:	2020/03/14 14:39:01
Message Flags:	Unread

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To:	Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	Fwd: Follow-up with CEO Greg Adams
Date:	2020/03/14 15:02:50
Priority:	Normal
Type:	Note

Guys- Ashton is trying to get the three of us on the line with Adams at 445pm today

Sent from my iPhone

Begin forwarded message:

From: "Tignor, Beth (HHS/IOS)" <Beth.Tignor@hhs.gov>
Date: March 14, 2020 at 9:32:09 AM EDT
To: "Harrison, Brian (HHS/IOS)" <Brian.Harrison@hhs.gov>, "Stecker, Judy (OS/IOS)" <Judy.Stecker@hhs.gov>
Cc: "Mango, Paul (HHS/IOS)" <Paul.Mango@hhs.gov>, "Apple, Matthew (HHS/IOS)" <Matthew.Apple@hhs.gov>, "Beck, Gary (OS/IEA)" <Gary.Beck@hhs.gov>, "Yeskey, Kevin (OS/ASPR/IO)" <Kevin.Yeskey@hhs.gov>
Subject: Fwd: Follow-up with CEO Greg Adams

HHS only -
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Date: March 14, 2020 at 9:29:26 AM EDT
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Sent Date:	2020/03/14 15:02:48
Delivered Date:	2020/03/14 15:02:50

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: Cruise Ship Heading to Eastern United States
Date:	2020/03/14 15:12:43
Priority:	Normal
Type:	Note

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Good Afternoon Dr. Kadlec,

BLUF: The SOC received a SITREP from the Coast Guard (National Command Center) about a cruise ship possibly heading to the U.S.

- • The cruise ship is the Celebrity Summit
- • Avoided intended port call in Puerto Rico
- • Destination is Florida
- Final stop is undetermined but possibly Miami

*This notification is limited distribution and is intended for HHS Senior Leadership only. **Do not forward.** This notification was sent to the COVID-19 Senior Leadership distribution list.*

Very Respectfully,

Secretary's Operations Center

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



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Recipient:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Sent Date:	2020/03/14 15:12:39
Delivered Date:	2020/03/14 15:12:43

From:	OS Secretarys Operations Center </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=32B1F28D808B43B6903C00083291303E-SECRETARYS>
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Secretary's Operations Center

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



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Recipient:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Sent Date:	2020/03/14 15:12:39
Delivered Date:	2020/03/14 15:12:43
Message Flags:	Unread

From:	Orsega, Susan (OS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D8171C34A0CD4581A49F33CB8F60F684-ORSEGA, SUS>
To:	Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; Trent-Adams, Sylvia (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=650dc3276414421693345147bfafd132-Trent-Adams>; Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65acd65-Adams, Jero>; Schwartz, Erica (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=603e84a0e3744a5d8dcdb759f5dcad91-Schwartz, E>
Subject:	COVID-19 Deployment
Date:	2020/03/14 15:22:21
Priority:	Normal
Type:	Note

Sirs and Ma'ams,

As of 13 March 2020 at 1824, a total of 1054 officers deployed (intra agency and the Commissioned Corps (CCHQ).

CCHQ has deployed 708 officers for COVID-19 outbreak response activities with ACF, ASPR, CDC and DHS/CBP. There are currently 318 officers deployed.

intra agency -346

- ACF (8)
- CDC (315)
- CMS (1)
- IHS (3)
- NIH (19)

Regards,
RADM Orsega

Rear Admiral Susan M. Orsega, FNP-BC, FAAN, FAANP

Director, Commissioned Corps Headquarters

Office of the Surgeon General

United States Public Health Service

U.S. Department of Health and Human Services

1101 Wooten Parkway

Rockville, Maryland 20852

Office Phone: 240-453-6080

Cell phone: (b)(6)

Email: susan.orsega@hhs.gov

Sender:	Orsega, Susan (OS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D8171C34A0CD4581A49F33CB8F60F684-ORSEGA, SUS>
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Sent Date:	2020/03/14 15:22:20
Delivered Date:	2020/03/14 15:22:21

From:	Buckner, La Tasha A (Gov Office) <LaTasha.Buckner@ky.gov>
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e9b5fe526f1d4ba0a6cc8ddee8ec4d87-Jonathan Wh>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
CC:	Gall, Debra H (Gov Office) <Debra.Gall@ky.gov>; <jeffrey.l.wilkinson.mil@mail.mil>; <david.j.mounkes.mil@mail.mil>; Stack, Steven J (CHFS DPH) <steven.stack@ky.gov>; Smith, Jonathan (Gov Office) <Jonathan.Smith@ky.gov>; Alexander, Kelly N (CHFS DPH) <kelly.alexander@ky.gov>; Haldane.b. Lamberton <haldane.b.lamberton.nfg@mail.mil>; Hopper, Ken (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user9459b24b>; Cote, Mick (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user9459b24b>; Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>
Subject:	RE: Request for Grand Princess Passengers from the Commonwealth of Kentucky
Date:	2020/03/14 15:39:48
Priority:	Normal
Type:	Note

Thank you so much.

From: White, Jonathan (OS/ASPR/EMMO) <Jonathan.White@hhs.gov>
Sent: Saturday, March 14, 2020 3:37 PM
To: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Buckner, La Tasha A (Gov Office) <LaTasha.Buckner@ky.gov>
Cc: Gall, Debra H (Gov Office) <Debra.Gall@ky.gov>; jeffrey.l.wilkinson.mil@mail.mil; david.j.mounkes.mil@mail.mil; Stack, Steven J (CHFS DPH) <steven.stack@ky.gov>; Smith, Jonathan (Gov Office) <Jonathan.Smith@ky.gov>; Alexander, Kelly N (CHFS DPH) <kelly.alexander@ky.gov>; Haldane.b. Lamberton <haldane.b.lamberton.nfg@mail.mil>; Hopper, Ken (OS/ASPR/SPPR) <Ken.Hopper@hhs.gov>; Cote, Mick (OS/ASPR/EMMO) <Mick.Cote@hhs.gov>; Yeskey, Kevin (OS/ASPR/IO) <Kevin.Yeskey@hhs.gov>
Subject: Re: Request for Grand Princess Passengers from the Commonwealth of Kentucky

Ma'am,

FHCO Mick Cote and I just spoke; he will be reaching out to BG Wilkinson momentarily to discuss next planning and operational steps for Kentuckians.

Jonathan

Jonathan White
Deputy Federal Health Coordinating Officer, COVID-19 Response

Director, Division of Recovery
Office of Emergency Management and Medical Operations

Office of the Assistant Secretary for Preparedness and Response (ASPR)
US Department of Health and Human Services
(b)(6) (mobile)
202-730-8585 (desk)
Jonathan.White@hhs.gov

On: 14 March 2020 14:50, "Kadlec, Robert (OS/ASPR/IO)" <Robert.Kadlec@hhs.gov>wrote:

La Tasha thank you please note my team copied who are my team. Ken Hopper and Jonathan White
(b)(6) are leads

Sent from my iPhone

On Mar 14, 2020, at 2:35 PM, Buckner, La Tasha A (Gov Office) <LaTasha.Buckner@ky.gov>wrote:

Dr. Kadlec,

Thank you for your call today. Based on the limitations of air transport with our Guard, we are opting to transport the Dobbins group by ground transportation. We are working on securing the proper clearances to proceed with air transport for Lackland. I have copied all relevant parties for Kentucky, including Air Ops lead Brigadier General Jeffrey Wilkinson, to begin detailed coordination.

Please let me know of any further assistance you need from me. We appreciate your assistance.

La Tasha Buckner
Chief of Staff and General Counsel
Office of Governor Andy Beshear
700 Capitol Drive, Suite 100
Frankfort, Kentucky 40601

From: Gall, Debra H (Gov Office) <Debra.Gall@ky.gov>
Sent: Saturday, March 14, 2020 10:07 AM
To: robert.kadlec@hhs.gov
Cc: Stack, Steven J (CHFS DPH) <steven.stack@ky.gov>; Smith, Jonathan (Gov Office) <Jonathan.Smith@ky.gov>; Buckner, La Tasha A (Gov Office) <LaTasha.Buckner@ky.gov>
Subject: Request for Grand Princess Passengers from the Commonwealth of Kentucky

****CAUTION** PDF attachments may contain links to malicious sites. Please contact the COT Service Desk ServiceCorrespondence@ky.gov for any assistance.**

Attached you will find a letter of request related to the Kentuckians returning from Grand Princess Cruise Line. Also included is a letter of request from Dr. Steven Stack, Commissioner of Public Health, Commonwealth of Kentucky.

Governor Beshear will await your reply.

Any questions you may have can be directed to the following:

La Tasha Buckner, Chief of Staff

(b)(6)

Or

Jonathan Smith, Deputy Chief of Staff

(b)(6)

You may also contact me by calling (b)(6)

Thank you for your attention to this matter. It is very important that we get our citizens back home as quickly as possible.

Debra Gall

Executive Assistant to Governor Andy Beshear

Office of the Governor

700 Capital Avenue

Suite 100

Frankfort, KY 40601

502.564.2611 X314

502.564-2517 FAX

Debra.gall@ky.gov

Sender:	Buckner, La Tasha A (Gov Office) <LaTasha.Buckner@ky.gov>
Recipient:	White, Jonathan (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e9b5fe526f1d4ba0a6cc8ddee8ec4d87-Jonathan Wh>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Gall, Debra H (Gov Office) <Debra.Gall@ky.gov>; <jeffrey.l.wilkinson.mil@mail.mil>; <david.j.mounkes.mil@mail.mil>; Stack, Steven J (CHFS DPH) <steven.stack@ky.gov>; Smith, Jonathan (Gov Office) <Jonathan.Smith@ky.gov>; Alexander, Kelly N (CHFS DPH) <kelly.alexander@ky.gov>; Haldane.b. Lamberton <haldane.b.lamberton.nfg@mail.mil>; Hopper, Ken (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user2591f6d>; Cote, Mick (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user9459b24b>; Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>
Sent Date:	2020/03/14 15:38:11
Delivered Date:	2020/03/14 15:39:48

From:	Jenny, Brenna (HHS/OGC) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F094B42CCCC945C6B6406B31ADF0F48F-JENNY, BREN>
To:	Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>
CC:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	RE: Brenna, high priority
Date:	2020/03/14 15:40:31
Priority:	Normal
Type:	Note

Will do.

From: Mango, Paul (HHS/IOS) <Paul.Mango@hhs.gov>
Sent: Saturday, March 14, 2020 3:16 PM
To: Jenny, Brenna (HHS/OGC) <Brenna.Jenny@hhs.gov>
Cc: Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>
Subject: Brenna, high priority

Brenna- we are working hard on addressing the barriers to hospitals expanding their capacity to address potential influx of COVID-19 patients. Here is a list of those barriers potentially requiring legal guidance, input, and action. In particular, we need to know what the Secretary's authorities are under the National Emergency Declaration from yesterday:

(b)(5)

Please collaborate with our colleagues at CMS, and with legal colleagues who understand the authorities granted to the Secretary under the National Emergency Declaration, to track these down as quickly as possible. Many thanks.

Sender:	Jenny, Brenna (HHS/OGC) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F094B42CCCC945C6B6406B31ADF0F48F-JENNY, BREN>
Recipient:	Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group

	(FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Sent Date:	2020/03/14 15:40:29
Delivered Date:	2020/03/14 15:40:31
Message Flags:	Unread

From:	OS Secretarys Operations Center </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=32B1F28D808B43B6903C00083291303E-SECRETARYS>
To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	COVID-19 Open Media Report 14Mar20
Date:	2020/03/14 15:43:41
Priority:	Normal
Type:	Note

UNCLASSIFIED // FOR OFFICIAL USE ONLY

Good afternoon all,

Attached is the 14Mar20 COVID-19 Open Media Report.

BLUF: The House passed a COVID-19 spending bill. A hospital in Washington state is cancelling elective surgeries and reports supply shortages. DOD bans all domestic travel including military moves.

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

- Traditional news media reports over 148,000 cases globally, and over 5,400 deaths worldwide.
- The first death in Colorado is reported to be a woman in her 80's with underlying health conditions.
- New York announced its first COVID-19 death in an 82 y/o woman with pre-existing conditions.

Public Health/Clinical Response:

- Walmart has offered portions of their store parking lots for drive-thru testing.
- Two dozen inmates in Los Angeles county are on lockdown due to potential COVID-19 exposure.
- Fort Bragg soldiers returning from deployment will be placed under a 14-day quarantine as a precaution.

Work/Business response:

- The Pentagon instructed non-essential employees to work from home next week.
- Cruise lines from US ports will suspend operations for 30 days.

Public Sentiment:

- Frustration about decisions on closing or not closing businesses affected by COVID-19

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

Prepared by:

Secretary's Operations Center

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



cid:image001.png@01D5E9B2.F84B1BA0

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Recipient:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Sent Date:	2020/03/14 15:43:28
Delivered Date:	2020/03/14 15:43:41

From:	OS Secretarys Operations Center </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=32B1F28D808B43B6903C00083291303E-SECRETARYS>
To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	COVID-19 Open Media Report 14Mar20
Date:	2020/03/14 15:43:41
Priority:	Normal
Type:	Note

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- Frustration about decisions on closing or not closing businesses affected by COVID-19

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

Prepared by:

Secretary's Operations Center

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



cid:image001.png@01D5E9B2.F84B1BA0

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Recipient:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Sent Date:	2020/03/14 15:43:28
Delivered Date:	2020/03/14 15:43:41
Message Flags:	Unread

From:	OS Secretarys Operations Center </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=32B1F28D808B43B6903C00083291303E-SECRETARYS>
To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	Summary: Cruise Ship Heading to Eastern United States (UPDATE #1)
Date:	2020/03/14 15:54:27
Priority:	Normal
Type:	Note

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Good Afternoon Dr. Kadlec,

BLUF: Additional information on the Celebrity Summit

- • 1,834 passengers and 978 crew members are onboard
- • Two ill passengers onboard have tested positive for Influenza-A
- The Ship's Physician is ill, tested negative for influenza-A/B, and is currently in isolation onboard the ship
- Three passengers (Canadian nationals) from a previous sailing tested positive for COVID-19 upon returning to Canada
 - The Ship's Physician joined the ship on the same day the Canadian nationals departed the ship

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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



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Recipient:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Sent Date:	2020/03/14 15:54:24
Delivered Date:	2020/03/14 15:54:27
Message Flags:	Unread

From:	OS Secretarys Operations Center </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=32B1F28D808B43B6903C00083291303E-SECRETARYS>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
CC:	Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>
Subject:	RE: Summary: Cruise Ship Heading to Eastern United States (UPDATE #1)
Date:	2020/03/14 16:10:41
Priority:	Normal
Type:	Note

Sir,

I'm calling Coast Guard right now.

Very Respectfully,

Richard C. Shull, Jr.

Chief (acting) – Watch Section

Secretary's Operations Center (SOC)

U.S. Department of Health and Human Services (HHS)

Assistant Secretary for Preparedness and Response (ASPR)

200 Independence Ave S.W.

Washington D.C. 20201

Office: (202) 619 - 7800

Cell: (b)(6)

Fax: 1-800-514-4256

Email: Richard.shull@hhs.gov



cid:image001.png@01D4B7F4.412FEC70

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From: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Sent: Saturday, March 14, 2020 4:06 PM
To: OS Secretarys Operations Center <hhs.soc@hhs.gov>
Cc: Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Yeskey, Kevin (OS/ASPR/IO) <Kevin.Yeskey@hhs.gov>
Subject: RE: Summary: Cruise Ship Heading to Eastern United States (UPDATE #1)
Importance: High

OK so where is this ship and what port may it be heading to?

From: OS Secretarys Operations Center <hhs.soc@hhs.gov>
Sent: Saturday, March 14, 2020 3:54 PM
To: OS Secretarys Operations Center <hhs.soc@hhs.gov>
Subject: Summary: Cruise Ship Heading to Eastern United States (UPDATE #1)

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Good Afternoon Dr. Kadlec,

BLUF: Additional information on the Celebrity Summit

- • **1,834 passengers and 978 crew members are onboard**
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 - **The Ship's Physician joined the ship on the same day the Canadian nationals departed the ship**

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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
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Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>
Sent Date:	2020/03/14 16:10:39
Delivered Date:	2020/03/14 16:10:41

From:	Kadlec, Robert (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A182EDA693D040D3832BAE6EFCF7A255-KADLEC, ROB>
To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
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Subject:	RE: Summary: Cruise Ship Heading to Eastern United States (UPDATE #1)
Date:	2020/03/14 16:39:00
Priority:	Normal
Type:	Note

Thanks for the update. Rich. Best Bob

From: OS Secretarys Operations Center <hhs.soc@hhs.gov>
Sent: Saturday, March 14, 2020 4:30 PM
To: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; OS Secretarys Operations Center <hhs.soc@hhs.gov>
Cc: Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Yeskey, Kevin (OS/ASPR/IO) <Kevin.Yeskey@hhs.gov>; Imbriale, Samuel (OS/ASPR/SIIM) <Samuel.Imbriale@hhs.gov>; Greene, Jonathan (OS/ASPR/EMMO) <Jonathan.Greene@hhs.gov>; SOC Leadership <mcbteamleads@HHS.GOV.onmicrosoft.com>
Subject: RE: Summary: Cruise Ship Heading to Eastern United States (UPDATE #1)

Sir,

Spoke to Coast Guard.

- Since Puerto Rico denied entry they decided to head to U.S.
- Miami is the intended port but secondary port may be Port Everglades (Fort Lauderdale) (subject to change)
- Time from Puerto Rico to U.S. is approximately 36 hours (which puts the ship off the coast sometime tomorrow afternoon)
- CDC cleared this ship into Puerto Rico but no word if they cleared into Florida

Very Respectfully,

Richard C. Shull, Jr.
Chief (acting) – Watch Section
Secretary's Operations Center (SOC)

U.S. Department of Health and Human Services (HHS)
Assistant Secretary for Preparedness and Response (ASPR)
200 Independence Ave S.W.
Washington D.C. 20201
Office: (202) 619 - 7800
Cell: (b)(6)
Fax: 1-800-514-4256
Email: Richard.shull@hhs.gov



cid:image001.png@01D4B7F4.412FEC70

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From: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Sent: Saturday, March 14, 2020 4:06 PM
To: OS Secretarys Operations Center <hhs.soc@hhs.gov>
Cc: Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Yeskey, Kevin (OS/ASPR/IO) <Kevin.Yeskey@hhs.gov>
Subject: RE: Summary: Cruise Ship Heading to Eastern United States (UPDATE #1)
Importance: High

OK so where is this ship and what port may it be heading to?

From: OS Secretarys Operations Center <hhs.soc@hhs.gov>
Sent: Saturday, March 14, 2020 3:54 PM
To: OS Secretarys Operations Center <hhs.soc@hhs.gov>
Subject: Summary: Cruise Ship Heading to Eastern United States (UPDATE #1)

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Good Afternoon Dr. Kadlec,

BLUF: Additional information on the Celebrity Summit

- • 1,834 passengers and 978 crew members are onboard
- • Two ill passengers onboard have tested positive for Influenza-A

- The Ship's Physician is ill, tested negative for influenza-A/B, and is currently in isolation onboard the ship
- Three passengers (Canadian nationals) from a previous sailing tested positive for COVID-19 upon returning to Canada
 - The Ship's Physician joined the ship on the same day the Canadian nationals departed the ship

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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



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Recipient:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>; Imbriale, Samuel (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user7e54524>;

	Greene, Jonathan (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1b692a4d6cff4afabbcea99d35336ece-Greene, Jon>; SOC Leadership </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0b307e9c5b254087abf5af74f00c0ed0-mcbteamlead>
Sent Date:	2020/03/14 16:39:55
Delivered Date:	2020/03/14 16:39:00

From:	Alan B Moy (b)(6)@me.com>
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. BOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>; Fauci, Anthony (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau>
Subject:	Fwd: 17 selected items - PubMed - Rationale for using Chloroquine and hydroxychloroquine for prophylaxis and treatment of COVID-19
Date:	2020/03/14 16:55:44
Importance:	High
Priority:	Urgent
Type:	Note

Dear

Dr. Azar and Dr. Fauci

In addition to current national and preventive measures being implemented to contain and mitigate the COVID-19 outbreak, we should seriously consider using anti-malarial drugs like chloroquine for the following reasons. There is sound basic research in cellular and animal models where anti-malarial drugs have shown promise in the prevention and treatment of coronavirus infections. While there have not been adequate clinical trials documenting the efficacy against COVID-19 or other coronavirus infections, there is good justification to use these agents in a strategic fashion under our current circumstance. According to a consensus statement in 2014 by the World Health Organization in response to the last outbreak of Ebola, there was general agreement for justifying the use of unproven drugs in larger clinical trials (Phase II/III) if there is laboratory and animal data to indicate such drugs were safe and efficacious. The justification for this decision was based on whether such a disease was widespread, was highly contagious, had significant morbidity/mortality, could overrun healthcare services and could only be evaluated during an epidemic. Clearly, COVID-19 meets that criteria. There has been laboratory and animal data that chloroquine, an anti-malarial drug, has potential efficacy against coronavirus. Moreover, chloroquine is already an approved drug for malaria treatment and prophylaxis. It has decades of proven safety. There is scientific evidence that its mechanism of action could block coronavirus from attaching to respiratory cells and prevent viral replication. At this moment, we should be giving chloroquine to frontline healthcare workers who will be caring for these patients. We cannot afford to have our frontline healthcare workers become sick as they are expected to care for the increased demands that will be placed on them. We should also consider giving chloroquine to patients with COVID-19 who are acutely ill with a respiratory illness that requires hospitalization. We will need to determine if anti-malarial drugs could reduce the severity of the respiratory illness and reduce a patient's hospitalization stay. We should asking the pharmaceutical manufacturers to ramp up production of chloroquine and hydroxychloroquine. As a pulmonologist, I know that there are not enough ICU beds and ventilators in our country to care for large number of patients who will have COVID-19 and develop respiratory failure. At the same time, we can collect prospective data on outcomes of healthcare workers and patients and compare those results with at least historical data from SARS and MERS or COVID-19 outbreaks from other countries. We should use available tools and resources to collect the best data now to prepare for the next outbreak of

coronavirus. I have provided a list of publications that highlight the literature of chloroquine treatment with coronavirus.

Best regards,

Alan Moy M.D.
Chief Executive Officer
Cellular Engineering Technologies
319-665-3000 (office); 319-665-3003 (fax)
<https://protect2.fireeye.com/url?k=07695a2d-5b3d7306-07696b12-0cc47a6d17cc-1f8d0f3d7d0a0d4b&u=http://www.celleng-tech.com/>

Begin forwarded message:

From: Sent by NCBI <nobody@ncbi.nlm.nih.gov>
Subject: 17 selected items - PubMed
Date: March 14, 2020 at 3:45:01 PM CDT
To: (b)(6)@mac.com

This message contains search results from the National Center for Biotechnology Information (NCBI) at the U.S. National Library of Medicine (NLM). Do not reply directly to this message

Sender's message: Chloroquine and Coronavirus

Sent on: Sat Mar 14 16:43:05 2020

17 selected items

PubMed Results

Items 1 - 17 of 17 (Display the 17 citations in PubMed)

- 1 [\[Expert consensus on chloroquine phosphate for the treatment of novel coronavirus pneumonia\]](#).
multicenter collaboration group of Department of Science and Technology of Guangdong Province and Health Commission of Guangdong Province for chloroquine in the treatment of novel coronavirus pneumonia.
Zhonghua Jie He He Hu Xi Za Zhi. 2020 Mar 12;43(3):185-188. doi: 10.3760/cma.j.issn.1001-0939.2020.03.009. Chinese.
PMID: 32164085 [PubMed - in process]
[Similar articles](#)
- 2 [In Vitro Antiviral Activity and Projection of Optimized Dosing Design of Hydroxychloroquine for the Treatment of Severe Acute Respiratory Syndrome Coronavirus 2 \(SARS-CoV-2\)](#).
Yao X, Ye F, Zhang M, Cui C, Huang B, Niu P, Liu X, Zhao L, Dong E, Song C, Zhan S, Lu R, Li H, Tan W, Liu D.
Clin Infect Dis. 2020 Mar 9. pii: ciaa237. doi: 10.1093/cid/ciaa237. [Epub ahead of print]

- PMID: 32150618 [PubMed - as supplied by publisher]
[Similar articles](#)
- 3 [Discovering drugs to treat coronavirus disease 2019 \(COVID-19\).](#)
- .
Dong L, Hu S, Gao J.
Drug Discov Ther. 2020;14(1):58-60. doi: 10.5582/ddt.2020.01012.
PMID: 32147628 [PubMed - in process] **Free Article**
[Similar articles](#)
- 4 [Of chloroquine and COVID-19.](#)
- .
Touret F, de Lamballerie X.
Antiviral Res. 2020 Mar 5;177:104762. doi: 10.1016/j.antiviral.2020.104762. [Epub ahead of print] Review.
PMID: 32147496 [PubMed - as supplied by publisher]
[Similar articles](#)
- 5 [\[Expert consensus on chloroquine phosphate for the treatment of novel coronavirus pneumonia\].](#)
- .
multicenter collaboration group of Department of Science and Technology of Guangdong Province and Health Commission of Guangdong Province for chloroquine in the treatment of novel coronavirus pneumonia.
Zhonghua Jie He He Hu Xi Za Zhi. 2020 Feb 20;43(0):E019. doi: 10.3760/cma.j.issn.1001-0939.2020.0019. [Epub ahead of print] Chinese.
PMID: 32075365 [PubMed - as supplied by publisher]
[Similar articles](#)
- 6 [Breakthrough: Chloroquine phosphate has shown apparent efficacy in treatment of COVID-19 associated pneumonia in clinical studies.](#)
- .
Gao J, Tian Z, Yang X.
Biosci Trends. 2020 Feb 19. doi: 10.5582/bst.2020.01047. [Epub ahead of print]
PMID: 32074550 [PubMed - as supplied by publisher] **Free Article**
[Similar articles](#)
- 7 [Chloroquine for the 2019 novel coronavirus SARS-CoV-2.](#)
- .
Colson P, Rolain JM, Raoult D.
Int J Antimicrob Agents. 2020 Feb 15:105923. doi: 10.1016/j.ijantimicag.2020.105923. [Epub ahead of print] No abstract available.
PMID: 32070753 [PubMed - as supplied by publisher]
[Similar articles](#)
- 8 [Remdesivir and chloroquine effectively inhibit the recently emerged novel coronavirus \(2019-nCoV\) in vitro.](#)
- .
Wang M, Cao R, Zhang L, Yang X, Liu J, Xu M, Shi Z, Hu Z, Zhong W, Xiao G.
Cell Res. 2020 Mar;30(3):269-271. doi: 10.1038/s41422-020-0282-0. Epub 2020 Feb 4. No abstract available.
PMID: 32020029 [PubMed - in process] **Free PMC Article**
[Similar articles](#)
- 9 [MERS-CoV pathogenesis and antiviral efficacy of licensed drugs in human monocyte-derived antigen-presenting cells.](#)

- Cong Y, Hart BJ, Gross R, Zhou H, Frieman M, Bollinger L, Wada J, Hensley LE, Jahrling PB, Dyall J, Holbrook MR.
PLoS One. 2018 Mar 22;13(3):e0194868. doi: 10.1371/journal.pone.0194868.
eCollection 2018.
PMID: 29566060 [PubMed - indexed for MEDLINE] **Free PMC Article**
[Similar articles](#)
10. Targeting endosomal acidification by chloroquine analogs as a promising strategy for the treatment of emerging viral diseases.
Al-Bari MAA.
Pharmacol Res Perspect. 2017 Jan 23;5(1):e00293. doi: 10.1002/prp2.293.
eCollection 2017 Feb. Review.
PMID: 28596841 [PubMed] **Free PMC Article**
[Similar articles](#)
11. Screening of an FDA-approved compound library identifies four small-molecule inhibitors of Middle East respiratory syndrome coronavirus replication in cell culture.
de Wilde AH, Jochmans D, Posthuma CC, Zevenhoven-Dobbe JC, van Nieuwkoop S, Bestebroer TM, van den Hoogen BG, Neyts J, Snijder EJ.
Antimicrob Agents Chemother. 2014 Aug;58(8):4875-84. doi: 10.1128/AAC.03011-14. Epub 2014 May 19.
PMID: 24841269 [PubMed - indexed for MEDLINE] **Free PMC Article**
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12. Antiviral activity of chloroquine against human coronavirus OC43 infection in newborn mice.
Keyaerts E, Li S, Vijgen L, Rysman E, Verbeeck J, Van Ranst M, Maes P.
Antimicrob Agents Chemother. 2009 Aug;53(8):3416-21. doi: 10.1128/AAC.01509-08. Epub 2009 Jun 8.
PMID: 19506054 [PubMed - indexed for MEDLINE] **Free PMC Article**
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13. Inhibition of human coronavirus 229E infection in human epithelial lung cells (L132) by chloroquine: involvement of p38 MAPK and ERK.
Kono M, Tatsumi K, Imai AM, Saito K, Kuriyama T, Shirasawa H.
Antiviral Res. 2008 Feb;77(2):150-2. Epub 2007 Nov 20.
PMID: 18055026 [PubMed - indexed for MEDLINE]
[Similar articles](#)
14. Design and synthesis of hydroxyferroquine derivatives with antimalarial and antiviral activities.
Biot C, Daher W, Chavain N, Fandeur T, Khalife J, Dive D, De Clercq E.
J Med Chem. 2006 May 4;49(9):2845-9.
PMID: 16640347 [PubMed - indexed for MEDLINE]
[Similar articles](#)
15. Chloroquine is a potent inhibitor of SARS coronavirus infection and spread.
Vincent MJ, Bergeron E, Benjannet S, Erickson BR, Rollin PE, Ksiazek TG, Seidah NG, Nichol ST.
Virol J. 2005 Aug 22;2:69.
PMID: 16115318 [PubMed - indexed for MEDLINE] **Free PMC Article**
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16. In vitro inhibition of severe acute respiratory syndrome coronavirus by chloroquine.
Keyaerts E, Vijgen L, Maes P, Neyts J, Van Ranst M.
Biochem Biophys Res Commun. 2004 Oct 8;323(1):264-8.
PMID: 15351731 [PubMed - indexed for MEDLINE]
[Similar articles](#)
17. Alteration of the pH dependence of coronavirus-induced cell fusion: effect of mutations in the spike glycoprotein.
Gallagher TM, Escarmis C, Buchmeier MJ.
J Virol. 1991 Apr;65(4):1916-28.
PMID: 1848311 [PubMed - indexed for MEDLINE] **Free PMC Article**
[Similar articles](#)

Sender:	Alan B Moy (b)(6)@me.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>; Fauci, Anthony (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau>
Sent Date:	2020/03/14 16:55:14
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To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	Re: Summary: Cruise Ship Heading to Eastern United States (UPDATE #1)
Date:	2020/03/14 16:58:31
Priority:	Normal
Type:	Note

Not only no but hell no.

Sent from my iPhone

On Mar 14, 2020, at 4:39 PM, Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov> wrote:

Thanks for the update. Rich. Best Bob

From: OS Secretarys Operations Center <hhs.soc@hhs.gov>
Sent: Saturday, March 14, 2020 4:30 PM
To: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; OS Secretarys Operations Center <hhs.soc@hhs.gov>
Cc: Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Yeskey, Kevin (OS/ASPR/IO) <Kevin.Yeskey@hhs.gov>; Imbriale, Samuel (OS/ASPR/SIIM) <Samuel.Imbriale@hhs.gov>; Greene, Jonathan (OS/ASPR/EMMO) <Jonathan.Greene@hhs.gov>; SOC Leadership <mcbteamleads@HHS.GOV.onmicrosoft.com>
Subject: RE: Summary: Cruise Ship Heading to Eastern United States (UPDATE #1)

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Richard C. Shull, Jr.
Chief (acting) – Watch Section
Secretary's Operations Center (SOC)
U.S. Department of Health and Human Services (HHS)
Assistant Secretary for Preparedness and Response (ASPR)

200 Independence Ave S.W.
Washington D.C. 20201
Office: (202) 619 - 7800
Cell: (b)(6)
Fax: 1-800-514-4256
Email: Richard.shull@hhs.gov

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Sent: Saturday, March 14, 2020 4:06 PM
To: OS Secretarys Operations Center <hhs.soc@hhs.gov>
Cc: Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Yeskey, Kevin (OS/ASPR/IO) <Kevin.Yeskey@hhs.gov>
Subject: RE: Summary: Cruise Ship Heading to Eastern United States (UPDATE #1)
Importance: High

OK so where is this ship and what port may it be heading to?

From: OS Secretarys Operations Center <hhs.soc@hhs.gov>
Sent: Saturday, March 14, 2020 3:54 PM
To: OS Secretarys Operations Center <hhs.soc@hhs.gov>
Subject: Summary: Cruise Ship Heading to Eastern United States (UPDATE #1)

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Good Afternoon Dr. Kadlec,

BLUF: Additional information on the Celebrity Summit

- • 1,834 passengers and 978 crew members are onboard
- • Two ill passengers onboard have tested positive for Influenza-A
- The Ship's Physician is ill, tested negative for influenza-A/B, and is currently in isolation onboard the ship

- **Three passengers (Canadian nationals) from a previous sailing tested positive for COVID-19 upon returning to Canada**
 - **The Ship's Physician joined the ship on the same day the Canadian nationals departed the ship**

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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

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Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Sent Date:	2020/03/14 16:58:30
Delivered Date:	2020/03/14 16:58:31

From:	Hassell, David (Chris) (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=AEDBFB0FF96E4119AC7A3B3ABAF71A3D-HASSELL, DA>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
CC:	Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>
Subject:	possible questions tonight from SecArmy re N95s
Date:	2020/03/14 17:52:15
Priority:	Normal
Type:	Note

Boss—

I'll be on the telcon tonight with the SecArmy, but if you're asked:

(b)(5)

(b)(5)

(b)(5)

Standing by.

Chris

-----Original Appointment-----

From: Ford-Barnes, Arwenthia (OS/ASPR/IO) <Arwenthia.FordBarnes@hhs.gov> **On Behalf Of** Kadlec, Robert (OS/ASPR/IO)

Sent: Saturday, March 14, 2020 5:30 PM

To: 'Calhoun, Thomas W MIL USARMY 701 MP GP (USA)'; 'Cahoon, Jeffrey B SFC USARMY HQDA SECARMY (USA)'; Ford-Barnes, Arwenthia (OS/ASPR/IO); Shuy, Bryan (OS/ASPR/IO); Austin, Meredith (uscg.mil); Bartrum, John (OS/ASPR) (CTR); Yeskey, Kevin (OS/ASPR/IO); Hassell, David (Chris) (OS/ASPR/IO); Moreno, Rafael (OS/ASPR); Callahan, Victoria (OS/ASPR/IO) (CTR); Kemp, Micha (OS/ASPR/MFHC); Phillips, Sally (OS/ASPR/SPPR)

Subject: Secretary of the Army Visit to HHS

When: Saturday, March 14, 2020 6:45 PM-7:15 PM (UTC-05:00) Eastern Time (US & Canada).

Where: DHHS 200 Independence Ave, SW, Washington DC 21001 - Suite 638G - (on the corner of Independence Ave and 3rd SW) Main Entrance - Tele Conference # 877-612 612-4951 pc/1233709#

Attendees:

- -Secretary Ryan McCarthy
- -GEN Joe Martin
- -LTG Scott Dingle
- -MG Paul Chamberlin
- -BG Michael Talley

✓ Each principle will have a staff rep or two accompany.

From: Scott, Mathew L MAJ USARMY HQDA SECARMY (USA) <mathew.l.scott.mil@mail.mil>

Sent: Saturday, March 14, 2020 5:02 PM

To: Ford-Barnes, Arwenthia (OS/ASPR/IO) <Arwenthia.FordBarnes@hhs.gov>

Cc: Calhoun, Thomas W MIL USARMY 701 MP GP (USA) <thomas.w.calhoun4.mil@mail.mil>; Cahoon, Jeffrey B SFC USARMY HQDA SECARMY (USA) <jeffrey.b.cahoon.mil@mail.mil>

Subject: Secretary of the Army visit

Hi Arwenthia,

Secretary McCarthy and several other DoD representatives will be meeting with Dr. Kadlec around 6:45/7pm tonight at HHS.

MAJ Mat Scott
Aide-de-Camp to the Secretary
U.S. Army
C: (b)(6)
O: (703) 695-1908
Mathew.l.scott.mil@mail.mil

Arwenithia Ford-Barnes

Executive Assistant to the ASPR | *Dr. Robert Kadlec*
Office: (202) 205-8905 Mobile: (b)(6)
Email: Arwenithia.FordBarnes@hhs.gov

Sender:	Hassell, David (Chris) (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=AEDBFB0FF96E4119AC7A3B3ABAF71A3D-HASSELL, DA>
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Sent Date:	2020/03/14 17:52:14
Delivered Date:	2020/03/14 17:52:15

From:	Jess S (b)(6)@outlook.com>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Bob Kadlec (b)(6)@gmail.com>
Subject:	Thought - coordination with DoD?
Date:	2020/03/14 18:20:51
Priority:	Normal
Type:	Note

Bob, good afternoon.....I hope you are well.....thank you for everything you are doing. One thought.....command and control in the field of federal interagency/PHE assets. I know you rely on state and locals command centers. Having said this Is the Coronavirus Task Force prepared for C2? During Ebola outbreak in 2014/15 when we deployed USPHCC officers/interagency personnel to West Africa, DoD/Army setup a JTF to handle C2. You want to consider this since I think this effort could last for awhile. Is DoD on Coronavirus Task Force? I have not seen them in the pressers. You may want to consider meeting with Secretary Esper or Ryan McCarthy (SECARMY). DoD/ Army does a great job with C2. I pray and wish you and ASPR all the best. I know they are working 24/7.

Very Respectfully, Jess

Jess A Scarbrough,

Brigadier General United States Army Retired

Deputy Assistant Secretary/Director/SES

United States Federal Government Retired

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

Sender:	Jess S (b)(6)@outlook.com>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Bob Kadlec (b)(6)@gmail.com>
Sent Date:	2020/03/14 18:20:45
Delivered Date:	2020/03/14 18:20:51

From:	POLITICO Pro Campaigns <politicoemail@politicopro.com>
To:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	POLITICO Pro Breaking News: Georgia delays primary election
Date:	2020/03/14 18:37:49
Priority:	Normal
Type:	Note

Georgia has delayed its presidential primary due to the coronavirus.

The primary, which was originally scheduled for March 24, will now be held on May 19.

Georgia is the second state to delay its election. Louisiana rescheduled its April 4 primary to June 20 on Friday.

Election officials in four states that are voting on Tuesday — Arizona, Florida, Illinois and Ohio — said their primaries will go on as scheduled.

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From:	Robert Rutkowski <(b)(6)@att.net>
CC:	HHS Secretary (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5e3fce8f00194d8d94fc91094888d811-HHS Secreta>; Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>; Collins, Francis (NIH/OD) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4bd4f570bdc43f2800bf986fa40d75f-francis.col>; <robertredfield@cdc.gov>
Subject:	State and Local Governments Must Take Much More Aggressive Action Immediately To Slow Spread of the Coronavirus
Date:	2020/03/14 18:46:24
Priority:	Normal
Type:	Note

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Re: State and Local Governments Must Take Much More Aggressive Action

Immediately To Slow Spread of the Coronavirus

Dear Congressional Leaders and Mr. Trump:

The United States is at a tipping point: If transmission of COVID-19 is not slowed within the next week, the hospital system will be overwhelmed. The response of governments over the next week is critical. Since the federal government's response has been woefully slow and inadequate, and public communication has been confusing and often inaccurate, it is up to state and local governments to lead in this time of crisis.

Testing is a critical feature of any public health response, and testing capacity for COVID-19 is now slowly ramping up. However, it is clear that testing capacity—let alone testing that is actually conducted—will not increase nearly fast enough to be able to provide the millions of tests that are needed. The strategy of testing, contact tracing, and containment is no longer an effective response.

As many experts have pointed out, the key goal right now is to “flatten the curve”—to slow transmission enough in the near term to spread out severe cases so that the hospital system is not overwhelmed. Measures that may seem like an overreaction at the moment are necessary to get ahead of the curve.

This column analyzes the epidemiology of flattening the curve, reviews state and local bans and closures as of today, and calls on governors and mayors to implement widespread bans and closures effective immediately. Based on the authors' review, no state or city has implemented sufficiently aggressive measures.

Flattening the curve

According to a model developed by an epidemiologist at the University of Toronto, at the current track, more than 100 million Americans will become infected, including 9.4 million at the peak of outbreak. But if state and local governments begin aggressive measures today, the model finds that this number could be reduced to 513,000 infected at the peak.

According to current estimates, 5 percent of those infected will require intensive care beds. There are approximately 98,000 intensive care beds in the United States. On the current track, these estimates indicate that 470,000 people will require intensive care beds—far more than are available. In reality, this massive shortage will be even worse because these beds will also be needed for other conditions, including seasonal influenza. If state and local governments begin aggressive measures today, however, the number of intensive care beds required could be reduced to 26,650.

In many localities, substantial transmission is already occurring and incidence is much higher than the national rate. To keep the chance of at least one infected person being present at a gathering below 1 percent nationally, gatherings of more than 50 people must be banned. This threshold would help reduce the risk of transmission nationally through a total national caseload of about 66,000 people, although the risk varies substantially by geographic area. According to current estimates, each person infected spreads the virus to an average of 2 to 2 1/2 people.

For reference, at a recent conference of 175 Biogen executives, 77 people became infected. This case indicates that even bans on gatherings of more than 250 people are woefully insufficient.

1918 influenza pandemic

An important historical example is a comparison of two cities' approaches to the 1918 flu, which appears to have been as transmissible as the novel coronavirus but with a higher mortality rate. In St. Louis, where the mayor closed down major sites for public gatherings, the death

rate rose but stayed relatively flat. Alternatively, Philadelphia implemented none of these social distancing measures, and the death rate skyrocketed during the fall of 1918. The different approaches of these two cities is a textbook example of the importance of flattening the curve. While COVID-19 is not the same disease and is occurring in a very different public health landscape, response to the 1918 flu suggests that reducing, if not outright banning, large social events is an effective method of flattening the curve.

Review of state and local bans

The Center for American Progress searched announcements by governors and mayors in press releases, letters, and social media postings within the past month.

The following states and cities have implemented bans on large gatherings:

Austin, Texas, banned gatherings of more than 2,500 people.
Illinois, Kansas City, Philadelphia, and St. Louis banned gatherings of more than 1,000 people.
New York state and Dallas banned gatherings of more than 500 people.
Colorado, Connecticut, Indiana, Louisiana, Maryland, Massachusetts, Michigan, Oregon, Vermont, Washington state with respect to three counties, the District of Columbia, and San Diego banned gatherings of more than 250 people.
New Mexico, Ohio, and Santa Clara County, California, banned gatherings of more than 100 people.

The following states and cities have issued recommendations, either to the public or to localities:

Richmond, Virginia, recommends canceling gatherings of more than 1,000 people.
Alabama recommends canceling gatherings of more than 500 people.
California, Florida, Idaho, Illinois, Maine, Minnesota, Nebraska, New Jersey, Pennsylvania, Rhode Island, Tennessee, Wisconsin, Wyoming, and Harris County, Texas, recommend canceling gatherings of more than 250 people.
Delaware, North Carolina, and Utah recommend canceling gatherings of more than 100 people.
Virginia recommends that localities and nonprofits limit "large" public events.
North Dakota recommends that localities with widespread transmission cancel events.

The following states have taken no action or provided little guidance: Alaska, Arizona, Arkansas, Georgia, Hawaii, Iowa, Kansas, Mississippi, Missouri, Montana, Nevada, New Hampshire, Oklahoma, South Carolina, South Dakota, Texas, Virginia, West Virginia, and Wyoming.

Among major cities located in states that have taken no action, Atlanta, Las Vegas, and Phoenix have taken no action.

The following states have closed schools: Florida, Illinois, Kentucky, Louisiana, Maryland, Michigan, New Mexico, Ohio, Oregon, Pennsylvania, Virginia, Washington, West Virginia, and Wisconsin. Major districts in the following cities have closed schools: Atlanta, Georgia; Austin, Texas; Boston, Massachusetts; Denver, Colorado; Indianapolis, Indiana; Los Angeles, California; Memphis, Tennessee; Nashville, Tennessee; Sacramento, California; San Diego, California; San Francisco, California; and Washington, D.C.

Call to action

In light of the urgency, and following a review of the epidemiological evidence and best practices among states and localities, call on governors and mayors to take the following actions immediately:

Ban all gatherings of more than 50 people.

For individuals who are at higher risk for severe illness, such as seniors or individuals with underlying medical conditions, ban all gatherings of more than 10 people. This includes gatherings at retirement and assisted living facilities.

Strongly encourage places of worship to cancel services and other events for groups of more than 25 people. Strongly encourage religious leaders to adopt additional social distancing modifications—staying more than six feet apart—for any small gatherings that continue.

Ban all concerts, conferences, and sporting events.

Close all schools and public colleges in jurisdictions with community spread—when the source of at least one new infection is unknown.

Close all gyms, bars, movie theaters, libraries, and community centers in jurisdictions with community spread.

Limit restaurants to half of their legal capacity in jurisdictions with community spread.

Strongly encourage employers to require employees to work remotely.

Lead by example: Cancel all public events of any size.

Require all state and local employees to work remotely to the extent possible.

Bans and closures should be put into effect for at least two to four weeks, with potential extensions, to allow health departments enough time to monitor and assess the extent of community spread. Congress must enact significant economic relief for small businesses and their employees who are subject to state and local closures.

The Centers for Disease Control and Prevention (CDC) has issued recommendations for school closure in jurisdictions where there is “substantial” community spread. However, without widespread testing, it is impossible to know where community spread is substantial, and the CDC’s guidance is vague. Where any community spread has been detected, states and localities must assume that the spread is or will become substantial.

Schools and community centers often provide access to free or reduced-price meals and snacks for low-income students and community members. As communities move forward with the closure of schools and community centers, it is imperative that officials consider ways to ensure that populations have their nutritional needs met. States and localities should consider strategies to deliver meals to populations in need or create centralized access points for people to pick up meals. In addition, policymakers must bolster food banks and food pantries in anticipation of higher demand and must boost nutrition assistance programs.

The U.S. Department of Agriculture has made waivers available in nutrition programs to provide flexibility. In Seattle, “grab and go” meals have been made available to all students at a number of schools throughout the city. Similarly, the District of Columbia is providing school meals at specific locations in each ward during the school closure period.

Conclusion

State and local officials understandably need more information from testing. However, the lack of adequate testing should not delay aggressive action immediately. Officials should assume that COVID-19 has spread to their communities. If it hasn’t already, it soon will in the absence of decisive action.

Thank you for the opportunity to bring this CAP post to your attention.

Yours sincerely,
Robert E. Rutkowski

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

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Sender:	Robert Rutkowski <r_e_rutkowski@att.net>
Recipient:	HHS Secretary (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5e3fce8f00194d8d94fc91094888d811-HHS Secreta>; Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>; Collins, Francis (NIH/OD) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4bd4f570bdc43f2800bf986fa40d75f-francis.col>; <robertredfield@cdc.gov>
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CC:	Wright, Janet (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=41f672e2527b4f44891fb4fbe08cdfd-Wright, Jan>
Subject:	Re: updated 3x3
Date:	2020/03/14 18:49:16
Priority:	Normal
Type:	Note

Sir, do you need/want anything else before Judge Jeanine?

I'll see you at studio at 8:50.

Sent from my iPhone

On Mar 14, 2020, at 6:45 PM, Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>wrote:

Excellent!

VADM Jerome Adams
20th US Surgeon General

On Mar 14, 2020, at 5:37 PM, Wright, Janet (HHS/OASH) <Janet.Wright@hhs.gov>wrote:

Topline:

People all over the globe have been infected with the coronavirus and virus transmission is ongoing. COVID-19 is spreading in most regions and has been characterized as a pandemic by the World Health Organization. The President announced a state of emergency in the United States on Friday, an act that accelerates our response efforts to meet this public health challenge.

Surgeon General's Prescription

Know Your Risks: Anyone can “catch” and spread COVID-19, but for the vast majority of Americans, the risk of a severe or fatal case is low.

- 80% of those infected will have only mild or moderate illnesses and may not even need medical attention. The younger you are, the less likely you are to have a severe case.
- Individuals with on-going medical conditions like diabetes; heart, lung or kidney disease; or compromised immune systems are at increased risk of getting COVID-19 and of having a severe case. This is also true for individuals over the age of 60. The risk of dying increases with age.
- Know your individual risk and the risk of those in your circle of family, friends, and co-workers. Knowing these risks will inform your personal decision-making and help keep *everyone* safe.

Control Your Circumstances: Making good decisions now to limit your exposure will prevent the spread of this virus to others.

- The coronavirus is contagious and spreads by droplets from coughs, sneezes, and on surfaces.
- Eliminating or reducing contact with infected individuals is key to staying healthy and limiting spread of COVID-19.
- Visit coronavirus.gov for the latest information on the virus and on how you, your communities, schools, businesses, labs, and healthcare centers can reduce the spread and the risk of harm.

Act Now to Protect Yourself: Find the most timely and accurate information about COVID-19 at coronavirus-dot-gov. Also consult your state and local health departments for updates close to home.

- The best things you can do are basic public health measures
 - washing your hands thoroughly and frequently
 - avoiding touching your face – particularly your eyes, nose and mouth
 - covering your mouth when you cough or sneeze; and
 - cleaning frequently touched surfaces like doorknobs, light switches, counters and phones.
 - It's also important to stay home if you're sick and to stay away from others who are.
- It's not too late to get your flu shot and other important vaccines like the pneumococcal vaccine. Your act to prevent these diseases will not only keep you healthy but will reserve precious healthcare resources for those who need them.
- If you develop the symptoms of COVID-19, **call** your healthcare professional for advice. He or she can guide your next steps, including whether and how you might be tested.

Update as of March 14, 2020

- Travel ban into the U.S. by foreign nationals – *now expanded to include UK and Ireland*
- Expanded use of telehealth
- Testing access is increasing; Asst Sec of Health, ADM Giroir has been appointed to lead that effort

- Payers, including Medicare and Medicaid have eliminated the cost to individuals of testing

Janet S. Wright, MD, FACC

Director of Science and Policy (Acting), Office of the Surgeon General

U.S. Department of Health and Human Services, 200 Independence Ave SW, Suite 701H, Washington, DC 20201

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<SG_3x3_03.14.20_draft_2.docx>

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Date:	2020/03/14 19:34:53
Priority:	Normal
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From: "POLITICO Pro Transportation" <politicoemail@politicopro.com>
Date: March 14, 2020 at 7:33:53 PM EDT
To: <jennifer.sherman@hhs.gov>
Subject: Florida governor urges Trump to restrict domestic travel
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Florida governor urges Trump to restrict domestic travel

By Arek Sarkissian

03/14/2020 07:33 PM EDT

TALLAHASSEE, Fla. — Florida Gov. Ron DeSantis said the White House should consider restricting domestic travel from states that are seeing a rapid increase in coronavirus infections, saying the flow of people has made containment difficult.

He made the plea shortly before the state on Saturday announced its fourth death from the disease, a 77-year-old man from Lee County.

DeSantis spoke just hours after President Donald Trump expanded restrictions on foreign visitors to include the U.K. and Ireland, and said he was weighing limits on domestic travel.

“We’re working with the states and we’re considering other restrictions,” Trump told reporters at the White House Saturday.

DeSantis said visitors to Florida from other states, including New York, are contributing to the spread of Covid-19 in Florida.

“We’re seeing cases where people clearly contracted it somewhere else and brought it here,”

DeSantis said at a briefing at the state Emergency Operations Center on Saturday.

Before gaining entrance to the operations center on Saturday, visitors were asked whether they had traveled to New York, California or Washington state in the past 14 days.

Security guards also asked visitors to disclose if they'd visited China, Japan, Iran, Italy, Ireland or the U.K., or if they'd attended an event with 250 or more people where someone might have contracted Covid-19.

DeSantis on Saturday also said for the first time that community spread of the virus was likely, something he said he'd anticipated. Most people who become infected with the coronavirus will experience mild symptoms, which makes tracking the disease difficult.

The remark was a departure from comments made Friday by state health Deputy Secretary Shamari Roberson, who said there was no evidence of community spread.

"I've never said it's not an issue," DeSantis said Saturday. "Of course we could never be sure who transmitted."

70 Florida residents have tested positive for the coronavirus as of early Saturday morning.

Six Floridians who were passengers of the Grand Princess cruise ship also have been diagnosed and taken to a quarantined site in Georgia. The state is working with the U.S. Department of Health and Human Services to bring the residents back to Florida, where they will be asked to quarantine, DeSantis said.

The state announced 25 new cases just after midnight on Saturday, prompting DeSantis to ban all visitors at nursing homes, assisted living facilities and other group homes populated by the elderly and others who have medical conditions. He had previously banned only visitors who had recently taken a cruise or traveled overseas.

"The message for folks who are elderly, who are frail or have a significant medical condition — just avoid crowds," DeSantis said.

The state Department of Health is hiring more epidemiologists to track the spread of the virus. Renewal deadlines for driver's licenses and professional licenses have been suspended for the next 30 days.

"We want as many hands on deck as possible," DeSantis said.

DeSantis also increased staffing at the state Emergency Operations Center to operate around the clock. The center brings the state's executive agencies into one large war room to respond to threats, including natural disasters and health crises.

A small security post was set up outside the EOC on Saturday where a guard asked visitors to confirm they had not been in contact with anyone who traveled on a cruise, overseas, or other parts of the U.S.

The state has ordered 2,500 kits that can quickly test 625,000 people for the coronavirus. DeSantis on Friday said he had asked the national guard to help process the tests.

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Priority:	Normal
Type:	Note

Great input, Sir. The entire document is a rough draft, so we can shape it to our liking over the next couple days. I'll integrate your comments into a new version tomorrow.

Sent from my iPhone

On Mar 14, 2020, at 8:39 PM, AMA2 (OS/IOS) <(b)(6)>@hhs.gov>wrote:

(b)(5)

(b)(5)

Begin forwarded message:

From: "Mango, Paul (HHS/IOS)" <Paul.Mango@hhs.gov>
Date: March 14, 2020 at 8:07:47 PM EDT
To: "Harrison, Brian (HHS/IOS)" <Brian.Harrison@hhs.gov>
Subject: Framing the Strategy, Success factors, and role of PMO

Brian- Per our several discussions, I put this together today. It's designed at a level that will stimulate additional thinking, input, and detail. The task would be to fill out work plans, etc...in detail in the next week. Nick asked if this could be a topic for tomorrow. Yikes, I've been here since 1030am. Heading home to get something to eat

<COVID 19 Strategy__PMO Support_Scorecard.pptx>

Sender:	Mango, Paul (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=1D8863B643654B1AAD9A38C952AF613E-MANGO, PAUL>
Recipient:	(b)(6) (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c145629cc8ac4858bf1f0ce5dd0461dc-AMA2!>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>
Sent Date:	2020/03/14 20:42:10
Delivered Date:	2020/03/14 20:42:11

From:	Jim Ainsworth (b)(6)@comcast.net>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>; Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Fauci, Anthony (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau>; Hauguel, Teresa (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b02ca0f5213343879ca5ddea5dfef8b4-teresa.bern>
Subject:	Mike Adams: The Strategy Behind Not Testing Asymptomatic Americans Keeps Coronavirus Infection Numbers Artificially Low
Date:	2020/03/14 20:52:29
Priority:	Normal
Type:	Note

Trump, NIH, CDC, HHS All Collude To Avoid Testing Asymptomatic Americans In Order To Keep Coronavirus Infection Numbers Artificially Low

Saturday, March 14, 2020 by: Mike Adams



Image result for Coronavirus Lung Infection

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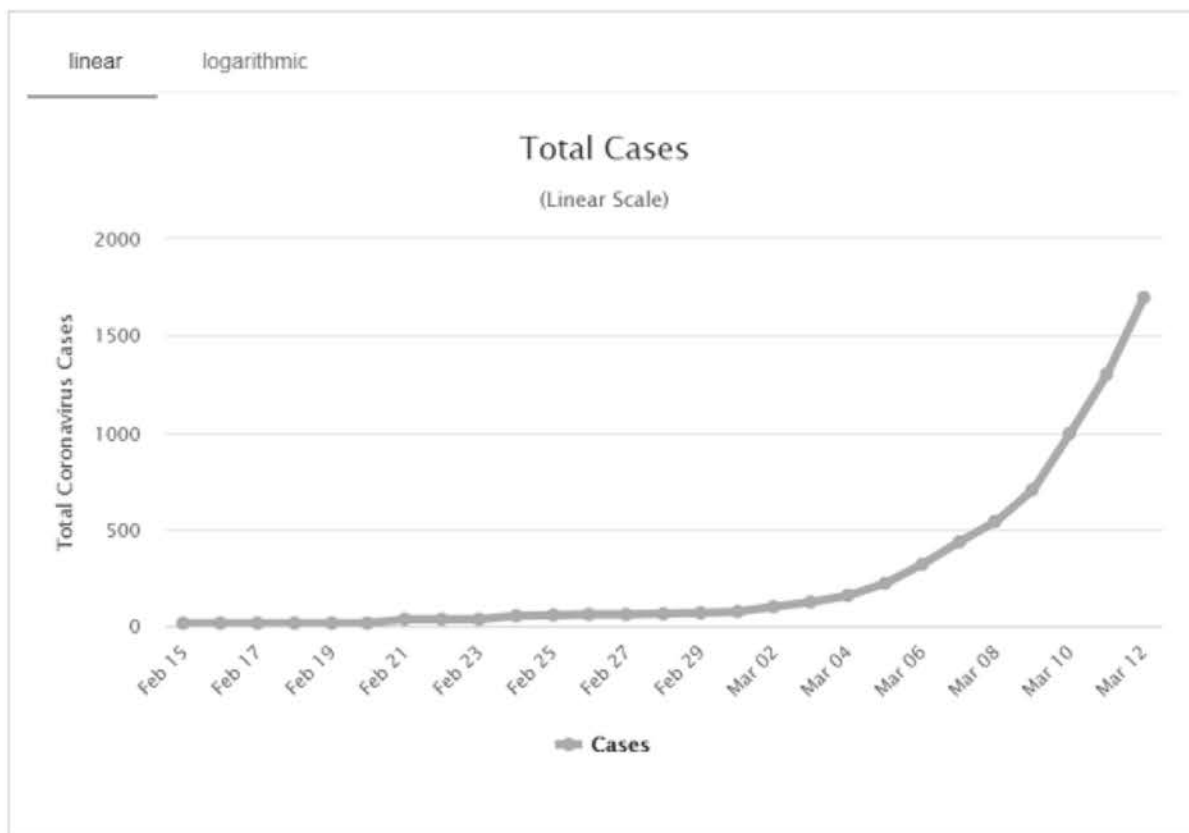
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Sent Date:	2020/03/14 20:52:09
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Subject:	Mike Adams: The Strategy Behind Not Testing Asymptomatic Americans Keeps Coronavirus Infection Numbers Artificially Low
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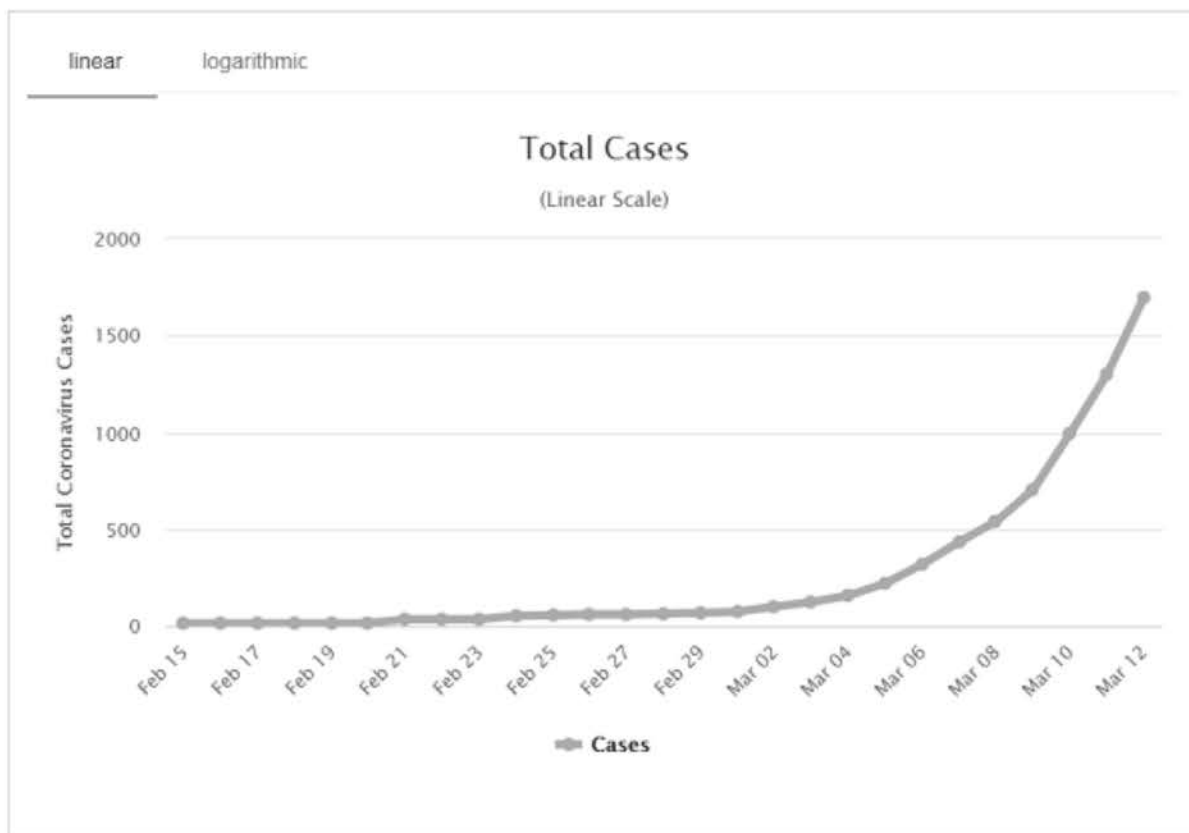
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Sent Date:	2020/03/14 20:52:09
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Message Flags:	Unread NotifyRead

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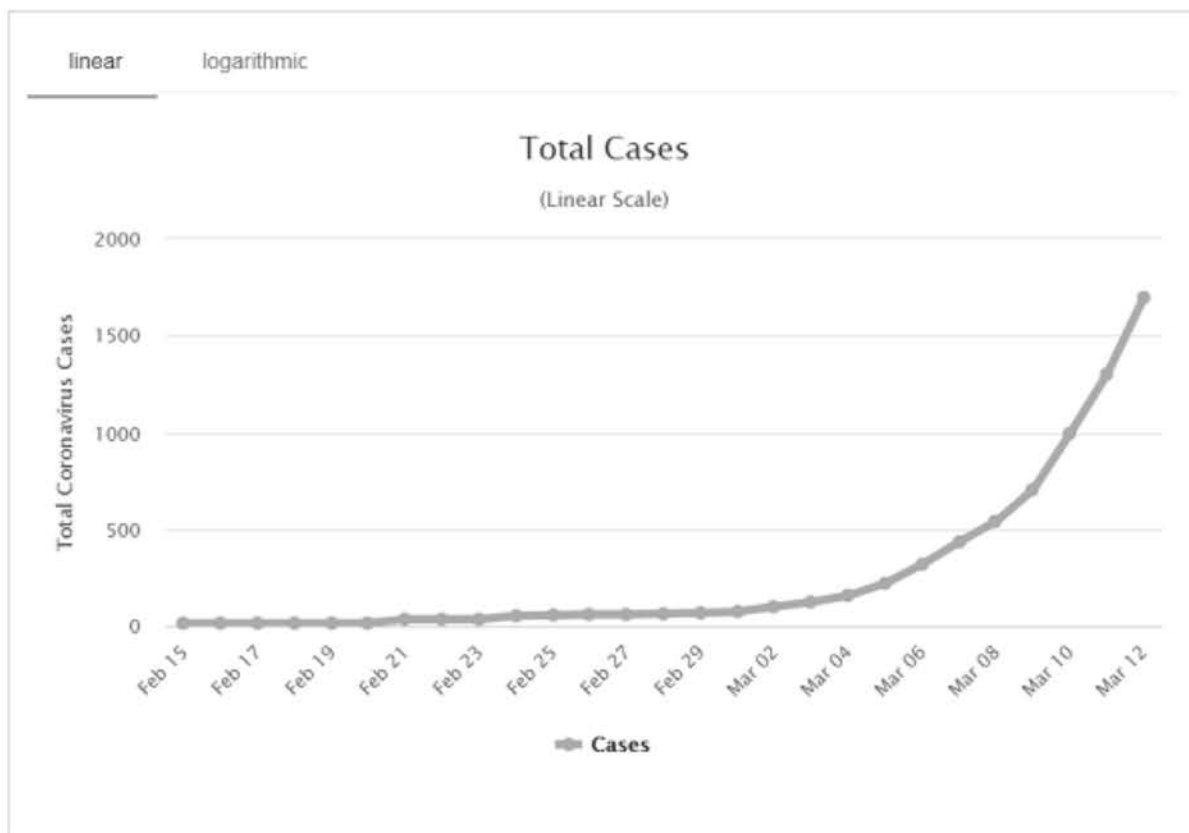
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From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.P (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F96241C6A5F8401A9A218C259F2E614A-OXNER, JULI>
To:	Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Ford-Barnes, Arwenithia (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d533abc24cbe44b79f6fddc6b08737a6-Ford-Barnes>; Waters, Cicely (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00e638c4ddf64006bcc009e8032dd700-Waters, Cic>
Subject:	Fwd: Oregon Governor's PPE Request
Date:	2020/03/14 20:59:36
Priority:	Normal
Type:	Note

Dr. Kadlec or Bryan, are either of you available to connect to Senator Wyden to walk through SNS limitations?

Sent from my iPhone

Begin forwarded message:

From: "Nathanson, Rebecca (Wyden)" <Rebecca_Nathanson@wyden.senate.gov>
Date: March 14, 2020 at 8:56:19 PM EDT
To: "Oxner, Julie (OS/ASPR/OEA)" <Julie.Oxner@hhs.gov>
Cc: "Rockower, Lisa (Wyden)" <Lisa_Rockower@wyden.senate.gov>
Subject: Re: Oregon Governor's PPE Request

Hi Julie,

FYI, my boss is trying to get in touch with Dr. Kadlec right now. Governor Brown just told him that all the state received in their shipment tonight was 13,700 gowns. Can you get us some information as to what the plan is for the rest of Oregon's request?

Thanks,

Becca

From: Nathanson, Rebecca (Wyden)
Sent: Friday, March 13, 2020 3:28 PM
To: Oxner, Julie (OS/ASPR/OEA)
Cc: Rockower, Lisa (Wyden)
Subject: Oregon Governor's PPE Request

Hi Julie,

Hope you're hanging in there. You may have seen that Sen Wyden sent a bicameral OR delegation letter to VP Pence flagging some of Gov. Brown's requests re: COVID-19 yesterday.

Specifically on the state's PPE request, Gov. Brown's staff let me know last night that the following is what they're hearing from ASPR:

Oregon's allocation will be the following, which is NOT what we requested.

N95	36,800
Surgical	87,000
Face shields	16,700
Surgical gowns	13,700
Coveralls	7,070
Gloves	48,500

(Rounded by case)

All are past manufacturers expiration date but good for COVID response. But can't be used for surgical settings. N95s useable under emergency use authorization.

Evaluation and impact:

- This is a fraction of our request and need.*
- SNS could not state when they would be resupplied and be able to supply more. (The OHA team estimates no more shipments for months.)*
- It will arrive in 5-7 days.*
- This probably means OHA must readjust our allocation strategy immediately and be less generous, prioritize according to need.*

Understandably, this is very concerning to us. Can you give us information about when the state's full request will be granted?

Thanks,
Becca

Sender:	Oxner, Julie (OS/ASPR/OEA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F96241C6A5F8401A9A218C259F2E614A-OXNER, JULI>
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Subject:	Fwd: Trump now needs the hospitals he's alienated
Date:	2020/03/14 21:36:25
Priority:	Normal
Type:	Note

FYI

Sent from my iPhone

Begin forwarded message:

From: "POLITICO Pro Health Care" <politicoemail@politicopro.com>
Date: March 14, 2020 at 9:31:02 PM EDT
To: <jennifer.sherman@hhs.gov>
Subject: Trump now needs the hospitals he's alienated
Reply-To: "POLITICO subscriptions" <reply-fe971c727160017c75-553241_HTML-911090403-1376319-309134@politicoemail.com>

Trump now needs the hospitals he's alienated

By Adam Cancryn, Dan Diamond

03/14/2020 09:26 PM EDT

The Trump administration is struggling to win back the confidence of hospital leaders after three years of pitched battles, with the industry pushing for urgent help from the White House as the coronavirus crisis begins to swamp emergency rooms.

Centers for Medicare and Medicaid Services Administrator Seema Verma on Friday announced new moves to roll back industry regulations, two days after hospitals pled their case to Verma in a White House meeting that left many unsatisfied. Among the changes: Streamlined deployment of doctors, fewer time-consuming inspections and less red tape around how hospitals run operations during a crisis.

“It gives hospitals and providers on the front lines the maximum flexibility so that they can focus on patients that need help,” Verma said on “Fox and Friends” on Saturday. The American Hospital Association hailed the moves as a “solid step.”

But hospital leaders say that the new announcements only touch the surface of their needs, as they worry about shortages of crucial supplies, risks to their workers and the possibility of an industry bailout as coronavirus patients swarm their facilities. An expert on an American Hospital Association webinar last month predicted as many as 1.9 million ICU admissions from

the coronavirus outbreak over the next few months, swamping existing facilities. There are only about 100,000 ICU beds across the U.S. health system.

Meanwhile, the cost of care for some severely ill coronavirus patients has already been estimated in the hundreds of thousands of dollars, as hospitals deploy significant measures to keep the patients alive while protecting their own workers against infection. At least three hospital systems in Seattle, the center of the nation's most extensive outbreak, have already announced a halt on elective procedures in order to devote more resources toward the coronavirus patients already swarming their facilities.

"I think there will be hospitals that could be pushed to the edge financially," said Chip Kahn, head of the for-profit Federation of American Hospitals, warning that hospitals will absorb a surge of coronavirus cases while postponing elective procedures that tend to be better for hospitals' bottom lines. Some hospital leaders have quietly floated that they'll need federal funding to pay for rented hotels or other arrangements as their hospital wards are quickly overrun by the coronavirus outbreak.

The risk of failure is severe: Public health experts have warned that the U.S. coronavirus outbreak, which is in its early days, could be on track to resemble the increasingly dire situation in Italy, where patients have overwhelmed that nation's health system. That's left hospitals calling for extreme measures from the White House and scrambling to prepare emergency steps of their own while they wait for a response.

But in the face of the looming crisis, hospital executives said that leaders were underwhelmed by their Wednesday meeting with Verma, who spent much of the hour-long session taking notes but failed to calm industry fears about swamped emergency rooms and medical supply shortages, according to three individuals with direct knowledge of the meeting. Vice President Mike Pence briefly joined the meeting but departed to join other officials as they worked to prepare the president for his Oval Office address.

"For our guys, it did not scream confidence," said one individual briefed on the meeting. "We came out of it with bigger questions about whether the administration has done its homework to protect the supply chain," as hospitals try to stock up on masks, swabs and other key materials that could quickly become hard to find, said another individual.

Kenneth Raske, president of the Greater New York Hospital Association, compared the current situation to a "World War II mentality, where we're going to have to put extra shifts on in manufacturing and get this stuff out the door."

"The only one that can do that is the federal government, and we need the president and vice president to make a priority of that," he said.

Kahn, who was among the attendees at Wednesday's meeting, praised Verma but put responsibility for the administration's slow start on the White House, contending that federal health officials had to wait for authorization to get started on a series of initiatives.

But hospital leaders haven't had time alone with President Donald Trump — even as leaders of other health sectors, like the insurance industry, the pharma industry and the lab industry, have

been granted extended face-to-face meetings with the president and Pence.

CMS didn't respond to questions about the meeting with Verma, but defended its efforts to engage the hospital industry.

A spokesperson pointed to a new weekly call to brief hospitals on coronavirus — with the first call with FDA Commissioner Steve Hahn drawing more than 1,600 listeners — and other steps to build closer ties.

"CMS created a strategic working group with the American Hospital Association and the Federation of American Hospitals which began meeting last Monday," a spokesperson said, adding that the group included a "small number" of hospital CEOs.

"We believe that for the health system to respond adequately to the coronavirus, the entire health system must be engaged," the spokesperson added.

The tensions between hospitals and the Trump administration have persisted for years.

The hospital industry went to war with the White House in 2017 over Trump's efforts to repeal the Affordable Care Act, saying that rolling back the sweeping health law would harm patients and do damage to their bottom lines. They've continued that fight as Trump has tried to strike down the law in court, with American Hospital Association CEO Rick Pollack calling the position "misguided."

Hospitals also have fought over numerous Medicaid changes spearheaded by Verma, including a new "fiscal accountability" proposal that would tighten hospitals' ability to collect Medicaid funding. Hospitals currently use a variety of financial arrangements to pump up their Medicaid revenue, such as supporting state taxes that allow them to draw down even more money in federal matching funds. Verma has called the arrangements industry-friendly gimmicks and wants to do away with them.

"Hospitals were already concerned about the rule — and moreso with coronavirus staring them in the face," said Joel McElvain, a partner in King & Spalding's health care group who's represented hospitals in lawsuits against the administration. McElvain warned that states would need to come up with new financial arrangements to support hospitals if the rule, a top priority for Verma, is finalized during the coronavirus outbreak.

"It's a time when rural hospitals are already struggling and facing real difficulty if worst-case scenarios come true in the coming weeks," McElvain said.

Meanwhile, hospitals have spent years fighting back against a slew of Trump administration funding cuts to Medicare, Medicaid and public health initiatives. Among Trump's most recent proposals: an \$18 million cut to the federal health department's own hospital preparedness program, announced just last month, on the eve of the coronavirus outbreak.

"The hospital preparedness program exists so hospitals prepare for this exact thing," said a former HHS official. "The whole point is to prepare them so they can respond to all hazards -

from hurricanes to pandemics to biological attacks.”

While Trump’s battles with the pharmaceutical industry have gotten considerable headlines, some of his aides have believed that hospitals were a larger problem, citing the costs that ever-larger systems have passed along to patients and pointing to policies that they say gamed the system. They also haven’t agreed with hospitals’ warnings that their bottom lines have suffered under this administration.

“The argument is so ridiculous,” said Brian Blase, who advised Trump on health policy before leaving the White House last year. “I don’t think there are a lot of policies that came out that took revenue away from hospitals,” he added, noting that hospitals successfully sued to block Trump’s billion-dollar cut to a drug-discount program and other regulations opposed by hospitals have been similarly stalled.

Amid the historic public health threat, hospital officials are loath to renew a public battle too and criticize the administration.

“We have been very clear that we have had serious concerns with a number of other policies from the Administration, including the issues of Medicaid expansion and cuts to hospital outpatient department visits,” a spokesperson for the American Hospital Association told POLITICO. “Right now, of course, our focus is on working with the government and other stakeholders at all levels to address the current emergency.”

But some hospital leaders did express frustration on Saturday after Surgeon General Jerome Adams warned that hospitals may need to postpone elective surgeries to handle the crush of coronavirus patients.

“Hospital & healthcare systems, PLEASE CONSIDER STOPPING ELECTIVE PROCEDURES until we can #FlattenTheCurve!” Adams tweeted on Saturday, adding that such procedures could further the coronavirus spread, tax medical stockpiles and put further pressure on doctors and nurses.

The message from the nation’s top doctor was seen as alarmist and premature, worrying hospital officials that it would prompt patients to postpone crucial care. “I do think it’s unfortunate what the surgeon general said,” said Kahn, adding that he hoped Adams and Gov. Andrew Cuomo, who similarly warned of the need to cancel some procedures, would walk back their statements. “I don’t think we’re anywhere near a point where we know we would have to do something like that.”

The coronavirus outbreak has served as justification of hospitals’ yearslong warnings over federal policies that the industry saw as hamstringing their finances and preparedness, executives said. Now, the same government that sought to cut pay rates and layer on new regulations is relying on hospitals as the nation’s chief defense against the pandemic.

“Governments tend to, on a day-to-day basis, underestimate the importance of the health care community and look at it not so much as an economic contribution as an economic deficit,” Raske said, emphasizing that the attitude extends well beyond the Trump administration. “That

tendency hits reality in a crisis.”

Hospital leaders also have warned about the dearth of ventilators to treat the sickest patients — an issue that Verma has failed to directly address in multiple interviews, including being grilled by Fox News host Tucker Carlson on Friday night over whether hospitals will have enough.

"You know, Tucker, I don't want to make drastic predictions here, right?" Verma said. "Because this situation is changing every single day. And based on the information we have, we know that we have to be aggressive," she added, touting yesterday's moves to increase flexibility for hospitals and relax regulations.

"That was one of the most incompetent and absolutely incoherent responses to what's going on right now," Michael Osterholm, a University of Minnesota infectious-disease expert, told Carlson a few minutes later.

CMS did not directly respond to questions about whether there is a dearth of ventilators.

Meanwhile, hospital executives have noted the dark irony of Washington's sudden focus on mass treatment capacity after years of efforts to crack down on hospital reimbursement prompted providers to shrink their facilities.

"I'm really worried about how, when this finally blows over, what Congress does," said one lobbyist. "Are we actually going to learn from this?"

"We love hospitals," countered Blase, Trump's former health policy adviser. "Hospitals are going to be at the front lines of this and have an enormous job. But there shouldn't be policies that give them advantages they shouldn't have."

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Subject:	Re: A meta-analysis of the March 2020 Research related to COVID-19
Date:	2020/03/14 22:14:56
Priority:	Normal
Type:	Note

Reinfection could not occur in SARS-CoV-2 infected rhesus macaques

Notably, neither viral loads in nasopharyngeal and anal swabs along timeline nor viral replication in all primary tissue compartments at 5 days post-reinfection (dpr) was found in re-exposed monkeys. Combined with the follow-up virologic, radiological and pathological findings, the monkeys with re-exposure showed no recurrence of COVID-19,

our results indicated that the primary SARS-CoV-2 infection could protect from subsequent exposures

-

Retrospective Analysis of Clinical Features in 101 Death Cases with COVID-19

he cases included 64 males and 37 females with average age of 65.46 years (SD 9.74). The blood type distribution was significantly different, with type A 44.44%, type B 29.29%, type AB

8.08% and type O 18.19%.The clinical manifestations of new coronavirus pneumonia are non-specific,the common symptom was fever (91 [90.10%] of 101 patients),Cough (69[68.32%]) and dyspnea (75[74.26%]). Neutrophils, PCT, CRP,IL-6,D-dimer gradually increased as time went on.

All patients were treated in isolation. Among them, 61(60.40%) used antiviral drugs, including Oseltamivir, Ribavirin, All rights reserved. No reuse allowed without permission. author/funder, who has granted medRxiv a license to display the preprint in perpetuity. medRxiv preprint doi: <https://doi.org/10.1101/2020.03.09.20033068>. The copyright holder for this preprint (which was not peer-reviewed) is the Lopinavir, Ritonavir, Ganciclovir, Interferon, etc. 59(58.42%) patients used glucocorticoids, 64(63.37%) patients used intravenous immunoglobulins, and 45(44.55%) patients used thymosin preparations. All patients received antibiotic treatment, including cephalosporins and quinolones, etc.,More than half of patients used restricted antibiotics(63 [62.38%] of 101 patients), including carbapenems, linezolid, tigecycline, etc., due to repeated rise in body temperature or wave in inflammation indicators. 23(22.78%) patients used antifungal drugs.

[remember these are patients that are dead]

Most of patients had myocardial damage, of which 32 patients were only complicated with myocardial damage.

[I am sure this was caused due the using these above mentioned drugs].

On Sat, Mar 14, 2020 at 10:07 PM The Alchemist <(b)(6)@gmail.com>wrote:

Estimate the incubation period of coronavirus 2019 (COVID-19)

We estimated that the mean and median of its incubation were 5.84 and 5.0 days via bootstrap and proposed Monte Carlo simulations. We found that the incubation periods of the groups with age $\geq$ 40 years and age $<$ 40 years demonstrated a statistically significant difference.

Our results further indicated that the incubation difference between males and females did not demonstrate a statistical significance.

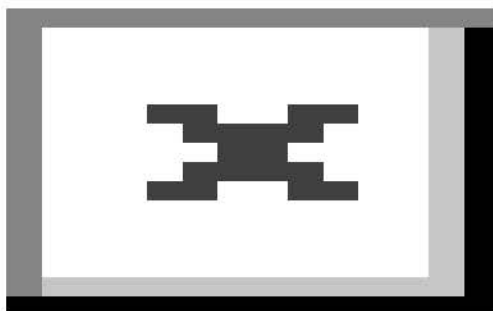


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-

Epidemiological and clinical features of 291 cases with coronavirus disease 2019 in areas adjacent to Hubei, China: a double-center observational study

Leukopenia, lymphopenia and eosinopenia occurred in 36.1%, 22.7% and 50.2% patients respectively. Increased fibrinogen was detected in 45 of 58 (77.6%) patients with available results. 29 of 44 (65.9%) or 22 of 40 (55.0%) patients were positive in Mycoplasma pneumonia or Chlamydia pneumonia antibody test respectively. Compared with mild or moderate group, severe/critical group had a relative higher level of neutrophil, Neutrophil-to-Lymphocyte Ratio, h-CRP, ESR, CK, CK-MB, LDH, D-dimer, and a lower level of lymphocyte, eosinophils, platelet, HDL and sodium (all $p < 0.01$). Most patients received antiviral therapy and Chinese Medicine therapy. As of February 20, 2020, 159 (54.6%) patients were discharged and 2 (0.7%) patients died during hospitalization.

On Sat, Mar 14, 2020 at 9:52 PM The Alchemist (b)(6)@gmail.com>wrote:

Detectable serum SARS-CoV-2 viral load (RNAemia) is closely associated with drastically elevated interleukin 6 (IL-6) level in critically ill COVID-19 patients

Further more, the inflammatory cytokine IL-6 levels were significantly elevated in critically ill patients, which is almost 10-folds higher than those in other patients.

In particular, it is not clear if serum SARS-CoV-2 viral loads could be considered as a prognostic marker, especially for the severe or moribund patients, is not clear.

-

NB:

[IL-6 is a pleiotropic cytokine possessing a number of functions including driving the acute-phase response in hepatocytes, differentiating myeloid cells, stimulating immunoglobulin production, and activating T-cell proliferation.]

-

Predictions for the binding domain and potential new drug targets of 2019-nCoV

In previous studies, it was found that the conformation change in CTD1 was the region where SARS-CoV bound to human ACE2. Although there are mutations of the 2019-nCoV, the binding energy of ACE2 remains high.

No Significant Variation was Found in 2019-nCoV

So far, variability analysis of the known 33 coronavirus sequences showed that during the one-month period of transmission of pneumonia in Wuhan (2019.12.24-2020.01.29), all viral RNA sequences had a Query Cover greater than 99.9% compared with the sequence was matched (MN908947.3). There was no significant variation in the virus

In previous reports, ACE2 was highly expressed in alveolar epithelial cells, intestinal epithelial cells⁹, and in the eyes of the aqueous humor, cornea and conjunctiva^{10,11}. In the most recent cases, people with conjunctivitis and diarrhea were infected. Therefore, from this perspective, it can also be explained that the entry pathway of 2019-nCoV in human may be binding to ACE2 receptor. If this inference is true, then healthy people should also be careful to treat patients' feces. and people who go to places with high virus density (such as fever clinic) must pay attention to eye protection measures to prevent the viral infection through the Aqueous humor.

-

Rapid Detection of SARS-CoV-2 Using Reverse transcription RT-LAMP method

RT-LAMP method (reverse transcription loop-mediated isothermal amplification) was developed. RNA reverse transcription and nucleic acid amplification were performed in one step at 63 °C isothermal conditions, and the results can be obtained within 30 minutes. ORF1ab gene, E gene and N gene were detected at the same time. ORF1ab gene was very specific and

N gene was very sensitivity, so they can guarantee both sensitivity and specificity for SARS-CoV-2. The sensitivity of RT-LAMP assay is similar to RT-PCR, and specificity was 99% as detecting 208 clinical specimens. The RT-LAMP assay reported here has the advantages of rapid amplification, simple operation, and easy detection, which is useful for the rapid and reliable clinical diagnosis of SARS-CoV-2.

In order to identify SARS-CoV-2, the species-specific ORF1ab gene, E gene and N gene were selected as the target gene (GenBank accession No.MN988669.1) after comparing the gene sequences of CoVs from human and bat origins. Oligonucleotide primers for LAMP were designed using Primer Explorer V5 software (<https://protect2.fireeye.com/url?k=f592a34e-a9c68a65-f5929271-0cc47a6d17cc-a5b7a9ee2030ede0&u=http://primerexplorer.jp/e/>), and synthesized commercially by invitrogen biotech (Invitrogen, Carlsbad, CA, USA).

The accuracy rate of RT-LAMP assay is 99%. The ORF1ab gene is very specific, the N gene is very sensitive, and the E gene is in between. If using thees genes alone, the accuracy rates of the ORF1ab gene, E gene and N gene are 99%, 98.5%, and 92.3%, respectively, and the accuracy rate of the combined detection results is 99%.

[READ THIS ONE, it is very good science from China,]

<https://www.medrxiv.org/content/10.1101/2020.03.02.20030130v2.full.pdf>

-

On Sat, Mar 14, 2020 at 9:39 PM The Alchemist <(b)(6)@gmail.com>wrote:
from the US

Isolation and characterization of SARS-CoV-2 from the first US COVID-19 patient

The first US patient was diagnosed by the State of Washington and the US Centers for Disease Control and Prevention on January 20, 2020. We isolated virus from nasopharyngeal and oropharyngeal specimens, and characterized the viral sequence, replication properties, and cell culture tropism. We found that the virus replicates to high titer in Vero-CCL81 cells and Vero E6 cells in the absence of trypsin.

-

from China

Antibody responses to SARS-CoV-2 in patients of novel coronavirus disease 2019

Methods A total of 173 patients with confirmed SARS-CoV-2 infection were enrolled. Their serial plasma samples (n = 535) collected during the hospitalization period were tested for total antibodies (Ab), IgM and IgG against SARS-CoV-2 using immunoassays. The dynamics of antibodies with the progress and severity of disease was analyzed. Findings Among 173 patients, the seroconversion rate for Ab, IgM and IgG was 93.1% (161/173), 82.7% (143/173) and 64.7% (112/173), respectively.

The presence of antibodies was <40% among patients in the first 7 days of illness, and then rapidly increased to 100.0%, 94.3% and 79.8% for Ab, IgM and IgG respectively since day 15 after onset. In contrast, the positive rate of RNA decreased from 66.7% (58/87) in samples collected before day 7 to 45.5% (25/55) during days 15 to 39.

-

[This is a good research, it means we can heal after 2 weeks, assuming a normal immune system]

Also i read a new one, which said, the rhesus monkeys couldn't get reinfected, it means once we develop these antibodies, IgM and IgG (specific to this virus), then the risk of re-infection is low/non-existent [my own conclusion].

On Sat, Mar 14, 2020 at 9:31 PM The Alchemist <(b)(6)@gmail.com>wrote:

Clinical features and outcomes of 221 patients with COVID-19 in Wuhan, China

Most common symptoms in severe patients were high fever, anorexia and dyspnea. On admission, 33.0% patients showed leukopenia and 73.8% showed lymphopenia.

-

Nanopore target sequencing for accurate and comprehensive detection of SARS-CoV-2 and other respiratory viruses

COVID-19 diagnosis relies upon nucleic acid detection; however, current recommended methods exhibit high false-negative rates, low sensitivity, and cannot identify other respiratory virus infections, thereby resulting patient misdiagnosis and impeding epidemic containment. Combining the advantages of target amplification and long-read, real-time nanopore

sequencing, we developed nanopore target sequencing (NTS) to detect SARS-CoV-2 and other respiratory viruses simultaneously within 6-10 h. Parallel testing with approved qPCR kits of SARS-CoV-2 and NTS using 61 nucleic acid samples from suspected COVID-19 cases confirmed that NTS identified more infected patients as positive, and could also monitor for mutated nucleic acid sequence or other respiratory virus infection in the test sample. NTS is thus suitable for contemporary COVID-19 diagnosis; moreover, this platform can be further extended for diagnosing other viruses or pathogens.

To realize detection of pivotal SARS-CoV-2 virulence genes, we focused on the virulence 84 region (genome bp 21,563–29,674; NC_045512.2), encoding S (1273 amino acids; AA), ORF3a 85 (275 AA), E (75 AA), M (222 AA), ORF6 (61 AA), ORF7a (121 AA), ORF8 (121 AA), N (419 86 AA), and ORF10 (38 AA) proteins. We also considered the RNA-dependent RNA polymerase 87 (RdRP) region in orf1ab

Primer panel design for SARS-CoV-2. The SARS-CoV-2 primer panel was designed to 301 simultaneously detect virus virulence- and infection-related genes and variants thereof. The 21,563–302 29,674 bp genome region, containing the genes encoding S, ORF3a, E, M, ORF6, ORF7a, ORF8, 303 N, and ORF10, was selected as a template to design a series of end-to-end primers.

-

[so far all this science is from China]

On Sat, Mar 14, 2020 at 9:26 PM The Alchemist <(b)(6)@gmail.com> wrote:
ok, so i reviewed all the papers published in March of 2020. I picked the ones that sound interesting, of course, like most research, alot of it isn't worth the paper its printed on. Albeit these are pre-print...

all papers can be found here

<http://connect.medrxiv.org/>

-

So I will summarize them, like an executive summary, style.

Study of the mental health status of medical personnel dealing with new coronavirus pneumonia

The overall mean SCL-90 score and mean values of factors (somatization, obsessive-compulsive, anxiety, phobic anxiety, and psychoticism) of the medical personnel were significantly higher than in the norm group ($p < 0.05$), while their average interpersonal sensitivity score was significantly lower ($p < 0.01$).

Conclusion: The overall mental health status of medical personnel responding to new coronavirus pneumonia is generally higher than that of the norm group in China.

Serological detection of 2019-nCoV respond to the epidemic: A useful complement to nucleic acid testing

We used automated chemiluminescent immunoassay to detect serum IgM and IgG antibodies to 2019-nCoV of 736 subjects. COVID-19 patients were becoming reactive(positive) for specific antibodies from 7-12 days after the onset of morbidity. Specific IgM and IgG increased with the progression of the disease. The areas under the ROC curves of IgM and IgG were 0.988 and 1.000, respectively. Specific antibody detection has good sensitivity and specificity.

COVID-19 patients were all positive for both anti-2019-nCoV IgM and IgG

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Date:	2020/03/14 22:24:47
Priority:	Normal
Type:	Note

So what does all this mean,

it means, that within 2 weeks, we develop immunity, the IgG and IgM are the most important antibodies (as to what are the specific antigens/epitopes, that has yet to be determined, but I am sure our bodies can naturally produce these).

It means using the antiviral therapies, caused side effects and people died. (cardiotoxicity)

There is a better and faster (and more accurate) way to detect. [RT-LAMP method (reverse transcription loop-mediated isothermal amplification)]

As for therapeutic options, you know my school of thought, so I do not recommend any monoclonal antibodies or so called antiviral drugs.

I have already explained a few phytotherapies that are rational and sound,

if you want to do those studies,

let me know.

*i found some research on the epitopes, which I will review later.

- peace

On Sat, Mar 14, 2020 at 10:14 PM The Alchemist (b)(6)@gmail.com>wrote:

Reinfection could not occur in SARS-CoV-2 infected rhesus macaques

Notably, neither viral loads in nasopharyngeal and anal swabs along timeline nor viral replication in all primary tissue compartments at 5 days post-reinfection (dpr) was found in re-exposed monkeys. Combined with the follow-up virologic, radiological and pathological findings, the monkeys with re-exposure showed no recurrence of COVID-19,

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-

Retrospective Analysis of Clinical Features in 101 Death Cases with COVID-19

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All patients were treated in isolation. Among them, 61(60.40%) used antiviral drugs, including Oseltamivir, Ribavirin, All rights reserved. No reuse allowed without permission. author/funder, who has granted medRxiv a license to display the preprint in perpetuity. medRxiv preprint doi: <https://doi.org/10.1101/2020.03.09.20033068>. The copyright holder for this preprint (which was not peer-reviewed) is the Lopinavir, Ritonavir, Ganciclovir, Interferon, etc. 59(58.42%) patients used glucocorticoids, 64(63.37%) patients used intravenous immunoglobulins, and 45(44.55%) patients used thymosin preparations. All patients received antibiotic treatment, including cephalosporins and quinolones, etc., More than half of patients used restricted antibiotics(63 [62.38%] of 101 patients), including carbapenems, linezolid, tigecycline, etc., due to repeated rise in body temperature or wave in inflammation indicators. 23(22.78%) patients used antifungal drugs.

[remember these are patients that are dead]

Most of patients had myocardial damage, of which 32 patients were only complicated with myocardial damage.

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We estimated that the mean and median of its incubation were 5.84 and 5.0 days via bootstrap and proposed Monte Carlo simulations. We found that the incubation periods of the groups with age $\geq$ 40 years and age $<$ 40 years demonstrated a statistically significant difference.

Our results further indicated that the incubation difference between males and females did not demonstrate a statistical significance.

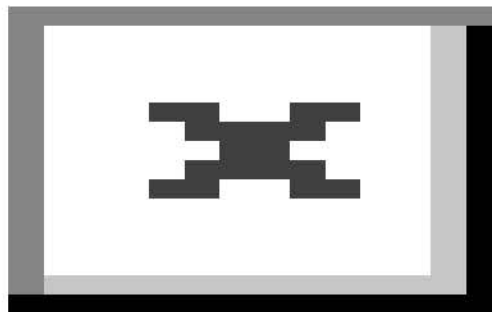


image.png

-

Epidemiological and clinical features of 291 cases with coronavirus disease 2019 in areas adjacent to Hubei, China: a double-center observational study

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In particular, it is not clear if serum SARS-CoV-2 viral loads could be considered as a prognostic marker, especially for the severe or moribund patients, is not clear.

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[IL-6 is a pleiotropic cytokine possessing a number of functions including driving the acute-phase response in hepatocytes, differentiating myeloid cells, stimulating immunoglobulin production, and activating T-cell proliferation.]

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Predictions for the binding domain and potential new drug targets of 2019-nCoV

In previous studies, it was found that the conformation change in CTD1 was the region where SARS-CoV bound to human ACE2. Although there are mutations of the 2019-nCoV, the binding energy of ACE2 remains high.

No Significant Variation was Found in 2019-nCoV

So far, variability analysis of the known 33 coronavirus sequences showed that during the one-month period of transmission of pneumonia in Wuhan (2019.12.24-2020.01.29), all viral RNA sequences had a Query Cover greater than 99.9% compared with the sequence was matched (MN908947.3). There was no significant variation in the virus

In previous reports, ACE2 was highly expressed in alveolar epithelial cells, intestinal epithelial cells⁹, and in the eyes of the aqueous humor, cornea and conjunctiva^{10,11}. In the most recent cases, people with conjunctivitis and diarrhea were infected. Therefore, from this perspective, it can also be explained that the entry pathway of 2019-nCoV in human may be binding to ACE2 receptor. If this inference is true, then healthy people should also be careful to treat patients' feces, and people who go to places with high virus density (such as fever clinic) must pay attention to eye protection measures to prevent the viral infection through the Aqueous humor.

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Antibody responses to SARS-CoV-2 in patients of novel coronavirus disease 2019

Methods A total of 173 patients with confirmed SARS-CoV-2 infection were enrolled. Their serial plasma samples (n = 535) collected during the hospitalization period were tested for total antibodies (Ab), IgM and IgG against SARS-CoV-2 using immunoassays. The dynamics of antibodies with the progress and severity of disease was analyzed. **Findings** Among 173 patients, the seroconversion rate for Ab, IgM and IgG was 93.1% (161/173), 82.7% (143/173) and 64.7% (112/173), respectively.

The presence of antibodies was <40% among patients in the first 7 days of illness, and then rapidly increased to 100.0%, 94.3% and 79.8% for Ab, IgM and IgG respectively since day 15 after onset. In contrast, the positive rate of RNA decreased from 66.7% (58/87) in samples collected before day 7 to 45.5% (25/55) during days 15 to 39.

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Nanopore target sequencing for accurate and comprehensive detection of SARS-CoV-2 and other respiratory viruses

COVID-19 diagnosis relies upon nucleic acid detection; however, current recommended methods exhibit high false-negative rates, low sensitivity, and cannot identify other respiratory virus infections, thereby resulting patient misdiagnosis and impeding epidemic containment. Combining the advantages of target amplification and long-read, real-time nanopore sequencing, we developed nanopore target sequencing (NTS) to detect SARS-CoV-2 and other respiratory viruses simultaneously within 6-10 h. Parallel testing with approved qPCR kits of SARS-CoV-2 and NTS using 61 nucleic acid samples from suspected COVID-19 cases confirmed that NTS identified more infected patients as positive, and could also monitor for mutated nucleic acid sequence or other respiratory virus infection in the test sample. NTS is thus suitable for contemporary COVID-19 diagnosis; moreover, this platform can be further extended for diagnosing other viruses or pathogens.

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-

[so far all this science is from China]

On Sat, Mar 14, 2020 at 9:26 PM The Alchemist <(b)(6)>@gmail.com> wrote:

ok, so i reviewed all the papers published in March of 2020. I picked the ones that sound interesting, of course, like most research, alot of it isn't worth the paper its printed on. Albeit these are pre-print...

all papers can be found here

<http://connect.medrxiv.org/>

-

So I will summarize them, like an executive summary, style.

Study of the mental health status of medical personnel dealing with new coronavirus pneumonia

The overall mean SCL-90 score and mean values of factors (somatization, obsessive-compulsive, anxiety, phobic anxiety, and psychoticism) of the medical personnel were significantly higher than in the norm group ($p < 0.05$), while their average interpersonal sensitivity score was significantly lower ($p < 0.01$).

Conclusion: The overall mental health status of medical personnel responding to new coronavirus pneumonia is generally higher than that of the norm group in China.

-

Serological detection of 2019-nCoV respond to the epidemic: A useful complement to nucleic acid testing

We used automated chemiluminescent immunoassay to detect serum IgM and IgG antibodies to 2019-nCoV of 736 subjects. COVID-19 patients were becoming reactive(positive) for specific antibodies from 7-12 days after the onset of morbidity. Specific IgM and IgG increased with the progression of the disease. The areas under the ROC curves of IgM and IgG were 0.988 and 1.000, respectively. Specific antibody detection has good sensitivity and specificity.

COVID-19 patients were all positive for both anti-2019-nCoV IgM and IgG

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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>;

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Sent Date:	2020/03/14 22:24:28
Delivered Date:	2020/03/14 22:24:47

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=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>; Biabie, 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: A meta-analysis of the March 2020 Research related to COVID-19
Date:	2020/03/14 22:29:31
Priority:	Normal
Type:	Note

oh yes,

EYE PROTECTION for front line healthcare workers,

Open Ophthalmol J. 2015; 9: 28–32.

Published online 2015 Mar 31. doi: [10.2174/1874364101509010028](https://doi.org/10.2174/1874364101509010028)

PMCID: PMC4407001

PMID: [25926900](https://pubmed.ncbi.nlm.nih.gov/25926900/)

Angiotensin(1-7) and ACE2, “The Hot Spots” of Renin-Angiotensin System, Detected in the Human Aqueous Humor

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So what does all this mean,

it means, that within 2 weeks, we develop immunity, the IgG and IgM are the most important antibodies (as to what are the specific antigens/epitopes, that has yet to be determined, but I am sure our bodies can naturally produce these).

It means using the antiviral therapies, caused side effects and people died. (cardiotoxicity)

There is a better and faster (and more accurate) way to detect. [RT-LAMP method (reverse transcription loop-mediated isothermal amplification)]

As for therapeutic options, you know my school of thought, so I do not recommend any monoclonal antibodies or so called antiviral drugs.

I have already explained a few phytotherapies that are rational and sound,

if you want to do those studies,

let me know.

*i found some research on the epitopes, which I will review later.

- peace

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Reinfection could not occur in SARS-CoV-2 infected rhesus macaques

Notably, neither viral loads in nasopharyngeal and anal swabs along timeline nor viral replication in all primary tissue compartments at 5 days post-reinfection (dpr) was found in re-exposed monkeys. Combined with the follow-up virologic, radiological and pathological findings, the monkeys with re-exposure showed no recurrence of COVID-19,

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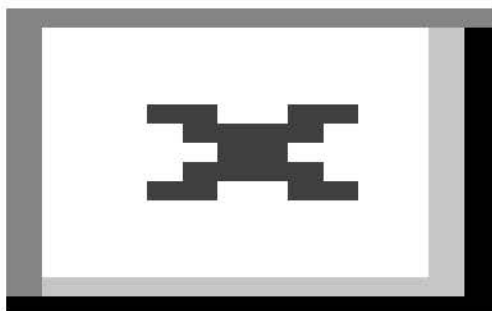


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So I will summarize them, like an executive summary, style.

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The overall mean SCL-90 score and mean values of factors (somatization, obsessive-compulsive, anxiety, phobic anxiety, and psychoticism) of the medical personnel were significantly higher than in the norm group ($p < 0.05$), while their average interpersonal sensitivity score was significantly lower ($p < 0.01$).

Conclusion: The overall mental health status of medical personnel responding to new coronavirus pneumonia is generally higher than that of the norm group in China.

Serological detection of 2019-nCoV respond to the epidemic: A useful complement to nucleic acid testing

We used automated chemiluminescent immunoassay to detect serum IgM and IgG antibodies to 2019-nCoV of 736 subjects. COVID-19 patients were becoming reactive(positive) for specific antibodies from 7-12 days after the onset of morbidity. Specific IgM and IgG increased with the progression of the disease. The areas under the ROC curves of IgM and IgG were 0.988 and 1.000, respectively. Specific antibody detection has good sensitivity and specificity.

COVID-19 patients were all positive for both anti-2019-nCoV IgM and IgG

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>; Biabie, 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:	2020/03/14 22:29:10
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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=2c9b1a0f14e84a819dcdd7a997a9999-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>; Biabie, 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=ddefd991104249dd83c6586bfcb7c19e-amna.ibrahi>
Subject:	Re: A meta-analysis of the March 2020 Research related to COVID-19
Date:	2020/03/14 22:43:58
Priority:	Normal
Type:	Note

ok CDC is already on it

<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

Eye protection, gown, and gloves continue to be recommended

On Sat, Mar 14, 2020 at 10:29 PM The Alchemist <(b)(6)@gmail.com> wrote:
oh yes,

EYE PROTECTION for front line healthcare workers,

Open Ophthalmol J. 2015; 9: 28–32.

Published online 2015 Mar 31. doi: [10.2174/1874364101509010028](https://doi.org/10.2174/1874364101509010028)

PMCID: PMC4407001

PMID: [25926900](https://pubmed.ncbi.nlm.nih.gov/25926900/)

Angiotensin(1-7) and ACE2, “The Hot Spots” of Renin-Angiotensin System, Detected in the Human Aqueous Humor

On Sat, Mar 14, 2020 at 10:24 PM The Alchemist <(b)(6)@gmail.com> wrote:

So what does all this mean,

it means, that within 2 weeks, we develop immunity, the IgG and IgM are the most important antibodies (as to what are the specific antigens/epitopes, that has yet to be determined, but I am sure our bodies can naturally produce these).

It means using the antiviral therapies, caused side effects and people died. (cardiotoxicity)

There is a better and faster (and more accurate) way to detect. [RT-LAMP method (reverse transcription loop-mediated isothermal amplification)]

As for therapeutic options, you know my school of thought, so I do not recommend any monoclonal antibodies or so called antiviral drugs.

I have already explained a few phytotherapies that are rational and sound,

if you want to do those studies,

let me know.

*i found some research on the epitopes, which I will review later.

- peace

On Sat, Mar 14, 2020 at 10:14 PM The Alchemist <(b)(6)@gmail.com> wrote:

Reinfection could not occur in SARS-CoV-2 infected rhesus macaques

Notably, neither viral loads in nasopharyngeal and anal swabs along timeline nor viral replication in all primary tissue compartments at 5 days post-reinfection (dpr) was found in re-exposed monkeys. Combined with the follow-up virologic, radiological and pathological findings, the monkeys with re-exposure showed no recurrence of COVID-19,

our results indicated that the primary SARS-CoV-2 infection could protect from subsequent exposures

-

Retrospective Analysis of Clinical Features in 101 Death Cases with COVID-19

he cases included 64 males and 37 females with average age of 65.46 years (SD 9.74). The blood type distribution was significantly different, with type A 44.44%, type B 29.29%, type AB 8.08% and type O 18.19%. The clinical manifestations of new coronavirus pneumonia are non-specific, the common symptom was fever (91 [90.10%] of 101 patients), Cough (69[68.32%]) and dyspnea (75[74.26%]). Neutrophils, PCT, CRP, IL-6, D-dimer gradually increased as time went on.

All patients were treated in isolation. Among them, 61(60.40%) used antiviral drugs, including Oseltamivir, Ribavirin, All rights reserved. No reuse allowed without permission. author/funder, who has granted medRxiv a license to display the preprint in perpetuity. medRxiv preprint doi: <https://doi.org/10.1101/2020.03.09.20033068>. The copyright holder for this preprint (which was not peer-reviewed) is the Lopinavir, Ritonavir, Ganciclovir, Interferon, etc. 59(58.42%) patients used glucocorticoids, 64(63.37%) patients used intravenous immunoglobulins, and 45(44.55%) patients used thymosin preparations. All patients received antibiotic treatment, including cephalosporins and quinolones, etc., More than half of patients used restricted antibiotics(63 [62.38%] of 101 patients), including carbapenems, linezolid, tigecycline, etc., due to repeated rise in body temperature or wave in inflammation indicators. 23(22.78%) patients used antifungal drugs.

[remember these are patients that are dead]

Most of patients had myocardial damage, of which 32 patients were only complicated with myocardial damage.

[I am sure this was caused due the using these above mentioned drugs].

On Sat, Mar 14, 2020 at 10:07 PM The Alchemist <(b)(6)@gmail.com> wrote:

Estimate the incubation period of coronavirus 2019 (COVID-19)

We estimated that the mean and median of its incubation were 5.84 and 5.0 days via bootstrap and proposed Monte Carlo simulations. We found that the incubation periods of the groups with age ≥ 40 years and age < 40 years demonstrated a statistically significant difference.

Our results further indicated that the incubation difference between males and females did not demonstrate a statistical significance.

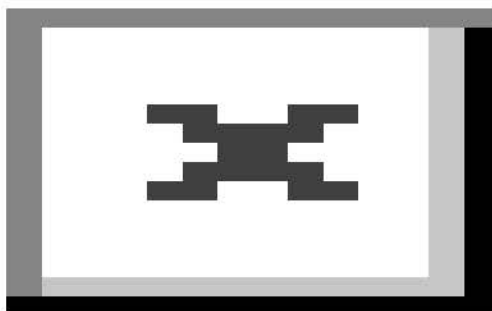


image.png

-

Epidemiological and clinical features of 291 cases with coronavirus disease 2019 in areas adjacent to Hubei, China: a double-center observational study

Leukopenia, lymphopenia and eosinopenia occurred in 36.1%, 22.7% and 50.2% patients respectively. Increased fibrinogen was detected in 45 of 58 (77.6%) patients with available results. 29 of 44 (65.9%) or 22 of 40 (55.0%) patients were positive in Mycoplasma pneumonia or Chlamydia pneumonia antibody test respectively. Compared with mild or moderate group, severe/critical group had a relative higher level of neutrophil, Neutrophil-to-Lymphocyte Ratio, h-CRP, ESR, CK, CK-MB, LDH, D-dimer, and a lower level of lymphocyte, eosinophils, platelet, HDL and sodium (all $p < 0.01$). Most patients received antiviral therapy and Chinese Medicine therapy. As of February 20, 2020, 159 (54.6%) patients were discharged and 2 (0.7%) patients died during hospitalization.

On Sat, Mar 14, 2020 at 9:52 PM The Alchemist (b)(6)@gmail.com>wrote:

Detectable serum SARS-CoV-2 viral load (RNAemia) is closely associated with drastically elevated interleukin 6 (IL-6) level in critically ill COVID-19 patients

Further more, the inflammatory cytokine IL-6 levels were significantly elevated in critically ill patients, which is almost 10-folds higher than those in other patients.

In particular, it is not clear if serum SARS-CoV-2 viral loads could be considered as a prognostic marker, especially for the severe or moribund patients, is not clear.

-

NB:

[IL-6 is a pleiotropic cytokine possessing a number of functions including driving the acute-phase response in hepatocytes, differentiating myeloid cells, stimulating immunoglobulin production, and activating T-cell proliferation.]

-

Predictions for the binding domain and potential new drug targets of 2019-nCoV

In previous studies, it was found that the conformation change in CTD1 was the region where SARS-CoV bound to human ACE2. Although there are mutations of the 2019-nCoV, the binding energy of ACE2 remains high.

No Significant Variation was Found in 2019-nCoV

So far, variability analysis of the known 33 coronavirus sequences showed that during the one-month period of transmission of pneumonia in Wuhan (2019.12.24-2020.01.29), all viral RNA sequences had a Query Cover greater than 99.9% compared with the sequence was matched (MN908947.3). There was no significant variation in the virus

In previous reports, ACE2 was highly expressed in alveolar epithelial cells, intestinal epithelial cells⁹, and in the eyes of the aqueous humor, cornea and conjunctiva^{10,11}. In the most recent cases, people with conjunctivitis and diarrhea were infected. Therefore, from this perspective, it can also be explained that the entry pathway of 2019-nCoV in human may be binding to ACE2 receptor. If this inference is true, then healthy people should also be careful to treat patients' feces. and people who go to places with high virus density (such as fever clinic) must pay attention to eye protection measures to prevent the viral infection through the Aqueous humor.

-

Rapid Detection of SARS-CoV-2 Using Reverse transcription RT-LAMP method

RT-LAMP method (reverse transcription loop-mediated isothermal amplification) was developed. RNA reverse transcription and nucleic acid amplification were performed in one step at 63 °C isothermal conditions, and the results can be obtained within 30 minutes. ORF1ab gene, E gene and N gene were detected at the same time. ORF1ab gene was very specific and

N gene was very sensitivity, so they can guarantee both sensitivity and specificity for SARS-CoV-2. The sensitivity of RT-LAMP assay is similar to RT-PCR, and specificity was 99% as detecting 208 clinical specimens. The RT-LAMP assay reported here has the advantages of rapid amplification, simple operation, and easy detection, which is useful for the rapid and reliable clinical diagnosis of SARS-CoV-2.

In order to identify SARS-CoV-2, the species-specific ORF1ab gene, E gene and N gene were selected as the target gene (GenBank accession No.MN988669.1) after comparing the gene sequences of CoVs from human and bat origins. Oligonucleotide primers for LAMP were designed using Primer Explorer V5 software (<https://protect2.fireeye.com/url?k=42cfa1da-1e9b88f1-42cf90e5-0cc47a6d17cc-13ff85bff4986562&u=http://primerexplorer.jp/e/>), and synthesized commercially by invitrogen biotech (Invitrogen, Carlsbad, CA, USA).

The accuracy rate of RT-LAMP assay is 99%. The ORF1ab gene is very specific, the N gene is very sensitive, and the E gene is in between. If using thees genes alone, the accuracy rates of the ORF1ab gene, E gene and N gene are 99%, 98.5%, and 92.3%, respectively, and the accuracy rate of the combined detection results is 99%.

[READ THIS ONE, it is very good science from China,]

<https://www.medrxiv.org/content/10.1101/2020.03.02.20030130v2.full.pdf>

-

On Sat, Mar 14, 2020 at 9:39 PM The Alchemist (b)(6)@gmail.com>wrote:
from the US

Isolation and characterization of SARS-CoV-2 from the first US COVID-19 patient

The first US patient was diagnosed by the State of Washington and the US Centers for Disease Control and Prevention on January 20, 2020. We isolated virus from nasopharyngeal and oropharyngeal specimens, and characterized the viral sequence, replication properties, and cell culture tropism. We found that the virus replicates to high titer in Vero-CCL81 cells and Vero E6 cells in the absence of trypsin.

-

from China

Antibody responses to SARS-CoV-2 in patients of novel coronavirus disease 2019

Methods A total of 173 patients with confirmed SARS-CoV-2 infection were enrolled. Their serial plasma samples (n = 535) collected during the hospitalization period were tested for total antibodies (Ab), IgM and IgG against SARS-CoV-2 using immunoassays. The dynamics of antibodies with the progress and severity of disease was analyzed. Findings Among 173 patients, the seroconversion rate for Ab, IgM and IgG was 93.1% (161/173), 82.7% (143/173) and 64.7% (112/173), respectively.

The presence of antibodies was <40% among patients in the first 7 days of illness, and then rapidly increased to 100.0%, 94.3% and 79.8% for Ab, IgM and IgG respectively since day 15 after onset. In contrast, the positive rate of RNA decreased from 66.7% (58/87) in samples collected before day 7 to 45.5% (25/55) during days 15 to 39.

-

[This is a good research, it means we can heal after 2 weeks, assuming a normal immune system]

Also i read a new one, which said, the rhesus monkeys couldn't get reinfected, it means once we develop these antibodies, IgM and IgG (specific to this virus), then the risk of re-infection is low/non-existent [my own conclusion].

On Sat, Mar 14, 2020 at 9:31 PM The Alchemist (b)(6)@gmail.com>wrote:

Clinical features and outcomes of 221 patients with COVID-19 in Wuhan, China

Most common symptoms in severe patients were high fever, anorexia and dyspnea. On admission, 33.0% patients showed leukopenia and 73.8% showed lymphopenia.

-

Nanopore target sequencing for accurate and comprehensive detection of SARS-CoV-2 and other respiratory viruses

COVID-19 diagnosis relies upon nucleic acid detection; however, current recommended methods exhibit high false-negative rates, low sensitivity, and cannot identify other respiratory virus infections, thereby resulting patient misdiagnosis and impeding epidemic containment. Combining the advantages of target amplification and long-read, real-time nanopore

sequencing, we developed nanopore target sequencing (NTS) to detect SARS-CoV-2 and other respiratory viruses simultaneously within 6-10 h. Parallel testing with approved qPCR kits of SARS-CoV-2 and NTS using 61 nucleic acid samples from suspected COVID-19 cases confirmed that NTS identified more infected patients as positive, and could also monitor for mutated nucleic acid sequence or other respiratory virus infection in the test sample. NTS is thus suitable for contemporary COVID-19 diagnosis; moreover, this platform can be further extended for diagnosing other viruses or pathogens.

To realize detection of pivotal SARS-CoV-2 virulence genes, we focused on the virulence 84 region (genome bp 21,563–29,674; NC_045512.2), encoding S (1273 amino acids; AA), ORF3a 85 (275 AA), E (75 AA), M (222 AA), ORF6 (61 AA), ORF7a (121 AA), ORF8 (121 AA), N (419 86 AA), and ORF10 (38 AA) proteins. We also considered the RNA-dependent RNA polymerase 87 (RdRP) region in orf1ab

Primer panel design for SARS-CoV-2. The SARS-CoV-2 primer panel was designed to 301 simultaneously detect virus virulence- and infection-related genes and variants thereof. The 21,563– 302 29,674 bp genome region, containing the genes encoding S, ORF3a, E, M, ORF6, ORF7a, ORF8, 303 N, and ORF10, was selected as a template to design a series of end-to-end primers.

-

[so far all this science is from China]

On Sat, Mar 14, 2020 at 9:26 PM The Alchemist (b)(6)@gmail.com>wrote:
ok, so i reviewed all the papers published in March of 2020. I picked the ones that sound interesting, of course, like most research, alot of it isn't worth the paper its printed on. Albeit these are pre-print...

all papers can be found here

<http://connect.medrxiv.org/>

-

So I will summarize them, like an executive summary, style.

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The overall mean SCL-90 score and mean values of factors (somatization, obsessive-compulsive, anxiety, phobic anxiety, and psychoticism) of the medical personnel were significantly higher than in the norm group ($p < 0.05$), while their average interpersonal sensitivity score was significantly lower ($p < 0.01$).

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To:	Oxner, Julie (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f96241c6a5f8401a9a218c259f2e614a-Oxner, Juli>; 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>; Waters, Cicely (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00e638c4ddf64006bcc009e8032dd700-Waters, Cic>
Subject:	RE: Oregon Governor's PPE Request
Date:	2020/03/14 23:20:45
Priority:	Normal
Type:	Note

Dr. K spoke with him. All done

From: Oxner, Julie (OS/ASPR/OEA) <Julie.Oxner@hhs.gov>
Sent: Saturday, March 14, 2020 9:00 PM
To: Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Ford-Barnes, Arwenithia (OS/ASPR/IO) <Arwenithia.FordBarnes@hhs.gov>; Waters, Cicely (OS/ASPR/OEA) <Cicely.Waters@hhs.gov>
Subject: Fwd: Oregon Governor's PPE Request

Dr. Kadlec or Bryan, are either of you available to connect to Senator Wyden to walk through SNS limitations?

Sent from my iPhone

Begin forwarded message:

From: "Nathanson, Rebecca (Wyden)" <Rebecca_Nathanson@wyden.senate.gov>
Date: March 14, 2020 at 8:56:19 PM EDT
To: "Oxner, Julie (OS/ASPR/OEA)" <Julie.Oxner@hhs.gov>
Cc: "Rockower, Lisa (Wyden)" <Lisa_Rockower@wyden.senate.gov>
Subject: Re: Oregon Governor's PPE Request

Hi Julie,

FYI, my boss is trying to get in touch with Dr. Kadlec right now. Governor Brown just told him that all the state received in their shipment tonight was 13,700 gowns. Can you get us some information as to what the plan is for the rest of Oregon's request?

Thanks,

Becca

From: Nathanson, Rebecca (Wyden)
Sent: Friday, March 13, 2020 3:28 PM
To: Oxner, Julie (OS/ASPR/OEA)
Cc: Rockower, Lisa (Wyden)
Subject: Oregon Governor's PPE Request

Hi Julie,

Hope you're hanging in there. You may have seen that Sen Wyden sent a bicameral OR delegation letter to VP Pence flagging some of Gov. Brown's requests re: COVID-19 yesterday.

Specifically on the state's PPE request, Gov. Brown's staff let me know last night that the following is what they're hearing from ASPR:

Oregon's allocation will be the following, which is NOT what we requested.

N95	36,800
Surgical	87,000
Face shields	16,700
Surgical gowns	13,700
Coveralls	7,070
Gloves	48,500

(Rounded by case)

All are past manufacturers expiration date but good for COVID response. But can't be used for surgical settings. N95s useable under emergency use authorization.

Evaluation and impact:

- This is a fraction of our request and need.*
- SNS could not state when they would be resupplied and be able to supply more. (The OHA team estimates no more shipments for months.)*
- It will arrive in 5-7 days.*

- *This probably means OHA must readjust our allocation strategy immediately and be less generous, prioritize according to need.*

Understandably, this is very concerning to us. Can you give us information about when the state's full request will be granted?

Thanks,
Becca

Sender:	Shuy, Bryan (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FDEB5CA04B6B4ED19FEC2209B5F571E7-SHUY, BRYAN>
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To:	OS ASPR IHR Program </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f1decbf12bcf4166892021d2533c739c-ASPRIHRProg>
CC:	Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Phillips, Sally (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d6ce8134846423cb83b5b28464edb60-Phillips, S>; Austin, Meredith (uscg.mil) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9d5f9850a051458eae1ef58335e3c19-Meredith.L.>; DeBord, Kristin (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d2cce28859884c1c835a9404885d6534-DeBord, Kri>; Moudy, Robin (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d421d3e0f6474bc3857583cfc5870d69-Moudy, Robi>
Subject:	Re: Dr. Kadlec's APPROVAL REQUIRED: Notifying WHO of Updated Temporary Health Measures
Date:	2020/03/15 00:25:19
Priority:	Normal
Type:	Note

Thanks Adam approved. Kadlec sends

Sent from my iPhone

On Mar 14, 2020, at 11:11 PM, OS ASPR IHR Program <hhs.ihrp@hhs.gov>wrote:

Good Evening Dr. Kadlec –

The U.S. IHR National Focal Point Program is writing to you as the message authorizing official for official U.S. IHR notifications to the World Health Organization (WHO) for approval to send the below message to WHO notifying them of the updated temporary health measures announced today in response to the COVID-19 pandemic. The message is in the same format as the 3 previous messages sent to WHO. WHO acknowledged all 3 of the previous temporary health measures the U.S. implemented as consistent with the International Health Regulations.

On Behalf of the ASPR IHR Program,

Adam Tewell

PROPOSED MESSAGE TO WHO:

SUBJECT: NOTIFICATION - United States – Temporary Health Measures - Update - March 15, 2020

Dear WHO Colleagues:

Pursuant to the International Health Regulations, Article 43, the U.S. IHR National Focal Point is notifying the World Health Organization of updated temporary health measures the United States

is implementing in response to the COVID-19 pandemic. These updated measures will become effective at 11:59 p.m. (EDT) on March 16, 2020.

Presidential Proclamation:

<https://www.whitehouse.gov/presidential-actions/proclamation-suspension-entry-immigrants-nonimmigrants-certain-additional-persons-pose-risk-transmitting-coronavirus-2/>

Very respectfully,

U.S. IHR National Focal Point

U.S. Department of Health and Human Services (HHS)
Assistant Secretary for Preparedness and Response (ASPR)
Secretary's Operations Center (SOC)
200 Independence Ave S.W.
Washington D.C. 20201
Office: (202) 619 – 7800
Email: hhs.soc@hhs.gov

Sender:	Kadlec, Robert (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A182EDA693D040D3832BAE6EFCF7A255-KADLEC, ROB>
Recipient:	Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Phillips, Sally (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d6ce8134846423cb83b5b28464edb60-Phillips, S>; Austin, Meredith (uscg.mil) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9d5f9850a051458eae1ef58335e3c19-Meredith.L.>; DeBord, Kristin (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d2cce28859884c1c835a9404885d6534-DeBord, Kri>; Moudy, Robin (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d421d3e0f6474bc3857583cfc5870d69-Moudy, Robi>; OS ASPR IHR Program </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f1decbf12bcf4166892021d2533c739c-ASPRIHRProg>
Sent Date:	2020/03/15 00:25:19

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=2c9b1a0f14e84a819dcdd7a997a9999-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: North Carolina COVID-19 news
Date:	2020/03/15 03:24:46
Priority:	Normal
Type:	Note

the idea being, its better to develop immunity, sooner than later...

On Sun, Mar 15, 2020 at 3:23 AM The Alchemist <(b)(6)@gmail.com>wrote:
anyways i was thinking it is not a wise thing to close down the schools,

in good faith, i believe its better if the children, go to school obviously,
there are economic effects (the parents have to take care of their children...)

from a medical point of view, perhaps it is better if the children are exposed to it, so they can
develop immunity,

if they don't develop that immunity now, then perhaps later on they will be infected...

On Sun, Mar 15, 2020 at 3:21 AM The Alchemist <(b)(6)@gmail.com>wrote:
<https://www.usnews.com/news/best-states/north-carolina/articles/2020-03-14/north-carolina-governor-orders-schools-closed-for-2-weeks>

On Sun, Mar 15, 2020 at 3:17 AM The Alchemist <(b)(6)@gmail.com> wrote:

North Carolina governor orders schools closed for 2 weeks

Updated

2:57 pm PDT, Saturday, March 14, 2020

-

I know my co-workers have school aged children...

-

<https://www.msn.com/en-us/news/us/north-carolina-works-around-federal-government-to-find-other-methods-of-testing-for-coronavirus/ar-BB114gmc>

They are saying the CDC tests are missing an extraction agent, (which is unavailable or in short supply).

LabCorp is based in North Carolina (in fact one of their big offices is near my house)...

anyways they have a slightly different testing methodology.

"But due to demand, Cooper anticipates Labcorp's testing to be stretched thin too. He says the University of North Carolina and Duke University are also searching for other methods of testing."

He says the University of North Carolina and Duke University are also searching for other methods of testing.

...

.

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>; Biabie, 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:	2020/03/15 03:24:27
Delivered Date:	2020/03/15 03:24:46
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: A meta-analysis of the March 2020 Research related to COVID-19
Date:	2020/03/15 03:48:11
Priority:	Normal
Type:	Note

Aerosol and surface stability of HCoV-19 (SARS-CoV-2) compared to SARS-CoV-1

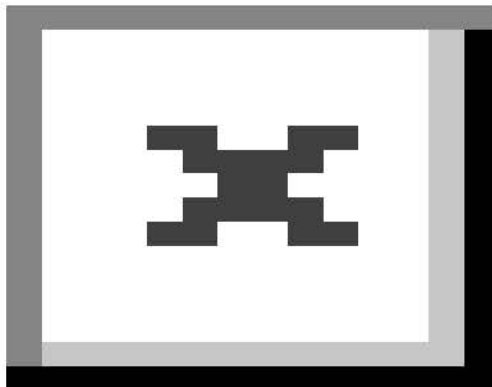


image.png

<https://www.medrxiv.org/content/10.1101/2020.03.09.20033217v1.full.pdf>

it is American research, NIAID, Princeton, UCLA, CDC

On Sat, Mar 14, 2020 at 10:43 PM The Alchemist <(b)(6)>@gmail.com>wrote:
ok CDC is already on it

<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

Eye protection, gown, and gloves continue to be recommended

On Sat, Mar 14, 2020 at 10:29 PM The Alchemist <(b)(6)>@gmail.com>wrote:
oh yes,

EYE PROTECTION for front line healthcare workers,

[Open Ophthalmol J.](#) 2015; 9: 28–32.

Published online 2015 Mar 31. doi: [10.2174/1874364101509010028](https://doi.org/10.2174/1874364101509010028)

PMCID: PMC4407001

PMID: [25926900](https://pubmed.ncbi.nlm.nih.gov/25926900/)

Angiotensin(1-7) and ACE2, “The Hot Spots” of Renin-Angiotensin System, Detected in the Human Aqueous Humor

On Sat, Mar 14, 2020 at 10:24 PM The Alchemist <(b)(6)>@gmail.com>wrote:
So what does all this mean,

it means, that within 2 weeks, we develop immunity, the IgG and IgM are the most important antibodies (as to what are the specific antigens/epitopes, that has yet to be determined, but I am sure our bodies can naturally produce these).

It means using the antiviral therapies, caused side effects and people died. (cardiotoxicity)

There is a better and faster (and more accurate) way to detect. [RT-LAMP method (reverse transcription loop-mediated isothermal amplification)]

As for therapeutic options, you know my school of thought, so I do not recommend any monoclonal antibodies or so called antiviral drugs.

I have already explained a few phytotherapies that are rational and sound,

if you want to do those studies,

let me know.

*i found some research on the epitopes, which I will review later.

- peace

On Sat, Mar 14, 2020 at 10:14 PM The Alchemist <(b)(6)@gmail.com>wrote:

Reinfection could not occur in SARS-CoV-2 infected rhesus macaques

Notably, neither viral loads in nasopharyngeal and anal swabs along timeline nor viral replication in all primary tissue compartments at 5 days post-reinfection (dpr) was found in re-exposed monkeys. Combined with the follow-up virologic, radiological and pathological findings, the monkeys with re-exposure showed no recurrence of COVID-19,

our results indicated that the primary SARS-CoV-2 infection could protect from subsequent exposures

-

Retrospective Analysis of Clinical Features in 101 Death Cases with COVID-19

he cases included 64 males and 37 females with average age of 65.46 years (SD 9.74). The blood type distribution was significantly different, with type A 44.44%, type B 29.29%, type AB 8.08% and type O 18.19%. The clinical manifestations of new coronavirus pneumonia are non-specific, the common symptom was fever (91 [90.10%] of 101 patients), Cough (69[68.32%]) and dyspnea (75[74.26%]). Neutrophils, PCT, CRP, IL-6, D-dimer gradually increased as time went on.

All patients were treated in isolation. Among them, 61(60.40%) used antiviral drugs, including Oseltamivir, Ribavirin, All rights reserved. No reuse allowed without permission. author/funder, who has granted medRxiv a license to display the preprint in perpetuity. medRxiv preprint doi: <https://doi.org/10.1101/2020.03.09.20033068>. The copyright holder for this preprint (which was not peer-reviewed) is the Lopinavir, Ritonavir, Ganciclovir, Interferon, etc. 59(58.42%) patients used glucocorticoids, 64(63.37%) patients used intravenous immunoglobulins, and 45(44.55%) patients used thymosin preparations. All patients received antibiotic treatment, including cephalosporins and quinolones, etc., More than half of patients used restricted antibiotics(63 [62.38%] of 101 patients), including carbapenems, linezolid, tigecycline, etc., due to repeated

rise in body temperature or wave in inflammation indicators. 23(22.78%) patients used antifungal drugs.

[remember these are patients that are dead]

Most of patients had myocardial damage, of which 32 patients were only complicated with myocardial damage.

[I am sure this was caused due the using these above mentioned drugs].

On Sat, Mar 14, 2020 at 10:07 PM The Alchemist <(b)(6)@gmail.com> wrote:

Estimate the incubation period of coronavirus 2019 (COVID-19)

We estimated that the mean and median of its incubation were 5.84 and 5.0 days via bootstrap and proposed Monte Carlo simulations. We found that the incubation periods of the groups with age $\geq$ 40 years and age $<$ 40 years demonstrated a statistically significant difference.

Our results further indicated that the incubation difference between males and females did not demonstrate a statistical significance.

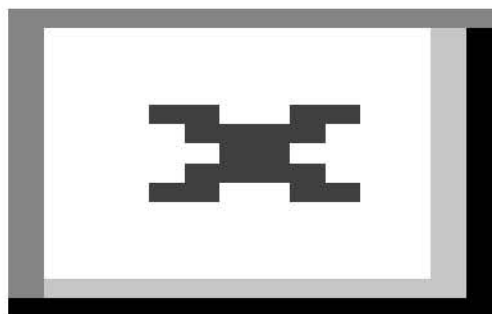


image.png

-

Epidemiological and clinical features of 291 cases with coronavirus disease 2019 in areas adjacent to Hubei, China: a double-center observational study

Leukopenia, lymphopenia and eosinopenia occurred in 36.1%, 22.7% and 50.2% patients respectively. Increased fibrinogen was detected in 45 of 58 (77.6%) patients with available results. 29 of 44 (65.9%) or 22 of 40 (55.0%) patients were positive in Mycoplasma pneumonia or Chlamydia pneumonia antibody test respectively. Compared with mild or moderate group, severe/critical group had a relative higher level of neutrophil, Neutrophil-to-Lymphocyte Ratio, h-CRP, ESR, CK, CK-MB, LDH, D-dimer, and a lower level of lymphocyte, eosinophils, platelet, HDL and sodium (all $p < 0.01$). Most patients received antiviral therapy and Chinese Medicine therapy. As of February 20, 2020, 159 (54.6%) patients were discharged and 2 (0.7%) patients died during hospitalization.

On Sat, Mar 14, 2020 at 9:52 PM The Alchemist (b)(6)@gmail.com>wrote:
Detectable serum SARS-CoV-2 viral load (RNAemia) is closely associated with drastically elevated interleukin 6 (IL-6) level in critically ill COVID-19 patients

Further more, the inflammatory cytokine IL-6 levels were significantly elevated in critically ill patients, which is almost 10-folds higher than those in other patients.

In particular, it is not clear if serum SARS-CoV-2 viral loads could be considered as a prognostic marker, especially for the severe or moribund patients, is not clear.

-
NB:

[IL-6 is a pleiotropic cytokine possessing a number of functions including driving the acute-phase response in hepatocytes, differentiating myeloid cells, stimulating immunoglobulin production, and activating T-cell proliferation.]

-

Predictions for the binding domain and potential new drug targets of 2019-nCoV

In previous studies, it was found that the conformation change in CTD1 was the region where SARS-CoV bound to human ACE2. Although there are mutations of the 2019-nCoV, the binding energy of ACE2 remains high.

No Significant Variation was Found in 2019-nCoV

So far, variability analysis of the known 33 coronavirus sequences showed that during the one-month period of transmission of pneumonia in Wuhan (2019.12.24-2020.01.29), all viral RNA sequences had a Query Cover greater than 99.9% compared with the sequence was matched (MN908947.3). There was no significant variation in the virus

In previous reports, ACE2 was highly expressed in alveolar epithelial cells, intestinal epithelial cells⁹, and in the eyes of the aqueous humor, cornea and conjunctiva^{10,11}. In the most recent cases, people with conjunctivitis and diarrhea were infected. Therefore, from this perspective, it can also be explained that the entry pathway of 2019-nCoV in human may be binding to ACE2 receptor. If this inference is true, then healthy people should also be careful to treat patients' feces. and people who go to places with high virus density (such as fever clinic) must pay attention to eye protection measures to prevent the viral infection through the Aqueous humor.

-

Rapid Detection of SARS-CoV-2 Using Reverse transcription RT-LAMP method

RT-LAMP method (reverse transcription loop-mediated isothermal amplification) was developed. RNA reverse transcription and nucleic acid amplification were performed in one step at 63 °C isothermal conditions, and the results can be obtained within 30 minutes. ORF1ab gene, E gene and N gene were detected at the same time. ORF1ab gene was very specific and N gene was very sensitivity, so they can guarantee both sensitivity and specificity for SARS-CoV-2. The sensitivity of RT-LAMP assay is similar to RT-PCR, and specificity was 99% as detecting 208 clinical specimens. The RT-LAMP assay reported here has the advantages of rapid amplification, simple operation, and easy detection, which is useful for the rapid and reliable clinical diagnosis of SARS-CoV-2.

In order to identify SARS-CoV-2, the species-specific ORF1ab gene, E gene and N gene were selected as the target gene (GenBank accession No.MN988669.1) after comparing the gene sequences of CoVs from human and bat origins. Oligonucleotide primers for LAMP were designed using Primer Explorer V5 software (<https://protect2.fireeye.com/url?k=2a14ad08-76408423-2a149c37-0cc47a6d17cc-cf7a6b4051917487&u=http://primerexplorer.jp/e/>), and synthesized commercially by invitrogen biotech (Invitrogen, Carlsbad, CA, USA).

The accuracy rate of RT-LAMP assay is 99%. The ORF1ab gene is very specific, the N gene is very sensitive, and the E gene is in between. If using thees genes alone, the accuracy rates of the ORF1ab gene, E gene and N gene are 99%, 98.5%, and 92.3%, respectively, and the accuracy rate of the combined detection results is 99%.

[READ THIS ONE, it is very good science from China,]

<https://www.medrxiv.org/content/10.1101/2020.03.02.20030130v2.full.pdf>

-

On Sat, Mar 14, 2020 at 9:39 PM The Alchemist (b)(6)@gmail.com>wrote:
from the US

Isolation and characterization of SARS-CoV-2 from the first US COVID-19 patient

The first US patient was diagnosed by the State of Washington and the US Centers for Disease Control and Prevention on January 20, 2020. We isolated virus from nasopharyngeal and oropharyngeal specimens, and characterized the viral sequence, replication properties, and cell culture tropism. We found that the virus replicates to high titer in Vero-CCL81 cells and Vero E6 cells in the absence of trypsin.

-

from China

Antibody responses to SARS-CoV-2 in patients of novel coronavirus disease 2019

Methods A total of 173 patients with confirmed SARS-CoV-2 infection were enrolled. Their serial plasma samples (n = 535) collected during the hospitalization period were tested for total antibodies (Ab), IgM and IgG against SARS-CoV-2 using immunoassays. The dynamics of antibodies with the progress and severity of disease was analyzed. **Findings** Among 173 patients, the seroconversion rate for Ab, IgM and IgG was 93.1% (161/173), 82.7% (143/173) and 64.7% (112/173), respectively.

The presence of antibodies was <40% among patients in the first 7 days of illness, and then rapidly increased to 100.0%, 94.3% and 79.8% for Ab, IgM and IgG respectively since day 15 after onset. In contrast, the positive rate of RNA decreased from 66.7% (58/87) in samples collected before day 7 to 45.5% (25/55) during days 15 to 39.

-

[This is a good research, it means we can heal after 2 weeks, assuming a normal immune system]

Also i read a new one, which said, the rhesus monkeys couldn't get reinfected, it means once we develop these antibodies, IgM and IgG (specific to this virus), then the risk of re-infection is low/non-existent [my own conclusion].

On Sat, Mar 14, 2020 at 9:31 PM The Alchemist (b)(6)@gmail.com>wrote:

Clinical features and outcomes of 221 patients with COVID-19 in Wuhan, China

Most common symptoms in severe patients were high fever, anorexia and dyspnea. On admission, 33.0% patients showed leukopenia and 73.8% showed lymphopenia.

-

Nanopore target sequencing for accurate and comprehensive detection of SARS-CoV-2 and other respiratory viruses

COVID-19 diagnosis relies upon nucleic acid detection; however, current recommended methods exhibit high false-negative rates, low sensitivity, and cannot identify other respiratory virus infections, thereby resulting patient misdiagnosis and impeding epidemic containment. Combining the advantages of target amplification and long-read, real-time nanopore sequencing, we developed nanopore target sequencing (NTS) to detect SARS-CoV-2 and other respiratory viruses simultaneously within 6-10 h. Parallel testing with approved qPCR kits of SARS-CoV-2 and NTS using 61 nucleic acid samples from suspected COVID-19 cases confirmed that NTS identified more infected patients as positive, and could also monitor for mutated nucleic acid sequence or other respiratory virus infection in the test sample. NTS is thus suitable for contemporary COVID-19 diagnosis; moreover, this platform can be further extended for diagnosing other viruses or pathogens.

To realize detection of pivotal SARS-CoV-2 virulence genes, we focused on the virulence 84 region (genome bp 21,563–29,674; NC_045512.2), encoding S (1273 amino acids; AA), ORF3a (275 AA), E (75 AA), M (222 AA), ORF6 (61 AA), ORF7a (121 AA), ORF8 (121 AA), N (419 86 AA), and ORF10 (38 AA) proteins. We also considered the RNA-dependent RNA polymerase 87 (RdRP) region in orf1ab

Primer panel design for SARS-CoV-2. The SARS-CoV-2 primer panel was designed to 301 simultaneously detect virus virulence- and infection-related genes and variants thereof. The 21,563–302 29,674 bp genome region, containing the genes encoding S, ORF3a, E, M, ORF6, ORF7a, ORF8, 303 N, and ORF10, was selected as a template to design a series of end-to-end primers.

-

[so far all this science is from China]

On Sat, Mar 14, 2020 at 9:26 PM The Alchemist (b)(6)@gmail.com>wrote:
ok, so i reviewed all the papers published in March of 2020. I picked the ones that sound interesting, of course, like most research, alot of it isn't worth the paper its printed on. Albeit these are pre-print...

all papers can be found here

<http://connect.medrxiv.org/>

-

So I will summarize them, like an executive summary, style.

Study of the mental health status of medical personnel dealing with new coronavirus pneumonia

The overall mean SCL-90 score and mean values of factors (somatization, obsessive-compulsive, anxiety, phobic anxiety, and psychoticism) of the medical personnel were significantly higher than in the norm group ($p < 0.05$), while their average interpersonal sensitivity score was significantly lower ($p < 0.01$).

Conclusion: The overall mental health status of medical personnel responding to new coronavirus pneumonia is generally higher than that of the norm group in China.

-

Serological detection of 2019-nCoV respond to the epidemic: A useful complement to nucleic acid testing

We used automated chemiluminescent immunoassay to detect serum IgM and IgG antibodies to 2019-nCoV of 736 subjects. COVID-19 patients were becoming reactive(positive) for specific antibodies from 7-12 days after the onset of morbidity. Specific IgM and IgG increased with the progression of the disease. The areas under the ROC curves of IgM and IgG were 0.988 and 1.000, respectively. Specific antibody detection has good sensitivity and specificity.

COVID-19 patients were all positive for both anti-2019-nCoV IgM and IgG

-

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=2c9b1a0f14e84a819dcdd7a997a9999-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>; Biabie, 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:	2020/03/15 03:47:48
Delivered Date:	2020/03/15 03:48:11
Message Flags:	Unread

From:	OS Secretarys Operations Center </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=32B1F28D808B43B6903C00083291303E-SECRETARYS>
To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	HHS Executive Summary 15Mar20
Date:	2020/03/15 06:47:59
Priority:	Normal
Type:	Note

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HHS Executive Summary: Sunday, 15Mar20

1. HHS

Today's Noteworthy Topics:

COVID-19 (Novel Coronavirus)

As of 14Mar20, 1700ET, the CDC confirmed that presumptive positive U.S. cases of COVID-19 reached 2,177 across 49 states and D.C. with 50 deaths. Combined CDC and WHO reported global cases: 156,400; global deaths: 5,833; Countries with cases: 142. The Department of State issued a level three travel advisory for Israel. As of 14Mar20, 49 States have made State of Emergency Declarations. On Saturday, 14Mar20, the State of Virginia reported its first COVID-19 related death.

Daily Operational Schedule:

0815 – COVID-19 Operational Update Brief
1300 – IMD Sync Call for COVID-19

Public Health Emergency of National Significance:

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

HHS Response Status Summary:

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

Emergency Support Function (ESF) Activation:

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

Recovery Support Function (RSF) Activation:

H&SS RSF: Activated Region II (2017 Irma/Maria, Puerto Rico projected end date of 30Jun20). Activated Region IX (2018 California Wildfires projected end date of 31Mar20).

HHS Deployments: (Total = 1423)

ASPR: 1053 – (11) Earthquake Puerto Rico, (1028) COVID-19, (5) Irma/Maria Recovery, (3) Irma, (2) FY Funded Training Q1, (2) FY Non-Funded Training Q1, (1) California Wildfires, (1) California Wildfires Recovery

CDC: 370 – (1) Puerto Rico, (305) COVID-19, (33) Polio, (31) 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: Level II

National IMATs: Red – Demobilizing, DC; Blue – Fully Mission Capable; Gold – Fully Mission Capable

Regional IMATs: Region IV-2, TN

Significant National Weather:

Two large but separate low pressure systems will keep the states of California and Hawaii unsettled through at least Tuesday. A system dropping down the West Coast will keep showers, locally heavy rain and heavy mountain snow in the picture for California. Meanwhile, a low pressure system developing just west of Hawaii will deliver bouts of heavy rain and thunderstorms with possible flooding.

3. OPDIV/STAFFDIV Overnight Reports:

CDC: NSTR

FDA: NSTR

Prepared by:

Secretary's Operations Center

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



cid:image001.png@01D5F637.9AFA0B50

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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:	2020/03/15 06:47:52
Delivered Date:	2020/03/15 06:47:59

From:	IMTNAT Information Management (OS/ASPR) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=22166CE1E59645A98FAD5EA6B78193B7-IMTNAT.INFO>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>
CC:	Cote, Mick (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user9459b24b>; Horahan, Kevin (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user09957bb0>; White, Jonathan (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e9b5fe526f1d4ba0a6cc8ddee8ec4d87-Jonathan Wh>; SOC Information Management Section Chief (OS/ASPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=652e33372fd3407cb78f88b914723f26-EMGINFO_15a>
Subject:	15MAR Grand Princess Evacuation Status - HHS
Date:	2020/03/15 07:32:42
Priority:	Normal
Type:	Note

All,

Please see updates below.

Day 6 (14MAR) activity:

Zero (0) American citizen passengers remain on board the Grand Princess. Four (4) U.S. crew members remain on board. IMT-8 working with partners on Phase II operations.

Homeward Bound

- Miramar
 - 3 OK
- Travis
 - 2 OR
 - 5 CA
- Dobbins
 - 2 CA
 - 6 IA
 - 17 GA
 - 9 OK

Mission Site Resident Counts:

- Dobbins: 465 (6 PUI)
- Lackland: 150 (1 PUI, 1 COVID+, 1 otherwise hospitalized 1 NDMS)
 - 5 DIAMOND Princess at TCID
- Travis AOR: 859

- 8 DIAMOND Princess COVID+ at local hospitals; going to San Carlos
- San Carlos: 25 (7 COVID+)
- Pacific Grove: 17 (3 PUI, 3 COVID+)
- Miramar: 486 (3 COVID+, 3 otherwise hospitalized)

Staffing at HHS Mission Sites (per 14MAR SITREPS/PARS):

- Dobbins: 212*
- Miramar: 169*
- Travis: 258*
 - San Carlos: 37*
 - Pacific Grove: 6*
- Lackland: 189
- Oakland: 208*
- Omaha: 20
- Kirkland: 49*

*From PARS

States Accepting Passengers:

Accepting passengers, no test required	Accepting Passengers, test result required	Accepting passengers, negative test required	Not accepting passengers	Testing, result requirement unknown
CT	VA	NY	IL	WA
MA	NC	MD	HI	
NH	WI	MI		
NJ		MN		
DE		CO		
PA		MT		
AL		ID		
FL				
GA				
KY				
SC				
IN				
AR				
LA				
NM				
OK				
TX				

IA				
KS				
MO				
NE				
SD				
ND				
UT				
WY				
AZ				
CA				
NV				
AK				
OR				

Tom Fitzgerald, MPH

Information Management Section Chief

COVID-19 IMT-National

202-875-4031

IMTNAT.INFO@hhs.gov

Sender:	IMTNAT Information Management (OS/ASPR) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=22166CE1E59645A98FAD5EA6B78193B7-IMTNAT.INFO>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>; Cote, Mick (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user9459b24b>; Horahan, Kevin (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user09957bb0>; White, Jonathan (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e9b5fe526f1d4ba0a6cc8ddee8ec4d87-Jonathan Wh>; SOC Information Management Section Chief (OS/ASPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=652e33372fd3407cb78f88b914723f26-EMGINFO_15a>
Sent Date:	2020/03/15 07:32:16
Delivered Date:	2020/03/15 07:32:42

From:	Nicholas Potts <nick@scriptdrop.co>
To:	David Curley <david.curley@endogroupplc.com>
CC:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.up (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	Re: ScriptDrop
Date:	2020/03/15 07:41:30
Priority:	Normal
Type:	Note

Bob,

I have no doubt you're being inundated with emails. I spoke to Lyft leadership and DoorDash leadership late last night. Between our tech, current courier coverage, and all of their collective drivers, we are here to help deliver as many prescriptions as possible.

And, more importantly, as many test kits as possible. We've worked out a process with Lyft and a hospital on the delivery of at-home test kits that we can roll out nationally.

Lyft drivers drop off the test kits to the patients home, once it is ordered. This will come with a USPS pre-addressed envelope. The patient will place the test kit in there, when they are complete. We have an integration into the USPS platform to generate pickups and will loop in our network of biohazard trained couriers for redundancy.

The Lyft drivers dropping off the test kits help to remove the main bottleneck. This is a better approach mathematically, to distribute as many test kits as possible and not inundate hospitals as much.

Again, our entire team is working all day and I'm available to take a call. My cell is 615-522-7117.

Our patient-focused prescription delivery services goes live nationally tomorrow Morning.

Nick Potts

CEO

ScriptDrop

<https://protect2.fireeye.com/url?k=efe462fa-b3b16b2a-efe453c5-0cc47a6a52de-30b74f97d3e3eca3&u=https://scriptdrop.co/>

855 Grandview Avenue #110

Columbus, OH 43215

On Sat, Mar 14, 2020 at 6:33 PM Nicholas Potts <nick@scriptdrop.co>wrote:
Thanks so much for the intro, Dave.

Bob,

We launch our patient initiated delivery solution on Monday. ScriptDrop's solution is already used by thousands of pharmacies in the country. A patient can text a short code the word "DELIVER" and get their prescription delivered, from any pharmacy.

We're working with several national pharmacy groups that believe they'll need to go to a closed-door, delivery only model and we're their solution to execute on that.

Last night, I had a large hospital system reach out and ask about our ability to delivery at-home test kits through our platform. To add additional capacity to handle their request, we're working with Lyft to train their drivers on our technology across the country.

Between Lyft, DoorDash, Postmates, and our normal courier network, we have hundreds of thousands of drivers to help the healthcare system and patients, in all 50 states.

I'd love to hop on a quick call with you and identify ways we can help even more patients. I know this is an all-hands on deck scenario for anyone that can assist. ScriptDrop's technology and team are both ready for the challenge.

Nick Potts

CEO

ScriptDrop

<https://protect2.fireeye.com/url?k=8bb3bc17-d7e6b5c7-8bb38d28-0cc47a6a52de-24e4daf8f817495f&u=https://scriptdrop.co/>

855 Grandview Avenue #110

Columbus, OH 43215

On Sat, Mar 14, 2020 at 6:14 PM David Curley <david.curley@endogroupllc.com>wrote:

Hi Bob – I want to introduce you to Nick Potts, CEO of Scriptdrop. They are getting ready to go live on Monday in support of the COVID19 national effort. Take a look at this press release. I'm hoping to socialize this throughout the HHS and other gov't agencies so they can help let people know of this great service during this time of need.

<https://www.prnewswire.com/news-releases/scriptdrop-launches-nationwide-patient-focused-prescription-delivery-solution-in-response-to-covid-19-301022797.html>

It's amazing how Nick and his team have got this going so quickly. You can also check out:
<https://protect2.fireeye.com/url?k=dd8dfba5-81d8f275-dd8dca9a-0cc47a6a52def2e9ce4ee55eb5e6&u=http://www.scriptdrop.co/>

Best Regards,

Dave

David M. Curley

Endo Marketing Group, llc

O | 866.782.ENDO x1

C | (b)(6)

E | david.curley@endogroupllc.com



Sender: Nicholas Potts <nick@scriptdrop.co>

HHS-20-0564-P-000302

Recipient:	David Curley <david.curley@endogroupllc.com>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Sent Date:	2020/03/15 07:40:51
Delivered Date:	2020/03/15 07:41:30

From:	Weir, Charles (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=USER24F49DA6>
To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>; SOC ASPR SLT </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=462b691cb8a743c6870dbb5626596c94-SOC ASPR SL>; Cocciardi, Joseph (HHS/ASPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0d6e0e3753eb413090659181932f164e-Cocciardi,>; Field Operations and Response Division </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c982b5811dce4a9ca3e4c454ece0d74a-ASPR.DFOR>; OS - ASPR - PDAS - EMMO - Readiness - HPP </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f60f5b3f68f241d3b60300245eaa8b3-OS-ASPR-PDA>; Borden, Cheryl Ann (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b671591104d544c694e1da28fdde6175-Borden, Che>; ASPR Info Liaison (OS/ASPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2e4b65c3f69c4d0fa572e130b1db7ffc-IM.LNO>; Deussing, Eric (CDC/OD/OCS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d0e1290339b14ad6844f56b40d0c6661-eric.deussi>
Subject:	FW: 3-14-20 OSHA Enforcement Memo on Respirator Annual Fit Testing
Date:	2020/03/15 07:56:20
Priority:	Normal
Type:	Note

From: State and Local Readiness (CDC) <preparedness@cdc.gov>
Sent: Sunday, March 15, 2020 7:50 AM
To: State and Local Readiness (CDC) <preparedness@cdc.gov>
Subject: 3-14-20 OSHA Enforcement Memo on Respirator Annual Fit Testing

Dear Colleagues:

Yesterday the Occupational Safety and Health Administration (OSHA) released **Temporary Enforcement Guidance - Healthcare Respiratory Protection Annual Fit-Testing for N95 Filtering Facepieces During the COVID-19 Outbreak**. The guidance can be found here: <https://www.osha.gov/memos/2020-03-14/temporary-enforcement-guidance-healthcare-respiratory-protection-annual-fit>

A fit test is required for anyone wearing a respirator to protect against COVID-19. Annual fit test can be temporarily suspended if employee has already been fit tested to that respirator.

See relevant bullets from memo below:

- Perform initial fit tests for each HCP with the same model, style, and size respirator that the worker will be required to wear for protection against COVID-19 (initial fit testing is essential to determine if the respirator properly fits the worker and is capable of providing the expected level of protection);
- Inform workers that the employer is temporarily suspending the annual fit testing of N95 filtering facepiece respirators to preserve and prioritize the supply of respirators for use in situations where they are required to be worn.

Kind Regards,

State Coordination Task Force

(Sent by BCC to PHEP directors, state epidemiologists, state health officials, public health laboratory directors, BCHC, and national and federal partners)

Sender:	Weir, Charles (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=USER24F49DA6>
Recipient:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>; SOC ASPR SLT </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=462b691cb8a743c6870dbb5626596c94-SOC ASPR SL>; Cocciardi, Joseph (HHS/ASPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0d6e0e3753eb413090659181932f164e-Cocciardi,>; Field Operations and Response Division </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c982b5811dce4a9ca3e4c454ece0d74a-ASPR.DFOR>; OS - ASPR - PDAS - EMMO - Readiness - HPP </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f60f5b3f68f241d3b60300245eaa8b3-OS-ASPR-PDA>; Borden, Cheryl Ann (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b671591104d544c694e1da28fdde6175-Borden, Che>; ASPR Info Liaison (OS/ASPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2e4b65c3f69c4d0fa572e130b1db7ffc-IM.LNO>; Deussing, Eric (CDC/OD/OCS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d0e1290339b14ad6844f56b40d0c6661-eric.deussi>
Sent Date:	2020/03/15 07:56:13
Delivered Date:	2020/03/15 07:56:20
Message Flags:	Unread

From:	<Robert.Kadlec@hhs.gov>
To:	Nicholas Potts <nick@scriptdrop.co>
CC:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.(FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Waters, Cicely (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00e638c4ddf64006bcc009e8032dd700-Waters, Cic>
Subject:	Re: ScriptDrop
Date:	2020/03/15 08:26:22
Priority:	Normal
Type:	Note

I will have my team set up a time. Nick. Thanks. Best. Bob

Sent from my iPhone

On Mar 15, 2020, at 8:09 AM, Nicholas Potts <nick@scriptdrop.co>wrote:

Bob and Bryan,

I can touch base with your team today and provide the resources needed on the process, so the message is easy for you to share. Several pharmacy chains starting Monday will include our process in every patient text they send, letting them know their prescription is ready and how to kick off a delivery.

A few pharmacy chains are working with us to plan to go a closed-door, delivery only model for weeks/months to help lessen the spread.

My team and I can be free to hop on a call **anytime** today. I'm also happy to loop in leadership of Lyft and DoorDash. Everyone is using our technology and we know this will be a total team effort to offer a nationwide solution for hospitals and patients for delivery of prescriptions and test kits.

My cell is (b)(6) Feel free to reach out, when you are free.

Nick Potts
CEO

ScriptDrop

<https://protect2.fireeye.com/url?k=d6f7ca0b-8aa3d377-d6f7fb34-0cc47adc5fa2-2ccb6f88f9f413cc&u=https://scriptdrop.co/>

855 Grandview Avenue #110
Columbus, OH 43215

On Sun, Mar 15, 2020 at 7:53 AM Kadlec, Robert (OS/ASPR/IO)

<Robert.Kadlec@hhs.gov>wrote:

Dave thanks for the intro

Nick what a wonderful idea and service. I copied my CoS Bryan Shuy who will reach out.

What can we do to help get the word out?

Sent from my iPhone

On Mar 14, 2020, at 6:35 PM, Nicholas Potts <nick@scriptdrop.co>wrote:

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Bob,

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Nick Potts

CEO

ScriptDrop

<https://protect2.fireeye.com/url?k=a83c213b-f4683847-a83c1004-0cc47adc5fa2-255ce00ad0d67037&u=https://protect2.fireeye.com/url?k=c72ef8c0-9b7ae1bc-c72ec9ff-0cc47adc5fa2-c2081e4e02c1fe14&u=https://scriptdrop.co/>

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<https://www.prnewswire.com/news-releases/scriptdrop-launches-nationwide-patient-focused-prescription-delivery-solution-in-response-to-covid-19-301022797.html>

It's amazing how Nick and his team have got this going so quickly. You can also check out:
<https://protect2.fireeye.com/url?k=da585c41-860c453d-da586d7e-0cc47adc5fa2-1310e8b61ce6e6a2&u=https://protect2.fireeye.com/url?k=e76f633e-bb3b7a42-e76f5201-0cc47adc5fa2-a604ed6463f4274e&u=http://www.scriptdrop.co/>

Best Regards,

Dave

David M. Curley

Endo Marketing Group, llc

O | 866.782.ENDO x1

C | (b)(6)

E | david.curley@endogroupllc.com

<image001.png>

Sender:	<Robert.Kadlec@hhs.gov>
Recipient:	Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Waters, Cicely (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00e638c4ddf64006bcc009e8032dd700-Waters, Cic>; Nicholas Potts <nick@scriptdrop.co>
Sent Date:	2020/03/15 08:26:21

Delivered Date:	2020/03/15 08:26:22
Message Flags:	Unsent

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.UP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A182EDA693D040D3832BAE6EFCF7A255-KADLEC, ROB>
To:	Nicholas Potts <nick@scriptdrop.co>
CC:	Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Waters, Cicely (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00e638c4ddf64006bcc009e8032dd700-Waters, Cic>
Subject:	Re: ScriptDrop
Date:	2020/03/15 08:26:23
Priority:	Normal
Type:	Note

I will have my team set up a time. Nick. Thanks. Best. Bob

Sent from my iPhone

On Mar 15, 2020, at 8:09 AM, Nicholas Potts <nick@scriptdrop.co>wrote:

Bob and Bryan,

I can touch base with your team today and provide the resources needed on the process, so the message is easy for you to share. Several pharmacy chains starting Monday will include our process in every patient text they send, letting them know their prescription is ready and how to kick off a delivery.

A few pharmacy chains are working with us to plan to go a closed-door, delivery only model for weeks/months to help lessen the spread.

My team and I can be free to hop on a call **anytime** today. I'm also happy to loop in leadership of Lyft and DoorDash. Everyone is using our technology and we know this will be a total team effort to offer a nationwide solution for hospitals and patients for delivery of prescriptions and test kits.

My cell is (b)(6) Feel free to reach out, when you are free.

Nick Potts
CEO

ScriptDrop

<https://protect2.fireeye.com/url?k=d6f7ca0b-8aa3d377-d6f7fb34-0cc47adc5fa2-2ccb6f88f9f413cc&u=https://scriptdrop.co/>

855 Grandview Avenue #110
Columbus, OH 43215

On Sun, Mar 15, 2020 at 7:53 AM Kadlec, Robert (OS/ASPR/IO)

<Robert.Kadlec@hhs.gov>wrote:

Dave thanks for the intro

Nick what a wonderful idea and service. I copied my CoS Bryan Shuy who will reach out.

What can we do to help get the word out?

Sent from my iPhone

On Mar 14, 2020, at 6:35 PM, Nicholas Potts <nick@scriptdrop.co>wrote:

Thanks so much for the intro, Dave.

Bob,

We launch our patient initiated delivery solution on Monday. ScriptDrop's solution is already used by thousands of pharmacies in the country. A patient can text a short code the word "DELIVER" and get their prescription delivered, from any pharmacy.

We're working with several national pharmacy groups that believe they'll need to go to a closed-door, delivery only model and we're their solution to execute on that.

Last night, I had a large hospital system reach out and ask about our ability to delivery at-home test kits through our platform. To add additional capacity to handle their request, we're working with Lyft to train their drivers on our technology across the country.

Between Lyft, DoorDash, Postmates, and our normal courier network, we have hundreds of thousands of drivers to help the healthcare system and patients, in all 50 states.

I'd love to hop on a quick call with you and identify ways we can help even more patients. I know this is an all-hands on deck scenario for anyone that can assist. ScriptDrop's technology and team are both ready for the challenge.

Nick Potts

CEO

ScriptDrop

<https://protect2.fireeye.com/url?k=a83c213b-f4683847-a83c1004-0cc47adc5fa2-255ce00ad0d67037&u=https://protect2.fireeye.com/url?k=c72ef8c0-9b7ae1bc-c72ec9ff-0cc47adc5fa2-c2081e4e02c1fe14&u=https://scriptdrop.co/>

855 Grandview Avenue #110

Columbus, OH 43215

On Sat, Mar 14, 2020 at 6:14 PM David Curley <david.curley@endogroupllc.com>wrote:

Hi Bob – I want to introduce you you Nick Potts, CEO of Scriptdrop. They are getting ready to go live on Monday in support of the COVID19 national effort. Take a look at this press

release. I'm hoping to socialize this throughout the HHS and other gov't agencies so they can help let people know of this great service during this time of need.

<https://www.prnewswire.com/news-releases/scriptdrop-launches-nationwide-patient-focused-prescription-delivery-solution-in-response-to-covid-19-301022797.html>

It's amazing how Nick and his team have got this going so quickly. You can also check out:
<https://protect2.fireeye.com/url?k=da585c41-860c453d-da586d7e-0cc47adc5fa2-1310e8b61ce6e6a2&u=https://protect2.fireeye.com/url?k=e76f633e-bb3b7a42-e76f5201-0cc47adc5fa2-a604ed6463f4274e&u=http://www.scriptdrop.co/>

Best Regards,

Dave

David M. Curley

Endo Marketing Group, llc

O | 866.782.ENDO x1

C | (b)(6)

E | david.curley@endogroupllc.com

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Sender:	Kadlec, Robert (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A182EDA693D040D3832BAE6EFCF7A255-KADLEC, ROB>
Recipient:	Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Waters, Cicely (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00e638c4ddf64006bcc009e8032dd700-Waters, Cic>; Nicholas Potts <nick@scriptdrop.co>

Sent Date:	2020/03/15 08:26:22
Delivered Date:	2020/03/15 08:26:23

To:	Cetron, Marty (CDC/DDID/NCEZID/DGMQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5422d8cda52140b7bda64b67419f9bd2-Cetron, Mar>; Knutson, Donna (CDC/DDNID/NCEH/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=42c4369a164a4dc9b97b58230d04d368-Knutson, Do>; Perdue, Christopher (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b1f65848ded24b15937eae3dcee7c827-Perdue, Chr>; Weir, Charles (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user24f49da6>
CC:	Redfield, Robert R. (CDC/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ab74a26317547b8a754285d9eaa847c-robert.redf>; Schuchat, Anne MD (CDC/OD) <acs1@cdc.gov>; McGowan, Robert (Kyle) (CDC/OD/OCS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a2046e75239f48a28d2854bedbe5f899-robert.mcgo>
Subject:	Need your URGENT Attention Please
Date:	2020/03/15 09:08:06
Importance:	High
Priority:	Urgent
Type:	Note

Marty hope you are having a gentle start this Sunday but I need your assistance to help clarify the quarantine period. We have many individuals (passengers from the GRAND PRINCESS) currently at 4 locations (Travis, Miramar, Lackland and Dobbins) that are concerned that their quarantine clock will reset once they travel back to their home state. Many are refusing returning to their states of record because they are concerned that quarantine would restart. This is creating a huge problem in logistics and the transportation.

I would like clarifying affirmation and a statement from you that would indicate anyone who is being returned to their State public health authorities that would indicate unless they (passengers) have been further exposed by a close contact who has become COVID-19 positive, they are transferred in quarantine to the state authorities and their clock continues to run unless there is a change in their status.

Recipient:	Cetron, Marty (CDC/DDID/NCEZID/DGMQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5422d8cda52140b7bda64b67419f9bd2-Cetron, Mar>; Knutson, Donna (CDC/DDNID/NCEH/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=42c4369a164a4dc9b97b58230d04d368-Knutson, Do>; Perdue, Christopher (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b1f65848ded24b15937eae3dcee7c827-Perdue, Chr>; Weir, Charles (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user24f49da6>; Redfield, Robert R. (CDC/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ab74a26317547b8a754285d9eaa847c-robert.redf>; Schuchat, Anne MD (CDC/OD) <acs1@cdc.gov>; McGowan, Robert (Kyle) (CDC/OD/OCS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a2046e75239f48a28d2854bedbe5f899-robert.mcgo>
Sent Date:	2020/03/15 08:48:25
Delivered Date:	2020/03/15 09:08:06
Message Flags:	Unread Unsent

From:	DeFrancis, Suzy <Suzy.DeFrancis@redcross.org>
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.YDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>
CC:	Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>; Trueman, Laura (HHS/IEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=99dcba4c6ea342c08d58f63e37d997e7-Trueman, La>; Beck, Gary (OS/IEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a049f8137013412bbf472fc1833391be-Beck, Miche>; Rigas, Laura (HHS/IEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d673e0b542154f5485015d37f090881b-Rigas, Laur>
Subject:	RE: [EXTERNAL] Re: Meeting with Red Cross CEO Gail McGovern - URGENT
Date:	2020/03/15 08:53:37
Priority:	Normal
Type:	Note

Thanks, Judy! I know everything is URGENT in your world and really appreciate your help.

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

From: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>
Sent: Sunday, March 15, 2020 8:48 AM
To: DeFrancis, Suzy <Suzy.DeFrancis@redcross.org>
Cc: Hargan, Eric (OS/IOS) <Eric.Hargan@hhs.gov>; Trueman, Laura (HHS/IEA) <Laura.Trueman@hhs.gov>; Beck, Gary (OS/IEA) <Gary.Beck@hhs.gov>; Rigas, Laura (HHS/IEA) <Laura.Rigas@hhs.gov>
Subject: [EXTERNAL] Re: Meeting with Red Cross CEO Gail McGovern - URGENT

Suzy,

Thanks so much for reaching out again. I am cc'ing our external affairs folks who have been working this issue and have been working with others and the surgeon generals office as well.

Judy

Sent from my iPhone

On Mar 15, 2020, at 8:28 AM, DeFrancis, Suzy <Suzy.DeFrancis@redcross.org>wrote:

Eric and Judy,

Thanks so much for getting our request for a meeting into the Secretary's office. I saw Alex Friday night and told him about the request. I'm sorry to bother you again but things have gone from bad to worse in the last few days and I would appreciate anything you can do to stress the urgency of this. Please see my note to Alex this a.m. (I have his gmail but not his HHS email - not sure he has time to check either).

Thanks again,

Suzy

From: DeFrancis, Suzy

Sent: Sunday, March 15, 2020 8:14 AM

To: (b)(6)@gmail.com

Subject: Meeting with Red Cross CEO Gail McGovern - URGENT

Alex,

It was great to see you the other night. Please know that we are grateful for the tremendous job you are doing for our country.

I asked your office last week for a meeting with Gail, but it's become even more urgent now. On Tuesday, we will be announcing that American Red Cross now faces a severe blood shortage due to an unprecedented number of blood drive cancellations during this coronavirus outbreak. 1,500 Red Cross blood drives have been canceled across the country due to coronavirus concerns, resulting in more than 46,000 fewer blood donations. The Red Cross is distributing blood to hospitals faster than it is coming in, and beginning Monday, we will be filling all red cell, AB plasma, and pooled cryo customer orders at 75%. We anticipate this is only the starting point and our order fulfillment will most likely drop to 50% by the following week.

The purpose of the meeting would be to brief you on the impact this could have on our entire health care system and what we will need to maintain a sufficient blood supply and head off another health care crisis.

We are getting the word out through media interviews, PSAs and social media, but we could really use your help in reinforcing the message that we need healthy individuals to donate blood. As a nation, this is a time where we must take care of one another, and one of the most important things people can do during this public health emergency is donate blood.

Is there someone I can contact in your office to set up a meeting as soon as possible?

Thanks,

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)

<image001.png>

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Sender:	DeFrancis, Suzy <Suzy.DeFrancis@redcross.org>
Recipient:	Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>; Trueman, Laura (HHS/IEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=99dcba4c6ea342c08d58f63e37d997e7-Trueman, La>; Beck, Gary (OS/IEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a049f8137013412bbf472fc1833391be-Beck, Miche>; Rigas, Laura (HHS/IEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d673e0b542154f5485015d37f090881b-Rigas, Laur>
Sent Date:	2020/03/15 08:53:14
Delivered Date:	2020/03/15 08:53:37