



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

November 7, 2022

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

Dear Mr. Evers:

This letter is the eighteenth interim response to your March 18, 2020, Freedom of Information Act (FOIA) request.

American Oversight requests that HHS produce the following records as soon as practicable, and at least within twenty business days:

All email communications (including email messages, complete email chains, email attachments, calendar invitations) sent by the government officials specified below containing any of the following key terms:

1. Coronavirus
2. Corona
3. Virus
4. Disease
5. Pandemic
6. Epidemic
7. Outbreak
8. containment
9. "public health emergency"
10. "COVID-19"
11. "COVID 19"
12. COVID19
13. SARS
14. "2019-nCoV"
15. POTUS
16. Test
17. Tests
18. Testing
19. EUA
20. Emergency
21. Wuhan
22. Hoax
23. Hubei
24. Princess
25. Cruise
26. Kirkland
27. Seattle
28. "New Rochelle"
29. "BioGen Conference"
30. CPAC
31. AIPAC
32. RNA

33. "Extraction kits"
34. Roche
35. Vaccine
36. Antiviral
37. Antiretroviral
38. Quarantine
39. Distancing
40. Isolation
41. N95
42. Mask
43. Respirator

Government Officials

1. Alex Azar, Secretary
2. Brian Harrison, Chief of Staff
3. Eric Hargan, Deputy Secretary
4. Jerome Adams, Surgeon General
5. Robert Kadlec, Assistant Secretary for Preparedness and Response
6. John Brooks, Senior Advisor to the Secretary for Drug Pricing Reform

On February 10, 2021, you narrowed your request per the following:

Eliminate attachments, documents regarding "Red Dawn" and obvious marketing and news bulletins

- a. Limit the date range of the following key terms as stand-alone search terms from January 15, 2020 through February 29, 2020. [[Limit responsive records to those that also include: (Test OR Tests OR Vaccine OR EUA OR "Emergency Use" OR Shortage OR Shortages OR Supplies OR "the WHO" OR States OR Governor OR Governors OR PPE OR Ventilators OR Respirators OR Swabs OR DPA OR "Defense Production Act" OR Trump OR Pence OR Jared OR Kushner OR "White House" OR "the WH")]]

- i. Coronavirus
- ii. Corona
- iii. "COVID-19"
- iv. "COVID 19"
- v. COVID19
- vi. "2019-nCoV"

~~vii. SARS~~

~~viii. Epidemic~~

~~ix. Pandemic~~

~~x. Outbreak~~

~~xi. "Public Health Emergency"~~

-

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

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

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

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

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

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

• Vaccine • Antiviral • Antiretroviral	• CV19 • "CV-19" • C19 • "C-19" • "EUA" • "Emergency Use" • "DPA" • "Defense Production Act" • "the WHO" • "W.H.O." • "World Health Organization"
---	--

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

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

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

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

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

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

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

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

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

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

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

ii. Hoax [[no changes]]

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

iv. POTUS [[no changes]]

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

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

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

~~viii. Isolation~~

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

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

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

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

~~xiii. Containment~~

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

i. Disease

ii. Virus

The Department processed **407 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 **212 pages** to you in their entirety and I am further releasing in part **82 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 **113 pages** should be sent for consultation to others and returned to this Department for final disposition.

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

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

FOIA exemption (b)(6) permits a Federal agency to withhold information and records about individuals in "personnel and medical files and similar files, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy." The definition of "similar files" has historically been broadly interpreted to include a wide variety of files, and the United States Supreme Court has held that Congress intended the term "similar files" to be interpreted broadly, rather than narrowly. I have analyzed these records and find they meet the threshold requirement of this exemption. Additionally, I have reviewed and weighed the public interest in disclosure of this information against the privacy interest in nondisclosure, and found that the privacy interest outweighs the public's interest in disclosure.

We will continue to review the remaining records as efficiently and expeditiously as possible, consistent with our available resources. Should you have questions or concerns regarding the Department's response and/or the processing of your request, any such issues should be communicated to your legal counsel and Department of Justice Attorney representing the Department in this matter.

Sincerely yours,

Alesia Y. Williams

Alesia Y. Williams

Director, FOIA Appeals and Litigations

FOI/Privacy Act Division

Enclosure(s)

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=USERE7E54524>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
CC:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>; Greene, Jonathan (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1b692a4d6cff4afabbbee99d35336ece-Greene, Jon>
Subject:	Re: Louisiana Veterans Affairs Medical Facility COVID-19 Request
Date:	2020/03/15 09:14:51
Priority:	Normal
Type:	Note

Sir, can you forward the SOC the form LA sent you? Thx.

Sam

V/r,

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

On: 15 March 2020 09:12,
 "SOC Information Management Section Chief (OS/ASPR)" <SOC.IM@hhs.gov>wrote:

VA LNO,

ATTN: RFI Manager

Forwarding for your attention as requested. Please acknowledge receipt.

Respectfully,

LCDR Joseph Kelly
 Information Management Division
 Office of Security, Intelligence & Information Management
 Assistant Secretary for Preparedness & Response
 Email: soc.im@hhs.gov
 SOC.IM Desk: 202-619-7814

From: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Sent: Sunday, March 15, 2020 12:27 AM

To: Casey Tingle <Casey.Tingle@la.gov>

Cc: Robinson, Tony (DHS/FEMA) <Tony.Robinson@fema.dhs.gov>; James Waskom <James.Waskom@la.gov>; Jimmy Guidry (LDH) <Jimmy.Guidry2@la.gov>; Rosanne Prats <Rosanne.Prats@la.gov>; SOC ASPR SLT <SOC-ASPR-SLT@hhs.gov>; SOC Information Management Section Chief (OS/ASPR) <SOC.IM@hhs.gov>; Adams, Steven A. (CDC/SNS/DSNS) <saa1@cdc.gov>; Ottem, Ronald (Ron) (CDC/SNS/DSNS) <rco9@cdc.gov>

Subject: Re: Louisiana Veterans Affairs Medical Facility COVID-19 Request

In acknowledge receipt and will expedite processing and delivery. Kadlec sends.

Sent from my iPhone

On Mar 15, 2020, at 12:08 AM, Casey Tingle <Casey.Tingle@la.gov> wrote:

Dr. Kadlec,

The State of Louisiana, through the Governor's Office of Homeland Security and Emergency Preparedness, respectfully submits the attached Resource Request Form (RRF) based on the recommendation of the State Health Officer, Dr. Jimmy Guidry. This request is based on the significant spread of COVID-19 in several areas of the state and the anticipated requirement to provide surge medical capacity in the impacted areas. Any available capacity in the medical facilities with the U.S. Department of Veterans Affairs is requested to be made available for civilian treatment.

Should your office require this submission in a different format or additional data, please let us know.

Thank you for your consideration of this request. Louisiana stands ready to coordinate with your office and other stakeholders to work out the details of this request.

Sincerely,

Casey Tingle
Deputy Director
Governor's Office of Homeland Security and Emergency Preparedness
225-485-7451
<Louisiana VA Hospital Request 03142020.pdf>

Sender:	Imbriale, Samuel (OS/ASPR/SIIM) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=USERE7E54524>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; OS Secretaries Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>; Greene, Jonathan (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1b692a4d6cff4afabbeea99d35336ece-Greene, Jon>
Sent Date:	2020/03/15 09:14:50
Delivered Date:	2020/03/15 09:14:51

From:	Perdue, Christopher (OS/ASPR/SPPR) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=B1F65848DED24B15937EAE3DCEE7C827-PERDUE, CHR>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	RE: Need your URGENT Attention Please
Date:	2020/03/15 09:18:47
Priority:	Normal
Type:	Note

Thank you, sir.

Christopher L. Perdue, MD, MPH

Captain (CAPT), US Public Health Service

Senior Policy Analyst, Designated Officer for Federal Advisory Committees

Office of Strategy, Policy, Planning, and Requirements

US DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)

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

O'Neill House Office Building | 200 C Street SW | Washington, DC 20515

o. (202) 401-5837 | m. (b)(6)

christopher.perdue@hhs.gov | www.phe.gov

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

Sent: Sunday, March 15, 2020 9:11 AM

To: Cetron, Marty (CDC/DDID/NCEZID/DGMQ) <mzc4@cdc.gov>; Knutson, Donna (CDC/DDNID/NCEH/OD) <dbk2@cdc.gov>; Perdue, Christopher (OS/ASPR/SPPR) <Christopher.Perdue@hhs.gov>; Weir, Charles (OS/ASPR/IO) <Charles.Weir@hhs.gov>

Cc: Redfield, Robert R. (CDC/OD) <olx1@cdc.gov>; Schuchat, Anne MD (CDC/OD) <acs1@cdc.gov>; McGowan, Robert (Kyle) (CDC/OD/OCS) <omc2@cdc.gov>; Cote, Mick (OS/ASPR/EMMO) <Mick.Cote@hhs.gov>; Yeskey, Kevin (OS/ASPR/IO) <Kevin.Yeskey@hhs.gov>

Subject: Need your URGENT Attention Please

Importance: High

Marty hope you are having a gentle start this Sunday but I need your assistance to help clarify the quarantine period for the GRAND PRINCESS passengers. 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 the quarantine period 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 status and their clock continues to run unless there is a change in their status (become positive) or they have been re-exposed.

Thanks This would be a huge help.

Bob

Sender:	Perdue, Christopher (OS/ASPR/SPPR) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=B1F65848DED24B15937EAE3DCEE7C827-PERDUE, CHR>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Sent Date:	2020/03/15 09:18:46
Delivered Date:	2020/03/15 09:18:47

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=USERE7E54524>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	Re: Louisiana Veterans Affairs Medical Facility COVID-19 Request
Date:	2020/03/15 09:28:26
Priority:	Normal
Type:	Note

No attachment sir - the original email from Casey Tingle would have attachment. Sorry to bug you.

V/r,

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

On: 15 March 2020 09:27,
 "Kadlec, Robert (OS/ASPR/IO)" <Robert.Kadlec@hhs.gov>wrote:

FYSA

From: Kadlec, Robert (OS/ASPR/IO)
Sent: Sunday, March 15, 2020 12:27 AM
To: Casey Tingle <Casey.Tingle@la.gov>
Cc: Robinson, Tony (DHS/FEMA) <Tony.Robinson@fema.dhs.gov>; James Waskom <James.Waskom@la.gov>; Jimmy Guidry (LDH) <Jimmy.Guidry2@la.gov>; Rosanne Prats <Rosanne.Prats@la.gov>; SOC ASPR SLT <SOC-ASPR-SLT@hhs.gov>; SOC Information Management Section Chief (OS/ASPR) <SOC.IM@hhs.gov>; Adams, Steven A. (CDC/SNS/DSNS) <saa1@cdc.gov>; Ottem, Ronald (Ron) (CDC/SNS/DSNS) <rco9@cdc.gov>
Subject: Re: Louisiana Veterans Affairs Medical Facility COVID-19 Request

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Should your office require this submission in a different format or additional data, please let us know.

Thank you for your consideration of this request. Louisiana stands ready to coordinate with your office and other stakeholders to work out the details of this request.

Sincerely,

Casey Tingle
Deputy Director
Governor's Office of Homeland Security and Emergency Preparedness
225-485-7451
<Louisiana VA Hospital Request 03142020.pdf>

Sender:	Imbriale, Samuel (OS/ASPR/SIIM) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=USERE7E54524>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Sent Date:	2020/03/15 09:28:26

To:	Imbriale, Samuel (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=usere7e54524>
Subject:	FW: Louisiana Veterans Affairs Medical Facility COVID-19 Request
Date:	2020/03/15 09:38:20
Priority:	Normal
Type:	Note

I forwarded this o

From: Casey Tingle <Casey.Tingle@LA.GOV>
Sent: Sunday, March 15, 2020 12:08 AM
To: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Cc: Robinson, Tony (DHS/FEMA) <Tony.Robinson@fema.dhs.gov>; James Waskom <James.Waskom@LA.GOV>; Jimmy Guidry (LDH) <Jimmy.Guidry2@LA.GOV>; Rosanne Prats <Rosanne.Prats@la.gov>
Subject: Louisiana Veterans Affairs Medical Facility COVID-19 Request

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Casey Tingle
Deputy Director
Governor's Office of Homeland Security and Emergency Preparedness
225-485-7451

Recipient:	Imbriale, Samuel (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=usere7e54524>
Sent Date:	2020/03/15 09:38:24
Delivered Date:	2020/03/15 09:38:20
Message Flags:	Unread Unsent

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=USER9459B24B>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	Re: Need your URGENT Attention Please
Date:	2020/03/15 09:41:04
Priority:	Normal
Type:	Note

Tracking sir. IMT is working the messaging on this end between CDC and our passengers on site. I'll ask the RECs in regions receiving passengers to engage health departments. Goal is to have them agree with our assessment and socialize with citizens.

Sent from my iPhone

On Mar 15, 2020, at 9:10 AM, Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov> wrote:

Marty hope you are having a gentle start this Sunday but I need your assistance to help clarify the quarantine period for the GRAND PRINCESS passengers. 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 the quarantine period would restart. This is creating a huge problem in logistics and the transportation.

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Thanks This would be a huge help.

Bob

Sender:	Cote, Mick (OS/ASPR/EMMO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=USER9459B24B>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Sent Date:	2020/03/15 09:41:03
Delivered Date:	2020/03/15 09:41:04

From:	OS Secretarys Operations Center </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=32B1F28D808B43B6903C00083291303E-SECRETARYS>
To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	COVID-19 Morning CDC Update 15Mar20
Date:	2020/03/15 09:52:53
Priority:	Normal
Type:	Note

UNCLASSIFIED // FOR OFFICIAL USE ONLY

COVID-19 Response update Mar 15, 2020

INTERNAL - NOT FOR FURTHER DISTRIBUTION

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 15 Mar) - All the US case counts reported to CDC (below) will be shown in black

Jurisdictions = 53 49 states + DC, NYC, PR, and USVI	Cases and Deaths Reported to CDC and/or Reported on Jurisdiction Websites					For Situational Awareness Cases and Deaths Report Jurisdictions*** or Unof Sources* as of 03:00 2020
	Total Cases*	Total Deaths**	New Cases**	New Deaths**	Cases	Deaths
Alabama	11	0	6	0	7	0
Alaska	1	0	0	0	0	0
Arizona	12	0	2	0	12	0
Arkansas	12	0	3	0	12	0
California	311	4	47	-1	368	5
Colorado	86	1	23	0	101	1
Connecticut	20	0	9	0	23	0
Delaware	8	0	3	0	6	0
Florida ¹	108	4	38	1	76	3
Georgia	66	1	21	0	73	1
Hawaii	2	0	0	0	4	0
Idaho	5	0	4	0	4	0

Jurisdictions = 53	Cases and Deaths Reported to CDC and/or Reported on Jurisdiction Websites					For Situational Awareness Cases and Deaths Reported Jurisdictions*** or Unofficial Sources* as of 03:00 2020
49 states + DC, NYC, PR, and USVI	Total Cases*	Total Deaths**	New Cases**	New Deaths**	Cases	Deaths
Illinois	64	0	18	0	64	0
Indiana	15	0	3	0	16	0
Iowa	18	0	1	0	17	0
Kansas	8	1	2	0	8	1
Kentucky	16	0	2	0	18	0
Louisiana	77	1	41	1	77	1
Maine	5	0	2	0	21	0
Maryland	26	0	9	0	27	0
Massachusetts	138	0	15	0	138	0
Michigan	33	0	8	0	25	0
Minnesota	21	0	7	0	21	0
Mississippi	6	0	0	0	6	0
Missouri	5	0	1	0	4	0
Montana	7	0	2	0	5	0
Nebraska	17	0	3	0	18	0
Nevada	16	0	0	0	21	0
New Hampshire	7	0	1	0	7	0
New Jersey	69	2	19	1	69	1
New Mexico	13	0	3	0	13	0
New York (excluding NYC)	344	1	77	2	613**	2
New York City	269	1	115	0	-	-
North Carolina	23	0	8	0	25	0
North Dakota	1	0	0	0	1	0
Ohio	26	0	13	0	26	0
Oklahoma	5	0	0	0	4	0
Oregon	36	0	6	0	36	0
Pennsylvania	47	0	6	0	47	0
Rhode Island	20	0	6	0	20	0
South Carolina	19	0	6	0	19	0
South Dakota	9	1	0	0	9	1
Tennessee	32	0	6	0	32	0
Texas	51	0	12	0	61	0
Utah	19	0	13	0	10	0
Vermont	4	0	2	0	5	0
Virginia	41	1	11	1	41	1
Washington	642	40	74	3	642	40
West Virginia	0	0	0	0	0	0
Wisconsin	27	0	8	0	27	0
Wyoming	3	0	1	0	3	0
American Samoa	0	0	0	0	0	0
District of Columbia	16	0	6	0	16	0
Guam	0	0	0	0	0	0
Northern Mariana Islands	0	0	0	0	0	0
Palau	0	0	0	0	0	0

Jurisdictions = 53	Cases and Deaths Reported to CDC and/or Reported on Jurisdiction Websites					For Situational Awareness Cases and Deaths Reported Jurisdictions*** or Unofficial Sources* as of 03:00 2020
49 states + DC, NYC, PR, and USVI	Total Cases*	Total Deaths**	New Cases**	New Deaths**	Cases	Deaths
Puerto Rico	1	0	-2	0	3	0
U.S. Virgin Islands	1	0	1	0	1	0
Federated 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)	2839	58	662	8	2923	57
Repat cases [#]	49	0	0	0	49	0
Total (including repat cases)	2888	58	662	8	2923	57

U.S. public health surveillance systems since 21 Jan, 2020.

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

*** 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.

§ 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.

† Excludes 5 cases that were FL residents diagnosed and isolated outside of FL that are included in the repatriation case count

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

††† Puerto Rico reports 4 cases (3 on 14 Mar, 1 on 15 Mar) but 2 cases are Italian residents and 1 case is a CA resident. The residency of the 4th case is not yet reported and may be recategorized later as a non-Puerto Rico case.

Note: Unless there are objections, the "situational awareness" columns of the table will be removed in the next few days as they are no longer informative.

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

Exposure Category	Number Cases
Travel-related	196
Close contact with known case	192
Under investigation	2451
Total cases	2839

*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).

Other Situational Awareness

Healthcare workers in U.S. Case-Count (N=63)

- 15 healthcare workers had recently traveled internationally
- 48 healthcare workers have no known travel history

DOD active-duty servicemembers and dependents outside U.S. with positive tests not included in case-count (N=5)

Domestic Updates – Notes from the Field

Data as of 14 Mar

Location	Number Currently Deployed
Colorado	4
Cruise Team	10
Michigan	1
New York	3
Rhode Island	7
Sacramento	3
Santa Clara	15*
Washington State	29*
Nebraska	2
Grand Total	74

*Includes deployers scheduled to return 14 Mar

Does not include staff deployed for airport screening, to other Federal Government agencies, or overseas

CA, Santa Clara County:

- 20 cases identified in last 24 hours, 112 total; 7 cases among healthcare workers; 2 deaths
- *Scaling back case investigation to focus only on clusters and cases of high public health concern (e.g., healthcare workers, long-term care facilities, jails, shelters), increased attention on healthcare capacity and preparedness*
- Stopped contact tracing and active monitoring, limiting epi and surveillance reports to data in CalRedie
- Total of 6 positive cases have been identified to date from community-based ILI surveillance of ~53 specimens
- Planned new team structure and roles for transition to local health department staff

CO:

- 104 total cases (unofficially), 1 death
- 3 cluster investigations ongoing; Aspen Australian cohort investigation is wrapping up
 - Others include a LTCF and a bridge tournament
- 200+ people received drive-through testing

NE:

- 14 confirmed cases; 3 new cases today
- Roughly 5 active cluster investigations ongoing.
- Yesterday's positive SD case was subsequently negative when tested in NE. SD sent specimens to CDC for repeat testing, results not yet received.
- NPHL has sufficient testing kit inventory currently for need, but extraction kit supplies running low; increased testing discussions ongoing.

- Significant laboratory and epidemiology resources are being committed to ensuring that healthcare providers are following the proper protocol for ordering and approving of nCoV testing at NPHL.

NY:

- *Total NY State cases 613 (including 269 NYC)*
 - Total cases in Westchester 178.
 - *As of 14 Mar, 117/524 (22%) of COVID-19 patients are currently hospitalized.*
 - Two additional counties reported at least one new case (16 counties + NYC).
 - *First novel coronavirus-related death in NYC; an 82-Year-Old woman in Brooklyn with emphysema; there is also a death in Rockland County.*
- *There are 3 LTCF and 1 assisted living facility with COVID-19 cases.*
 - 1st LTCF – 15 contacts tested, completing 14 days post-exposure 14 Mar
 - 2nd LTCF – 7 COVID+ patients, 3 with symptoms; challenges continue in implementing ICP recommendations (limited hand sanitizer, lack of PPE and 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
- *First Drive-thru COVID-19 testing operational in New Rochelle; 150 cars with 263 tested; with 500/day goal*
- Current statewide hospital capacity: 3,200 ICU beds, 53,000 hospital beds
- *Co-pays for telemedicine waived*

RI:

- 6 new cases (total RI cases = 20); 0 deaths
- Serology screening investigation of school completed; 30 students participated
- 1 long-term care facility under investigation (1 presumptive positive)
 - New DHQP team member now embedded on investigation

WA:

- 388 confirmed cases in SKC (*up 60 from yesterday*).
- 35 confirmed deaths in SKC (*up 3 from yesterday*)
 - 1 reported death, investigation pending
 - 2 reported deaths of residents from Life Care Center
- 13 LTCFs identified with COVID-19 confirmed cases
- Major concerns regarding shortages of PPE, including surgical masks
- CDC staff deployed to test all residents of Issaquah NH (PCR and culture, approximately 85 residents), along with symptom interview to assess prevalence of unrecognized COVID-19 infection and clinical spectrum of disease
- 8 of 17 members of ICP team departing Seattle on 14 Mar or 15 Mar, anticipate departure of remaining team members by mid-week

Domestic Updates – Laboratory

Data as of 14 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
 - 4392 samples reported
- Public Health testing update until end of day 14 Mar
 - 15,749 samples tested
- Large commercial laboratories – EUA update
 - ARUP, LabCorp, Mayo and Quest – testing nationwide
 - Data reported to CDC from subset of large commercial lab – 14 Mar
 - • 15,600 tests ordered
 - • 2271 results so far: 129 positive; 2142 negative or inconclusive
- Large commercial diagnostic companies
 - Thermofisher received EUA 13 Mar; targets: ORF1ab, N gene, S gene
- IRR reagent update – Reagents below are all used as part of the CDC diagnostic panel for COVID-19. Columns below represent total number ordered so far, the number that have already been shipped out, the orders that have been approved and finally the remaining inventory in stock. Note that manufacturers are reporting a nationwide shortage of extraction kits, which are used for many diagnostics in addition to COVID-19 testing.

IRR Reagents	Data as of 14 Mar (09:00)			
	Ordered	Shipped	Approved	Inventory
CDC rRT-PCR Kits	360	267	93	333
Human Specimen Controls (Negative)	278	223	55	497
EUA Positive Controls	73	43	33	121
Enzyme Mastermix	505	381	124	137
Qiagen -Manual Extraction Kit	1104	586	518	93
Qiagen -Automated Extraction Kit	434	188	246	0
Roche -Automated Extraction Kit	172	0	172	0
Roche -High-throughput	11	10	1	11

Extraction Kit				
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Travel/Migration Updates

Data as of 13 Mar

Airport Entry Screening

- 56,911* air travelers screened to date.
- Air travelers screened: 422
- Hospital Referrals: 0
- 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 13 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

- Provided feedback for State Department FAQs for Schengen Proclamation
- Operationalizing 212F Proclamation for Schengen countries
 - Updating health education materials: THANs, web, airport posters
 - Requesting additional staff and resources to new Q stations
- 212F Proclamation for UK/Ireland effective Monday 16 Mar at 00:00 (midnight)
 - Requesting additional staff and resources to new Q stations

- Provided feedback on language for new proclamation to ensure congruency with current travel health notice language

International Updates

Note: Numbers may vary slightly from the current version online as WHO updates their SitRep with corrections

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

Data as of 04:00 EST 14 Mar 2020 [Source: [WHO SitRep - 54](#)]

Globally	China*		Outside of China		
Confirmed Cases	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Countries/ Territories/ Areas
142,539 (9,769 new)	81,021 (18 new)	3,194 (14 new)	61,518 (9,751 new)	2,199 (424 new)	135 (13 new)

*China totals include:

- Hong Kong – 137 cases (6 new), 4 deaths (1 new)
- Macau – 10 cases (0 new), 0 deaths (0 new)
- Taiwan – 50 cases (1 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, 14 Mar 2020* [Source: [WHO SitRep - 54](#)]

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	8086	107	72	6	Local transmission	0
Japan	716	41	21	2	Local transmission	0
Singapore	200	13	0	0	Local transmission	0
Australia	197	57	3	0	Local transmission	0
Malaysia	197	68	0	0	Local transmission	0
Philippines	64	12	2	0	Local transmission	0
Viet Nam	48	9	0	0	Local transmission	0
Brunei Darussalam	25	13	0	0	Local transmission	0
Cambodia	7	2	0	0	Local transmission	0
New Zealand	6	1	0	0	Local transmission	0
Mongolia	1	0	0	0	Imported cases only	4
Territories**						
French Polynesia	1	0	0	0	Imported cases only	2
European Region						
Italy	17660	2547	1268	252	Local transmission	0
Spain	4231	1266	120	36	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
France	3640	780	79	18	Local transmission	0
Germany	3062	693	6	0	Local transmission	0
Switzerland	1125	267	6	0	Local transmission	0
Netherlands	804	190	10	5	Local transmission	0
The United Kingdom	802	208	10	2	Local transmission	0
Denmark	801	127	0	0	Local transmission	0
Sweden	775	155	0	0	Local transmission	0
Norway	750	261	1	1	Local transmission	0
Belgium	599	285	0	0	Local transmission	0
Austria	504	143	1	0	Local transmission	0
Czechia	150	34	0	0	Local transmission	0
Slovenia	141	84	0	0	Local transmission	0
Portugal	112	71	0	0	Local transmission	0
Finland	109	0	0	0	Local transmission	1
Israel	100	25	0	0	Local transmission	0
Greece	98	0	1	0	Local transmission	2
Ireland	90	20	1	0	Local transmission	0
Estonia	79	66	0	0	Local transmission	0
San Marino	66	3	2	0	Local transmission	0
Romania	64	16	0	0	Local transmission	0
Poland	64	15	1	0	Local transmission	0
Iceland	61	0	0	0	Local transmission	4
Luxembourg	38	21	1	1	Local transmission	0
Russian Federation	34	0	0	0	Imported cases only	1
Albania	33	10	1	1	Local transmission	0
Serbia	31	12	0	0	Local transmission	0
Slovakia	30	9	0	0	Local transmission	0
Croatia	27	11	0	0	Local transmission	0
Georgia	25	0	0	0	Imported cases only	1
Belarus	21	9	0	0	Local transmission	0
Hungary	19	3	0	0	Local transmission	0
Latvia	16	0	0	0	Imported cases only	2
Cyprus	14	8	0	0	Imported cases only	0
Malta	12	3	0	0	Imported cases only	0
Azerbaijan	11	0	0	0	Imported cases only	1
Bosnia and Herzegovina	11	7	0	0	Local transmission	0
North Macedonia	9	2	0	0	Local transmission	0
Armenia	8	7	0	0	Imported cases only	0
Republic of Moldova	8	4	0	0	Imported cases only	0

Reporting Country/ Territory/ Area†	Total confirmed‡ cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification§	Days since last reported case
Bulgaria	7	0	1	0	Local transmission	2
Lithuania	6	3	0	0	Imported cases only	0
Turkey	5	4	0	0	Imported cases only	0
Liechtenstein	4	0	0	0	Imported cases only	1
Ukraine	3	0	1	1	Local transmission	0
Andorra	2	1	0	0	Imported cases only	0
Monaco	2	1	0	0	Under investigation	0
Holy See	1	0	0	0	Under investigation	8
Territories**						
Faroe Islands	3	1	0	0	Imported cases only	0
Gibraltar	1	0	0	0	Under investigation	10
Guernsey	1	0	0	0	Imported cases only	4
Jersey	2	0	0	0	Imported cases only	1
South-East Asia Region						
India	82	8	2	1	Local transmission	0
Thailand	75	0	1	0	Local transmission	1
Indonesia	69	35	3	2	Local transmission	0
Maldives	9	1	0	0	Local transmission	0
Sri Lanka	6	3	0	0	Local transmission	0
Bangladesh	3	0	0	0	Local transmission	5
Bhutan	1	0	0	0	Imported cases only	8
Nepal	1	0	0	0	Imported cases only	50
Eastern Mediterranean Region						
Iran (Islamic Republic of)	11364	1289	514	85	Local transmission	0
Qatar	262	0	0	0	Local transmission	2
Bahrain	210	15	0	0	Local transmission	0
Kuwait	100	20	0	0	Local transmission	0
Egypt	93	26	2	1	Local transmission	0
Iraq	93	23	9	2	Local transmission	0
United Arab Emirates	85	0	0	0	Local transmission	1
Lebanon	77	11	4	1	Local transmission	0
Saudi Arabia	62	41	0	0	Local transmission	0
Pakistan	21	1	0	0	Imported cases only	0
Oman	19	1	0	0	Imported cases only	0
Tunisia	16	9	0	0	Local transmission	0
Afghanistan	7	0	0	0	Imported cases only	2
Morocco	7	1	1	0	Local transmission	0
Jordan	1	0	0	0	Imported cases only	11
Sudan	1	1	0	0	Imported cases only	0

Reporting Country/ Territory/ Area†	Total confirmed‡ cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification§	Days since last reported case
Territories**						
occupied Palestinian territory	35	4	0	0	Local transmission	0
Region of the Americas						
United States of America	1678	414	41	5	Local transmission	0
Canada	176	38	1	0	Local transmission	0
Brazil	98	21	0	0	Local transmission	0
Chile	43	10	0	0	Local transmission	0
Argentina	34	3	2	1	Local transmission	0
Peru	28	6	0	0	Local transmission	0
Panama	27	13	1	0	Local transmission	0
Mexico	26	14	0	0	Imported cases only	0
Costa Rica	23	1	0	0	Local transmission	0
Ecuador	23	6	0	0	Local transmission	0
Colombia	16	7	0	0	Imported cases only	0
Jamaica	7	6	0	0	Imported cases only	0
Guyana	6	5	1	0	Imported cases only	0
Paraguay	6	1	0	0	Local transmission	0
Dominican Republic	5	0	0	0	Imported cases only	4
Cuba	4	1	0	0	Imported cases only	0
Bolivia (Plurinational State of)	3	0	0	0	Imported cases only	1
Puerto Rico	3	3	0	0	Imported cases only	0
Honduras	2	0	0	0	Imported cases only	2
Venezuela (Bolivarian Republic of)	2	2	0	0	Imported cases only	0
Antigua and Barbuda	1	1	0	0	Imported cases only	0
Guadeloupe	1	1	0	0	Imported cases only	0
Saint Vincent and the Grenadines	1	0	0	0	Imported cases only	1
Trinidad and Tobago	1	1	0	0	Imported cases only	0
Territories**						
French Guiana	6	0	0	0	Imported cases only	1
Martinique	6	2	0	0	Imported cases only	0
Saint Martin	2	0	0	0	Under investigation	11
Saint Barthelemy	1	0	0	0	Under investigation	11
Cayman Islands	1	1	0	0	Imported cases only	0
African Region						
Algeria	26	1	2	1	Local transmission	0
South Africa	17	0	0	0	Local transmission	1
Senegal	10	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
Burkina Faso	2	0	0	0	Imported cases only	3
Cameroon	2	0	0	0	Local transmission	7
Democratic Republic of the Congo	2	1	0	0	Imported cases only	0
Nigeria	2	0	0	0	Imported cases only	5
Cote d'Ivoire	1	0	0	0	Imported cases only	2
Ethiopia	1	1	0	0	Imported cases only	0
Gabon	1	1	0	0	Imported cases only	0
Ghana	1	1	0	0	Imported cases only	0
Guinea	1	1	0	0	Imported cases only	0
Kenya	1	1	0	0	Imported cases only	0
Togo	1	0	0	0	Imported cases only	7
Territories**						
Réunion	5	2	0	0	Imported cases only	0
Subtotal for all regions	60821	9750	2192	424		
International conveyance (Diamond Princess)	697	1	7	0	Local transmission	0
Grand total	61518	9751	2199	424		

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:

- Seychelles
- Central African Republic

- • Congo
- • Equatorial Guinea
- • Rwanda
- • Namibia
- • Eswatini
- • Mauritania
- • Mayotte
- • Curacao
- • Suriname
- • Uruguay

Additional International Updates

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

135 countries, territories, or areas affected (13 new)

- • Over 24 hours
 - • Over 24 hours, 9,751 new cases (99.8%) outside of China, 18 new cases in China
 - • New countries/territories reporting cases, last 24 hours: 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)
 - • Early reports: Gabon (1), Guadeloupe (1), Namibia (2), Seychelles (2), eSwatini (1), Mayotte (1), Rwanda (1), Trinidad and Tobago (1), US Virgin Islands (1)
- • Sustained local transmission in China, Korea, Iran, Japan, Europe
- • Regional spread in European and Eastern Mediterranean regions
 - • EURO – 54 countries/territories/areas with confirmed cases
 - • EMRO – 17 countries/territories/areas affected
 - • Local transmission in several countries (n=11; Iran, Qatar, Bahrain, Kuwait, Egypt, Iraq, UAE, Lebanon, Saudi Arabia, Tunisia, Morocco)
 - • AFRO – 20 countries/territories/areas affected
 - • primarily reporting travel-associated cases, local transmission reported in four countries (Algeria, South Africa, Senegal, Cameroon)

- • PAHO – 26 countries/territories/areas affected
 - • local transmission reported in more countries (n=10; US, Canada, Brazil, Chile, Costa Rica, Argentina, Peru, Panama, Ecuador, Paraguay), more cases being reported in Caribbean region

Top countries reporting cases:

Italy – since last Sit Rep, 21,157 cases, 1,441 deaths

Iran – since last Sit Rep, 12,729 cases, 611 deaths

Korea – since last Sit rep, 8,162 cases, 75 deaths (+76 cases, last 24 hours)

Spain – since last Sit Rep, 5,753 cases, 136 deaths

- Spain is to be put under lockdown – citizens will only be allowed to leave their homes for food or drugs, go to work, go to the hospital, or another emergency, according to media reports

France – since last Sit Rep, 4,499 cases, 91 deaths

Germany – since last Sit Rep, 3,795 cases, 8 deaths

Switzerland – since last Sit Rep, 1,189 cases, 11 deaths

UK – since last Sit Rep 1,140 cases, 21 deaths

Other:

- • Canada – 244 cases; 1 death
 - • British Colombia (73 cases); Ontario (101 cases); Alberta (39 cases); Quebec (21 cases); New Brunswick (1); Manitoba (4); Repatriations (4); Prince Edward Island (1)
- • Mexico – 41 cases; 58% increase, last 24 hours
 - • CDMX (17); Sinaloa (1); Queretaro (4); Nuevo Leon (3); Quintana Roo (1); Yucatan (1); Puebla (3); Coahuila (1); Chiapas (1); State of Mexico (3); Durango (1); San Luis Potosi (1); Jalisco (2); Oaxaca (2)

Very Respectfully,

Secretary's Operations Center

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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 15Mar20
Date:	2020/03/15 09:52:53
Priority:	Normal
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COVID-19 Response update Mar 15, 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 15 Mar) - All the US case counts reported to CDC (below) will be shown in black

Jurisdictions = 53	Cases and Deaths Reported to CDC and/or Reported on Jurisdiction Websites					For Situational Awareness Cases and Deaths Reported Jurisdictions*** or Unofficial Sources* as of 03:00 2020
49 states + DC, NYC, PR, and USVI	Total Cases*	Total Deaths**	New Cases**	New Deaths**	Cases	Deaths
Alabama	11	0	6	0	7	0
Alaska	1	0	0	0	0	0
Arizona	12	0	2	0	12	0
Arkansas	12	0	3	0	12	0
California	311	4	47	-1	368	5
Colorado	86	1	23	0	101	1
Connecticut	20	0	9	0	23	0
Delaware	8	0	3	0	6	0
Florida ¹	108	4	38	1	76	3
Georgia	66	1	21	0	73	1
Hawaii	2	0	0	0	4	0
Idaho	5	0	4	0	4	0

Jurisdictions = 53	Cases and Deaths Reported to CDC and/or Reported on Jurisdiction Websites					For Situational Awareness Cases and Deaths Reported Jurisdictions*** or Unofficial Sources* as of 03:00 2020
49 states + DC, NYC, PR, and USVI	Total Cases*	Total Deaths**	New Cases**	New Deaths**	Cases	Deaths
Illinois	64	0	18	0	64	0
Indiana	15	0	3	0	16	0
Iowa	18	0	1	0	17	0
Kansas	8	1	2	0	8	1
Kentucky	16	0	2	0	18	0
Louisiana	77	1	41	1	77	1
Maine	5	0	2	0	21	0
Maryland	26	0	9	0	27	0
Massachusetts	138	0	15	0	138	0
Michigan	33	0	8	0	25	0
Minnesota	21	0	7	0	21	0
Mississippi	6	0	0	0	6	0
Missouri	5	0	1	0	4	0
Montana	7	0	2	0	5	0
Nebraska	17	0	3	0	18	0
Nevada	16	0	0	0	21	0
New Hampshire	7	0	1	0	7	0
New Jersey	69	2	19	1	69	1
New Mexico	13	0	3	0	13	0
New York (excluding NYC)	344	1	77	2	613**	2
New York City	269	1	115	0	-	-
North Carolina	23	0	8	0	25	0
North Dakota	1	0	0	0	1	0
Ohio	26	0	13	0	26	0
Oklahoma	5	0	0	0	4	0
Oregon	36	0	6	0	36	0
Pennsylvania	47	0	6	0	47	0
Rhode Island	20	0	6	0	20	0
South Carolina	19	0	6	0	19	0
South Dakota	9	1	0	0	9	1
Tennessee	32	0	6	0	32	0
Texas	51	0	12	0	61	0
Utah	19	0	13	0	10	0
Vermont	4	0	2	0	5	0
Virginia	41	1	11	1	41	1
Washington	642	40	74	3	642	40
West Virginia	0	0	0	0	0	0
Wisconsin	27	0	8	0	27	0
Wyoming	3	0	1	0	3	0
American Samoa	0	0	0	0	0	0
District of Columbia	16	0	6	0	16	0
Guam	0	0	0	0	0	0
Northern Mariana Islands	0	0	0	0	0	0
Palau	0	0	0	0	0	0

Jurisdictions = 53	Cases and Deaths Reported to CDC and/or Reported on Jurisdiction Websites					For Situational Awareness Cases and Deaths Reported Jurisdictions*** or Unofficial Sources* as of 03:00 2020
49 states + DC, NYC, PR, and USVI	Total Cases*	Total Deaths**	New Cases**	New Deaths**	Cases	Deaths
Puerto Rico	1	0	-2	0	3	0
U.S. Virgin Islands	1	0	1	0	1	0
Federated 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)	2839	58	662	8	2923	57
Repat cases [#]	49	0	0	0	49	0
Total (including repat cases)	2888	58	662	8	2923	57

U.S. public health surveillance systems since 21 Jan, 2020.

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

*** 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.

§ 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.

† Excludes 5 cases that were FL residents diagnosed and isolated outside of FL that are included in the repatriation case count

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

††† Puerto Rico reports 4 cases (3 on 14 Mar, 1 on 15 Mar) but 2 cases are Italian residents and 1 case is a CA resident. The residency of the 4th case is not yet reported and may be recategorized later as a non-Puerto Rico case.

Note: Unless there are objections, the "situational awareness" columns of the table will be removed in the next few days as they are no longer informative.

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

Exposure Category	Number Cases
Travel-related	196
Close contact with known case	192
Under investigation	2451
Total cases	2839

*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).

Other Situational Awareness

Healthcare workers in U.S. Case-Count (N=63)

- 15 healthcare workers had recently traveled internationally
- 48 healthcare workers have no known travel history

DOD active-duty servicemembers and dependents outside U.S. with positive tests not included in case-count (N=5)

Domestic Updates – Notes from the Field

Data as of 14 Mar

Location	Number Currently Deployed
Colorado	4
Cruise Team	10
Michigan	1
New York	3
Rhode Island	7
Sacramento	3
Santa Clara	15*
Washington State	29*
Nebraska	2
Grand Total	74

*Includes deployers scheduled to return 14 Mar

Does not include staff deployed for airport screening, to other Federal Government agencies, or overseas

CA, Santa Clara County:

- 20 cases identified in last 24 hours, 112 total; 7 cases among healthcare workers; 2 deaths
- *Scaling back case investigation to focus only on clusters and cases of high public health concern (e.g., healthcare workers, long-term care facilities, jails, shelters), increased attention on healthcare capacity and preparedness*
- Stopped contact tracing and active monitoring, limiting epi and surveillance reports to data in CalRedie
- Total of 6 positive cases have been identified to date from community-based ILI surveillance of ~53 specimens
- Planned new team structure and roles for transition to local health department staff

CO:

- 104 total cases (unofficially), 1 death
- 3 cluster investigations ongoing; Aspen Australian cohort investigation is wrapping up
 - Others include a LTCF and a bridge tournament
- 200+ people received drive-through testing

NE:

- 14 confirmed cases; 3 new cases today
- Roughly 5 active cluster investigations ongoing.
- Yesterday's positive SD case was subsequently negative when tested in NE. SD sent specimens to CDC for repeat testing, results not yet received.
- NPHL has sufficient testing kit inventory currently for need, but extraction kit supplies running low; increased testing discussions ongoing.

- Significant laboratory and epidemiology resources are being committed to ensuring that healthcare providers are following the proper protocol for ordering and approving of nCoV testing at NPHL.

NY:

- *Total NY State cases 613 (including 269 NYC)*
 - Total cases in Westchester 178.
 - *As of 14 Mar, 117/524 (22%) of COVID-19 patients are currently hospitalized.*
 - Two additional counties reported at least one new case (16 counties + NYC).
 - *First novel coronavirus-related death in NYC; an 82-Year-Old woman in Brooklyn with emphysema; there is also a death in Rockland County.*
- *There are 3 LTCF and 1 assisted living facility with COVID-19 cases.*
 - 1st LTCF – 15 contacts tested, completing 14 days post-exposure 14 Mar
 - 2nd LTCF – 7 COVID+ patients, 3 with symptoms; challenges continue in implementing ICP recommendations (limited hand sanitizer, lack of PPE and 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
- *First Drive-thru COVID-19 testing operational in New Rochelle; 150 cars with 263 tested; with 500/day goal*
- Current statewide hospital capacity: 3,200 ICU beds, 53,000 hospital beds
- *Co-pays for telemedicine waived*

RI:

- 6 new cases (total RI cases = 20); 0 deaths
- Serology screening investigation of school completed; 30 students participated
- 1 long-term care facility under investigation (1 presumptive positive)
 - New DHQP team member now embedded on investigation

WA:

- 388 confirmed cases in SKC (*up 60 from yesterday*).
- 35 confirmed deaths in SKC (*up 3 from yesterday*)
 - 1 reported death, investigation pending
 - 2 reported deaths of residents from Life Care Center
- 13 LTCFs identified with COVID-19 confirmed cases
- Major concerns regarding shortages of PPE, including surgical masks
- CDC staff deployed to test all residents of Issaquah NH (PCR and culture, approximately 85 residents), along with symptom interview to assess prevalence of unrecognized COVID-19 infection and clinical spectrum of disease
- 8 of 17 members of ICP team departing Seattle on 14 Mar or 15 Mar, anticipate departure of remaining team members by mid-week

Domestic Updates – Laboratory

Data as of 14 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
 - 4392 samples reported
- Public Health testing update until end of day 14 Mar
 - 15,749 samples tested
- Large commercial laboratories – EUA update
 - ARUP, LabCorp, Mayo and Quest – testing nationwide
 - Data reported to CDC from subset of large commercial lab – 14 Mar
 - • 15,600 tests ordered
 - • 2271 results so far: 129 positive; 2142 negative or inconclusive
- Large commercial diagnostic companies
 - Thermofisher received EUA 13 Mar; targets: ORF1ab, N gene, S gene
- IRR reagent update – Reagents below are all used as part of the CDC diagnostic panel for COVID-19. Columns below represent total number ordered so far, the number that have already been shipped out, the orders that have been approved and finally the remaining inventory in stock. Note that manufacturers are reporting a nationwide shortage of extraction kits, which are used for many diagnostics in addition to COVID-19 testing.

IRR Reagents	Data as of 14 Mar (09:00)			
	Ordered	Shipped	Approved	Inventory
CDC rRT-PCR Kits	360	267	93	333
Human Specimen Controls (Negative)	278	223	55	497
EUA Positive Controls	73	43	33	121
Enzyme Mastermix	505	381	124	137
Qiagen -Manual Extraction Kit	1104	586	518	93
Qiagen -Automated Extraction Kit	434	188	246	0
Roche -Automated Extraction Kit	172	0	172	0
Roche -High-throughput	11	10	1	11

Extraction Kit				
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Travel/Migration Updates

Data as of 13 Mar

Airport Entry Screening

- 56,911* air travelers screened to date.
- Air travelers screened: 422
- Hospital Referrals: 0
- 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 13 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

- Provided feedback for State Department FAQs for Schengen Proclamation
- Operationalizing 212F Proclamation for Schengen countries
 - Updating health education materials: THANs, web, airport posters
 - Requesting additional staff and resources to new Q stations
- 212F Proclamation for UK/Ireland effective Monday 16 Mar at 00:00 (midnight)
 - Requesting additional staff and resources to new Q stations

- Provided feedback on language for new proclamation to ensure congruency with current travel health notice language

International Updates

Note: Numbers may vary slightly from the current version online as WHO updates their SitRep with corrections

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

Data as of 04:00 EST 14 Mar 2020 [Source: [WHO SitRep - 54](#)]

Globally	China*		Outside of China		
Confirmed Cases	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Countries/ Territories/ Areas
142,539 (9,769 new)	81,021 (18 new)	3,194 (14 new)	61,518 (9,751 new)	2,199 (424 new)	135 (13 new)

*China totals include:

- Hong Kong – 137 cases (6 new), 4 deaths (1 new)
- Macau – 10 cases (0 new), 0 deaths (0 new)
- Taiwan – 50 cases (1 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, 14 Mar 2020* [Source: [WHO SitRep - 54](#)]

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	8086	107	72	6	Local transmission	0
Japan	716	41	21	2	Local transmission	0
Singapore	200	13	0	0	Local transmission	0
Australia	197	57	3	0	Local transmission	0
Malaysia	197	68	0	0	Local transmission	0
Philippines	64	12	2	0	Local transmission	0
Viet Nam	48	9	0	0	Local transmission	0
Brunei Darussalam	25	13	0	0	Local transmission	0
Cambodia	7	2	0	0	Local transmission	0
New Zealand	6	1	0	0	Local transmission	0
Mongolia	1	0	0	0	Imported cases only	4
Territories**						
French Polynesia	1	0	0	0	Imported cases only	2
European Region						
Italy	17660	2547	1268	252	Local transmission	0
Spain	4231	1266	120	36	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
France	3640	780	79	18	Local transmission	0
Germany	3062	693	6	0	Local transmission	0
Switzerland	1125	267	6	0	Local transmission	0
Netherlands	804	190	10	5	Local transmission	0
The United Kingdom	802	208	10	2	Local transmission	0
Denmark	801	127	0	0	Local transmission	0
Sweden	775	155	0	0	Local transmission	0
Norway	750	261	1	1	Local transmission	0
Belgium	599	285	0	0	Local transmission	0
Austria	504	143	1	0	Local transmission	0
Czechia	150	34	0	0	Local transmission	0
Slovenia	141	84	0	0	Local transmission	0
Portugal	112	71	0	0	Local transmission	0
Finland	109	0	0	0	Local transmission	1
Israel	100	25	0	0	Local transmission	0
Greece	98	0	1	0	Local transmission	2
Ireland	90	20	1	0	Local transmission	0
Estonia	79	66	0	0	Local transmission	0
San Marino	66	3	2	0	Local transmission	0
Romania	64	16	0	0	Local transmission	0
Poland	64	15	1	0	Local transmission	0
Iceland	61	0	0	0	Local transmission	4
Luxembourg	38	21	1	1	Local transmission	0
Russian Federation	34	0	0	0	Imported cases only	1
Albania	33	10	1	1	Local transmission	0
Serbia	31	12	0	0	Local transmission	0
Slovakia	30	9	0	0	Local transmission	0
Croatia	27	11	0	0	Local transmission	0
Georgia	25	0	0	0	Imported cases only	1
Belarus	21	9	0	0	Local transmission	0
Hungary	19	3	0	0	Local transmission	0
Latvia	16	0	0	0	Imported cases only	2
Cyprus	14	8	0	0	Imported cases only	0
Malta	12	3	0	0	Imported cases only	0
Azerbaijan	11	0	0	0	Imported cases only	1
Bosnia and Herzegovina	11	7	0	0	Local transmission	0
North Macedonia	9	2	0	0	Local transmission	0
Armenia	8	7	0	0	Imported cases only	0
Republic of Moldova	8	4	0	0	Imported cases only	0

Reporting Country/ Territory/ Area†	Total confirmed‡ cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification§	Days since last reported case
Bulgaria	7	0	1	0	Local transmission	2
Lithuania	6	3	0	0	Imported cases only	0
Turkey	5	4	0	0	Imported cases only	0
Liechtenstein	4	0	0	0	Imported cases only	1
Ukraine	3	0	1	1	Local transmission	0
Andorra	2	1	0	0	Imported cases only	0
Monaco	2	1	0	0	Under investigation	0
Holy See	1	0	0	0	Under investigation	8
Territories**						
Faroe Islands	3	1	0	0	Imported cases only	0
Gibraltar	1	0	0	0	Under investigation	10
Guernsey	1	0	0	0	Imported cases only	4
Jersey	2	0	0	0	Imported cases only	1
South-East Asia Region						
India	82	8	2	1	Local transmission	0
Thailand	75	0	1	0	Local transmission	1
Indonesia	69	35	3	2	Local transmission	0
Maldives	9	1	0	0	Local transmission	0
Sri Lanka	6	3	0	0	Local transmission	0
Bangladesh	3	0	0	0	Local transmission	5
Bhutan	1	0	0	0	Imported cases only	8
Nepal	1	0	0	0	Imported cases only	50
Eastern Mediterranean Region						
Iran (Islamic Republic of)	11364	1289	514	85	Local transmission	0
Qatar	262	0	0	0	Local transmission	2
Bahrain	210	15	0	0	Local transmission	0
Kuwait	100	20	0	0	Local transmission	0
Egypt	93	26	2	1	Local transmission	0
Iraq	93	23	9	2	Local transmission	0
United Arab Emirates	85	0	0	0	Local transmission	1
Lebanon	77	11	4	1	Local transmission	0
Saudi Arabia	62	41	0	0	Local transmission	0
Pakistan	21	1	0	0	Imported cases only	0
Oman	19	1	0	0	Imported cases only	0
Tunisia	16	9	0	0	Local transmission	0
Afghanistan	7	0	0	0	Imported cases only	2
Morocco	7	1	1	0	Local transmission	0
Jordan	1	0	0	0	Imported cases only	11
Sudan	1	1	0	0	Imported cases only	0

Reporting Country/ Territory/ Area†	Total confirmed‡ cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification§	Days since last reported case
Territories**						
occupied Palestinian territory	35	4	0	0	Local transmission	0
Region of the Americas						
United States of America	1678	414	41	5	Local transmission	0
Canada	176	38	1	0	Local transmission	0
Brazil	98	21	0	0	Local transmission	0
Chile	43	10	0	0	Local transmission	0
Argentina	34	3	2	1	Local transmission	0
Peru	28	6	0	0	Local transmission	0
Panama	27	13	1	0	Local transmission	0
Mexico	26	14	0	0	Imported cases only	0
Costa Rica	23	1	0	0	Local transmission	0
Ecuador	23	6	0	0	Local transmission	0
Colombia	16	7	0	0	Imported cases only	0
Jamaica	7	6	0	0	Imported cases only	0
Guyana	6	5	1	0	Imported cases only	0
Paraguay	6	1	0	0	Local transmission	0
Dominican Republic	5	0	0	0	Imported cases only	4
Cuba	4	1	0	0	Imported cases only	0
Bolivia (Plurinational State of)	3	0	0	0	Imported cases only	1
Puerto Rico	3	3	0	0	Imported cases only	0
Honduras	2	0	0	0	Imported cases only	2
Venezuela (Bolivarian Republic of)	2	2	0	0	Imported cases only	0
Antigua and Barbuda	1	1	0	0	Imported cases only	0
Guadeloupe	1	1	0	0	Imported cases only	0
Saint Vincent and the Grenadines	1	0	0	0	Imported cases only	1
Trinidad and Tobago	1	1	0	0	Imported cases only	0
Territories**						
French Guiana	6	0	0	0	Imported cases only	1
Martinique	6	2	0	0	Imported cases only	0
Saint Martin	2	0	0	0	Under investigation	11
Saint Barthelemy	1	0	0	0	Under investigation	11
Cayman Islands	1	1	0	0	Imported cases only	0
African Region						
Algeria	26	1	2	1	Local transmission	0
South Africa	17	0	0	0	Local transmission	1
Senegal	10	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
Burkina Faso	2	0	0	0	Imported cases only	3
Cameroon	2	0	0	0	Local transmission	7
Democratic Republic of the Congo	2	1	0	0	Imported cases only	0
Nigeria	2	0	0	0	Imported cases only	5
Cote d'Ivoire	1	0	0	0	Imported cases only	2
Ethiopia	1	1	0	0	Imported cases only	0
Gabon	1	1	0	0	Imported cases only	0
Ghana	1	1	0	0	Imported cases only	0
Guinea	1	1	0	0	Imported cases only	0
Kenya	1	1	0	0	Imported cases only	0
Togo	1	0	0	0	Imported cases only	7
Territories**						
Réunion	5	2	0	0	Imported cases only	0
Subtotal for all regions	60821	9750	2192	424		
International conveyance (Diamond Princess)	697	1	7	0	Local transmission	0
Grand total	61518	9751	2199	424		

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:

- Seychelles
- Central African Republic

- • Congo
- • Equatorial Guinea
- • Rwanda
- • Namibia
- • Eswatini
- • Mauritania
- • Mayotte
- • Curacao
- • Suriname
- • Uruguay

Additional International Updates

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

135 countries, territories, or areas affected (13 new)

- • Over 24 hours
 - • Over 24 hours, 9,751 new cases (99.8%) outside of China, 18 new cases in China
 - • New countries/territories reporting cases, last 24 hours: 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)
 - • Early reports: Gabon (1), Guadeloupe (1), Namibia (2), Seychelles (2), eSwatini (1), Mayotte (1), Rwanda (1), Trinidad and Tobago (1), US Virgin Islands (1)
- • Sustained local transmission in China, Korea, Iran, Japan, Europe
- • Regional spread in European and Eastern Mediterranean regions
 - • EURO – 54 countries/territories/areas with confirmed cases
 - • EMRO – 17 countries/territories/areas affected
 - • Local transmission in several countries (n=11; Iran, Qatar, Bahrain, Kuwait, Egypt, Iraq, UAE, Lebanon, Saudi Arabia, Tunisia, Morocco)
 - • AFRO – 20 countries/territories/areas affected
 - • primarily reporting travel-associated cases, local transmission reported in four countries (Algeria, South Africa, Senegal, Cameroon)

- • PAHO – 26 countries/territories/areas affected
 - • local transmission reported in more countries (n=10; US, Canada, Brazil, Chile, Costa Rica, Argentina, Peru, Panama, Ecuador, Paraguay), more cases being reported in Caribbean region

Top countries reporting cases:

Italy – since last Sit Rep, 21,157 cases, 1,441 deaths

Iran – since last Sit Rep, 12,729 cases, 611 deaths

Korea – since last Sit rep, 8,162 cases, 75 deaths (+76 cases, last 24 hours)

Spain – since last Sit Rep, 5,753 cases, 136 deaths

- Spain is to be put under lockdown – citizens will only be allowed to leave their homes for food or drugs, go to work, go to the hospital, or another emergency, according to media reports

France – since last Sit Rep, 4,499 cases, 91 deaths

Germany – since last Sit Rep, 3,795 cases, 8 deaths

Switzerland – since last Sit Rep, 1,189 cases, 11 deaths

UK – since last Sit Rep 1,140 cases, 21 deaths

Other:

- • Canada – 244 cases; 1 death
 - • British Colombia (73 cases); Ontario (101 cases); Alberta (39 cases); Quebec (21 cases); New Brunswick (1); Manitoba (4); Repatriations (4); Prince Edward Island (1)
- • Mexico – 41 cases; 58% increase, last 24 hours
 - • CDMX (17); Sinaloa (1); Queretaro (4); Nuevo Leon (3); Quintana Roo (1); Yucatan (1); Puebla (3); Coahuila (1); Chiapas (1); State of Mexico (3); Durango (1); San Luis Potosi (1); Jalisco (2); Oaxaca (2)

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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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 09:52:48
Delivered Date:	2020/03/15 09:52:53
Message Flags:	Unread

From:	DeFrancis, Suzy <Suzy.DeFrancis@redcross.org>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Meeting with Red Cross CEO Gail McGovern - URGENT
Date:	2020/03/15 09:56:30
Priority:	Normal
Type:	Note

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)



ARC_Logo_Btn_HorizStkd_RGB

Sender:	DeFrancis, Suzy <Suzy.DeFrancis@redcross.org>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/15 09:56:20
Delivered Date:	2020/03/15 09:56:30

From:	Dr. Eva K Lee <evalee-gatech@protonmail.com>
To:	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>; Redfield, Robert R. (CDC/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ab74a26317547b8a754285d9eaa847c-robert.redf>
Subject:	covid-19 Patient Zero in China
Date:	2020/03/15 09:57:45
Priority:	Normal
Type:	Note

Bob, I don't know if you have read the document I sent to the Red Dawn team in late January, and a few versions in the first week of February. In all models, you can see I used the date November 15 2019 as the first covid-19 case in China. Apparently that was a good date (quite close to the actual event) -

The first confirmed case of someone suffering from COVID-19 in China can be traced back as far as November 17 last year, according to local reports.

<https://www.newsweek.com/china-traces-coronavirus-back-first-confirmed-patient-zero-1492327>

I don't know how others build their epi models, I only use 1 seed (Patient 0) and let it grow the epi curve. Then I plot the real data to validate and compare results. As discussed earlier, with a leap of faith through some on-the-ground discussion, I introduced the asymptomatic transmission, post-recovery transmission into the model, plus dynamic social and human behavior, and environmental factors.

We have multiple pockets of covid-19 fire now across the country. Although one may think that closing schools and tele-work is extreme, we must do so to minimize human-to-human interaction. With inter-state travel, we won't see the total absolute effect since the city still is not totally isolated from (adjacent) states.

New York and California are very critical, they have to close schools and do tele-work for those who can. Clearly, based on what others have done successfully, school closure has to be at least 8 weeks or even longer.

I trust that the government agencies are exercising tele-work option to protect the government personnel and maintain government / business continuity.

Best, Eva

evalee-gatech@pm.me
<https://newton.isye.gatech.edu/DrLee/>
404-432-6835

Sent with ProtonMail Secure Email.

Sender:	Dr. Eva K Lee <evalee-gatech@protonmail.com>
Recipient:	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>; Redfield, Robert R. (CDC/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ab74a26317547b8a754285d9eaa847c-robert.redf>
Sent Date:	2020/03/15 09:57:25
Delivered Date:	2020/03/15 09:57:45
Message Flags:	Unread

From:	DeFrancis, Suzy <Suzy.DeFrancis@redcross.org>
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.(FYDIBOHF23SPDLT)/cn=Recipients/cn=99dcba4c6ea342c08d58f63e37d997e7-Trueaman, La>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>
CC:	Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>; 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 10:01:41
Priority:	Normal
Type:	Note

Laura,
Thank you so much. We will accommodate the Secretary's schedule and provide anything you need.
Best,
Suzy

Suzy DeFrancis
Chief Public Affairs Officer

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



ARC_Logo_Btn_HorizStkd_RGB

From: Trueman, Laura (HHS/IEA) <Laura.Trueman@hhs.gov>
Sent: Sunday, March 15, 2020 9:29 AM
To: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; DeFrancis, Suzy <Suzy.DeFrancis@redcross.org>
Cc: Hargan, Eric (OS/IOS) <Eric.Hargan@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

We will get your CEO in this week. We will identify the key leaders who can be helpful in amplifying the need for blood donation at this critical juncture.

We will circle back today with an update.

We most certainly need to be a partner on this.

Laura

On: 15 March 2020 08:48,
"Stecker, Judy (OS/IOS)" <Judy.Stecker@hhs.gov>wrote:

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

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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:	Trueman, Laura (HHS/IEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=99dcb4c6ea342c08d58f63e37d997e7-Trueman, La>; 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>; 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 10:01:33
Delivered Date:	2020/03/15 10:01:41

From:	Nicholas Potts <nick@scriptdrop.co>
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.up (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>; 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 10:11:15
Priority:	Normal
Type:	Note

Perfect. Feel free to throw the time on my calendar, based on your availability. No need to reach out and check. I'll hop on a call at any time.

Nick Potts

CEO

ScriptDrop

<https://protect2.fireeye.com/url?k=bb7652c9-e7235b19-bb7663f6-0cc47a6a52de-7d2d39e3d3d259bf&u=https://scriptdrop.co/>

855 Grandview Avenue #110

Columbus, OH 43215

On Sun, Mar 15, 2020 at 8:26 AM Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov> wrote:

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=f0722b36-ac2722e6-f0721a09-0cc47a6a52de-79946d65e4cc1c1c&u=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=e1248082-bd718952-e124b1bd-0cc47a6a52de-3d72414b2a1dc94d&u=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=68f35c3c-34a655ec-68f36d03-0cc47a6a52de-f5c3c254c56f7190&u=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:	Nicholas Potts <nick@scriptdrop.co>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Waters, Cicely (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00e638c4ddf64006bcc009e8032dd700-Waters, Cic>
Sent Date:	2020/03/15 10:09:56
Delivered Date:	2020/03/15 10:11:15
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 AM: Mike's Great 8 — How life is changing, from bikes to buffets — "One Shining Moment 2020"
Date:	2020/03/15 10:49:05
Priority:	Normal
Type:	Note



🗣️ **Dr. Anthony Fauci** of the National Institutes of Health told Jon Karl on ABC's "This Week

- • **"Things *will*** get worse before they get better. What we're trying to do is to make sure
- • **On China:** "As they start getting back to normal personal interaction, I hope we don't s
- • **On Trump shaking hands:** "I'm working on getting the boss to do *this*," Fauci said, j

🎬 **Tonight on "Axios on HBO"** (6 p.m. ET/PT): DNC chair Tom Perez talks about coronavi
clip.

- • ***Today's Smart Brevity™ count:*** 1,471 words ... 5½ minutes.

1 big thing: Pence's presidential moment



Vice President Pence bumps with Washington state Governor Jay Inslee during a press conference March 5 near Tacoma.

Vice President Mike Pence, often caricatured as the White House Yes Man, is doing many of the following:

- • **He's a daily**, consistent presence on the airwaves.
- • **He provides** useful info rather than random digressions.
- • **He leans** on health and medical experts — both at public events and behind the scenes.

Pence, 60, a likely contender for the Republican nomination in 2024, has become one of the most popular figures in the administration.

- • **"I actually think** he's done a reasonably good job," popular tech author Scott Galloway said.
- • **Politico media columnist Jack Shafer wrote** after Pence's first virus press conference: "The calm, collected face of shouted, competing questions."

Part of Pence's persona goes back to his days as host of a syndicated talk radio show in Indi

- • **Marc Short**, Pence's chief of staff, said the vice president "has an understanding of wh
- • **"There's a lot misinformation** and probably some hysteria in the news," Short add

As first reported by Jonathan Swan, Pence yesterday sent the White House staff an email rec

- • **It was the first** staff-wide email Pence has sent across the complex during his time as

The bottom line: Pence is still deferential to Trump — but that's what he signed up for.

P.S. The White House announced yesterday that President Trump tested negative:

Source: The White House

 [Share](#)

2. Freakout week for investors



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:	2020/03/15 10:48:21
Delivered Date:	2020/03/15 10:49:05
Message Flags:	Unread

From:	Tignor, Beth (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=464729CC8A584516ADDBBC50D76A94A8-TIGNOR, BET>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Dareshori, Zack (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a4e07b941ed04118ab39d2f6e3f2392c-Dareshori,>
CC:	Pollard, Ashton (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9d4c26448ed441b0aa555971f3c73d6d-Pollard, As>; Kemp, Micha (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user134ac085>; Wolf, Laura (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userb232d38c>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>
Subject:	RE: slides for 1100 PPE convo
Date:	2020/03/15 11:02:01
Priority:	Normal
Type:	Note

Just added . no worries ☺

Beth Tignor
 Director of Scheduling
 The Department of Health and Human Services
 202-868-9795

From: Ford-Barnes, Arwenithia (OS/ASPR/IO) <Arwenithia.FordBarnes@hhs.gov>**On Behalf Of** Kadlec, Robert (OS/ASPR/IO)
Sent: Sunday, March 15, 2020 11:01 AM
To: Tignor, Beth (HHS/IOS) <Beth.Tignor@hhs.gov>; Dareshori, Zack (HHS/IOS) <Zachary.Dareshori@hhs.gov>
Cc: Pollard, Ashton (OS/IOS) <Ashton.Pollard@hhs.gov>; Kemp, Micha (OS/ASPR/MFHC) <Micha.Kemp@hhs.gov>; Wolf, Laura (OS/ASPR/SIIM) <Laura.Wolf@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>
Subject: FW: slides for 1100 PPE convo

Beth can you please upload now –sorry for the delay

Arwenithia Ford-Barnes

Executive Assistant to the ASPR | *Dr. Robert Kadlec*
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(Please make sure your telephone is at the bottom of your salutation)



cid:image001.jpg@01D25524.FE41BB70

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

From: Wolf, Laura (OS/ASPR/SIIM) <Laura.Wolf@hhs.gov>
Sent: Sunday, March 15, 2020 10:54 AM
To: Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Adams, Steven A. (CDC/SNS/DSNS) <saa1@cdc.gov>; Phillips, Sally (OS/ASPR/SPPR) <Sally.Phillips@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Subject: slides for 1100 PPE convo

Laura Kwinn Wolf, Ph.D.
HHS COVID-19 Supply Chain Task Force Lead
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Office of the Assistant Secretary for Preparedness and Response
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Laura.wolf@hhs.gov
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Sender:	Tignor, Beth (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=464729CC8A584516ADDBBC50D76A94A8-TIGNOR, BET>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Dareshori, Zack (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a4e07b941ed04118ab39d2f6e3f2392c-Dareshori,>; Pollard, Ashton (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9d4c26448ed441b0aa555971f3c73d6d-Pollard, As>; Kemp, Micha (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user134ac085>; Wolf, Laura (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userb232d38c>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>
Sent Date:	2020/03/15 11:02:00
Delivered Date:	2020/03/15 11:02:01

From:	Dulaigh, Joel (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=02B15E96DC484DB29682C1D336E63441-DULAIGH, JO>
To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Subject:	FW: COVID-19 Morning CDC Update 15Mar20
Date:	2020/03/15 11:03:11
Priority:	Normal
Type:	Note

Key item I see in comparing this to Friday is notably fewer new cases in Washington state and California. NY, LA and a couple other states have notably higher new cases, but the initial states have fewer. Too soon to tell if it is a trend or just an anomaly, but just wanted to highlight for you.

V/R,
Joel

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In Officio Salutis

From: OS Secretarys Operations Center <hhs.soc@hhs.gov>
Sent: Sunday, March 15, 2020 9:53 AM
To: OS Secretarys Operations Center <hhs.soc@hhs.gov>
Subject: COVID-19 Morning CDC Update 15Mar20

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COVID-19 Response update Mar 15, 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 15 Mar) - All the US case counts reported to CDC (below) will be shown in black

Jurisdictions = 53 49 states + DC, NYC, PR, and USVI	Cases and Deaths Reported to CDC and/or Reported on Jurisdiction Websites					For Situational Awareness Cases and Deaths Reported Jurisdictions*** or Unofficial Sources* as of 03:00 2020
	Total Cases*	Total Deaths**	New Cases**	New Deaths**	Cases	Deaths
Alabama	11	0	6	0	7	0
Alaska	1	0	0	0	0	0
Arizona	12	0	2	0	12	0
Arkansas	12	0	3	0	12	0
California	311	4	47	-1	368	5
Colorado	86	1	23	0	101	1
Connecticut	20	0	9	0	23	0
Delaware	8	0	3	0	6	0
Florida [†]	108	4	38	1	76	3
Georgia	66	1	21	0	73	1
Hawaii	2	0	0	0	4	0
Idaho	5	0	4	0	4	0
Illinois	64	0	18	0	64	0
Indiana	15	0	3	0	16	0
Iowa	18	0	1	0	17	0
Kansas	8	1	2	0	8	1
Kentucky	16	0	2	0	18	0
Louisiana	77	1	41	1	77	1
Maine	5	0	2	0	21	0
Maryland	26	0	9	0	27	0
Massachusetts	138	0	15	0	138	0
Michigan	33	0	8	0	25	0
Minnesota	21	0	7	0	21	0
Mississippi	6	0	0	0	6	0
Missouri	5	0	1	0	4	0
Montana	7	0	2	0	5	0
Nebraska	17	0	3	0	18	0
Nevada	16	0	0	0	21	0
New Hampshire	7	0	1	0	7	0
New Jersey	69	2	19	1	69	1
New Mexico	13	0	3	0	13	0
New York (excluding NYC)	344	1	77	2	613 ^{††}	2
New York City	269	1	115	0	-	-
North Carolina	23	0	8	0	25	0
North Dakota	1	0	0	0	1	0

Jurisdictions = 53	Cases and Deaths Reported to CDC and/or Reported on Jurisdiction Websites					For Situational Awareness Cases and Deaths Reported Jurisdictions*** or Unofficial Sources* as of 03:00 2020	
	49 states + DC, NYC, PR, and USVI	Total Cases*	Total Deaths**	New Cases**	New Deaths**	Cases	Deaths
Ohio		26	0	13	0	26	0
Oklahoma		5	0	0	0	4	0
Oregon		36	0	6	0	36	0
Pennsylvania		47	0	6	0	47	0
Rhode Island		20	0	6	0	20	0
South Carolina		19	0	6	0	19	0
South Dakota		9	1	0	0	9	1
Tennessee		32	0	6	0	32	0
Texas		51	0	12	0	61	0
Utah		19	0	13	0	10	0
Vermont		4	0	2	0	5	0
Virginia		41	1	11	1	41	1
Washington		642	40	74	3	642	40
West Virginia		0	0	0	0	0	0
Wisconsin		27	0	8	0	27	0
Wyoming		3	0	1	0	3	0
American Samoa		0	0	0	0	0	0
District of Columbia		16	0	6	0	16	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		1	0	-2	0	3	0
U.S. Virgin Islands		1	0	1	0	1	0
Federated 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)		2839	58	662	8	2923	57
Repat cases [#]		49	0	0	0	49	0
Total (including repat cases)		2888	58	662	8	2923	57

U.S. public health surveillance systems since 21 Jan, 2020.

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

*** 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.

[§] 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.

[†] Excludes 5 cases that were FL residents diagnosed and isolated outside of FL that are included in the repatriation case count

^{††} In the "Situational Analysis" part of the table, NYC and NY State cases are combined under NY State

^{†††} Puerto Rico reports 4 cases (3 on 14 Mar, 1 on 15 Mar) but 2 cases are Italian residents and 1 case is a CA resident. The residency of the 4th case is not yet reported and may be recategorized later as a non-Puerto Rico case.

Note: Unless there are objections, the “situational awareness” columns of the table will be removed in the next few days as they are no longer informative.

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

Exposure Category	Number Cases
Travel-related	196
Close contact with known case	192
Under investigation	2451
Total cases	2839

*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).

Other Situational Awareness

Healthcare workers in U.S. Case-Count (N=63)

- 15 healthcare workers had recently traveled internationally
- 48 healthcare workers have no known travel history

DOD active-duty servicemembers and dependents outside U.S. with positive tests not included in case-count (N=5)

Domestic Updates – Notes from the Field

Data as of 14 Mar

Location	Number Currently Deployed
Colorado	4
Cruise Team	10
Michigan	1
New York	3
Rhode Island	7
Sacramento	3
Santa Clara	15*
Washington State	29*
Nebraska	2
Grand Total	74

*Includes deployers scheduled to return 14 Mar

Does not include staff deployed for airport screening, to other Federal Government agencies, or overseas

CA, Santa Clara County:

- 20 cases identified in last 24 hours, 112 total; 7 cases among healthcare workers; 2 deaths
- *Scaling back case investigation to focus only on clusters and cases of high public health concern (e.g., healthcare workers, long-term care facilities, jails, shelters), increased attention on healthcare capacity and preparedness*
- Stopped contact tracing and active monitoring, limiting epi and surveillance reports to data in CalRedie
- Total of 6 positive cases have been identified to date from community-based ILI surveillance of ~53 specimens
- Planned new team structure and roles for transition to local health department staff

CO:

- • 104 total cases (unofficially), 1 death
- • 3 cluster investigations ongoing; Aspen Australian cohort investigation is wrapping up
 - • Others include a LTCF and a bridge tournament
- • 200+ people received drive-through testing

NE:

- • 14 confirmed cases; 3 new cases today
- • Roughly 5 active cluster investigations ongoing.
- • Yesterday's positive SD case was subsequently negative when tested in NE. SD sent specimens to CDC for repeat testing, results not yet received.
- • NPHL has sufficient testing kit inventory currently for need, but extraction kit supplies running low; increased testing discussions ongoing.
- • Significant laboratory and epidemiology resources are being committed to ensuring that healthcare providers are following the proper protocol for ordering and approving of nCoV testing at NPHL.

NY:

- • *Total NY State cases 613 (including 269 NYC)*
 - • Total cases in Westchester 178.
 - • *As of 14 Mar, 117/524 (22%) of COVID-19 patients are currently hospitalized.*
 - • Two additional counties reported at least one new case (16 counties + NYC).
 - • *First novel coronavirus-related death in NYC; an 82-Year-Old woman in Brooklyn with emphysema; there is also a death in Rockland County.*
- • *There are 3 LTCF and 1 assisted living facility with COVID-19 cases.*
 - • 1st LTCF – 15 contacts tested, completing 14 days post-exposure 14 Mar
 - • 2nd LTCF – 7 COVID+ patients, 3 with symptoms; challenges continue in implementing ICP recommendations (limited hand sanitizer, lack of PPE and 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
- • *First Drive-thru COVID-19 testing operational in New Rochelle; 150 cars with 263 tested; with 500/day goal*
- • Current statewide hospital capacity: 3,200 ICU beds, 53,000 hospital beds

- • *Co-pays for telemedicine waived*

RI:

- • 6 new cases (total RI cases = 20); 0 deaths
- • Serology screening investigation of school completed; 30 students participated
- • 1 long-term care facility under investigation (1 presumptive positive)
 - • New DHQP team member now embedded on investigation

WA:

- • 388 confirmed cases in SKC (*up 60* from yesterday).
- • 35 confirmed deaths in SKC (*up 3* from yesterday)
 - • 1 reported death, investigation pending
 - • 2 reported deaths of residents from Life Care Center
- • 13 LTCFs identified with COVID-19 confirmed cases
- • Major concerns regarding shortages of PPE, including surgical masks
- • CDC staff deployed to test all residents of Issaquah NH (PCR and culture, approximately 85 residents), along with symptom interview to assess prevalence of unrecognized COVID-19 infection and clinical spectrum of disease
- • 8 of 17 members of ICP team departing Seattle on 14 Mar or 15 Mar, anticipate departure of remaining team members by mid-week

Domestic Updates – Laboratory

Data as of 14 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
 - 4392 samples reported
- Public Health testing update until end of day 14 Mar
 - 15,749 samples tested
- Large commercial laboratories – EUA update
 - ARUP, LabCorp, Mayo and Quest – testing nationwide
 - Data reported to CDC from subset of large commercial lab – 14 Mar
 - • 15,600 tests ordered
 - • 2271 results so far: 129 positive; 2142 negative or inconclusive
- Large commercial diagnostic companies
 - Thermofisher received EUA 13 Mar; targets: ORF1ab, N gene, S gene
- IRR reagent update – Reagents below are all used as part of the CDC diagnostic panel for COVID-19. Columns below represent total number ordered so far, the number that have already been shipped out, the orders that have been approved and finally the remaining inventory in stock. Note that manufacturers are reporting a nationwide shortage of extraction kits, which are used for many diagnostics in addition to COVID-19 testing.

IRR Reagents	Data as of 14 Mar (09:00)			
	Ordered	Shipped	Approved	Inventory
CDC rRT-PCR Kits	360	267	93	333
Human Specimen Controls (Negative)	278	223	55	497
EUA Positive Controls	73	43	33	121
Enzyme Mastermix	505	381	124	137
Qiagen -Manual Extraction Kit	1104	586	518	93
Qiagen -Automated Extraction Kit	434	188	246	0
Roche -Automated Extraction Kit	172	0	172	0
Roche -High-throughput	11	10	1	11

Extraction Kit				
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Travel/Migration Updates

Data as of 13 Mar

Airport Entry Screening

- 56,911* air travelers screened to date.
- Air travelers screened: 422
- Hospital Referrals: 0
- 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 13 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

- Provided feedback for State Department FAQs for Schengen Proclamation
- Operationalizing 212F Proclamation for Schengen countries
 - Updating health education materials: THANs, web, airport posters
 - Requesting additional staff and resources to new Q stations
- 212F Proclamation for UK/Ireland effective Monday 16 Mar at 00:00 (midnight)
 - Requesting additional staff and resources to new Q stations

- Provided feedback on language for new proclamation to ensure congruency with current travel health notice language

International Updates

Note: Numbers may vary slightly from the current version online as WHO updates their SitRep with corrections

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

Data as of 04:00 EST 14 Mar 2020 [Source: [WHO SitRep - 54](#)]

Globally	China*		Outside of China		
Confirmed Cases	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Countries/ Territories/ Areas
142,539 (9,769 new)	81,021 (18 new)	3,194 (14 new)	61,518 (9,751 new)	2,199 (424 new)	135 (13 new)

*China totals include:

- Hong Kong – 137 cases (6 new), 4 deaths (1 new)
- Macau – 10 cases (0 new), 0 deaths (0 new)
- Taiwan – 50 cases (1 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, 14 Mar 2020* [Source: [WHO SitRep - 54](#)]

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	8086	107	72	6	Local transmission	0
Japan	716	41	21	2	Local transmission	0
Singapore	200	13	0	0	Local transmission	0
Australia	197	57	3	0	Local transmission	0
Malaysia	197	68	0	0	Local transmission	0
Philippines	64	12	2	0	Local transmission	0
Viet Nam	48	9	0	0	Local transmission	0
Brunei Darussalam	25	13	0	0	Local transmission	0
Cambodia	7	2	0	0	Local transmission	0
New Zealand	6	1	0	0	Local transmission	0
Mongolia	1	0	0	0	Imported cases only	4
Territories**						
French Polynesia	1	0	0	0	Imported cases only	2
European Region						
Italy	17660	2547	1268	252	Local transmission	0
Spain	4231	1266	120	36	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
France	3640	780	79	18	Local transmission	0
Germany	3062	693	6	0	Local transmission	0
Switzerland	1125	267	6	0	Local transmission	0
Netherlands	804	190	10	5	Local transmission	0
The United Kingdom	802	208	10	2	Local transmission	0
Denmark	801	127	0	0	Local transmission	0
Sweden	775	155	0	0	Local transmission	0
Norway	750	261	1	1	Local transmission	0
Belgium	599	285	0	0	Local transmission	0
Austria	504	143	1	0	Local transmission	0
Czechia	150	34	0	0	Local transmission	0
Slovenia	141	84	0	0	Local transmission	0
Portugal	112	71	0	0	Local transmission	0
Finland	109	0	0	0	Local transmission	1
Israel	100	25	0	0	Local transmission	0
Greece	98	0	1	0	Local transmission	2
Ireland	90	20	1	0	Local transmission	0
Estonia	79	66	0	0	Local transmission	0
San Marino	66	3	2	0	Local transmission	0
Romania	64	16	0	0	Local transmission	0
Poland	64	15	1	0	Local transmission	0
Iceland	61	0	0	0	Local transmission	4
Luxembourg	38	21	1	1	Local transmission	0
Russian Federation	34	0	0	0	Imported cases only	1
Albania	33	10	1	1	Local transmission	0
Serbia	31	12	0	0	Local transmission	0
Slovakia	30	9	0	0	Local transmission	0
Croatia	27	11	0	0	Local transmission	0
Georgia	25	0	0	0	Imported cases only	1
Belarus	21	9	0	0	Local transmission	0
Hungary	19	3	0	0	Local transmission	0
Latvia	16	0	0	0	Imported cases only	2
Cyprus	14	8	0	0	Imported cases only	0
Malta	12	3	0	0	Imported cases only	0
Azerbaijan	11	0	0	0	Imported cases only	1
Bosnia and Herzegovina	11	7	0	0	Local transmission	0
North Macedonia	9	2	0	0	Local transmission	0
Armenia	8	7	0	0	Imported cases only	0
Republic of Moldova	8	4	0	0	Imported cases only	0

Reporting Country/ Territory/ Area†	Total confirmed‡ cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification§	Days since last reported case
Bulgaria	7	0	1	0	Local transmission	2
Lithuania	6	3	0	0	Imported cases only	0
Turkey	5	4	0	0	Imported cases only	0
Liechtenstein	4	0	0	0	Imported cases only	1
Ukraine	3	0	1	1	Local transmission	0
Andorra	2	1	0	0	Imported cases only	0
Monaco	2	1	0	0	Under investigation	0
Holy See	1	0	0	0	Under investigation	8
Territories**						
Faroe Islands	3	1	0	0	Imported cases only	0
Gibraltar	1	0	0	0	Under investigation	10
Guernsey	1	0	0	0	Imported cases only	4
Jersey	2	0	0	0	Imported cases only	1
South-East Asia Region						
India	82	8	2	1	Local transmission	0
Thailand	75	0	1	0	Local transmission	1
Indonesia	69	35	3	2	Local transmission	0
Maldives	9	1	0	0	Local transmission	0
Sri Lanka	6	3	0	0	Local transmission	0
Bangladesh	3	0	0	0	Local transmission	5
Bhutan	1	0	0	0	Imported cases only	8
Nepal	1	0	0	0	Imported cases only	50
Eastern Mediterranean Region						
Iran (Islamic Republic of)	11364	1289	514	85	Local transmission	0
Qatar	262	0	0	0	Local transmission	2
Bahrain	210	15	0	0	Local transmission	0
Kuwait	100	20	0	0	Local transmission	0
Egypt	93	26	2	1	Local transmission	0
Iraq	93	23	9	2	Local transmission	0
United Arab Emirates	85	0	0	0	Local transmission	1
Lebanon	77	11	4	1	Local transmission	0
Saudi Arabia	62	41	0	0	Local transmission	0
Pakistan	21	1	0	0	Imported cases only	0
Oman	19	1	0	0	Imported cases only	0
Tunisia	16	9	0	0	Local transmission	0
Afghanistan	7	0	0	0	Imported cases only	2
Morocco	7	1	1	0	Local transmission	0
Jordan	1	0	0	0	Imported cases only	11
Sudan	1	1	0	0	Imported cases only	0

Reporting Country/ Territory/ Area†	Total confirmed‡ cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification§	Days since last reported case
Territories**						
occupied Palestinian territory	35	4	0	0	Local transmission	0
Region of the Americas						
United States of America	1678	414	41	5	Local transmission	0
Canada	176	38	1	0	Local transmission	0
Brazil	98	21	0	0	Local transmission	0
Chile	43	10	0	0	Local transmission	0
Argentina	34	3	2	1	Local transmission	0
Peru	28	6	0	0	Local transmission	0
Panama	27	13	1	0	Local transmission	0
Mexico	26	14	0	0	Imported cases only	0
Costa Rica	23	1	0	0	Local transmission	0
Ecuador	23	6	0	0	Local transmission	0
Colombia	16	7	0	0	Imported cases only	0
Jamaica	7	6	0	0	Imported cases only	0
Guyana	6	5	1	0	Imported cases only	0
Paraguay	6	1	0	0	Local transmission	0
Dominican Republic	5	0	0	0	Imported cases only	4
Cuba	4	1	0	0	Imported cases only	0
Bolivia (Plurinational State of)	3	0	0	0	Imported cases only	1
Puerto Rico	3	3	0	0	Imported cases only	0
Honduras	2	0	0	0	Imported cases only	2
Venezuela (Bolivarian Republic of)	2	2	0	0	Imported cases only	0
Antigua and Barbuda	1	1	0	0	Imported cases only	0
Guadeloupe	1	1	0	0	Imported cases only	0
Saint Vincent and the Grenadines	1	0	0	0	Imported cases only	1
Trinidad and Tobago	1	1	0	0	Imported cases only	0
Territories**						
French Guiana	6	0	0	0	Imported cases only	1
Martinique	6	2	0	0	Imported cases only	0
Saint Martin	2	0	0	0	Under investigation	11
Saint Barthelemy	1	0	0	0	Under investigation	11
Cayman Islands	1	1	0	0	Imported cases only	0
African Region						
Algeria	26	1	2	1	Local transmission	0
South Africa	17	0	0	0	Local transmission	1
Senegal	10	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
Burkina Faso	2	0	0	0	Imported cases only	3
Cameroon	2	0	0	0	Local transmission	7
Democratic Republic of the Congo	2	1	0	0	Imported cases only	0
Nigeria	2	0	0	0	Imported cases only	5
Cote d'Ivoire	1	0	0	0	Imported cases only	2
Ethiopia	1	1	0	0	Imported cases only	0
Gabon	1	1	0	0	Imported cases only	0
Ghana	1	1	0	0	Imported cases only	0
Guinea	1	1	0	0	Imported cases only	0
Kenya	1	1	0	0	Imported cases only	0
Togo	1	0	0	0	Imported cases only	7
Territories**						
Réunion	5	2	0	0	Imported cases only	0
Subtotal for all regions	60821	9750	2192	424		
International conveyance (Diamond Princess)	697	1	7	0	Local transmission	0
Grand total	61518	9751	2199	424		

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:

- Seychelles
- Central African Republic

- • Congo
- • Equatorial Guinea
- • Rwanda
- • Namibia
- • Eswatini
- • Mauritania
- • Mayotte
- • Curacao
- • Suriname
- • Uruguay

Additional International Updates

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

135 countries, territories, or areas affected (13 new)

- • Over 24 hours
 - • Over 24 hours, 9,751 new cases (99.8%) outside of China, 18 new cases in China
 - • New countries/territories reporting cases, last 24 hours: 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)
 - • Early reports: Gabon (1), Guadeloupe (1), Namibia (2), Seychelles (2), eSwatini (1), Mayotte (1), Rwanda (1), Trinidad and Tobago (1), US Virgin Islands (1)
- • Sustained local transmission in China, Korea, Iran, Japan, Europe
- • Regional spread in European and Eastern Mediterranean regions
 - • EURO – 54 countries/territories/areas with confirmed cases
 - • EMRO – 17 countries/territories/areas affected
 - • Local transmission in several countries (n=11; Iran, Qatar, Bahrain, Kuwait, Egypt, Iraq, UAE, Lebanon, Saudi Arabia, Tunisia, Morocco)
 - • AFRO – 20 countries/territories/areas affected
 - • primarily reporting travel-associated cases, local transmission reported in four countries (Algeria, South Africa, Senegal, Cameroon)

- • PAHO – 26 countries/territories/areas affected
 - • local transmission reported in more countries (n=10; US, Canada, Brazil, Chile, Costa Rica, Argentina, Peru, Panama, Ecuador, Paraguay), more cases being reported in Caribbean region

Top countries reporting cases:

Italy – since last Sit Rep, 21,157 cases, 1,441 deaths

Iran – since last Sit Rep, 12,729 cases, 611 deaths

Korea – since last Sit rep, 8,162 cases, 75 deaths (+76 cases, last 24 hours)

Spain – since last Sit Rep, 5,753 cases, 136 deaths

- Spain is to be put under lockdown – citizens will only be allowed to leave their homes for food or drugs, go to work, go to the hospital, or another emergency, according to media reports

France – since last Sit Rep, 4,499 cases, 91 deaths

Germany – since last Sit Rep, 3,795 cases, 8 deaths

Switzerland – since last Sit Rep, 1,189 cases, 11 deaths

UK – since last Sit Rep 1,140 cases, 21 deaths

Other:

- • Canada – 244 cases; 1 death
 - • British Colombia (73 cases); Ontario (101 cases); Alberta (39 cases); Quebec (21 cases); New Brunswick (1); Manitoba (4); Repatriations (4); Prince Edward Island (1)
- • Mexico – 41 cases; 58% increase, last 24 hours
 - • CDMX (17); Sinaloa (1); Queretaro (4); Nuevo Leon (3); Quintana Roo (1); Yucatan (1); Puebla (3); Coahuila (1); Chiapas (1); State of Mexico (3); Durango (1); San Luis Potosi (1); Jalisco (2); Oaxaca (2)

Very Respectfully,

Secretary's Operations Center

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

Assistant Secretary for Preparedness and Response (ASPR)

200 Independence Ave. S.W.

Washington D.C. 20201

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Message Flags:	Unread

From:	Wolf, Laura (OS/ASPR/SIIM) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=USERB232D38C>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	FW: any supply chain needs tonight?
Date:	2020/03/15 12:07:19
Priority:	Normal
Type:	Note

Laura Kwinn Wolf, Ph.D.
HHS COVID-19 Supply Chain Task Force Lead
Director, Division of Critical Infrastructure Protection
Office of the Assistant Secretary for Preparedness and Response
U.S. Department of Health and Human Services
Laura.wolf@hhs.gov
Cell: (b)(6)

From: Wolf, Laura (OS/ASPR/SIIM)
Sent: Friday, February 28, 2020 7:52 PM
To: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Subject: RE: any supply chain needs tonight?

From attached document, here's the figure

From 2015 PHEMCE Integrated Capabilities Document: Respiratory Protective Devices and Facemask Chapter. Attached. And figure below. "N95s public health emergency use (3.5B-5.5B)"

Laura Kwinn Wolf, Ph.D.
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From: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Sent: Friday, February 28, 2020 7:46 PM
To: Wolf, Laura (OS/ASPR/SIIM) <Laura.Wolf@hhs.gov>
Subject: RE: any supply chain needs tonight?

Can you do so asap

From: Wolf, Laura (OS/ASPR/SIIM) <Laura.Wolf@hhs.gov>
Sent: Friday, February 28, 2020 7:42 PM
To: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Cc: Phillips, Sally (OS/ASPR/SPPR) <Sally.Phillips@hhs.gov>
Subject: RE: any supply chain needs tonight?

I will pull that for you-- also, NSC staff said they're pulling together the backgrounder and COA doc into one for you/Azar/Pence as we speak.

Laura Kwinn Wolf, Ph.D.
Director, Division of Critical Infrastructure Protection
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From: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Sent: Friday, February 28, 2020 7:39 PM
To: Wolf, Laura (OS/ASPR/SIIM) <Laura.Wolf@hhs.gov>
Cc: Phillips, Sally (OS/ASPR/SPPR) <Sally.Phillips@hhs.gov>
Subject: RE: any supply chain needs tonight?

No I cant think of anything except do you have the document that outline 3.5B mask requirement if you do please share thank you Best Bob

From: Wolf, Laura (OS/ASPR/SIIM) <Laura.Wolf@hhs.gov>
Sent: Friday, February 28, 2020 6:10 PM
To: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>

Cc: Phillips, Sally (OS/ASPR/SPPR) <Sally.Phillips@hhs.gov>

Subject: any supply chain needs tonight?

Dr. Kadlec- please let me know if you need anything else on supply chain tonight- I'm in my office til about 9 working with NSC on edits. I will send final documents to you as soon as they're complete.

Laura

Laura Kwinn Wolf, Ph.D.

Director, Division of Critical Infrastructure Protection

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Sent Date:	2020/03/15 12:07:07
Delivered Date:	2020/03/15 12:07:19

From:	CARL TUTTLE <(b)(6)@comcast.net>
To:	<Tom.Sherman@leg.state.nh.us>; Tick-Borne Disease Working Group (OS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bda3a527cbc247e7b2b52b192f68b92d-Tick-Borne> (b)(6)@aol.com>; <jgs@jacquessimon.com>; <liawl@mmc.org>; (b)(6)@hotmail.com>; <hanp@mmc.org>; <gskall@wcsr.com>; <sgreen@hardball-law.com>; (b)(6)@ucdavis.edu>; (b)(6)@ucsd.edu>; (b)(6)@mc.duke.edu>; <lida@lymediseaseassociation.org>; (b)(6)@gmu.edu>; <c.perronne@aphp.fr>; (b)(6)@comcast.net>; Redfield, Robert R. (CDC/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ab74a26317547b8a754285d9eaa847c-robert.redf>; (b)(6)@umd.edu>; <allen.l.richards.civ@mail.mil>; <chris.smith@mail.house.gov>; (b)(6)@tulane.edu>; (b)(6)@stanford.edu>; <collin.peterson@mail.house.gov>; Jones, Estella (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1a7a0c59d9084447aca534bb8f0447b0-estella.jon>; (b)(6)@aol.com>; (b)(6)@childrens.harvard.edu>; (b)(6)@comcast.net>; (b)(6)@gmail.com>; (b)(6)@jhmi.edu>; (b)(6)@tulane.edu>;
CC:	(b)(6)@jhmi.edu>; Beard, Charles (Ben) (CDC/DDID/NCEZID/DVBD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b0d99c3e702946cebb5443dc1ae53e4-Beard, Char>; <rsabatino@lymesocietyinc.org>; (b)(6)@gmail.com>; (b)(6)@cshl.edu>; (b)(6)@cshl.edu>; <andrew.dillon@nice.org.uk>; <nice@nice.org.uk>; <phil.fontanarosa@jamanetwork.org>; <howard.bauchner@jamanetwork.org>; <leah.colton@us.af.mil>; (b)(6)@usuhs.edu>; <vanessa.r.melanson.ctr@mail.mil>; (b)(6)@gmail.com>; Weahkee, Michael (IHS/HQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e3cef0a48d0842dfb636569257ca0e92-michael.wea>; <bryant.webber@us.af.mil>; Trent-Adams, Sylvia (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=650dc3276414421693345147bfafd132-Trent-Adams>; <Las@silverleafconsulting.net>; Berger, James J. (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dcdf2b2f7b1a479d82a2d970d3bef40e-Berger, Jam>; (b)(6)@utmb.edu>; Bunnell, Rebecca (CDC/DDPHSS/OS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5c3aaf4e4c26495e978a2c467d6d4930-Bunnell, Re>; <beto.perezdeleon@ars.usda.gov>; <chien-chung.c.chao.civ@mail.mil>; Jilani, Shahla (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5e32c6a924444e6185ede0bb2e8712df-Jilani, Sha>; Visser, Susanna (CDC/DDID/NCEZID/DVBD) </o=ExchangeLabs/ou=Exchange Administrative Group

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<Jonathan.M.Malis@usdoj.gov>;
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Grimm, Christi A (OIG/IO) </o=ExchangeLabs/ou=Exchange Administrative Group
(FYDIBOHF23SPDLT)/cn=Recipients/cn=733b67a614da47d6a46b45e0d44cb318-christi.mac>

Subject: Re: Forbes: Lessons From Lyme Disease: Six Reasons The CDC's COVID-19 Failure Was Predictable

Date: 2020/03/15 12:51:39

Priority: Normal

Type: Note

Mar 15, 2020

State House
107 North Main Street
Concord NH 03301
Attn: Senator Tom Sherman

Dear Senator Sherman and the Senate Health and Human Services Committee,

The CDC estimates this year's flu season involved 36 million flu illnesses, 370,000 hospitalizations and 22,000 deaths. As of March 13, 2020, there have been 1629 cases of COVID-19 and 41 deaths.

With Lyme disease however no one is counting casualties; patients whose lives are ruined as a result of a missing bulls-eye rash, false negative Lyme test, inadequate treatment and medical community practicing willful ignorance all misguided by the existing dogma propagated through the IDSA, CDC and American Lyme Disease Foundation.

-No one is actively looking for congenital Lyme disease. (Reported back in 1985) ¹

-No one is routinely looking for Borrelia in tissue after surgery.
(Documented in many PubMed studies) ²

-No one is investigating sexual transmission of Lyme disease.

(Suspected in 2003 by Doctors William T. Harvey and Paola Salvato) ³

-No one is screening the blood supply for Borrelia. (Borrilia is capable of surviving blood banking conditions reported in 1990) ⁴

-No one is looking for the Borrelia spirochete in Alzheimer's brains at autopsy. (Alzheimer Borreliosis has been identified by pathologist Dr. Allen MacDonald) ⁵

-No one is developing direct detection methods for Lyme disease.
(Translation: No rash, no positive test, no treatment.)

So how prevalent is Lyme when the 30-year focus has been to keep case numbers artificially low through strict case definition requirements and deliberate avoidance of the horribly disabled.

Acknowledging Lyme as a horribly disabling disease will incriminate our public health officials so they're all pleading the fifth. ⁶

And with COVID-19 the exact same errors/mistakes/conflicts of interest/ proprietary patenting-attempts/ interference with competing testing methods/direct detection/inappropriately

narrow case definitions etc. etc. etc. as in Lyme - but this is MUCH MUCH broader and affecting ALL of society and with devastating economic consequences.⁷

The mishandling of disease in this country is a direct consequence of the Bayh-Dole patent and trademark law dealing with inventions arising from federal government-funded research as government employees can benefit financially through these patents. Is the right decision being made or is the promise of financial gain the driving force?

Case in point: Employees of the U.S. Centers for Disease Control hold patents on metabolomics relating to Lyme disease⁸ **Inventor:** Theresa M. RUSSELL and Barbara J.B. JOHNSON

A congressional investigation into the mishandling of Lyme disease is long overdue as we have witnessed the same failures with the handling of the coronavirus pandemic.

I implore you, your fellow senators and congressmen to initiate a congressional investigation into the mishandling of Lyme disease because you and your family members (and the rest of the residents of New Hampshire) are a single tick bite away from experiencing this travesty. **Lyme disease is not going away anytime soon and increasing.**

Calling for a Congressional investigation of the CDC, IDSA and ALDF (88,796 signatures)

<https://www.change.org/p/the-us-senate-calling-for-a-congressional-investigation-of-the-cdc-idsa-and-aldf>

Respectfully submitted,

Carl Tuttle

Lyme Endemic Hudson, NH

P.S. The mishandling of Lyme disease here in the US has had a ripple effect globally as the European Union monitored Lyme disease via each country through voluntary reporting. In 2018 they defined 57 diseases for ‘mandatory’ surveillance by each country. The list starts at Anthrax, Botulism and moves through to Zika virus and congenital Zika virus. **NO LYME DISEASE.** Neuroborreliosis is on the list however reported cases must meet strict conditions including positive intrathecal testing of cerebrospinal fluid.

The power of **IDSA/CDC/ALDF** transcends the US borders as the cover-up is now established under European law. Just like here in the U.S., the EUCALB does not want the true level of LB known. ⁹

Knowing the true level would expose their incompetence and criminal activities over the last few decades and threaten their endless money stream.

REFERENCES

¹ **Congenital Transmission of Lyme**

<https://protect2.fireeye.com/url?k=e067137b-bc333a50-e0672244-0cc47a6d17cc-b06636cfac3c4a24&u=https://www.dropbox.com/s/z10em0szgpm8bll/Congenital%20Transmission%20of%20Lyme%202015.doc?dl=0>

² **Persistent Borrelia Infection in Patients with Ongoing Symptoms of Lyme Disease.**

<https://www.ncbi.nlm.nih.gov/pubmed/29662016>

³ **Lyme disease': ancient engine of an unrecognized borreliosis pandemic?**

<https://www.ncbi.nlm.nih.gov/pubmed/12710914>

⁴ **Survival of Borrelia burgdorferi in human blood stored under blood banking conditions**

<https://www.ncbi.nlm.nih.gov/pubmed/2349627>

⁵ **Alzheimer Borreliosis**

<https://protect2.fireeye.com/url?k=e51f233e-b94b0a15-e51f1201-0cc47a6d17cc-e551ace0fc24b918&u=https://alzheimerborreliosis.net/>

⁶ **Under Our Skin - Extended Trailer**

<https://www.youtube.com/watch?v=sxWgS0XLVqw>

⁷ **Lessons From Lyme Disease: Six Reasons The CDC's COVID-19 Failure Was Predictable**

<https://www.forbes.com/sites/marybethpfeiffer/2020/03/13/lessons-from-lyme-disease-six-reasons-the-cdcs-covid-19-failure-was-predictable>

⁸ **CDC Employee Patent:**

<https://protect2.fireeye.com/url?k=d7457431-8b115d1a-d745450e-0cc47a6d17cc-8d8fa86e944cbe8b&u=https://www.google.com/patents/EP2805168A1?cl=en>

⁹ **COMMISSION IMPLEMENTING DECISION (EU) 2018/945** of 22 June 2018 on the communicable diseases and related special health issues to be covered by epidemiological surveillance as well as relevant case definitions

<https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX%3A32018D0945&from=EN%29>

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Subject: Re: Forbes: Lessons From Lyme Disease: Six Reasons The CDC's COVID-19 Failure Was Predictable

Date: 2020/03/15 12:51:35

Priority: Normal

Type: Note

Mar 15, 2020

State House
107 North Main Street
Concord NH 03301
Attn: Senator Tom Sherman

Dear Senator Sherman and the Senate Health and Human Services Committee,

The CDC estimates this year's flu season involved 36 million flu illnesses, 370,000 hospitalizations and 22,000 deaths. As of March 13, 2020, there have been 1629 cases of COVID-19 and 41 deaths.

With Lyme disease however no one is counting casualties; patients whose lives are ruined as a result of a missing bulls-eye rash, false negative Lyme test, inadequate treatment and medical community practicing willful ignorance all misguided by the existing dogma propagated through the IDSA, CDC and American Lyme Disease Foundation.

-No one is actively looking for congenital Lyme disease. (Reported back in 1985) ¹

-No one is routinely looking for Borrelia in tissue after surgery.
(Documented in many PubMed studies) ²

-No one is investigating sexual transmission of Lyme disease.

(Suspected in 2003 by Doctors William T. Harvey and Paola Salvato) ³

-No one is screening the blood supply for Borrelia. (Borrilia is capable of surviving blood banking conditions reported in 1990) ⁴

-No one is looking for the Borrelia spirochete in Alzheimer's brains at autopsy. (Alzheimer Borreliosis has been identified by pathologist Dr. Allen MacDonald) ⁵

-No one is developing direct detection methods for Lyme disease.
(Translation: No rash, no positive test, no treatment.)

So how prevalent is Lyme when the 30-year focus has been to keep case numbers artificially low through strict case definition requirements and deliberate avoidance of the horribly disabled.

Acknowledging Lyme as a horribly disabling disease will incriminate our public health officials so they're all pleading the fifth. ⁶

And with COVID-19 the exact same errors/mistakes/conflicts of interest/ proprietary patenting-attempts/ interference with competing testing methods/direct detection/inappropriately

narrow case definitions etc. etc. etc. as in Lyme - but this is MUCH MUCH broader and affecting ALL of society and with devastating economic consequences.⁷

The mishandling of disease in this country is a direct consequence of the Bayh-Dole patent and trademark law dealing with inventions arising from federal government-funded research as government employees can benefit financially through these patents. Is the right decision being made or is the promise of financial gain the driving force?

Case in point: Employees of the U.S. Centers for Disease Control hold patents on metabolomics relating to Lyme disease⁸ **Inventor:** Theresa M. RUSSELL and Barbara J.B. JOHNSON

A congressional investigation into the mishandling of Lyme disease is long overdue as we have witnessed the same failures with the handling of the coronavirus pandemic.

I implore you, your fellow senators and congressmen to initiate a congressional investigation into the mishandling of Lyme disease because you and your family members (and the rest of the residents of New Hampshire) are a single tick bite away from experiencing this travesty. **Lyme disease is not going away anytime soon and increasing.**

Calling for a Congressional investigation of the CDC, IDSA and ALDF (88,796 signatures)

<https://www.change.org/p/the-us-senate-calling-for-a-congressional-investigation-of-the-cdc-idsa-and-aldf>

Respectfully submitted,

Carl Tuttle

Lyme Endemic Hudson, NH

P.S. The mishandling of Lyme disease here in the US has had a ripple effect globally as the European Union monitored Lyme disease via each country through voluntary reporting. In 2018 they defined 57 diseases for ‘mandatory’ surveillance by each country. The list starts at Anthrax, Botulism and moves through to Zika virus and congenital Zika virus. **NO LYME DISEASE.** Neuroborreliosis is on the list however reported cases must meet strict conditions including positive intrathecal testing of cerebrospinal fluid.

The power of **IDSA/CDC/ALDF** transcends the US borders as the cover-up is now established under European law. Just like here in the U.S., the EUCALB does not want the true level of LB known.⁹

Knowing the true level would expose their incompetence and criminal activities over the last few decades and threaten their endless money stream.

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<https://protect2.fireeye.com/url?k=44b7d4d8-18e2dd08-44b7e5e7-0cc47a6a52de-d9b6b81970556ca5&u=https://www.dropbox.com/s/z10em0szgpm8bll/Congenital%20Transmission%20of%20Lyme%202015.doc?dl=0>

² **Persistent Borrelia Infection in Patients with Ongoing Symptoms of Lyme Disease.**

<https://www.ncbi.nlm.nih.gov/pubmed/29662016>

³ **Lyme disease': ancient engine of an unrecognized borreliosis pandemic?**

<https://www.ncbi.nlm.nih.gov/pubmed/12710914>

⁴ **Survival of Borrelia burgdorferi in human blood stored under blood banking conditions**

<https://www.ncbi.nlm.nih.gov/pubmed/2349627>

⁵ **Alzheimer Borreliosis**

<https://protect2.fireeye.com/url?k=020fccd0-5e5ac500-020ffdef-0cc47a6a52de-1f4e0117aa560bcf&u=https://alzheimerborreliosis.net/>

⁶ **Under Our Skin - Extended Trailer**

<https://www.youtube.com/watch?v=sxWgS0XLVqw>

⁷ **Lessons From Lyme Disease: Six Reasons The CDC's COVID-19 Failure Was Predictable**

<https://www.forbes.com/sites/marybethpfeiffer/2020/03/13/lessons-from-lyme-disease-six-reasons-the-cdcs-covid-19-failure-was-predictable>

⁸ **CDC Employee Patent:**

<https://protect2.fireeye.com/url?k=ccb12c78-90e425a8-ccb11d47-0cc47a6a52de-ff9db69a77cd6aee&u=https://www.google.com/patents/EP2805168A1?cl=en>

⁹ **COMMISSION IMPLEMENTING DECISION (EU) 2018/945** of 22 June 2018 on the communicable diseases and related special health issues to be covered by epidemiological surveillance as well as relevant case definitions

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Subject: Re: Forbes: Lessons From Lyme Disease: Six Reasons The CDC's COVID-19 Failure Was Predictable

Date: 2020/03/15 12:51:33

Priority: Normal

Type: Note

Mar 15, 2020

State House
107 North Main Street
Concord NH 03301
Attn: Senator Tom Sherman

Dear Senator Sherman and the Senate Health and Human Services Committee,

The CDC estimates this year's flu season involved 36 million flu illnesses, 370,000 hospitalizations and 22,000 deaths. As of March 13, 2020, there have been 1629 cases of COVID-19 and 41 deaths.

With Lyme disease however no one is counting casualties; patients whose lives are ruined as a result of a missing bulls-eye rash, false negative Lyme test, inadequate treatment and medical community practicing willful ignorance all misguided by the existing dogma propagated through the IDSA, CDC and American Lyme Disease Foundation.

-No one is actively looking for congenital Lyme disease. (Reported back in 1985) ¹

-No one is routinely looking for Borrelia in tissue after surgery.
(Documented in many PubMed studies) ²

-No one is investigating sexual transmission of Lyme disease.

(Suspected in 2003 by Doctors William T. Harvey and Paola Salvato) ³

-No one is screening the blood supply for Borrelia. (Borrilia is capable of surviving blood banking conditions reported in 1990) ⁴

-No one is looking for the Borrelia spirochete in Alzheimer's brains at autopsy. (Alzheimer Borreliosis has been identified by pathologist Dr. Allen MacDonald) ⁵

-No one is developing direct detection methods for Lyme disease.
(Translation: No rash, no positive test, no treatment.)

So how prevalent is Lyme when the 30-year focus has been to keep case numbers artificially low through strict case definition requirements and deliberate avoidance of the horribly disabled.

Acknowledging Lyme as a horribly disabling disease will incriminate our public health officials so they're all pleading the fifth. ⁶

And with COVID-19 the exact same errors/mistakes/conflicts of interest/ proprietary patenting-attempts/ interference with competing testing methods/direct detection/inappropriately

narrow case definitions etc. etc. etc. as in Lyme - but this is MUCH MUCH broader and affecting ALL of society and with devastating economic consequences.⁷

The mishandling of disease in this country is a direct consequence of the Bayh-Dole patent and trademark law dealing with inventions arising from federal government-funded research as government employees can benefit financially through these patents. Is the right decision being made or is the promise of financial gain the driving force?

Case in point: Employees of the U.S. Centers for Disease Control hold patents on metabolomics relating to Lyme disease⁸ **Inventor:** Theresa M. RUSSELL and Barbara J.B. JOHNSON

A congressional investigation into the mishandling of Lyme disease is long overdue as we have witnessed the same failures with the handling of the coronavirus pandemic.

I implore you, your fellow senators and congressmen to initiate a congressional investigation into the mishandling of Lyme disease because you and your family members (and the rest of the residents of New Hampshire) are a single tick bite away from experiencing this travesty. **Lyme disease is not going away anytime soon and increasing.**

Calling for a Congressional investigation of the CDC, IDSA and ALDF (88,796 signatures)

<https://www.change.org/p/the-us-senate-calling-for-a-congressional-investigation-of-the-cdc-idsa-and-aldf>

Respectfully submitted,

Carl Tuttle

Lyme Endemic Hudson, NH

P.S. The mishandling of Lyme disease here in the US has had a ripple effect globally as the European Union monitored Lyme disease via each country through voluntary reporting. In 2018 they defined 57 diseases for ‘mandatory’ surveillance by each country. The list starts at Anthrax, Botulism and moves through to Zika virus and congenital Zika virus. **NO LYME DISEASE.** Neuroborreliosis is on the list however reported cases must meet strict conditions including positive intrathecal testing of cerebrospinal fluid.

The power of **IDSA/CDC/ALDF** transcends the US borders as the cover-up is now established under European law. Just like here in the U.S., the EUCALB does not want the true level of LB known.⁹

Knowing the true level would expose their incompetence and criminal activities over the last few decades and threaten their endless money stream.

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<https://protect2.fireeye.com/url?k=368dc0d3-6ad8c9c0-368df1ec-0cc47adb5650-3c63dfe3375c39bd&u=https://www.dropbox.com/s/z10em0szgpm8bl/Congenital%20Transmission%20of%20Lyme%202015.doc?dl=0>

² **Persistent Borrelia Infection in Patients with Ongoing Symptoms of Lyme Disease.**

<https://www.ncbi.nlm.nih.gov/pubmed/29662016>

³ **Lyme disease': ancient engine of an unrecognized borreliosis pandemic?**

<https://www.ncbi.nlm.nih.gov/pubmed/12710914>

⁴ **Survival of Borrelia burgdorferi in human blood stored under blood banking conditions**

<https://www.ncbi.nlm.nih.gov/pubmed/2349627>

⁵ **Alzheimer Borreliosis**

<https://protect2.fireeye.com/url?k=736677ab-2f337eb8-73664694-0cc47adb5650-92212302eacc50fc&u=https://alzheimerborreliosis.net/>

⁶ **Under Our Skin - Extended Trailer**

<https://www.youtube.com/watch?v=sxWgS0XLVqw>

⁷ **Lessons From Lyme Disease: Six Reasons The CDC's COVID-19 Failure Was Predictable**

<https://www.forbes.com/sites/marybethpfeiffer/2020/03/13/lessons-from-lyme-disease-six-reasons-the-cdcs-covid-19-failure-was-predictable>

⁸ **CDC Employee Patent:**

<https://protect2.fireeye.com/url?k=bb70c732-e725ce21-bb70f60d-0cc47adb5650-f5d1fe0bd664a31c&u=https://www.google.com/patents/EP2805168A1?cl=en>

⁹ **COMMISSION IMPLEMENTING DECISION (EU) 2018/945** of 22 June 2018 on the communicable diseases and related special health issues to be covered by epidemiological surveillance as well as relevant case definitions

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Subject:	FW: 'Everybody's got to take this seriously': Fauci warns against coronavirus indifference among young people
Date:	2020/03/15 12:52:10
Priority:	Normal
Type:	Note

FYI

From: POLITICO Pro Health Care <politicoemail@politicopro.com>
Sent: Sunday, March 15, 2020 12:51 PM
To: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Subject: 'Everybody's got to take this seriously': Fauci warns against coronavirus indifference among young people

'Everybody's got to take this seriously': Fauci warns against coronavirus indifference among young people

By Caitlin Oprysko

03/15/2020 12:50 PM EDT

The nation's top infectious diseases expert has a stern warning to young people: Don't get complacent about statistics showing that serious coronavirus cases and fatalities are skewed toward the elderly and those with underlying health issues.

"You are not immune or safe from getting seriously ill," National Institute of Allergy and Infectious Diseases Director Anthony Fauci said Sunday on CNN's "State of the Union" when asked if younger Americans should be concerned about contracting the virus, which Fauci has repeatedly said is more lethal than the average flu.

"Even though when you look at the total numbers, it's overwhelmingly weighted toward the elderly and those with underlying conditions," he explained, "the virus isn't a mathematical formula. There are going to be people who are young who are going to wind up getting seriously ill."

In addition, Fauci said it was critical for young people to understand that they can be a carrier for the virus and spread it without showing symptoms or feeling ill themselves.

"Even though you don't get seriously ill, you could bring it to a person who would bring it to a person that would bring it to your grandfather, your grandmother, or your elderly relative," he argued. "That's why everybody's got to take this seriously, even the young."

In appearances on every major Sunday morning talk show, Fauci preached the importance of practicing social distancing for containing the spread of coronavirus cases, which have exploded in the U.S. in recent weeks as well as other hot spots all over the globe, including Italy, Iran and South Korea.

He and other health officials have pleaded for people to hunker down in an attempt to blunt the spread and prevent hospitals from being overwhelmed. When asked about crowds still heading to restaurants and bars over the weekend, Fauci said that there was serious room for improvement.

“I would like to see a dramatic diminution of the personal interaction that we see in restaurants and in bars,” he said. “Whatever it takes to do that, that's what I would like to see.”

Some local governments and businesses have stepped up to attempt to force social separation, banning mass gatherings and slashing business hours. The issue was unavoidable over the weekend for scores of travelers who tried to rush back to the U.S. in the wake of a new travel ban by the administration, crowding airports across the country, which Fauci called “unfortunate” and “not what you like to see.”

But where social interaction is able to be avoided, Fauci said that sacrifices in people’s lifestyles are imperative to heading off a crisis the likes of which countries like Italy are grappling with.

“Certainly it is conceivable that if we don't do that you could get as bad as Italy,” he warned. “But I don't think we're going there, if we do the kind of things that we're publicly saying we need to do. We need to be very serious about, for a while, life is not going to be the way it used to be in the United States. We have to just accept that if we want to do what's best for the American public.”

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Subject:	AMA telephone townhall with stakeholders
Date:	2020/03/15 13:02:46
Start Date:	2020/03/15 19:00:00
End Date:	2020/03/15 20:00:00
Priority:	Normal
Type:	Appointment
Location:	Dial-In: (b)(6)
Attendees:	AMA2 (OS/IOS); Apple, Matthew (HHS/IOS); Harrison, Brian (HHS/IOS); Mango, Paul (HHS/IOS); Puesan, Cesar (HHS/OS/IOS); Stecker, Judy (OS/IOS); Tignor, Beth (HHS/IOS); Trueman, Laura (HHS/IEA); Beck, Gary (OS/IEA) (Gary.Beck@hhs.gov); Conrad, Patricia (NIH/NIAID) [E]; Fauci, Anthony (NIH/NIAID) [E]; Smith, Brad (CMS/OA); Brett Giroir (HHS/OASH) (Brett.Giroir@hhs.gov); Bante, Katie (OS/OASH); Kadlec, Robert (OS/ASPR/IO) (Robert.Kadlec@hhs.gov); Ford-Barnes, Arwenithia (OS/ASPR/IO); Robert R. Redfield (CDC/OD) (olx1@cdc.gov); Williams, Teresa (CDC/OD/OCS); Gershman, Lynn E. (CDC/DDPHSIS/OD); Stephen Hahn (sh1@fda.hhs.gov); Sheehy, Janice (FDA/ORA)

(b)(6)

Thank you for participating in tonight's call on COVID-19 testing.

Here is what you need to know:

Location: White House, Roosevelt Room

Time: Pre-Gathering: 6:45 PM
Call: 7:00 PM – 8:00 PM

Audience:

Private: Major Health Systems, FAH, AHA, America's Essential Hospitals Association, Physician Hospitals of America, Catholic Health Association, Public and Private Lab Associations (ACLA and APHL), National Rural Health Association, College of American Pathologists, Range of individual hospitals

Public: Governors (COS, Policy Director, State Federal Affairs Reps); State Health Officers, County Health Officers

Format:

We are going to use an interactive format. After openers from Birx and Azar, Azar will act as a moderator of sorts, asking questions to the key participants. These questions represent the queries that IEA and others are receiving the most often.

If you feel that we have crafted the wrong question for you, please send back a note and we will revise.

Run of Show

Ambassador Birx – Opening Remarks, 1-2 minutes, pitches it to Secretary Azar
Secretary Azar – Opening Remarks, introduces Admiral Giroir, and asks him:

Azar: Admiral Giroir, you are leading our efforts to meet testing needs. But, let's start with the basics.

Who should be tested for COVID-19?

Giroir responds

Azar: We know there have been questions about testing availability.

Could you give us an update on access to testing kits?

Giroir responds, explains existing public and private options.

Azar: You are working on a special expansion of testing through a public/private partnership to create "drive-by" testing sites.

Can you tell us more about that?

Giroir responds

Azar: Dr. Redfield, as Director of CDC, your agency is the federal government's lead in surveillance and assisting state and local health departments when they need help. How are we doing in meeting the needs of states and localities in terms of providing request testing materials?

Redfield responds

Azar: I'd like to turn to FDA Commissioner Hahn. The FDA has taken several steps to expand testing capacity that open up avenues for both public and private labs. Can you describe the new pathways to increase capacity?

Hahn responds (including getting waivers to do their own testing)

Azar: Commissioner, there has also been some supply challenges in getting one of the components needed to complete testing – the re-agents. FDA has provided some alternative means to meet that need. For the lab directors listening, could you describe what FDA has done and where they can get more information?

Hahn responds

Azar: Dr. Kadlec, you head up HHS's division charged with disaster preparedness and response with a particular focus on healthcare impacts of a disaster. The nation maintains a Strategic National Stockpile of critical items in case of natural or other disasters. Does the stockpile include products related to testing for COVID-19 emergency?

Kadlec responds

Azar: We are seeing some shortages. Can you describe how we are managing this and what role the private sector has in assisting with supplies?

Kadlac responds

Azar: There is a process to accessing supplies from the stockpile – a hospital concerned about shortages can't just email and get supplies. Can you describe the process?

Kadlac responds.

Azar: Adam Boehler, you head the U.S. International Development Finance Corporation and have a strong background in the private sector with innovation to meet emerging needs. The private sector is key in supply – whether it be testing materials or other needs. This has international dimensions with many of the manufacturing for items overseas. What are you working on to meet needs?

Boehler responds

Azar: Brad Smith, you work at the Centers for Medicaid and Medicare services and work on testing new ways to meet patient needs. What are you working on with COVID-19 and testing?

Smith responds

Azar: Finally, Dr. Fauci, you lead the nation's premier research institution for research on infectious diseases at the National Institutes of Health. You have been part of the federal government's response to HIV AIDS, SARS, and others. We have lab directors, health systems, distributors, and governors staffs listening tonight. Could you share some thoughts about what they need to know about prudent decisions on testing and the most important things they can do to help us manage testing supplies or other resources?

Fauci responds

Q & A

Azar: Operator, I would like to take a few questions right now from our listeners. Could you open up the lines for questions now?

Concluding

Azar: We are out of time, but we welcome your questions by email. Just respond to the staffer that sent you the invitation with any questions or comments and we will be responsive.

As you can see, we are working across the federal government, and in concert with the private sector, to meet the challenges that COVID-19 is presenting and we will do whatever it takes to protect health and wellbeing. You have the best scientists and professionals working with you. We will meet this challenge.

Ambassador Birx, do you want to close us out?

Laura C. Trueman
Director, Office of Intergovernmental and External Affairs U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington D.C. 20201
Laura.Trueman@hhs.gov
(b)(6) cell

WH is getting us on their platform because their capabilities to get a participant list for a call over 500 is better than ours. They said it takes an hour to get this processed so we will have a phone number soon.

Location – We are planning to do this at the White House since it will follow the TF and their press conference. Tim Pataki is getting me a room.

Participants and Order

We are finalizing the list of participants with Giroir.
Right now it looks like the following will participate.

Ambassador Birks

Secretary Azar

Admiral Giroir

Dr. Kadlac

Director Redfield

Dr. Fauci

Adam Boehler

Brad Smith (Director of CMMI at CMS)

Commissioner Hahn? He was not on Dr. Giroir's original list, but we are checking to see if he will be added.

Format

In the stakeholder calls thus far, they have had 6-9 speakers talking one after another – for 45 minutes. I do not think this is the most effective presentation/communication technique. It needs to be more interactive. I would like to have someone in the group act as a moderator and that we make it more interactive by having one question ready for each participant – or for the key participants to cover the main topics – that gets at the issues that we are getting the most questions from externals on.

Taking Questions

I think we would want to take questions at the end, but que up the first 1-2 that are most often being asked.

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Subject:	Re: ohio news (including unpublished)
Date:	2020/03/15 14:16:55
Priority:	Normal
Type:	Note

umm, this is for real

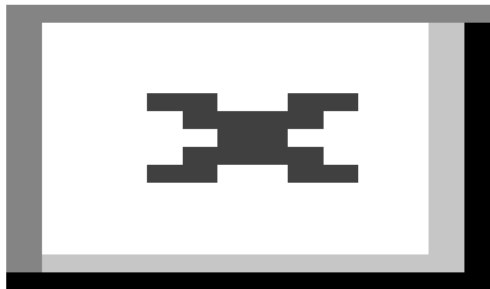


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1 oz bottle

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<https://www.nytimes.com/2020/03/14/technology/coronavirus-purell-wipes-amazon-sellers.html>

On Sun, Mar 15, 2020 at 2:12 PM The Alchemist <(b)(6)>@gmail.com>wrote:
The hospital man, said not go to emergency room to get tested,

but that is what is/will happen...

-

anyways my gas station/corner store buddy, in town, said he can't find supplies like toilet paper, hand sanitizer etc and other things from the Greensboro walmart and/or Sam's club.

I have read stories of people hoarding items, and trying to resell them online at much higher prices, Amazon stopped this "retail arbitrage".

now there is a guy with 17,000 bottles of sanitizer and no where to sell them.

...

On Sun, Mar 15, 2020 at 2:05 PM The Alchemist <(b)(6)>@gmail.com>wrote:
Johnny told me last night, that his step daughter, is sick, she works at the Walmart in Akron

Her supervisor was being a prick, and not caring that she was reporting symptoms, so he set him straight, and eventually got her a paramedic.

The point is now, the walmarts maybe infected (and spreading)

She hasn't been tested, but was on her way to hospital around 1am

i found this looking for Akron news

-

COVID-19 tests

Currently, none of Akron's three major hospitals — Children's, Akron General or Summa, have on-site testing capabilities for COVID-19. Instead, they are sending their tests to the Ohio Department of Health or local labs.

<https://www.youtube.com/watch?v=-G8gXzpBhCY&feature=youtu.be>

Sender:	The Alchemist (b)(6) @gmail.com>
Recipient:	Fauci, Anthony (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau>; Beaver, Julia (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a05286b19a7b4895a71b9d1087666b25-julia.beave>; <Norman.Sharpless@fda.hhs.gov>; Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>; <michael.strong@cihr-irsc.gc.ca>; Keegan, Patricia (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2c9b1a0f14e84a819dcddf7a997a9999-patricia.ke>; Lowy, Douglas (NIH/NCI) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=aad7e8b13b6740959f2bec763a1a3217-douglas.low>; Woodcock, Janet (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5f925e9a0f9147b186d40072d474d13d-janet.woodc>; Langevin, Helene (NIH/NCCIH) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=27585df077174daf87a437e2b492ea2b-helene.lang>; Biable, Missiratch (Mimi) (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=16ecd42585564abea7003ada035df689-missiratch.>; Ibrahim, Amna (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ddefd991104249dd83c6586bfc7c19e-amna.ibrahi>
Sent Date:	2020/03/15 14:16:34
Delivered Date:	2020/03/15 14:16:55
Message Flags:	Unread

From:	Michael Osterholm (b)(6)@umn.edu>
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.up (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	RE: Request for conference call/Generic drug shortage
Date:	2020/03/15 15:06:16
Priority:	Normal
Type:	Note

Call when you can.

(b)(6)

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

Sent: Sunday, March 15, 2020 1:10 PM

To: Michael Osterholm <(b)(6)@umn.edu>

Subject: Re: Request for conference call/Generic drug shortage

Laura need to talk soonest

Sent from my iPhone

On Feb 25, 2020, at 3:52 PM, Michael Osterholm (b)(6)@umn.edu>wrote:

<https://www.cnbc.com/2020/02/25/coronavirus-fda-on-watch-for-drug-shortages-fraudulent-claims.html>

Thanks Laura,

We are asking to compare our data with the FDA data that are being shared in general terms with the media. See the above linked article. To date we have not received information from FDA that supports our efforts to support the USG with more information.

Hope his helps. We are not interested in another FDA listening mode call. ' not at all helpful to the USG or us!

Thanks again.

Mike

From: Wolf, Laura (OS/ASPR/SIIM) <Laura.Wolf@hhs.gov>

Sent: Tuesday, February 25, 2020 2:45 PM

To: Michael Osterholm (b)(6)@umn.edu>

Subject: Re: Request for conference call/Generic drug shortage

Hi Mike-

I don't see in the chain what you're asking for that you're not receiving?

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

On: 25 February 2020 15:30,
"Michael Osterholm" <(b)(6)@umn.edu> wrote:

Bob,

Great to talk to you this morning. Thanks for the call.

Please the e-mail exchange below. This is simply BS. We have been supplying the USG, including the FDA all the critical drug supply chain information we have, but can't get anything out of the FDA, even nonproprietary information. We getting all kinds of information from the New Zealand Ministry of Health but nothing from the USG.

Can you help????

Thanks,
Mike

From: Zadecky, Leo <Leo.Zadecky@fda.hhs.gov>
Sent: Tuesday, February 25, 2020 2:17 PM
To: (b)(6)@umn.edu
Cc: Jensen, Valerie E <Valerie.Jensen@fda.hhs.gov> (b)(6)@umn.edu; (b)(6)@umn.edu; Buhse, Lucinda <Lucinda.Buhse@fda.hhs.gov>
Subject: RE: Request for conference call/Generic drug shortage

Mr. Seifert,

Thanks for your outreach. We would like to have a listening session with you to hear about your research and findings. We can then facilitate further discussions as warranted.
Would noon tomorrow work for your team ?

Please reach back to me and I can facilitate this from our end.

Kind regards,

Leo
Leo Zadecky, RPh, MS
Commander, U.S. Public Health Service
Senior Program Management Officer

FDA/CDER/ Drug Shortage staff
(240) 402-8841

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From: James Seifert <(b)(6)@umn.edu>
Sent: Tuesday, February 25, 2020 11:57 AM
To: Jensen, Valerie E <Valerie.Jensen@fda.hhs.gov>
Cc: Stephen Schondelmeyer <(b)(6)@umn.edu>; Michael Osterholm <(b)(6)@umn.edu>
Subject: Request for conference call/Generic drug shortage

Dear Ms. Jensen:

This is Jim Seifert, I am the program manager for the Strategic Drug Supply study at the University of Minnesota, Center for Infectious Disease Research and Policy. I work for Dr. Mike Osterholm and Dr. Steve Shondelmeyer

We have research we would like to share with you related to certain generic drugs that we believe may be in a shortage status in the near future because of China-related supply chain issues.

Would you be available for a conference call today or tomorrow to discuss our research?

Thanks for your consideration.

Respectfully,

Jim Seifert

Sender:	Michael Osterholm <(b)(6)@umn.edu>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Sent Date:	2020/03/15 14:40:58
Delivered Date:	2020/03/15 15:06:16

From:	SG <SG@greerjournal.com>
To:	SG <SG@greerjournal.com>
Subject:	Fearmongering
Date:	2020/03/15 16:07:08
Priority:	Normal
Type:	Note

Amy Acton is Ohio Governor DeWine's coronavirus spokesperson. She was on Tucker Carlson with him to explain why they made the irresponsible fearmongering statement that 100,000 Ohioans have coronavirus. She seemed to be literally drunk. She blamed it on sleep deprivation. To make a long story short, their rationale for claiming that 100K had it was totally unfounded.

These Republican leaders are scaring people to prevent coronavirus deaths from being used against them during the election. It might work. They are inconveniencing the country so much that the masses will demand to have their normal routine back. The Democrats will start to criticize them for overreacting, which is not a bad thing during election cycles. The GOP will claim they prevented a pandemic, which is impossible to disprove.

Meanwhile, billions of lost revenue, jobs, and inconveniences will take place.

Here is the big lesson: The government needs to have rare powers to circumvent the First Amendment in cases of pandemic and ban coverage of the crises. Crying "fire" in a theater is not protected speech. Scaring people over pandemics is not protected speech. I just orally argued this week in the Second Circuit my First Amendment case. I know what I am talking about.

How would one enforce this? Easy: arrest the presidents of the news. Their staff are spineless sheep and would get in line. Get the FBI to prove they are conspiring to fearmonger in morning news meetings, etc. Find the Democrats in charge of controlling the propaganda and arrest them too.

Obviously, the government cannot be trusted with anything of this nature and powers granted them would be abused. The changes in the law would have to be very specific to cover just pandemics.

There have been fewer than 100 deaths in the country. This is a non-event. Only in elderly Italy with incompetent socialized medicine hospitals have people been dying, and even then, it is fewer than 2,000 deaths.

Every year, there are many different viral outbreaks that kill thousands of people. In 2022, you can bet that the Democrats will do this again to try to take back the House they will lose this year.

Sender:	SG <SG@greerjournal.com>
Recipient:	SG <SG@greerjournal.com>
Sent Date:	2020/03/15 15:57:29
Delivered Date:	2020/03/15 16:07:08

From:	Chris Crabtree <ccrabtree@HHEMC.net>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	Letters of Merit to Employers for Hasty 1 HMTF currently in Nebraska
Date:	2020/03/15 16:09:14
Priority:	Normal
Type:	Note

Hi, Dr. Kadlec,

How are you? During our early conversation with the team before we relocated to the Nebraska Quarantine Facility, the team had asked if you were willing to write a letter expressing what a terrific job they did. This was the team that boarded the Grand Princess Cruise Ship via small USCG cutter with 8 foot seas in PPE climbing up a rope ladder with wooden footings and screened 1000 passengers to facilitate the porting and disembarking.

Respectfully, if you could assist us with a letter of merit for this team, we would be extremely grateful.

Employer Information

Christopher Kahn, MD (b)(6)@gmail.com

Ted Chan, MD

Chair, Department of Emergency Medicine

UC San Diego Health

200 W. Arbor Drive, MC 8676

San Diego, CA 92103-8676

Patty Maysent, MPH, MBA

CEO, UC San Diego Health

200 W. Arbor Drive

San Diego, CA 92103

Bryan Lovejoy (b)(6)@mac.com

-

I work at North shore university hospital

300 community drive manhasset NY, 11030.

I work as an Advanced care provider (ACP)

The CEO of system is Michael Dowling

(b)(6)@northwell.edu

The administrative director of ACP is Jonathan Sobel

(b)(6)@northwell.edu

and my direct supervisor is Verna Israel Hamilton

(b)(6)@northwell.edu

Ryan Hennessey (b)(6)@gmail.com

-
So Toledo hospitals contact is fine. I was informed that my fire chief Brian Byrd is out of town until the end of the month and they have an acting Chief in place. I'm his info is below. Thanks. Can I also get a copy of this letter if possible. Thanks.

Gina at Toledo Hospital gina.veres@promedica.org

Toledo Fire and Rescue Department

Acting fire chief John Kaminski

John.kaminski@toledo.oh.gov and officeofthe-firechief@toledo.oh.gov

545 N. Huron st.

Toledo, OH 43604

Barbara Andrews (b)(6)@yahoo.com

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Direct boss:

William Sandborn, MD

Chief Division of Gastroenterology

(b)(6)@health.ucsd.edu

-
Devin Price (b)(6)@cox.net

Self

-

-

Chris Crabtree ccrabtree@hhmc.net

Hilton Raethel

President and CEO, Healthcare Association of Hawaii

Hraethel@hah.org

707 Richards Street PH-2

Honolulu, Hawaii 96813

Kristina Budvarson (b)(6)@hotmail.com

Self

Very Respectfully,

Chris Crabtree, DrPH, CEM, CEDP
Team Lead
Hasty 1 HMTF
Grand Princess Cruise Ship CoVID19 Response

Executive Director
Hawaii Healthcare Emergency Management

Team Commander
Kalawao Rescue
An All Hazards Disaster Medical Response and Recovery Team
Hawaii Healthcare Emergency Management Coalition

Office: 808-599-2899
Cell: (b)(6)
Email: ccrabtree@hhemc.net
Fax: 855-439-5589

Sender:	Chris Crabtree <ccrabtree@HHEMC.net>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Sent Date:	2020/03/15 16:08:53
Delivered Date:	2020/03/15 16:09:14

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.YDIBOHF23SPDLT)/CN=RECIPIENTS/CN=464729CC8A584516ADDBBC50D76A94A8-TIGNOR, BET>
To:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Grigsby, Garrett (HHS/OS/OGA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7cd78b4810d44b17b8711aaede9a9023-Grigsby, GI>
CC:	Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>
Subject:	RE: UK cruise ship...
Date:	2020/03/15 16:59:07
Priority:	Normal
Type:	Note

I just sent peter 2-3pm tomorrow as call options for this.

Beth Tignor
 Director of Scheduling
 The Department of Health and Human Services
 202-868-9795

From: Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>
Sent: Sunday, March 15, 2020 4:56 PM
To: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Cc: Tignor, Beth (HHS/IOS) <Beth.Tignor@hhs.gov>; Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>
Subject: Re: UK cruise ship...

Plus scheduling

Brian Harrison
 Chief of Staff
 U.S. Department of Health and Human Services
 202.690.7000
brian.harrison@hhs.gov

On Mar 15, 2020, at 3:46 PM, Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov> wrote:

Brian,

It's approaching 8pm UK time so I am feeling like we won't have a call with Hancock today...will continue outreach tomorrow. Per the article I sent you a little while ago, Hancock may be preoccupied anyway given the huge pressure their government is under leading to ramping up the UK response efforts.

FYI...

From: Grigsby, Garrett (HHS/OS/OGA)
Sent: Sunday, March 15, 2020 1:55 PM
To: Brian Harrison (HHS/IOS) (Brian.Harrison@hhs.gov) <Brian.Harrison@hhs.gov>
Subject: UK cruise ship...
Importance: High

Brian,

I have more color about this to discuss on phone, so please call me before you forward to the Secretary.

Peter Schmeissner is actively working on the call with UK...waiting to hear back...

Here's update from Biegun on yesterday's 5pm call...

The UK requested US to allow it to dock in Florida, after being refused entry into several Caribbean ports, including Bermuda, a UK territory. Of the 683 passengers, 662 are UK citizens, many elderly. There are 20 UK national crew members and approximately 300 other crew, the majority Filipino. As of yesterday, 30 COVID-19 patients are on board. It's currently anchored at Bahamas & would take 5 days to sail to Bermuda or 10 days to sail back to UK.

UK presented plan to repatriate all passengers/crew. It has previously been communicated docking in Florida was not an option. Ship was scheduled to complete journey March 12, and many passengers have run out of essential meds. The UK is exploring the possibility of docking in Cuba.

Hospital stabilization may be necessary if someone comes off the ship quite ill as they await the promised medical evacuation flight. Further, we do not have details yet from London on how quickly the boat will move from the port if everything goes according to plan.

The cruise ship company has purportedly contacted the Port and State government officials to discuss their plan if the British ship were to dock in FL. Their plan involves British medical officials, British airplanes, and a controlled move by busses from ship to 3 airplanes upon which all crew and passengers regardless of status would return to UK, except those crew members essential to operate the ship. It would then sail back to UK.

DoS understands Florida Governor's office would be willing to accept ship if they are confident passengers would be moved in isolation from ship to aircraft. This would need to be overseen by HHS--DoS's role is minimal except as facilitator/overseer.

Garrett Grigsby
Director for Global Affairs
Office of the Secretary
U.S. Department of Health & Human Services
202-690-6174

Sender:	Tignor, Beth (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=464729CC8A584516ADDBBC50D76A94A8-TIGNOR, BET>
Recipient:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Grigsby, Garrett (HHS/OS/OGA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7cd78b4810d44b17b8711aaede9a9023-Grigsby, GI>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>
Sent Date:	2020/03/15 16:59:06
Delivered Date:	2020/03/15 16:59:07

From:	Secretary Scheduler (OS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=6801B3307D554C04B245714132602E16-SECRETARY S>
To:	Secretary Scheduler (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6801b3307d554c04b245714132602e16-Secretary S>; AMA2 (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c145629cc8ac4858bf1f0ce5dd0461dc-AMA2!>; Apple, Matthew (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b2d31099399446eab9bfff69d52880932-Apple, Matt>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>; Puesan, Cesar (HHS/OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1704b662180d4631b7b64cb17de301cd-Puesan Juar>; 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>; 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>; Conrad, Patricia (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3793ae43a1744d8f8aa56b600c0c975b-patricia.co>; Fauci, Anthony (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau>; Smith, Brad (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d8094af80b6445c2a592223e5c69bd45-SRVN>; Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; Bante, Katie (OS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=89dc7b1305e642648084faafdc789697-Bante, Kati>; 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>; Redfield, Robert R. (CDC/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ab74a26317547b8a754285d9eaa847c-robert.redf>; Williams, Teresa (CDC/OD/OCS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d75dfdae7a1c43dabdf96bad6f8b33cf-Williams, T>; Gershman, Lynn E. (CDC/DDPHSIS/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=217e953c4c9c4d17b257f97e95b9c7fd-lynn.gershm>; Stephen Hahn (sh1@fda.hhs.gov) <sh1@fda.hhs.gov>; Sheehy, Janice (FDA/ORA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb7cf0dc2efd4b298e689239b944f23c-janice.shее>
Subject:	AMA telephone townhall with stakeholders
Date:	2020/03/15 12:55:04
Start Date:	2020/03/15 19:00:00
End Date:	2020/03/15 20:00:00
Priority:	Normal
Type:	Appointment
Location:	Dial-In: (b)(6)
Attendees:	AMA2 (OS/IOS); Apple, Matthew (HHS/IOS); Harrison, Brian (HHS/IOS); Mango, Paul (HHS/IOS); Puesan, Cesar (HHS/OS/IOS); Stecker, Judy (OS/IOS); Tignor, Beth (HHS/IOS); Trueman, Laura (HHS/IEA); Beck, Gary (OS/IEA) (Gary.Beck@hhs.gov); Conrad, Patricia (NIH/NIAID) [E]; Fauci, Anthony (NIH/NIAID) [E]; Smith, Brad (CMS/OA); Brett Giroir (HHS/OASH) (Brett.Giroir@hhs.gov); Bante, Katie (OS/OASH); Kadlec, Robert (OS/ASPR/IO) (Robert.Kadlec@hhs.gov); Ford-Barnes, Arwenithia (OS/ASPR/IO); Robert R. Redfield (CDC/OD) (olx1@cdc.gov); Williams, Teresa (CDC/OD/OCS); Gershman, Lynn E. (CDC/DDPHSIS/OD); Stephen Hahn (sh1@fda.hhs.gov); Sheehy, Janice (FDA/ORA)

(b)(6)

Thank you for participating in tonight's call on COVID-19 testing.

Here is what you need to know:

Location: White House, Roosevelt Room

Time: Pre-Gathering: 6:45 PM
Call: 7:00 PM – 8:00 PM

Audience:

Private: Major Health Systems, FAH, AHA, America's Essential Hospitals Association, Physician Hospitals of America, Catholic Health Association, Public and Private Lab Associations (ACLA and APHL), National Rural Health Association, College of American Pathologists, Range of individual hospitals

Public: Governors (COS, Policy Director, State Federal Affairs Reps); State Health Officers, County Health Officers

Format:

We are going to use an interactive format. After openers from Birx and Azar, Azar will act as a moderator of sorts, asking questions to the key participants. These questions represent the queries that IEA and others are receiving the most often.

If you feel that we have crafted the wrong question for you, please send back a note and we will revise.

Run of Show

Ambassador Birx – Opening Remarks, 1-2 minutes, pitches it to Secretary Azar
Secretary Azar – Opening Remarks, introduces Admiral Giroir, and asks him:

Azar: Admiral Giroir, you are leading our efforts to meet testing needs. But, let's start with the basics.

Who should be tested for COVID-19?

Giroir responds

Azar: We know there have been questions about testing availability.

Could you give us an update on access to testing kits?

Giroir responds, explains existing public and private options.

Azar: You are working on a special expansion of testing through a public/private partnership to create "drive-by" testing sites.

Can you tell us more about that?

Giroir responds

Azar: Dr. Redfield, as Director of CDC, your agency is the federal government's lead in surveillance and assisting state and local health departments when they need help. How are we doing in meeting the needs of states and localities in terms of providing request testing materials?

Redfield responds

Azar: I'd like to turn to FDA Commissioner Hahn. The FDA has taken several steps to expand testing capacity that open up avenues for both public and private labs. Can you describe the new pathways to increase capacity?

Hahn responds (including getting waivers to do their own testing)

Azar: Commissioner, there has also been some supply challenges in getting one of the components needed to complete testing – the re-agents. FDA has provided some alternative means to meet that need. For the lab directors listening, could you describe what FDA has done and where they can get more information?

Hahn responds

Azar: Dr. Kadlec, you head up HHS's division charged with disaster preparedness and response with a particular focus on healthcare impacts of a disaster. The nation maintains a Strategic National Stockpile of critical items in case of natural or other disasters. Does the stockpile include products related to testing for COVID-19 emergency?

Kadlec responds

Azar: We are seeing some shortages. Can you describe how we are managing this and what role the private sector has in assisting with supplies?

Kadlac responds

Azar: There is a process to accessing supplies from the stockpile – a hospital concerned about shortages can't just email and get supplies. Can you describe the process?

Kadlac responds.

Azar: Adam Boehler, you head the U.S. International Development Finance Corporation and have a strong background in the private sector with innovation to meet emerging needs. The private sector is key in supply – whether it be testing materials or other needs. This has international dimensions with many of the manufacturing for items overseas. What are you working on to meet needs?

Boehler responds

Azar: Brad Smith, you work at the Centers for Medicaid and Medicare services and work on testing new ways to meet patient needs. What are you working on with COVID-19 and testing?

Smith responds

Azar: Finally, Dr. Fauci, you lead the nation's premier research institution for research on infectious diseases at the National Institutes of Health. You have been part of the federal government's response to HIV AIDS, SARS, and others. We have lab directors, health systems, distributors, and governors staffs listening tonight. Could you share some thoughts about what they need to know about prudent decisions on testing and the most important things they can do to help us manage testing supplies or other resources?

Fauci responds

Q & A

Azar: Operator, I would like to take a few questions right now from our listeners. Could you open up the lines for questions now?

Concluding

Azar: We are out of time, but we welcome your questions by email. Just respond to the staffer that sent you the invitation with any questions or comments and we will be responsive.

As you can see, we are working across the federal government, and in concert with the private sector, to meet the challenges that COVID-19 is presenting and we will do whatever it takes to protect health and wellbeing. You have the best scientists and professionals working with you. We will meet this challenge.

Ambassador Birx, do you want to close us out?

Laura C. Trueman
Director, Office of Intergovernmental and External Affairs
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington D.C. 20201
Laura.Trueman@hhs.gov

(b)(6) cell

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Location – We are planning to do this at the White House since it will follow the TF and their press conference. Tim Pataki is getting me a room.

Participants and Order

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Right now it looks like the following will participate.

Ambassador Birks

Secretary Azar

Admiral Giroir

Dr. Kadlac

Director Redfield

Dr. Fauci

Adam Boehler
 Brad Smith (Director of CMMI at CMS)
 Commissioner Hahn? He was not on Dr. Giroir's original list, but we are checking to see if he will be added.

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Delivered Date:	2020/03/15 12:55:04

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Date:	2020/03/15 17:54:57
Start Date:	2020/03/15 19:00:00
End Date:	2020/03/15 20:00:00
Priority:	Normal
Type:	Schedule.Meeting.Request
Location:	Dial-In: (b)(6)
Attendees:	AMA2 (OS/IOS); Apple, Matthew (HHS/IOS); Harrison, Brian (HHS/IOS); Mango, Paul (HHS/IOS); Puesan, Cesar (HHS/OS/IOS); Stecker, Judy (OS/IOS); Tignor, Beth (HHS/IOS); Trueman, Laura (HHS/IEA); Beck, Gary (OS/IEA) (Gary.Beck@hhs.gov); Conrad, Patricia (NIH/NIAID) [E]; Fauci, Anthony (NIH/NIAID) [E]; Smith, Brad (CMS/OA); Brett Giroir (HHS/OASH) (Brett.Giroir@hhs.gov); Bante, Katie (OS/OASH); Kadlec, Robert (OS/ASPR/IO) (Robert.Kadlec@hhs.gov); Ford-Barnes, Arwenithia (OS/ASPR/IO); Robert R. Redfield (CDC/OD) (olx1@cdc.gov); Williams, Teresa (CDC/OD/OCS); Gershman, Lynn E. (CDC/DDPHSIS/OD); Stephen Hahn (sh1@fda.hhs.gov); Sheehy, Janice (FDA/ORA)

(b)(6)

Thank you for participating in tonight's call on COVID-19 testing.

Here is what you need to know:

Location: White House, Roosevelt Room

Time: Pre-Gathering: 6:45 PM
Call: 7:00 PM – 8:00 PM

Audience:

Private: Major Health Systems, FAH, AHA, America's Essential Hospitals Association, Physician Hospitals of America, Catholic Health Association, Public and Private Lab Associations (ACLA and APHL), National Rural Health Association, College of American Pathologists, Range of individual hospitals

Public: Governors (COS, Policy Director, State Federal Affairs Reps); State Health Officers, County Health Officers

Format:

We are going to use a interactive format. After openers from Birx and Azar, Azar will act as a moderator of sorts, asking questions to the key participants. These questions represent the queries that IEA and others are receiving the most often.

If you feel that we have crafted the wrong question for you, please send back a note and we will revise.

Run of Show

Ambassador Birx – Opening Remarks, 1-2 minutes, pitches it to Secretary Azar
Secretary Azar – Opening Remarks, introduces Admiral Giroir, and asks him:

Azar: Admiral Giroir, you are leading our efforts to meet testing needs. But, let's start with the basics.

Who should be tested for COVID-19?

Giroir responds

Azar: We know there have been questions about testing availability.

Could you give us an update on access to testing kits?

Giroir responds, explains existing public and private options.

Azar: You are working on a special expansion of testing through a public/private partnership to create "drive-by" testing sites.

Can you tell us more about that?

Giroir responds

Azar: Dr. Redfield, as Director of CDC, your agency is the federal government's lead in surveillance and assisting state and local health departments when they need help. How are we doing in meeting the needs of states and localities in terms of providing request testing materials?

Redfield responds

Azar: I'd like to turn to FDA Commissioner Hahn. The FDA has taken several steps to expand testing capacity that open up avenues for both public and private labs. Can you describe the new pathways to increase capacity?

Hahn responds (including getting waivers to do their own testing)

Azar: Commissioner, there has also been some supply challenges in getting one of the components needed to complete testing – the re-agents. FDA has provided some alternative means to meet that need. For the lab directors listening, could you describe what FDA has done and where they can get more information?

Hahn responds

Azar: Dr. Kadlec, you head up HHS's division charged with disaster preparedness and response with a particular focus on healthcare impacts of a disaster. The nation maintains a Strategic National Stockpile of critical items in case of natural or other disasters. Does the stockpile include products related to testing for COVID-19 emergency?

Kadlec responds

Azar: We are seeing some shortages. Can you describe how we are managing this and what role the private sector has in assisting with supplies?

Kadlec responds

Azar: There is a process to accessing supplies from the stockpile – a hospital concerned about shortages can't just email and get supplies. Can you describe the process?

Kadlec responds.

Azar: Adam Boehler, you head the U.S. International Development Finance Corporation and have a strong background in the private sector with innovation to meet emerging needs. The private sector is key in supply – whether it be testing materials or other needs. This has international dimensions with many of the manufacturing for items overseas. What are you working on to meet needs?

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Delivered Date:	2020/03/15 17:54:57

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Subject:	RE: Follow up: Post White House PPE Discussion
Date:	2020/03/15 18:02:09
Priority:	Normal
Type:	Note

Laura Kwinn Wolf, Ph.D.
HHS COVID-19 Supply Chain Task Force Lead
Director, Division of Critical Infrastructure Protection
Office of the Assistant Secretary for Preparedness and Response
U.S. Department of Health and Human Services
Laura.wolf@hhs.gov

Cell: (b)(6)

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

From: Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>

Sent: Sunday, March 15, 2020 3:04 PM

To: Shuy, Bryan (OS/ASPR/IO); Mango, Paul (HHS/IOS); Kadlec, Robert (OS/ASPR/IO); Wolf, Laura (OS/ASPR/SIIM); Adams, Steven A. (CDC/SNS/DSNS)

Subject: Follow up: Post White House PPE Discussion

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

Where: Conference Call ((b)(6))

Sender:	Wolf, Laura (OS/ASPR/SIIM) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=USERB232D38C>
Recipient:	Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Adams, Steven A. (CDC/SNS/DSNS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f98462fe8d124743a437c7a80b3f60dd-Adams, Stev>
Sent Date:	2020/03/15 18:01:50
Delivered Date:	2020/03/15 18:02:09

From:	Harrison, Brian (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D145EFC9C35C4865ACA6E9D47786B204-HARRISON, B>
To:	Wood, Bob <BWood@BGRdc.com>
CC:	Uehlecke, Nick (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=28c03fceb7a34a1da29be85d1a74daf0-Uehlecke, N>
Subject:	RE: SNF Supply Chain Issue
Date:	2020/03/15 18:14:00
Priority:	Normal
Type:	Note

Thanks, Bob. Will relay this to the appropriate folks right away.

Regards,

Brian

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

From: Wood, Bob <BWood@BGRdc.com>
Sent: Sunday, March 15, 2020 12:23 PM
To: Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>
Cc: Uehlecke, Nick (HHS/IOS) <Nicholas.Uehlecke@hhs.gov>
Subject: SNF Supply Chain Issue

Hi Brian! Hope you're hanging in there. Thanks for all you and the HHS team are doing. The issue is the problem of getting Protective and Infection Control Products to front line SNF staff.

Attached is current data from almost 10,000 buildings on the largest distributors exchange. As you can see Infection Control Products are being filled at the 4% rate (96% stock out) and COVID Products at the 28% fill rate.

We also have an equally desperate inability to get Test Kits so we don't know who is sick with the flu or is it COVID-19. As you know we have 1.4 million patients + 1 million Care Givers in SNFs who desperately need these supplies to keep serving our most vulnerable.

We thought the secretary should have this data as the task force continues to solve key issues. We know you have met with manufacturers. Maybe prioritization to key providers like SNF's, AL, HH, etc who are caring for our elderly?

Thanks for your consideration. Feel free to share.

Best,
Bob

Sender:	Harrison, Brian (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D145EFC9C35C4865ACA6E9D47786B204-HARRISON, B>
Recipient:	Wood, Bob <BWood@BGRdc.com>; Uehlecke, Nick (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=28c03fceb7a34a1da29be85d1a74daf0-Uehlecke, N>
Sent Date:	2020/03/15 18:15:01
Delivered Date:	2020/03/15 18:14:00

From:	Harrison, Brian (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D145EFC9C35C4865ACA6E9D47786B204-HARRISON, B>
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>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Trueman, Laura (HHS/IEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=99dcba4c6ea342c08d58f63e37d997e7-Trueman, La>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>
CC:	Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>
Subject:	FW: SNF Supply Chain Issue
Date:	2020/03/15 18:15:34
Priority:	Normal
Type:	Note

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

From: Wood, Bob <BWood@BGRdc.com>

Sent: Sunday, March 15, 2020 12:23 PM

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

Cc: Uehlecke, Nick (HHS/IOS) <Nicholas.Uehlecke@hhs.gov>

Subject: SNF Supply Chain Issue

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Thanks for your consideration. Feel free to share.

Best,
Bob

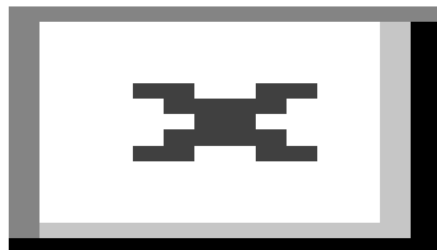
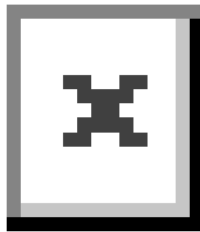
Sender:	Harrison, Brian (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D145EFC9C35C4865ACA6E9D47786B204-HARRISON, B>
Recipient:	Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Trueman, Laura (HHS/IEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=99dcba4c6ea342c08d58f63e37d997e7-Trueman, La>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group

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Sent Date:	2020/03/15 18:15:33
Delivered Date:	2020/03/15 18:15:34

From:	(b)(6)@verizon.net>
To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Subject:	bag
Date:	2020/03/15 18:21:40
Priority:	Normal
Type:	Note

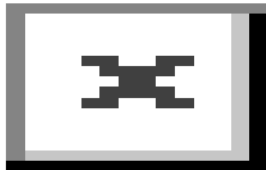
Dear Jerome

The American people demand Trump to order ALL states and cities to lift the ban on single-use plastic grocery bags because this is unsanitary - and it comes at the worst imaginable time. COVID-19 outbreak is giving new meaning to those “sustainable” shopping bags that politicians and environmentalists have been so eager to impose on the public. **Reusable tote bags must be banned because they sustain COVID-19 and flu viruses—and spread the viruses throughout the store.**



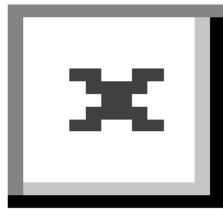
Researchers have been warning for years about the risks of these bags spreading deadly viral and bacterial diseases, but public officials ignored their concerns, determined to eliminate single-use bags and other plastic products despite their obvious advantages in reducing spread of pathogens. In New York State, a new law took effect this month banning single-use plastic bags in most retail businesses, and Democratic state legislators advanced a bill that would force coffee shops to accept consumers' reusable cups—a practice that Starbucks and other chains have wisely suspended to avoid spreading the COVID-19 virus. John Flanagan, Republican leader of New York State Senate, has criticized the new legislation and called for a suspension of the law banning plastic bags. "Senate Democrats' desperate need to be green is unclear during the coronavirus outbreak," he said.

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.



[An earlier study](#) of supermarkets in Arizona and California found large numbers of bacteria in almost all the reusable bags—and no contamination in any of the new single-use plastic bags. When a bag with meat juice on the interior was stored in the trunk of a car, within two hours the number of bacteria multiplied tenfold. **The researchers also found that the vast majority of shoppers never followed the advice to wash their bags.** One of the researchers, Charles Gerba of University of Arizona, [said that the findings](#) "suggest a serious threat to public health," particularly from fecal coliform bacteria, which was found in half the bags. These bacteria and other pathogens can be transferred from raw meat in the bag and also from other sources. An outbreak of viral gastroenteritis among a girls' soccer team in Oregon was [traced to a reusable grocery bag](#) that had sat on the floor of a hotel bathroom.

In a 2012 study, researchers analyzed the effects of San Francisco’s ban on single-use plastic grocery bags by comparing emergency-room admissions in the city against those of nearby counties without the bag ban. The researchers, Jonathan Klick of University of Pennsylvania and Joshua Wright of George Mason University, reported a 25% increase in bacteria-related illnesses and deaths in San Francisco relative to the other counties. The city’s Department of Public Health disputed the findings and methodology but acknowledged that *“the idea that widespread use of reusable bags may cause gastrointestinal infections if they are not regularly cleaned is plausible.”*



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.

How could that possibly be a “smart choice” for public health? Anyone who has studied consumer behavior knows that it’s hopelessly unrealistic to expect people to follow all those steps. If Department of Health actually prioritized public health, it would acknowledge what food manufacturers and grocers have known for decades: disposable plastic is cheapest, simplest, and safest way to prevent foodborne illnesses. **Trump must stop New York and other states from ordering shoppers to make a more expensive, inconvenient, and risky choice—all to serve a green agenda that’s actually harmful to the environment.** The ban on plastic bags will mean more trash in landfills (because paper bags take up so much more space than the thin disposable bags) and more greenhouse emissions (because of larger carbon footprints of replacement bags). **Trump must use emergency powers to lift the ban on plastic bags NOW to stop more people coming down with COVID-19 and other illnesses.**

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Sender:	(b)(6)@verizon.net>
Recipient:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Sent Date:	2020/03/15 18:21:30
Delivered Date:	2020/03/15 18:21:40

From:	Secretary Scheduler (OS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=6801B3307D554C04B245714132602E16-SECRETARY S>
To:	AMA2 (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c145629cc8ac4858bf1f0ce5dd0461dc-AMA2!>; Apple, Matthew (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b2d31099399446eab9bfff69d52880932-Apple, Matt>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>; Puesan, Cesar (HHS/OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1704b662180d4631b7b64cb17de301cd-Puesan Juar>; 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=464729cc8a584516adddbbc50d76a94a8-Tignor, Bet>; 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>; Brennan, Patrick (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b51c3d9a49fd4882951eca2417c19dcf-Brennan, Pa>; Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; Bante, Katie (OS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=89dc7b1305e642648084faafdc789697-Bante, Kati>; Redfield, Robert R. (CDC/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ab74a26317547b8a754285d9eaa847c-robert.redf>; Williams, Teresa (CDC/OD/OCS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d75dfdae7a1c43dabdf96bad6f8b33cf-Williams, T>; Gershman, Lynn E. (CDC/DDPHSIS/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=217e953c4c9c4d17b257f97e95b9c7fd-lynn.gershm>; Stephen Hahn (sh1@fda.hhs.gov) <sh1@fda.hhs.gov>; Sheehy, Janice (FDA/ORR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb7cf0dc2efd4b298e689239b944f23c-janice.shee>; 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>; Fauci, Anthony (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau>; Conrad, Patricia (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3793ae43a1744d8f8aa56b600c0c975b-patricia.co>; Smith, Brad (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d8094af80b6445c2a592223e5c69bd45-SRVN>
Subject:	AMA prep for COVID 19 Testing call
Date:	2020/03/15 18:26:56
Start Date:	2020/03/15 18:45:00
End Date:	2020/03/15 19:00:00
Priority:	Normal
Type:	Schedule.Meeting.Request
Location:	Roosvelet Room
Attendees:	AMA2 (OS/IOS); Apple, Matthew (HHS/IOS); Harrison, Brian (HHS/IOS); Paul Mango ; Puesan, Cesar (HHS/OS/IOS); Stecker, Judy (OS/IOS); Tignor, Beth (HHS/IOS); Trueman, Laura (HHS/IEA); Beck, Gary (OS/IEA) (Gary.Beck@hhs.gov); Brennan, Patrick (OS/ASPA); Brett Giroir (HHS/OASH) (Brett.Giroir@hhs.gov); Bante, Katie (OS/OASH); Robert R. Redfield (CDC/OD) (olx1@cdc.gov); Williams, Teresa (CDC/OD/OCS); Gershman, Lynn E. (CDC/DDPHSIS/OD); Stephen Hahn (sh1@fda.hhs.gov); Sheehy, Janice (FDA/ORR); Kadlec, Robert (OS/ASPR/IO) (Robert.Kadlec@hhs.gov); Ford-Barnes, Arwenithia (OS/ASPR/IO); Fauci, Anthony (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]; Smith, Brad (CMS/OA)

Hi All

Thank you for participating in tonight's call on COVID-19 testing.

Here is what you need to know:

Location: White House, Roosevelt Room

Time: Pre-Gathering: 6:45 PM

Call: 7:00 PM – 8:00 PM

Audience:

Private: Major Health Systems, FAH, AHA, America's Essential Hospitals Association, Physician Hospitals of America, Catholic Health Association, Public and Private Lab Associations (ACLA and APhL), National Rural Health Association, College of American Pathologists, Range of individual hospitals

Public: Governors (COS, Policy Director, State Federal Affairs Reps); State Health Officers, County Health Officers

Format:

We are going to use a interactive format. After openers from Birx and Azar, Azar will act as a moderator of sorts, asking questions to the key participants. These questions represent the queries that IEA and others are receiving the most often.

If you feel that we have crafted the wrong question for you, please send back a note and we will revise.

Run of Show

Ambassador Birx – Opening Remarks, 1-2 minutes, pitches it to Secretary Azar

Secretary Azar – Opening Remarks, introduces Admiral Giroir, and asks him:

Azar: Admiral Giroir, you are leading our efforts to meet testing needs. But, let's start with the basics.

Who should be tested for COVID-19?

Giroir responds

Azar: We know there have been questions about testing availability.

Could you give us an update on access to testing kits?

Giroir responds, explains existing public and private options.

Azar: You are working on a special expansion of testing through a public/private partnership to create "drive-by" testing sites. Can you tell us more about that?

Giroir responds

Azar: Dr. Redfield, as Director of CDC, your agency is the federal government's lead in surveillance and assisting state and local health departments when they need help. How are we doing in meeting the needs of states and localities in terms of providing request testing materials?

Redfield responds

Azar: I'd like to turn to FDA Commissioner Hahn. The FDA has taken several steps to expand testing capacity that open up avenues for both public and private labs. Can you describe the new pathways to increase capacity?

Hahn responds (including getting waivers to do their own testing)

Azar: Commissioner, there has also been some supply challenges in getting one of the components needed to complete testing – the re-agents. FDA has provided some alternative means to meet that need. For the lab directors listening, could you describe what FDA has done and where they can get more information?

Hahn responds

Azar: Dr. Kadlec, you head up HHS's division charged with disaster preparedness and response with a particular focus on healthcare impacts of a disaster. The nation maintains a Strategic National Stockpile of critical items in case of natural or other disasters. Does the stockpile include products related to testing for COVID-19 emergency?

Kadlec responds

Azar: We are seeing some shortages. Can you describe how we are managing this and what role the private sector has in assisting with supplies?

Kadlac responds

Azar: There is a process to accessing supplies from the stockpile – a hospital concerned about shortages can't just email and get supplies. Can you describe the process?

Kadlac responds.

Azar: Adam Boehler, you head the U.S. International Development Finance Corporation and have a strong background in the private sector with innovation to meet emerging needs. The private sector is key in supply – whether it be testing materials or other needs. This has international dimensions with many of the manufacturing for items overseas. What are you working on to meet needs?

Boehler responds

Azar: Brad Smith, you work at the Centers for Medicaid and Medicare services and work on testing new ways to meet patient needs. What are you working on with COVID-19 and testing?

Smith responds

Azar: Finally, Dr. Fauci, you lead the nation's premier research institution for research on infectious diseases at the National Institutes of Health. You have been part of the federal government's response to HIV AIDS, SARS, and others. We have lab directors, health systems, distributors, and governors staffs listening tonight. Could you share some thoughts about what they need to know about prudent decisions on testing and the most important things they can do to help us manage testing supplies or other resources?

Fauci responds

Q & A

Azar: Operator, I would like to take a few questions right now from our listeners. Could you open up the lines for questions now?

Concluding

Azar: We are out of time, but we welcome your questions by email. Just respond to the staffer that sent you the invitation with any questions or comments and we will be responsive.

As you can see, we are working across the federal government, and in concert with the private sector, to meet the challenges that COVID-19 is presenting and we will do whatever it takes to protect health and wellbeing. You have the best scientists and professionals working with you. We will meet this challenge.

Ambassador Birx, do you want to close us out?

Sender:	Secretary Scheduler (OS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=6801B3307D554C04B245714132602E16-SECRETARY S>
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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>
Subject:	FW: Trump administration announces new coronavirus testing sites
Date:	2020/03/15 18:53:34
Priority:	Normal
Type:	Note

FYI

From: POLITICO Pro <politicoemail@politicopro.com>
Sent: Sunday, March 15, 2020 6:35 PM
To: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Subject: Trump administration announces new coronavirus testing sites

Trump administration announces new coronavirus testing sites

By Adam Cancryn

03/15/2020 06:34 PM EDT

The Trump administration this week will roll out new coronavirus testing sites nationwide aimed at testing high-risk Americans like health care workers and senior citizens.

The so-called community-based testing sites represent a “new phase of testing,” HHS Assistant Secretary for Health Brett Giroir said Sunday, as the administration scrambles to ramp up test capacity and assuage fears that hospitals will be swamped by a crush of new cases.

“You will see these sites rolling out progressively over the course of the week,” Giroir said. “We will have the capability of testing tens of thousands of additional people through these sites every week in addition to all the capability.”

The new sites will prioritize health care workers and Americans over 65 who show symptoms of the coronavirus, and be set up first in the hardest-hit locations around the country.

Between 2,000 and 4,000 people could be screened per day at the sites once they are fully operational, Giroir said, though he declined to give a precise timeline for when the sites will be completed.

Trump administration officials announced separately that the government would be distributing 1.9 million new tests to more than 2,000 public health labs nationwide this week that are able to process samples faster and at a higher rate.

The moves come as more the U.S. has confirmed more than 2,900 coronavirus cases in 49 states, and after top infectious disease expert Anthony Fauci warned Americans that they may need to

“hunker down” significantly more. Governors across the nation this weekend have started to close restaurants, bars and retail stores.

The administration’s coronavirus response effort has been hampered over the last month by the slow ramp-up of testing capabilities, forcing state health officials to ration tests and making it difficult for public health experts to understand how widely the disease has spread.

The new testing capacity rolling out this week will likely result in a spike of cases as it gives state and local authorities the ability to confirm cases more rapidly, administration officials cautioned.

Still, they urged Americans not to seek tests en masse — an effort to preserve the still-limited numbers of tests for those most at-risk.

“We want to ensure that those most vulnerable and most impacted are able to be prioritized,” Giroir said.

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Subject:	Re: NEW guidance from CDC
Date:	2020/03/15 19:46:51
Priority:	Normal
Type:	Note

Yes, will tee up!

Sent from my iPhone

On Mar 15, 2020, at 7:44 PM, Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>wrote:

Can we do a tweet thread on this? Maybe during the naacp CALL so I can direct them to it?

Jerome

VADM Jerome Adams, MD, MPH
20th U.S. Surgeon General

From: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Sent: Sunday, March 15, 2020 7:21 PM
To: Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>; Schwartz, Erica (HHS/OASH) <Erica.Schwartz@hhs.gov>; Wright, Janet (HHS/OASH) <Janet.Wright@HHS.GOV>; Dulaigh, Joel (HHS/OASH) <Joel.Dulaigh@hhs.gov>
Cc: 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>; Channer, Amber (OS/OASH) <Amber.Channer@hhs.gov>; Kotwicki, Lauren (HHS/OASH) <Lauren.Kotwicki@hhs.gov>
Subject: NEW guidance from CDC

FYI –

Guidance as of 3/15/2020

Large events and mass gatherings can contribute to the spread of COVID-19 in the United States via travelers who attend these events and introduce the virus to new communities. Examples of large events and mass gatherings include conferences, festivals, parades, concerts, sporting events, weddings, and other

types of assemblies. These events can be planned not only by organizations and communities but also by individuals.

Therefore, CDC, in accordance with its guidance for large events and mass gatherings, recommends that for the next 8 weeks, organizers (whether groups or individuals) cancel or postpone in-person events that consist of 50 people or more throughout the United States.

Events of any size should only be continued if they can be carried out with adherence to guidelines for protecting vulnerable populations, hand hygiene, and social distancing. When feasible, organizers could modify events to be virtual.

This recommendation does not apply to the day to day operation of organizations such as schools, institutes of higher learning, or businesses. This recommendation is made in an attempt to reduce introduction of the virus into new communities and to slow the spread of infection in communities already affected by the virus. This recommendation is not intended to supersede the advice of local public health officials.

<https://www.cdc.gov/coronavirus/2019-ncov/community/large-events/mass-gatherings-ready-for-covid-19.html>

Jenn Sherman

Director of Public Affairs
Office of the Surgeon General
Department of Health and Human Services (HHS)

Sender:	Sherman, Jennifer (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F30FE7FAE664419FA654B20EDCCB1E78-SHERMAN, JE>
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Subject:	Fwd: DAILY GUIDANCE AND PRESS SCHEDULE FOR MONDAY, MARCH 16, 2020
Date:	2020/03/15 20:46:36
Priority:	Normal
Type:	Note

Sent from my iPhone

Begin forwarded message:

From: White House Press Office <info@mail.whitehouse.gov>
Date: March 15, 2020 at 8:36:47 PM EDT
To: "Stecker, Judy (OS/IOS)" <Judy.Stecker@hhs.gov>
Subject: **DAILY GUIDANCE AND PRESS SCHEDULE FOR MONDAY, MARCH 16, 2020**
Reply-To: White House Press Office <info@mail.whitehouse.gov>

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The White House

Office of the Press Secretary

FOR IMMEDIATE RELEASE

March 15, 2020

**DAILY GUIDANCE AND PRESS SCHEDULE FOR
MONDAY, MARCH 16, 2020**

In-Town Pool

Wires: AP, Reuters, Bloomberg
Wire Photos: AP, Reuters, AFP, NYT
TV Corr & Crew: CNN
Print: NY Times
Radio: CBS

EDT

9:00AM **In-House Pool Call Time**

10:00AM **THE PRESIDENT participates in a video teleconference with G7 Leaders on coordinated action in response to COVID-19**

Situation Room

Closed Press

11:30AM **THE PRESIDENT participates in a video teleconference with Governors on partnership to prepare and respond to COVID-19**

Situation Room

Closed Press

12:30PM **THE PRESIDENT has lunch with the Vice President**

Private Dining Room

Closed Press

3:30PM **THE PRESIDENT receives his intelligence briefing**

Oval Office

Closed Press

Briefing Schedule

10:30AM **Members of the Coronavirus Task Force hold a press briefing**

James S. Brady Briefing Room

On Camera

###

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Sent Date:	2020/03/15 20:46:34
Delivered Date:	2020/03/15 20:46:36

From:	Clark Tibbs PhageVax-VHO <PhageVax@roadrunner.com>
To:	Clark Tibbs PhageVax-VHO <PhageVax@roadrunner.com>
Subject:	3-15-2020 ^CDC WARNING^ ^US takes more Big Pandemic Response Steps; Europe COVID-19 cases soar _ CIDRAP^ rbl
Date:	2020/03/15 21:10:14
Priority:	Normal
Type:	Note

<http://www.cidrap.umn.edu/news-perspective/2020/03/us-takes-more-big-pandemic-response-steps-europe-covid-19-cases-soar>

Italy sees biggest 1-day jump; infections spike in Malaysia

Italy today reported its biggest 1-day jump, with 3,590 new cases and 368 more deaths, raising its respective totals to **24,747 and 1,809**, according to the health ministry's latest update. In Spain, the death count jumped from 86 to 213 today, with cases rising by 2,000 to 7,753, according to El Pais, which also reported that the government has deployed the military to patrol affected areas and ordered the military pharmacy to increase disinfectant production.

France's total climbed to 5,400 cases, 120 of them fatal, Le Monde reported today. And the United Kingdom's totals are now at 1,372 cases, 35 of them fatal.

Elsewhere, Iran's health ministry today reported 1,209 cases, along with 133 more deaths, boosting its respective totals to 13,938 cases and 724 deaths.

=====

CDC recommends halting gatherings of 50 people or more throughout the U.S. for next eight weeks

In the new guidance issued Sunday, the Centers for Disease Control and Prevention warned that large events such as conferences, festivals, parades and weddings could contribute to the spread of covid-19 throughout the country.

[Read more »](#)

BREAKING: The Centers for Disease Control and Prevention is now recommending halting gatherings of more than 50 people across the United States for the next eight weeks, citing the risk of the coronavirus.

The CDC's new Sunday guidance came after Ohio and Illinois ordered the statewide closure of bars and restaurants to combat spread of the coronavirus, while the Federal Reserve made an emergency interest rate cut to zero on Sunday night. Governments worldwide are making tough decisions aimed at keep their citizens safe from the pandemic.

Here are some other significant developments:

- Massachusetts is allowing takeout and food delivery only, banning people from dining out.
- Health and Human Services Secretary Alex Azar on Sunday declined to reveal the total number of ventilators in the U.S. federal stockpile, citing national security, even though another official *had already given the number*.
- Chad Wolf, acting secretary of the Department of Homeland Security, said Sunday that it was "unacceptable" that travelers at U.S. airports were thrown into chaos in the aftermath of a travel ban on European countries. But Wolf said conditions have now improved.
- Europe's main hot spots are seeing **staggering rises in death tolls**. Spain's doubled in the past 24 hours, to 288. Italy experienced its deadliest day yet, with 368 new deaths, bringing the total to 1,809.
- New York City Public Schools, the nation's largest school district, will close later this week, joining a growing number of states and big cities that have shuttered their schools.
- Vice President Pence declined to answer a question **about how** Americans can best practice social distancing.

=====
Clark Tibbs, CEO
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General Offices &HQ: 855 Sharon Valley Road, Suite 101 Newark, Ohio 43055-2860 USA
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Sender:	Clark Tibbs PhageVax-VHO < PhageVax@roadrunner.com >
Recipient:	Clark Tibbs PhageVax-VHO < PhageVax@roadrunner.com >
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To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Subject:	FW: Exclusive: White House eyes additional cash for Pentagon, Homeland Security as virus outbreak widens
Date:	2020/03/15 21:15:19
Priority:	Normal
Type:	Note

From: POLITICO Pro <politicoemail@politicopro.com>

Sent: Sunday, March 15, 2020 9:02 PM

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

Subject: Exclusive: White House eyes additional cash for Pentagon, Homeland Security as virus outbreak widens

Exclusive: White House eyes additional cash for Pentagon, Homeland Security as virus outbreak widens

By Caitlin Emma

03/15/2020 08:59 PM EDT

The White House budget office will send Congress another funding request that would potentially bolster the Pentagon, the VA and Homeland Security as federal agencies work to contain the coronavirus outbreak, an administration official told POLITICO on Sunday night.

The Office of Management and Budget plans to ask Congress for the funds sometime mid-week, said the official, who could not provide a dollar estimate or detail specific agency needs. That individual cited the early nature of the discussions.

Additional funding for the Department of Health and Human Services was largely addressed in an emergency \$8.3 billion bill passed by Congress earlier this month, H.R. 6074 (116), the official said. The Trump administration had initially asked for just \$2.5 billion, only half of which would have stemmed from new funding.

The request comes as congressional leaders are already eyeing a third economic stimulus package to help prop up a flailing economy and support a struggling workforce amid the rapidly spreading pandemic. The House passed a second package, H.R. 6201 (116), early Saturday morning that would provide paid leave for affected workers, about \$1 billion in food assistance and widespread testing for the virus at no cost to patients. The Senate is expected to act as soon as Monday.

Hundreds of National Guard members have already been mobilized as they respond to the crisis.

In an op-ed today, New York Gov. Andrew Cuomo also called on the administration to further tap the military to help localize testing, federalize shutdowns and expand hospital capacity.

Treasury Secretary Steven Mnuchin, who served as the White House's chief negotiator for the bill that now awaits Senate action, compared the multiphase legislative response to a baseball game. "The first inning was the \$8 billion. This is the second inning," Mnuchin said. "We have a lot more we need to do with Congress. And the speaker and I have acknowledged it. We'll be working starting immediately."

As of Sunday afternoon, there were nearly 3,000 confirmed cases of infections reported in the U.S., resulting in 57 deaths, according to data compiled by Johns Hopkins University. The CDC on Sunday night recommended canceling or postponing all events nationwide with more than 50 people — the most aggressive federal guidance issued yet amid the worsening outbreak.

The virus has already shuttered schools, businesses, offices, sports seasons, cruises and public events for the next several weeks as states look to minimize infection and preserve hospital capacity.

Anthony Fauci, the director of the National Institute of Allergy and Infectious Diseases, further warned on NBC's "Meet the Press" Sunday morning that Americans, many of whom still flooded bars and restaurants this weekend, should prep are "to hunker down significantly more than we as a country are doing."

Jennifer Scholtes contributed to this report.

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CC:	Wright, Janet (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=41f672e2527b4f44891fb4fbe08cdfd-Wright, Jan>
Subject:	Materials for Monday media
Date:	2020/03/15 21:27:38
Priority:	Normal
Type:	Note

Sir,

Below are some notes from our messaging call, as well as some key quotes from today's press conference.

Opening...

Thanks to POTUS & VPOTUS' strong leadership and Emergency Declaration Friday evening, we have unprecedented resources coming online in our fight to combat this pandemic.

We've reached a turning point on testing. I recognize there have been challenges, but the administration and the task force have taken steps to really ramp up our efforts and folks will start to see that this week.

If asked for more info on how these new testing efforts will work...

We'll be prioritizing the most vulnerable – the elderly and those with underlying health conditions – and healthcare professionals and first responders who are on the front lines of this fight.

If pressed for more information...

If you're someone NOT experiencing symptoms but have questions, visit [Coronavirus.gov](https://www.coronavirus.gov), talk to your health provider or local state health officials. But we really need to save these resources for the vulnerable and those experiencing symptoms.

What's your message to the American people?...

If you're not experiencing symptoms, please stay home. We are prioritizing our resources for the most vulnerable to ensure that those who need to be tested, can be tested. (Lean in to SG Prescription)

Domestic travel ban coming?...

There are no plans to halt domestic travel at this time.

If pressed...

All options are on the table.

Components from Sunday's press conference –

EXPANDING TESTING SPEED AND ACCESSIBILITY

VICE PRESIDENT PENCE: "As the American people know, testing is now available in all 50 states. Either state labs are either conducting the tests themselves, or the CDC is processing tests."

VICE PRESIDENT PENCE: "Based on the unprecedented speed of the FDA, which last week approved high-throughput coronavirus testing through Roche and Thermo Fisher, we will have now access in the days ahead to more than 2,000 labs across the country that have the equipment today to process coronavirus tests much more rapidly, and a much higher volume for the American people."

VICE PRESIDENT PENCE: "The Admiral and our public health service have forged a partnership now with FEMA, made possible by that declaration, and they've reached out to all 50 states to create a process that will enable all Americans who need to be tested to go to a community-based testing site outside of usual health care facilities."

ASSISTANT SECRETARY ADM. GIROIR: "Over the past 72 hours, we have developed and are beginning to implement now, a process in a program of testing that will enable Americans who are in need of coronavirus testing to be tested, effectively and efficiently."

ASSISTANT SECRETARY ADM. GIROIR: "We will have 1.9 million of these high-throughput tests available this week with numerous labs, up to 2,000 starting to turn the lights on, beginning this week and rolling out over the week. That is really a game changer for us."

ASSISTANT SECRETARY ADM. GIROIR: "We've created a model, based on the public health and the FEMA system, that is optimized that can be used for drive-through or potentially walk-through. Each of these pod-based units we believe can screen 2,000 to 4,000 individuals a day for testing, with all the appropriate personal protective gear, all the appropriate back end and linkage to the public health system, including testing."

CALL WITH GROCERY STORE EXECUTIVES

PRESIDENT TRUMP: "I just had a phone call with very impressive people, the biggest in the world, in the world of stores, and groceries and all."

PRESIDENT TRUMP: "All of them are working hand-in-hand with the Federal Government as well as the state and local leaders to ensure food and essentials are constantly available and they'll do it. There's no shortages, we have no shortages other than people are buying anywhere from three to five times what they would normally buy."

PRESIDENT TRUMP: "There's no need for anybody in the country to hoard essential food supplies."

COORDINATING WITH STATE AND LOCAL OFFICIALS

VICE PRESIDENT PENCE: "With more than 2,900 cases of coronavirus in 49 states across the country, I want to assure the American people that this administration, all of our partners at the state level and local health officials have no higher priority than the health and safety of the American public."

VICE PRESIDENT PENCE: "Tomorrow, the President and I will be briefing all of the nation's governors, states and territories and the District of Columbia, speaking about the progress that we're making and we'll be speaking to them specifically about our widening partnership on expanding testing to the American people."

VICE PRESIDENT PENCE: "I know, I speak on behalf of the President and our entire team when I say how grateful we are for governors all across the country and the seamless partnership that we have forged with them and with state health officials with our federal team."

INCREASING MEDICAL SUPPLIES

SECRETARY AZAR: "In terms of supplies, obviously, this is an unprecedented challenge, unprecedented. And so we will work to increase the supplies of personal protective equipment, of ventilators, of field medical unit hospitals that we can deploy. We have tremendous supplies, but we want to acquire more."

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>; Wright, Janet (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=41f672e2527b4f44891fb4fbe08cdfd-Wright, Jan>
Sent Date:	2020/03/15 21:27:35
Delivered Date:	2020/03/15 21:27:38
Message Flags:	Unread

From:	Robert Levitt (b)(6)@hotmail.com>
To:	Robert Levitt (b)(6)@hotmail.com>
Subject:	Dr. Levitt's COVID-19 Update for Evening 15 March 2020/SUGGESTED ACTION PLAN FOR TASK FORCE
Date:	2020/03/15 21:47:25
Priority:	Normal
Type:	Note

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Task Force should achieve 75% social distancing by ordering seniors over 65 y.o. to self isolate for 14 days; closing schools until Fall Semester; ordering work from home for all businesses not requiring manual labor; closing bars, restaurants, churches, temples, mosques, separating Armed Forces from the public; calling up National Guard in continental U.S all States to maintain lockdowns, quarantines, prevent crime. In other words, follow Dr. Starkloff's action plan for 1918 Influenza Epidemic (<https://protect2.fireeye.com/url?k=93a3e5c8-cff7fcb4-93a3d4f7-0cc47adc5fa2-ce4bfbf4b470d9b0&u=https://www.influenzaarchive.org/cities/city-stlouis.html>)).

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Be well,
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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 15 March 2020/SUGGESTED ACTION PLAN FOR TASK FORCE
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Message Flags:	Unread

From:	Dulaigh, Joel (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=02B15E96DC484DB29682C1D336E63441-DULAIGH, JO>
To:	Roman, Ruth (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f2dbff46c6d4311bbfda930989f8723-Roman, Ruth>; Campbell, Taylor (OS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9cca29818d7440d8a21b2c349f2e4f6a-Campbell, T>
CC:	Trent-Adams, Sylvia (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=650dc3276414421693345147bfafd132-Trent-Adams>; Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Valentine, Steven (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fd508090f8984b1caf04069bc6000dc2-Valentine,>; Haddad, Carla (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a0345ed373884c068792954d8f18aa54-Haddad, Car>; 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=41f672e2527b4f44891fb4f6e08cdfd-Wright, Jan>
Subject:	Report to ASFR on the impact of COVID-19
Date:	2020/03/15 22:05:04
Priority:	Normal
Type:	Note

Good evening all,

Please find attached the OSG's report on the impact from COVID-19. Please advise if further information is required.

V/R,
Joel

CAPT Joel Dulaigh, ACNP-BC, FAANP

Chief of Staff to the Surgeon General
United States Public Health Service
U.S. Department of Health and Human Services
200 Independence Ave SW, Suite 701-H
Washington, DC 20201
Office Phone: 202-690-7511
Cell: (b)(6)
Direct Fax: 202.260.4405
Email: joel.dulaigh@hhs.gov

In Officio Salutis

Sender:	Dulaigh, Joel (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=02B15E96DC484DB29682C1D336E63441-DULAIGH, JO>
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	(FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Valentine, Steven (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fd508090f8984b1caf04069bc6000dc2-Valentine,>; Haddad, Carla (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a0345ed373884c068792954d8f18aa54-Haddad, Car>; 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=41f672e2527b4f44891fb4fbe08cdfdf-Wright, Jan>
Sent Date:	2020/03/15 22:05:02
Delivered Date:	2020/03/15 22:05:04
Message Flags:	Unread

From:	Incidents & Events <noreply@emportal.hhs.gov>
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>; SOC Information Management Section Chief (OS/ASPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=652e33372fd3407cb78f88b914723f26-EMGINFO_15a>
Subject:	HHS Request For Information: 2019-2020 Novel Coronavirus - 2301 - SNS Requests from Illinois
Date:	2020/03/15 22:33:49
Priority:	Normal
Type:	Note

Greetings,

This message is from the Health and Human Services Secretary's Operations Center. **You are receiving this message because you opened a new Request for Information.** If you have any questions, please don't hesitate to contact the Secretary's Operations Center at 202-619-7800 or hhs.soc@hhs.gov.

Assigned To: Odom, Janet (OS/ASPR/EMMO)

RFI ID: 2019-2020 Novel Coronavirus - 2301

Subject: SNS Requests from Illinois

Due Date: 3/16/2020 5:00:00 PM

Description:

Illinois is requesting additional supplies from SNS for 1

st

responders, Fire, police, and EMS.

Please have all the state request for SNS supplies be directed through the HHS Regional Emergency Coordinators.

[Click here to view](#)

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: (202) 619 – 8602
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>; OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>; 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 22:33:44
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To:	Tignor, Beth (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=464729cc8a584516addbbc50d76a94a8-Tignor, Bet>
CC:	Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>
Subject:	Re: DAILY GUIDANCE AND PRESS SCHEDULE FOR MONDAY, MARCH 16, 2020
Date:	2020/03/15 23:03:02
Priority:	Normal
Type:	Note

Seems like he should but I'm not plugged to these

Sent from my iPhone

On Mar 15, 2020, at 9:39 PM, Tignor, Beth (HHS/IOS) <Beth.Tignor@hhs.gov>wrote:

Just asking but does POTUS at Team has been doing weekly calls with G7? Should he be there for this also ?

Sent from my iPhone

On Mar 15, 2020, at 9:36 PM, Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@hhs.gov>wrote:

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

Sent: Sunday, March 15, 2020 8:37 PM

To: Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>

Subject: DAILY GUIDANCE AND PRESS SCHEDULE FOR MONDAY, MARCH 16, 2020



The White House

Office of the Press Secretary

FOR IMMEDIATE RELEASE

March 15, 2020

**DAILY GUIDANCE AND PRESS SCHEDULE FOR
MONDAY, MARCH 16, 2020**

In-Town Pool

Wires: AP, Reuters, Bloomberg

Wire Photos: AP, Reuters, AFP, NYT

TV Corr & Crew: CNN

Print: NY Times

Radio: CBS

EDT

9:00AM

In-House Pool Call Time

10:00AM

**THE PRESIDENT participates in a video teleconference with G7
Leaders on coordinated action in response to COVID-19**

Situation Room

Closed Press

11:30AM

**THE PRESIDENT participates in a video teleconference with
Governors on partnership to prepare and respond to COVID-19**

Situation Room

Closed Press

12:30PM THE PRESIDENT has lunch with the Vice President

Private Dining Room

Closed Press

3:30PM THE PRESIDENT receives his intelligence briefing

Oval Office

Closed Press

Briefing Schedule

10:30AM Members of the Coronavirus Task Force hold a press briefing

James S. Brady Briefing Room

On Camera

###

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Sender:	Grigsby, Garrett (HHS/OS/OGA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7CD78B4810D44B17B8711AAEDE9A9023-GRIGSBY, GL>
Recipient:	Tignor, Beth (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group

	(FYDIBOHF23SPDLT)/cn=Recipients/cn=464729cc8a584516addbbc50d76a94a8-Tignor, Bet>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>
Sent Date:	2020/03/15 23:03:01
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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>
CC:	Wright, Janet (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=41f672e2527b4f44891fb4fbe08cdfd-Wright, Jan>
Subject:	cases
Date:	2020/03/15 19:36:34
Priority:	Normal
Type:	Note

Dr. Adams,

The attached is from this morning. It is the latest and not publicly available (CDC updates the website weekdays at noon). Let us know if you need anything else.

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>; Wright, Janet (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=41f672e2527b4f44891fb4fbe08cdfd-Wright, Jan>
Sent Date:	2020/03/15 19:36:32
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From:	OS Secretarys Operations Center </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=32B1F28D808B43B6903C00083291303E-SECRETARYS>
To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	COVID-19 Morning CDC Update 15Mar20
Date:	2020/03/15 09:52:53
Priority:	Normal
Type:	Note

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COVID-19 Response update Mar 15, 2020

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 15 Mar) - All the US case counts reported to CDC (below) will be shown in black

Jurisdictions = 53	Cases and Deaths Reported to CDC and/or Reported on Jurisdiction Websites						For Situational Awareness Cases and Deaths Reported Jurisdictions*** or Unofficial Sources* as of 03:00 2020
49 states + DC, NYC, PR, and USVI	Total Cases*	Total Deaths**	New Cases**	New Deaths**	Cases	Deaths	
Alabama	11	0	6	0	7	0	
Alaska	1	0	0	0	0	0	
Arizona	12	0	2	0	12	0	
Arkansas	12	0	3	0	12	0	
California	311	4	47	-1	368	5	
Colorado	86	1	23	0	101	1	
Connecticut	20	0	9	0	23	0	
Delaware	8	0	3	0	6	0	
Florida [†]	108	4	38	1	76	3	
Georgia	66	1	21	0	73	1	
Hawaii	2	0	0	0	4	0	
Idaho	5	0	4	0	4	0	
Illinois							

Jurisdictions = 53	Cases and Deaths Reported to CDC and/or Reported on Jurisdiction Websites					For Situational Awareness Cases and Deaths Reported Jurisdictions*** or Unofficial Sources* as of 03:00 2020
49 states + DC, NYC, PR, and USVI	Total Cases*	Total Deaths**	New Cases**	New Deaths**	Cases	Deaths
	64	0	18	0	64	0
Indiana	15	0	3	0	16	0
Iowa	18	0	1	0	17	0
Kansas	8	1	2	0	8	1
Kentucky	16	0	2	0	18	0
Louisiana	77	1	41	1	77	1
Maine	5	0	2	0	21	0
Maryland	26	0	9	0	27	0
Massachusetts	138	0	15	0	138	0
Michigan	33	0	8	0	25	0
Minnesota	21	0	7	0	21	0
Mississippi	6	0	0	0	6	0
Missouri	5	0	1	0	4	0
Montana	7	0	2	0	5	0
Nebraska	17	0	3	0	18	0
Nevada	16	0	0	0	21	0
New Hampshire	7	0	1	0	7	0
New Jersey	69	2	19	1	69	1
New Mexico	13	0	3	0	13	0
New York (excluding NYC)	344	1	77	2	613**	2
New York City						

Jurisdictions = 53	Cases and Deaths Reported to CDC and/or Reported on Jurisdiction Websites					For Situational Awareness Cases and Deaths Reported Jurisdictions*** or Unofficial Sources* as of 03:00 2020
49 states + DC, NYC, PR, and USVI	Total Cases*	Total Deaths**	New Cases**	New Deaths**	Cases	Deaths
	269	1	115	0	-	-
North Carolina	23	0	8	0	25	0
North Dakota	1	0	0	0	1	0
Ohio	26	0	13	0	26	0
Oklahoma	5	0	0	0	4	0
Oregon	36	0	6	0	36	0
Pennsylvania	47	0	6	0	47	0
Rhode Island	20	0	6	0	20	0
South Carolina	19	0	6	0	19	0
South Dakota	9	1	0	0	9	1
Tennessee	32	0	6	0	32	0
Texas	51	0	12	0	61	0
Utah	19	0	13	0	10	0
Vermont	4	0	2	0	5	0
Virginia	41	1	11	1	41	1
Washington	642	40	74	3	642	40
West Virginia	0	0	0	0	0	0
Wisconsin	27	0	8	0	27	0
Wyoming	3	0	1	0	3	0
American Samoa	0	0	0	0	0	0
District of Columbia						

Jurisdictions = 53	Cases and Deaths Reported to CDC and/or Reported on Jurisdiction Websites					For Situational Awareness Cases and Deaths Reported Jurisdictions*** or Unofficial Sources* as of 03:00 2020
49 states + DC, NYC, PR, and USVI	Total Cases*	Total Deaths**	New Cases**	New Deaths**	Cases	Deaths
	16	0	6	0	16	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	1	0	-2	0	3	0
U.S. Virgin Islands	1	0	1	0	1	0
Federated 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)	2839	58	662	8	2923	57
Repat cases [#]	49	0	0	0	49	0
Total (including repat cases)	2888	58	662	8	2923	57

U.S. public health surveillance systems since 21 Jan, 2020.

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

*** 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.

§ 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.

† Excludes 5 cases that were FL residents diagnosed and isolated outside of FL that are included in the repatriation case count

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

††† Puerto Rico reports 4 cases (3 on 14 Mar, 1 on 15 Mar) but 2 cases are Italian residents and 1 case is a CA resident. The residency of the 4th case is not yet reported and may be recategorized later as a non-Puerto Rico case.

Note: Unless there are objections, the "situational awareness" columns of the table will be removed in the next few days as they are no longer informative.

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

Exposure Category	Number Cases
-------------------	-----------------

Travel-related	196
Close contact with known case	192
Under investigation	2451
Total cases	2839

*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).

Other Situational Awareness

Healthcare workers in U.S. Case-Count (N=63)

- * 15 healthcare workers had recently traveled internationally
- * 48 healthcare workers have no known travel history



DOD active-duty servicemembers and dependents outside U.S. with positive tests not included in case-count (N=5)

Domestic Updates – Notes from the Field

Data as of 14 Mar

Location	Number Currently Deployed
Colorado	4
Cruise Team	10
Michigan	1
New York	3
Rhode Island	7
Sacramento	3
Santa Clara	15*
Washington State	

	29*
Nebraska	2
Grand Total	74

*Includes deployers scheduled to return 14 Mar

Does not include staff deployed for airport screening, to other Federal Government agencies, or overseas

CA, Santa Clara County:

- □ 20 cases identified in last 24 hours, 112 total; 7 cases among healthcare workers; 2 deaths
- □ *Scaling back case investigation to focus only on clusters and cases of high public health concern* (e.g., healthcare workers, long-term care facilities, jails, shelters), *increased attention on healthcare capacity and preparedness*
- □ Stopped contact tracing and active monitoring, limiting epi and surveillance reports to data in CalRedie
- □ Total of 6 positive cases have been identified to date from community-based ILI surveillance of ~53 specimens
- □ Planned new team structure and roles for transition to local health department staff

CO:

- • * 104 total cases (unofficially), 1 death
- • * 3 cluster investigations ongoing; Aspen Australian cohort investigation is wrapping up
 - • * Others include a LTCF and a bridge tournament
- • * 200+ people received drive-through testing

NE:

- • * 14 confirmed cases; 3 new cases today
- • * Roughly 5 active cluster investigations ongoing.
- • * Yesterday's positive SD case was subsequently negative when tested in NE. SD sent specimens to CDC for repeat testing, results not yet received.
- • * NPHL has sufficient testing kit inventory currently for need, but extraction kit supplies running low; increased testing discussions ongoing.
- • * Significant laboratory and epidemiology resources are being committed to ensuring that healthcare providers are following the proper protocol for ordering and approving of nCoV testing at NPHL.

NY:

- • * *Total NY State cases 613 (including 269 NYC)*
 - • * Total cases in Westchester 178.
 - • * *As of 14 Mar, 117/524 (22%) of COVID-19 patients are currently hospitalized.*
 - • * Two additional counties reported at least one new case (16 counties + NYC).
 - • * *First novel coronavirus-related death in NYC; an 82-Year-Old woman in Brooklyn with emphysema; there is also a death in Rockland County.*
- • * *There are 3 LTCF and 1 assisted living facility with COVID-19 cases.*
 - • * 1st LTCF – 15 contacts tested, completing 14 days post-exposure 14 Mar
 - • * 2nd LTCF – 7 COVID+ patients, 3 with symptoms; challenges continue in implementing ICP recommendations (limited hand sanitizer, lack of PPE and 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
- • * First *Drive-thru COVID-19 testing* operational in New Rochelle; 150 cars with 263 tested; with 500/day goal
- • * Current statewide hospital capacity: 3,200 ICU beds, 53,000 hospital beds
- • * *Co-pays for telemedicine waived*

RI:

- • * 6 new cases (total RI cases = 20); 0 deaths
- • * Serology screening investigation of school completed; 30 students participated
- • * 1 long-term care facility under investigation (1 presumptive positive)
 - • * New DHQP team member now embedded on investigation

WA:

- • * 388 confirmed cases in SKC (*up 60* from yesterday).
- • * 35 confirmed deaths in SKC (*up 3* from yesterday)
 - • * 1 reported death, investigation pending
 - • * 2 reported deaths of residents from Life Care Center
- • * 13 LTCFs identified with COVID-19 confirmed cases
- • * Major concerns regarding shortages of PPE, including surgical masks
- • * CDC staff deployed to test all residents of Issaquah NH (PCR and culture, approximately 85 residents), along with symptom interview to assess prevalence of unrecognized COVID-19 infection and clinical spectrum of disease
- • * 8 of 17 members of ICP team departing Seattle on 14 Mar or 15 Mar, anticipate departure of remaining team members by mid-week

Domestic Updates – Laboratory

Data as of 14 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
 - 4392 samples reported
- □Public Health testing update until end of day 14 Mar
 - 15,749 samples tested
- □Large commercial laboratories – EUA update
 - ARUP, LabCorp, Mayo and Quest – testing nationwide
 - Data reported to CDC from subset of large commercial lab – 14 Mar
 - • * 15,600 tests ordered
 - • * 2271 results so far: 129 positive; 2142 negative or inconclusive
- □Large commercial diagnostic companies
 - Thermofisher received EUA 13 Mar; targets: ORF1ab, N gene, S gene
- □IRR reagent update – Reagents below are all used as part of the CDC diagnostic panel for COVID-19. Columns below represent total number ordered so far, the number that have already been shipped out, the orders that have been approved and finally the remaining inventory in stock. Note that manufacturers are reporting a nationwide shortage of extraction kits, which are used for many diagnostics in addition to COVID-19 testing.

IRR Reagents	Data as of 14 Mar (09:00)			
	Ordered	Shipped	Approved	Inventory
CDC rRT-PCR Kits	360	267	93	333
Human Specimen Controls (Negative)	278	223	55	497
EUA Positive Controls	73	43	33	121
Enzyme Mastermix	505	381	124	137
Qiagen -Manual Extraction Kit				

	1104	586	518	93
Qiagen -Automated Extraction Kit	434	188	246	0
Roche -Automated Extraction Kit	172	0	172	0
Roche -High-throughput Extraction Kit	11	10	1	11

Travel/Migration Updates

Data as of 13 Mar

Airport Entry Screening

- ☐ 56,911* air travelers screened to date.
- ☐ Air travelers screened: 422
- ☐ Hospital Referrals: 0
- ☐ 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 13 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

- Provided feedback for State Department FAQs for Schengen Proclamation
- Operationalizing 212F Proclamation for Schengen countries
 - Updating health education materials: THANs, web, airport posters
 - Requesting additional staff and resources to new Q stations
- 212F Proclamation for UK/Ireland effective Monday 16 Mar at 00:00 (midnight)
 - Requesting additional staff and resources to new Q stations
 - Provided feedback on language for new proclamation to ensure congruency with current travel health notice language

International Updates

Note: Numbers may vary slightly from the current version online as WHO updates their SitRep with corrections

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

Data as of 04:00 EST 14 Mar 2020 [Source: [WHO SitRep - 54](#)]

Globally	China*		Outside of China		
	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Countries/ Territories/ Areas
142,539 (9,769 new)	81,021 (18 new)	3,194 (14 new)	61,518 (9,751 new)	2,199 (424 new)	135 (13 new)

*China totals include:

- * Hong Kong – 137 cases (6 new), 4 deaths (1 new)
- * Macau – 10 cases (0 new), 0 deaths (0 new)
- * Taiwan – 50 cases (1 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, 14 Mar 2020* [Source: [WHO SitRep - 54](#)]

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	8086	107	72	6	Local transmission	0
Japan	716	41	21	2	Local transmission	0
Singapore	200	13	0	0	Local transmission	0
Australia	197	57	3	0	Local transmission	0
Malaysia	197	68	0	0	Local transmission	0
Philippines	64	12	2	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
Viet Nam	48	9	0	0	Local transmission	0
Brunei Darussalam	25	13	0	0	Local transmission	0
Cambodia	7	2	0	0	Local transmission	0
New Zealand	6	1	0	0	Local transmission	0
Mongolia	1	0	0	0	Imported cases only	4
Territories**						
French Polynesia	1	0	0	0	Imported cases only	2
European Region						
Italy	17660	2547	1268	252	Local transmission	0
Spain	4231	1266	120	36	Local transmission	0
France	3640	780	79	18	Local transmission	0
Germany	3062	693	6	0	Local transmission	0
Switzerland	1125	267	6	0	Local transmission	0
Netherlands	804	190	10	5	Local transmission	0
The United Kingdom	802	208	10	2	Local transmission	0
Denmark	801	127	0	0	Local transmission	0
Sweden	775	155	0	0	Local transmission	0
Norway	750	261	1	1	Local transmission	0
Belgium	599	285	0	0	Local transmission	0
Austria	504	143	1	0	Local transmission	0
Czechia	150	34	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
Slovenia	141	84	0	0	Local transmission	0
Portugal	112	71	0	0	Local transmission	0
Finland	109	0	0	0	Local transmission	1
Israel	100	25	0	0	Local transmission	0
Greece	98	0	1	0	Local transmission	2
Ireland	90	20	1	0	Local transmission	0
Estonia	79	66	0	0	Local transmission	0
San Marino	66	3	2	0	Local transmission	0
Romania	64	16	0	0	Local transmission	0
Poland	64	15	1	0	Local transmission	0
Iceland	61	0	0	0	Local transmission	4
Luxembourg	38	21	1	1	Local transmission	0
Russian Federation	34	0	0	0	Imported cases only	1
Albania	33	10	1	1	Local transmission	0
Serbia	31	12	0	0	Local transmission	0
Slovakia	30	9	0	0	Local transmission	0
Croatia	27	11	0	0	Local transmission	0
Georgia	25	0	0	0	Imported cases only	1
Belarus	21	9	0	0	Local transmission	0
Hungary	19	3	0	0	Local transmission	0

Reporting Country/ Territory/ Area†	Total confirmed‡ cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification§	Days since last reported case
Latvia	16	0	0	0	Imported cases only	2
Cyprus	14	8	0	0	Imported cases only	0
Malta	12	3	0	0	Imported cases only	0
Azerbaijan	11	0	0	0	Imported cases only	1
Bosnia and Herzegovina	11	7	0	0	Local transmission	0
North Macedonia	9	2	0	0	Local transmission	0
Armenia	8	7	0	0	Imported cases only	0
Republic of Moldova	8	4	0	0	Imported cases only	0
Bulgaria	7	0	1	0	Local transmission	2
Lithuania	6	3	0	0	Imported cases only	0
Turkey	5	4	0	0	Imported cases only	0
Liechtenstein	4	0	0	0	Imported cases only	1
Ukraine	3	0	1	1	Local transmission	0
Andorra	2	1	0	0	Imported cases only	0
Monaco	2	1	0	0	Under investigation	0
Holy See	1	0	0	0	Under investigation	8
Territories**						
Faroe Islands	3	1	0	0	Imported cases only	0
Gibraltar	1	0	0	0	Under investigation	10
Guernsey	1	0	0	0	Imported cases only	4
Jersey	2	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
South-East Asia Region						
India	82	8	2	1	Local transmission	0
Thailand	75	0	1	0	Local transmission	1
Indonesia	69	35	3	2	Local transmission	0
Maldives	9	1	0	0	Local transmission	0
Sri Lanka	6	3	0	0	Local transmission	0
Bangladesh	3	0	0	0	Local transmission	5
Bhutan	1	0	0	0	Imported cases only	8
Nepal	1	0	0	0	Imported cases only	50
Eastern Mediterranean Region						
Iran (Islamic Republic of)	11364	1289	514	85	Local transmission	0
Qatar	262	0	0	0	Local transmission	2
Bahrain	210	15	0	0	Local transmission	0
Kuwait	100	20	0	0	Local transmission	0
Egypt	93	26	2	1	Local transmission	0
Iraq	93	23	9	2	Local transmission	0
United Arab Emirates	85	0	0	0	Local transmission	1
Lebanon	77	11	4	1	Local transmission	0
Saudi Arabia	62	41	0	0	Local transmission	0
Pakistan	21	1	0	0	Imported cases only	0
Oman	19	1	0	0	Imported cases only	0

Reporting Country/ Territory/ Area†	Total confirmed‡ cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification§	Days since last reported case
Tunisia	16	9	0	0	Local transmission	0
Afghanistan	7	0	0	0	Imported cases only	2
Morocco	7	1	1	0	Local transmission	0
Jordan	1	0	0	0	Imported cases only	11
Sudan	1	1	0	0	Imported cases only	0
Territories**						
occupied Palestinian territory	35	4	0	0	Local transmission	0
Region of the Americas						
United States of America	1678	414	41	5	Local transmission	0
Canada	176	38	1	0	Local transmission	0
Brazil	98	21	0	0	Local transmission	0
Chile	43	10	0	0	Local transmission	0
Argentina	34	3	2	1	Local transmission	0
Peru	28	6	0	0	Local transmission	0
Panama	27	13	1	0	Local transmission	0
Mexico	26	14	0	0	Imported cases only	0
Costa Rica	23	1	0	0	Local transmission	0
Ecuador	23	6	0	0	Local transmission	0
Colombia	16	7	0	0	Imported cases only	0
Jamaica	7	6	0	0	Imported cases only	0
Guyana	6	5	1	0	Imported cases only	0

Reporting Country/ Territory/ Area†	Total confirmed‡ cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification§	Days since last reported case
Paraguay	6	1	0	0	Local transmission	0
Dominican Republic	5	0	0	0	Imported cases only	4
Cuba	4	1	0	0	Imported cases only	0
Bolivia (Plurinational State of)	3	0	0	0	Imported cases only	1
Puerto Rico	3	3	0	0	Imported cases only	0
Honduras	2	0	0	0	Imported cases only	2
Venezuela (Bolivarian Republic of)	2	2	0	0	Imported cases only	0
Antigua and Barbuda	1	1	0	0	Imported cases only	0
Guadeloupe	1	1	0	0	Imported cases only	0
Saint Vincent and the Grenadines	1	0	0	0	Imported cases only	1
Trinidad and Tobago	1	1	0	0	Imported cases only	0
Territories**						
French Guiana	6	0	0	0	Imported cases only	1
Martinique	6	2	0	0	Imported cases only	0
Saint Martin	2	0	0	0	Under investigation	11
Saint Barthelemy	1	0	0	0	Under investigation	11
Cayman Islands	1	1	0	0	Imported cases only	0
African Region						
Algeria	26	1	2	1	Local transmission	0
South Africa	17	0	0	0	Local transmission	1
Senegal	10	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
Burkina Faso	2	0	0	0	Imported cases only	3
Cameroon	2	0	0	0	Local transmission	7
Democratic Republic of the Congo	2	1	0	0	Imported cases only	0
Nigeria	2	0	0	0	Imported cases only	5
Cote d'Ivoire	1	0	0	0	Imported cases only	2
Ethiopia	1	1	0	0	Imported cases only	0
Gabon	1	1	0	0	Imported cases only	0
Ghana	1	1	0	0	Imported cases only	0
Guinea	1	1	0	0	Imported cases only	0
Kenya	1	1	0	0	Imported cases only	0
Togo	1	0	0	0	Imported cases only	7
Territories**						
Réunion	5	2	0	0	Imported cases only	0
Subtotal for all regions	60821	9750	2192	424		
International conveyance (Diamond Princess)	697	1	7	0	Local transmission	0
Grand total	61518	9751	2199	424		

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:

- • * Seychelles
- • * Central African Republic
- • * Congo
- • * Equatorial Guinea
- • * Rwanda
- • * Namibia
- • * Eswatini
- • * Mauritania
- • * Mayotte
- • * Curacao
- • * Suriname
- • * Uruguay

Additional International Updates

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

135 countries, territories, or areas affected (13 new)

- • * Over 24 hours
 - • • * Over 24 hours, 9,751 new cases (99.8%) outside of China, 18 new cases in China
 - • • * New countries/territories reporting cases, last 24 hours: 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)
 - • • * Early reports: Gabon (1), Guadeloupe (1), Namibia (2), Seychelles (2), eSwatini (1), Mayotte (1), Rwanda (1), Trinidad and Tobago (1), US Virgin Islands (1)

- • * Sustained local transmission in China, Korea, Iran, Japan, Europe
- • * Regional spread in European and Eastern Mediterranean regions
 - • * EURO – 54 countries/territories/areas with confirmed cases
 - • * EMRO – 17 countries/territories/areas affected
 - • * Local transmission in several countries (n=11; Iran, Qatar, Bahrain, Kuwait, Egypt, Iraq, UAE, Lebanon, Saudi Arabia, Tunisia, Morocco)
 - • * AFRO – 20 countries/territories/areas affected
 - • * primarily reporting travel-associated cases, local transmission reported in four countries (Algeria, South Africa, Senegal, Cameroon)
 - • * PAHO – 26 countries/territories/areas affected
 - • * local transmission reported in more countries (n=10; US, Canada, Brazil, Chile, Costa Rica, Argentina, Peru, Panama, Ecuador, Paraguay), more cases being reported in Caribbean region

Top countries reporting cases:

Italy – since last Sit Rep, 21,157 cases, 1,441 deaths

Iran – since last Sit Rep, 12,729 cases, 611 deaths

Korea – since last Sit rep, 8,162 cases, 75 deaths (+76 cases, last 24 hours)

Spain – since last Sit Rep, 5,753 cases, 136 deaths

- Spain is to be put under lockdown – citizens will only be allowed to leave their homes for food or drugs, go to work, go to the hospital, or another emergency, according to media reports

France – since last Sit Rep, 4,499 cases, 91 deaths

Germany – since last Sit Rep, 3,795 cases, 8 deaths

Switzerland – since last Sit Rep, 1,189 cases, 11 deaths

UK – since last Sit Rep 1,140 cases, 21 deaths

Other:

- • * Canada – 244 cases; 1 death
 - • * British Colombia (73 cases); Ontario (101 cases); Alberta (39 cases); Quebec (21 cases); New Brunswick (1); Manitoba (4); Repatriations (4); Prince Edward Island (1)
- • * Mexico – 41 cases; 58% increase, last 24 hours
 - • * CDMX (17); Sinaloa (1); Queretaro (4); Nuevo Leon (3); Quintana Roo (1); Yucatan (1); Puebla (3); Coahuila (1); Chiapas (1); State of Mexico (3); Durango (1); San Luis Potosi (1); Jalisco (2); Oaxaca (2)

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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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 09:52:48
Delivered Date:	2020/03/15 09:52:53

From:	Project Patient Care <pmerryweather@projectpatientcare.org>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Special COVID-19 Edition #1
Date:	2020/03/16 00:04:49
Priority:	Normal
Type:	Note

COVID-19 Special Edition #1 - March 15, 2020





Greetings

What a difference a few weeks has made in the lives of so many people around the world.....

Just a reminder for all of us to keep our front-line healthcare providers; hospital, nursing home, and other organizational staff; and our public health leaders and professionals in our thoughts and prayers as they prepare and are battling COVID-19 on behalf of patients, families, and communities across the U.S. and world. If you have a family member, friend, or neighbor that works on the front-line with patients or residents, think about how you may help them at this time - making a meal for them; taking care of their children or parents; running errands for them; etc.

Each of us, as leaders in our communities, can be a valuable source of information to our patients, consumers, communities, employees, and constituents. Each week, we will provide an update on Coronavirus, also known as COVID-19 and provide links to government or health organization infographics you can readily share with others as well as written or interactive resources.

COVID-19 Emergency Declaration

The President declared the ongoing Coronavirus Disease 2019 (COVID-19) pandemic of sufficient severity and magnitude to warrant an emergency declaration for all states, tribes, territories, and the District of Columbia. The Emergency Declaration allows for current laws to be waived such as no charge for COVID-19 testing, treatment, and ability of providers to operate outside of some regulations to address emergency situations with COVID-19 [Click Here](#)

CDC Guidance on Mass Gatherings or Large Community Events

The Centers for Disease Control and Prevention (CDC) provided guidance on Sunday, March 15, recommended that for the next 8 weeks, organizers (whether groups or individual) cancel or postpone in-person events that consist of 50 people or more throughout the U.S. **CDC Guidance**

Actions by States

While there is commonality among some states in some of their regulations to protect their populations, there are also many variations. In Illinois, for example, schools, in-person dining at restaurants, bars, are all shut down for the next two weeks. Federal agency staff, to the extent possible, are working from home. Most entertainment, museums, and park districts are shut down so as to limit large gatherings of people.

Everyone's Role Including YOU!

The Centers for Disease Control and Prevention (CDC) is dependent upon many people and organizations to spread the factual news on COVID-19, a pandemic virus. [Infographic on Roles](#)

Symptoms of COVID-19

Fever, dry cough, and shortness of breath. If you experience these symptoms, contact your primary care giver for directions. Seek immediate care if you have these symptoms and are 60 years of age and have a chronic condition, including but not limited to heart, respiratory, diabetes; or you have an

immunosuppressed condition, contact your healthcare provider quickly. Your medical provider will give you instructions as to what the next steps are for testing and if you are positive; they will provide you with a plan of care. [Infographic on Symptoms](#)

Stop the Spread – Personal Hygiene Practices

Simply stopping the spread through hand hygiene, covering your mouth when coughing or sneezing, using elbow bumps instead of handshakes, and social distancing. [Click Here](#)

Protecting Our Nursing Home Residents

In order to protect nursing home residents, on March 13, CMS immediately restricted all visitors and non-essential health care personnel from entering nursing homes, with the exception of individuals undergoing compassionate care (end of life, etc.). However, visitors for compassionate care must make arrangements with the nursing home in advance and follow proper hand hygiene and wear personal protective equipment. No one with a sore throat or the COVID-19 symptoms will be allowed to visit. Additionally, CMS issued guidance for continuous assessment of residents, staff, compassionate visitors, and surveyors for COVID-19 symptoms. Nursing homes must also cancel communal dining and all group activities, such as internal and external group activities. For detailed information, [click here](#)

Many nursing homes are being creative in supporting the needs of the residents to talk with loved ones and are setting up conference calls, videos, facetime, and other ways for residents and families to interact.

Why Social Distancing is Tied to Flattening the COVID-19 Curve

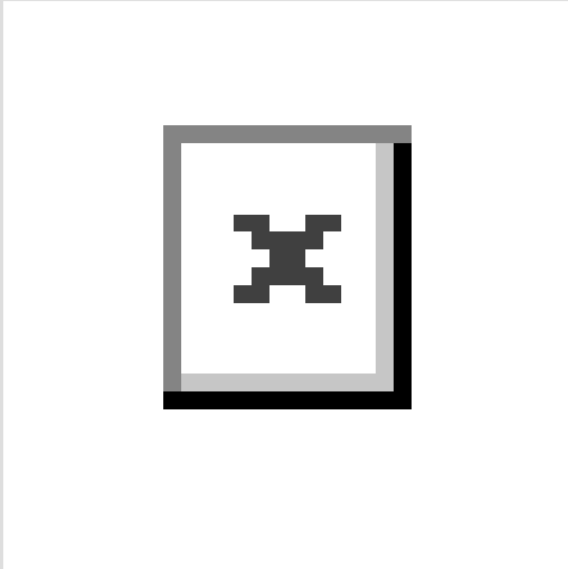
As people are keeping a social distance from each other in order to risk the exposure of others to COVID-19, the ultimate goal is to slow down the spread of the virus so it can be manageable within the current healthcare environment, and in turn, save lives. By slowing down the spread, it allows healthcare providers to care for the patients in need of emergency care with the proper equipment. As COVID-19 emergency care patients are often times experiencing severe respiratory conditions, there is a limited supply of N95 respirators and ventilators available. [Flattening Curve](#)

An in-depth analysis by Tomas Pueyo of what has transpired with COVID-19 in other countries and how the flattening of the curve is the only approach to saving lives. Viewed by over 28 million people and in 26 different languages. “Coronavirus: Why You Must Act Now Politicians, Community Leaders and Business Leaders: What Should You Do and When?” [Important Lessons](#)

International Perspective

As many people are also involved in international relations and issues, a helpful way of keeping up with the incidence of COVID-19, is through an interactive website developed by Johns Hopkins University and Medicine’s Coronavirus Resource Center. [Johns Hopkins Up-To-Date Data](#)

Many Rotarians and epidemiologists may remember Dr. Bruce Aylward, World Health Organization Senior Adviser, physician and epidemiologist from Canada, that led Polio and Ebola prevention and containment initiatives. Dr. Aylward presented many times at Rotary and international meetings and events throughout the world. He recently returned from a two-week period in Wuhan, China and explains and shares lessons on how China worked to contain the outbreak of COVID-19 [WHO Lessons From China](#)



We Enjoy Hearing From You!

We are always happy to hear from you - please feel free to contact us at any time. During the COVID-19 pandemic, our staff will be working from home.

Contact Pat Merryweather-Arges:

Telephone: 630-202-5579

E-mail: pmerryweather@projectpatientcare.org

Thank you!

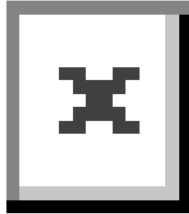
Project Patient Care | 321 N. Clark Street, Suite 500, Chicago, IL 60654

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Sent Date:	2020/03/16 00:04:42
Delivered Date:	2020/03/16 00:04:49
Message Flags:	Unread

From:	Bernard King (b)(6)@aol.com>
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.oup (FYDIBOHF23SPDLT)/cn=Recipients/cn=070af5e29bec43cab114bf23ecc6e2cf-david.kelle>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>
CC:	<henry@radarpictures.com>; (b)(6)@yahoo.com>
Subject:	Re: Call RE: N95 Masks
Date:	2020/03/16 02:44:23
Priority:	Normal
Type:	Note

Hi Steven and David,

Following up on the phone call from Saturday, March, 14th regarding a Purchase Order for One Million N95 Masks. Please find below the requested information for the PO, the company's name address and Duns Number. We are a Minority Group, I have attached a MBE Certificate for Protege Media LLC as a certified Minority Supplier. What we have available are, (b)(4) (b)(4) without respirators. The masks would be shipped for delivery and arrive in the USA this week pending a PO. The price is (b)(4) as previously agreed too. We are in regular contact with our supplier and there should be another (b)(4) There is a worldwide frenzy for masks, please let me know as soon as possible on the PO.

Company: Protege Media LLC

Port Saint Lucie, FL, 34986

DB# 117063923

Thank you,

DR. Bernard King
(b)(6)@aol.com

NBA Hall of Famer

(404) 558-7084

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

From: Kelley, David (ASPR/SNS) <vrb7@cdc.gov>
To: Bernard King <(b)(6)@aol.com>
Sent: Sat, Mar 14, 2020 5:02 pm
Subject: Re: Call RE: 3M N95 Surgical Respiratory Masks

Thank you for the response Mr. King. I will send out the meeting invite for 6PM.

From: Bernard King <(b)(6)@aol.com>
Sent: Saturday, March 14, 2020 4:36:56 PM
To: Kelley, David (ASPR/SNS) <vrb7@cdc.gov>
Subject: Re: Call RE: 3M N95 Surgical Respiratory Masks

Hi David,
Unfortunately Steven Adams email arrived on Saturday as opposed to Friday. A team member was traveling today however we would like to have a conference call today with your team if possible between 5:30. -6:30 or later.

Thank you,

Dr. Bernard King

(404)558-7084

Sent from my iPhone

On Mar 14, 2020, at 4:05 PM, Bernard King <(b)(6)@aol.com> wrote:

Sent from my iPhone

Begin forwarded message:

From: "Kelley, David (ASPR/SNS)" <vrb7@cdc.gov>
Date: March 14, 2020 at 2:57:02 PM EDT
To: (b)(6)@aol.com" <(b)(6)@aol.com>
Cc: "henry@radarpictures.com" <henry@radarpictures.com>

Subject: FW: Call RE: 3M N95 Surgical Respiratory Masks

Mr. King,

Can you please give me a call? I'm looking for an official quote, name of the company, and have several other questions I would like to ask you so that we can attempt to move this forward.
404.271.1333 .

Thank you,

David M. Kelley

Operations Program Analyst

Division of Strategic National Stockpile (DSNS)

Office of the Assistant Secretary for Preparedness and Response

U.S. Department of Health and Human Services

VRB7@cdc.gov | 770-488-2662 office (b)(6) cell

<image001.jpg>

From: Bernard King [REDACTED]@aol.com>

Sent: Thursday, March 12, 2020 12:46:04 PM

To: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Adams, Steven A. (CDC/SNS/DSNS) <saa1@cdc.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>

Cc: henry@radarpictures.com <henry@radarpictures.com>

Subject: Re: Call RE: 3M N95 Surgical Respiratory Masks

Hello Dr. Robert Kadlec,

Assistant Secretary of Health and Human Services

Following up on our Wednesday call, I've gone back to my group and [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] that can't be found in the marketplace. We have a price adjustment I would like to discuss with you, and the ensuing Purchase Order if the price is agreeable. Our group is committed to assisting in the slowing of the spread of Covid-19.

Please contact me at your earliest convenience to discuss.

Thank you,

Dr. Bernard King

NBA Hall of Famer

(b)(6) @aol.com

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

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

To: (b)(6) @aol.com (b)(6) @aol.com>; Adams, Steven A. (CDC/SNS/DSNS) <saa1@cdc.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Callahan, Victoria (OS/ASPR/IO) (CTR) <Victoria.Callahan@hhs.gov>

Sent: Wed, Mar 11, 2020 5:36 pm

Subject: Call RE: 3M N95 Surgical Respiratory Masks

Sender:	Bernard King <(b)(6) @aol.com>
Recipient:	Kelley, David (CDC/SNS/DSNS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=070af5e29bec43cab114bf23ecc6e2cf-david.kelle>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; <henry@radarpictures.com>; <protege2222@yahoo.com>
Sent Date:	2020/03/16 02:43:50
Delivered Date:	2020/03/16 02:44:23

From:	Clark Tibbs PhageVax-VHO <PhageVax@roadrunner.com>
To:	Clark Tibbs PhageVax-VHO <PhageVax@roadrunner.com>
Subject:	To ALL OH NO !!! 3-15 ^2 ER Doctors^ Are in ^Critical Condition^ With Coronavirus - NYTimes rbl
Date:	2020/03/16 04:22:37
Priority:	Normal
Type:	Note

..... Where is the **NATIONWIDE Push ... to MANUFACTURE FULL PPE Equipment ??**

..... Is there a set of **PATTERNS** for local seamstresses to follow ??? [It's called "cottage-industry"]

..... Who makes the **Flat Materials** (that **can stop** the virus penetration) ????

... we are letting this get out of control ...

Clark Tibbs, CEO
 PhageVax, Inc. <https://protect2.fireeye.com/url?k=a4d5a81c-f881b160-a4d59923-0cc47adc5fa2-ee49cab8c36b690&u=http://www.phagevax.com/>
 CAGE CODE: 4M4V6 www.sam.gov
 Phone: 740.366.9013 Fax: 740.366.5230 Cell: (b)(6)
 E-mail: Clark@PhageVax.com -or- PhageVax@roadrunner.com -or- CTA@ee.net
 General Offices &HQ: 855 Sharon Valley Road, Suite 101 Newark, Ohio 43055-2860 USA

Sender:	Clark Tibbs PhageVax-VHO <PhageVax@roadrunner.com>
Recipient:	Clark Tibbs PhageVax-VHO <PhageVax@roadrunner.com>
Sent Date:	2020/03/16 04:20:59
Delivered Date:	2020/03/16 04:22:37
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 AM: Mike's Top 10 — Testing trap — Coping strategies for parents, employers
Date:	2020/03/16 05:54:04
Priority:	Normal
Type:	Note

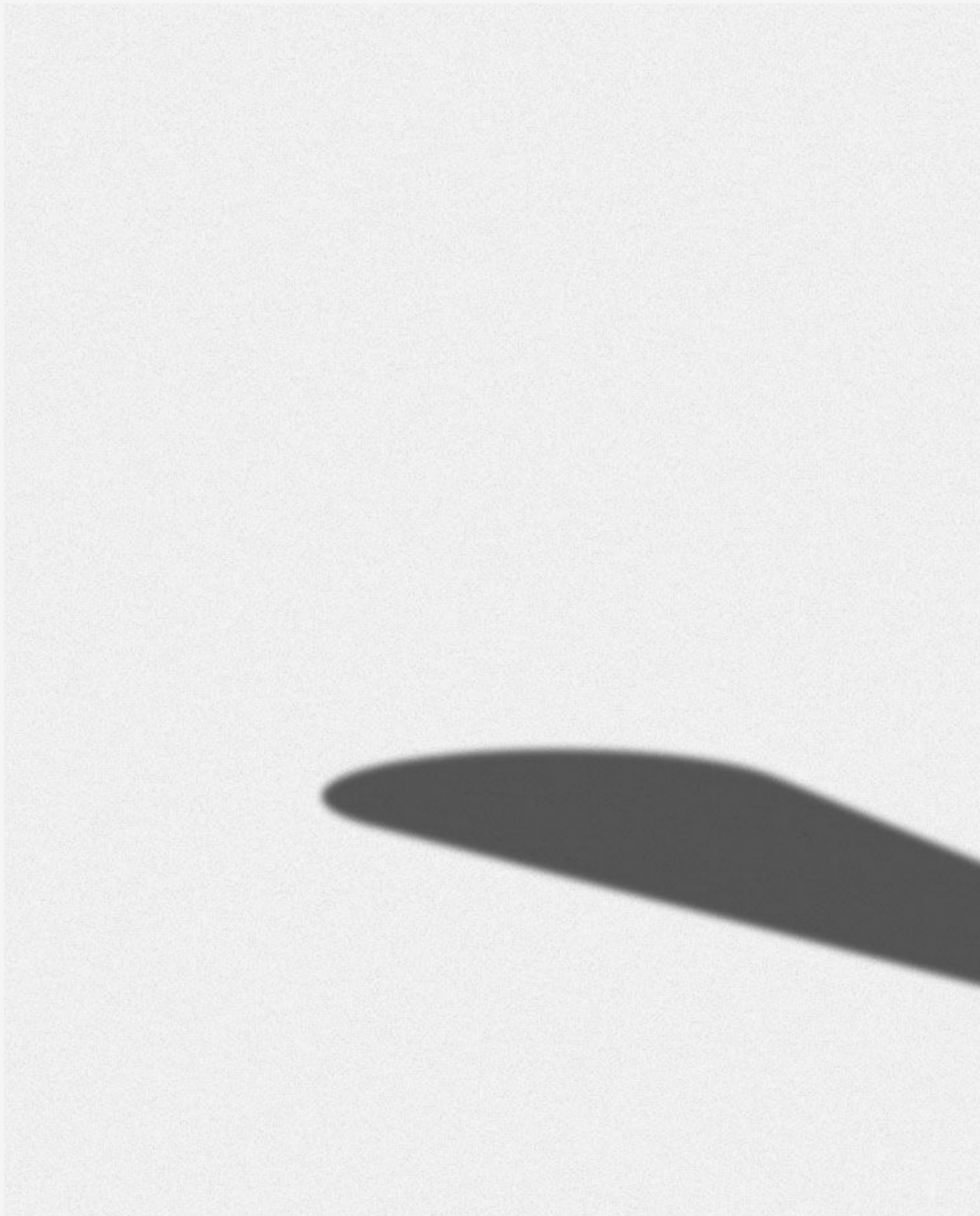


👁️ **Axios has a new**, constantly updated coronavirus dashboard, with the latest data and head

👉 **If this email** was forwarded to you, please *sign up here*.

• • **Today's Smart Brevity™ count:** 1,965 words ... 7 minutes.

1 big thing: Testing problem is worse than you think



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:	2020/03/16 05:53:19
Delivered Date:	2020/03/16 05:54:04

From:	Caitlin Owens <caitlin@axios.com>
To:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	Axios Vitals: Depth of coronavirus testing problems — Parents' new reality — Hospitals cut back
Date:	2020/03/16 06:17:24
Priority:	Normal
Type:	Note

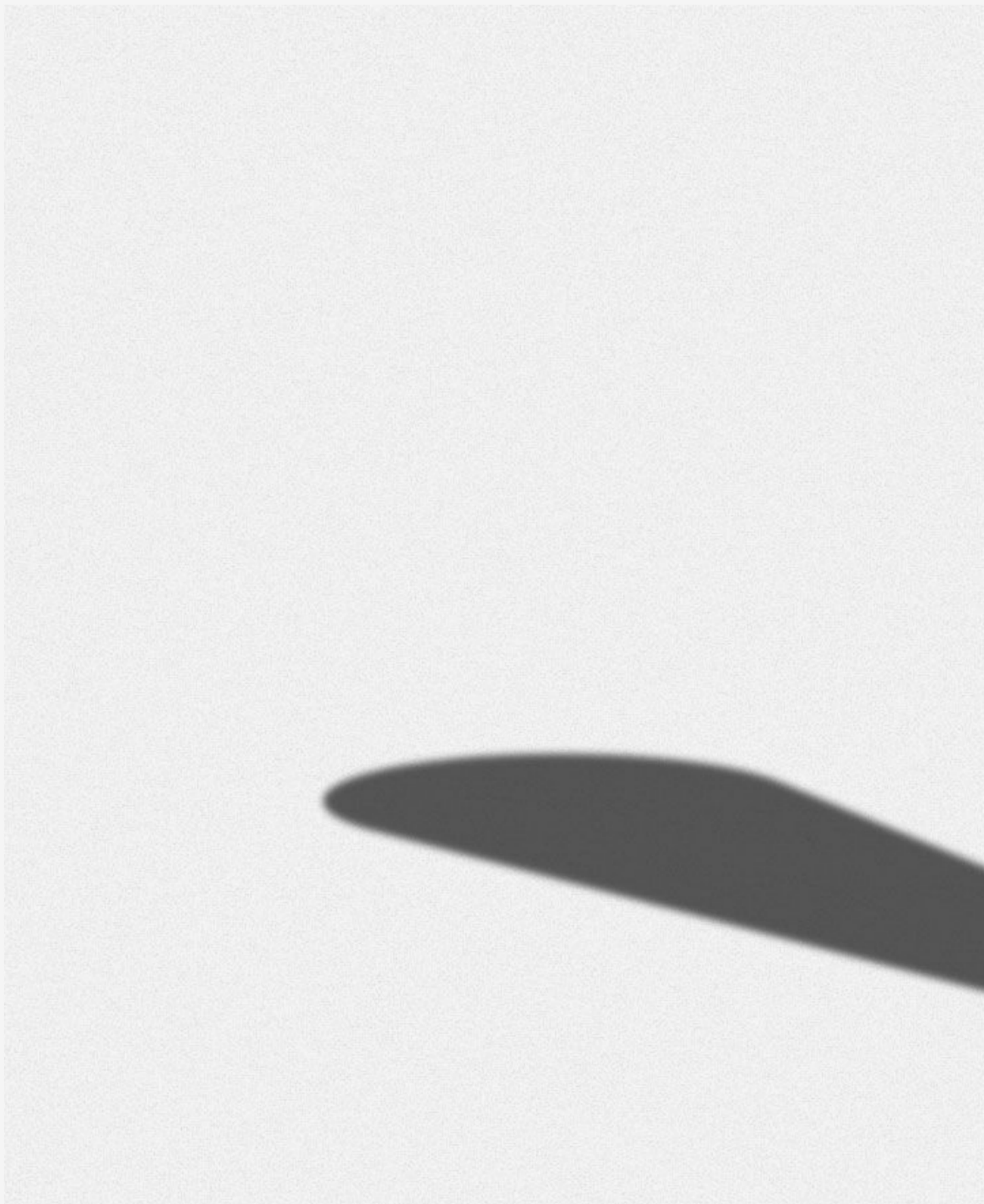


Good morning. Life is changing for all of us — fast. It's not easy. But remember that each one of us can go a long way in this difficult time.

- • **One thing you can do to help:** Give blood. The American Red Cross is asking health

Today's word count is 1,040, or a 4-minute read.

1 big thing: Coronavirus testing problems are worse than y



Sender:	Caitlin Owens <caitlin@axios.com>
Recipient:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Sent Date:	2020/03/16 06:17:15
Delivered Date:	2020/03/16 06:17:24

From:	Bulletin Intelligence <HHS@BulletinIntelligence.com>
To:	<HHS@BulletinIntelligence.com>
Subject:	HHS Secretary's News Briefing for Monday, March 16, 2020
Date:	2020/03/16 06:25:30
Priority:	Normal
Type:	Note

Click to access mobile-optimized online version, including download options and an audio reader.

Secretary's News Briefing

at Coronavirus

arding Food, Supplies

an 2,000 Labs For Coronavirus Testing, Pence Says

Be Held For Eight Weeks Due To Coronavirus

[from Coronavirus, WSJ/NBC Poll Finds](#)
[ry To Halt Pandemic](#)
[sted For Coronavirus At This Time, Official Says](#)
[ne Trial Starts Monday](#)
[al Staff, Elderly](#)
[Must Find A Way To Meet Displaced Students' Critical Needs](#)
[e](#)
[uited To Counter Covid-19 Epidemic](#)
[cans Have Been Left To Figure Out Their Own Coronavirus Solutions](#)
[obilize The Military To Help Fight Coronavirus](#)

[onavirus. Let's Hope So.](#)
[Working For Pandemic Response](#)
[ere Else](#)
[onomy Over Public Health, Leaving Both Exposed](#)
[cks As Imported Coronavirus Cases Tick Up](#)
[7 - Health Ministry](#)
[rdest By Coronavirus As Disaster Zones](#)
[s Test As Cases Top 100](#)

[ses In Largest Single-day Rise, All Imported](#)
[484: NHK](#)
[on On International Travelers](#)
[ases In Biggest Single-Day Rise](#)
[ainst Coronavirus](#)
[ers Returning From Europe Create Chaos At U.S. Airports](#)
[rus Outbreaks Could Overwhelm U.S. Cities](#)
[s, Supply Shortages](#)

[Boon For Big Tech](#)

[s Around Coronavirus And Tells Americans 'It's A Great Time To Go Out'](#)

[For Bars And Restaurants To Close Ahead Of St. Patrick's Holiday As Partygoers Ignore Social Distancing Despite C](#)
[Each German Scientists Working On A Cure For Coronavirus And Offered Cash So The Vaccine Would Be Exclusive To](#)
[The Fundamental Problems Of The Trump Era](#)
[Potential National Lockdown. His Response?](#)
[aturday. But The White House Is More Upset About A Tweet.](#)
[pretty Well' As Grocery Stores Clear Out](#)
[ter Ex-Staffer Tests Positive For Coronavirus](#)
[om Coronavirus Outbreak](#)
[Zero In Historic Move Designed To Cushion Economic Blow Of Coronavirus Pandemic](#)
[- And May Not Open The Rest Of The School Year](#)
[ting Restaurants, Bars, And Cafes To Takeout And Delivery](#)
[Warns Of Coronavirus Escalation](#)
[And Restaurants Amid Coronavirus Fears](#)
[r More People Be Canceled For Two Months](#)

[e For The Coronavirus Outbreak](#)
[s Is Growth In The Number Of Hospital Administrators](#)

Combat Coronavirus

(Chad Day and Alex Leary)

ral officials said more must be done to curb the novel coronavirus' spread and to help the economy. NIAID Director
before life for Americans starts to go back to normal. Assistant Secretary for Health Adm. Brett Giroir is quoted by
[ds Organizers Cancel Or Postpone Events With 50 People Or More For 8 Weeks](#) (CNN, 3/15, Madeline Holcombe and
[s Spreads](#) (Washington Times, 3/15, Gabriella Muñoz), [Top Infectious Disease Expert Doesn't Rule Out Supporting T](#)
Alison Main), [Dr. Fauci Explains Why Coronavirus Is Worse Than Flu, Warns Against Americans Fleeing Europe Imm](#)
[ok Like 'Overreaction' But Could Prevent Worst-case Scenario](#) (The Hill, 3/15, Zack Budryk), [Fauci: 'If It Looks Like](#)
[ack Budryk\), Fauci: I Don't See Domestic Travel Restrictions In The Immediate Future](#) (The Hill, 3/15, Justine Coleman
(The Hill, 3/15, Zack Budryk), [Fauci: Worst-case Coronavirus Predictions 'Unlikely If We Do The Kinds Of Things Tha](#)

Or Suspend Gatherings Larger Than 50 (Associated Press, 3/15), CDC Recommends No Events Of More Than 50 People, Canceling Events With 50 Or More People For The Next Eight Weeks Throughout US (CNBC, 3/16, Dawn Kopecki), US Reports First Coronavirus Case (Washington Times, 3/15, Gabriella Muñoz, Tom Howell Jr. And Dave Boyer), CDC Guidelines: Cancel All Events With 50 Or More People (NPR, 3/15), By CDC Recommendation, It's Looking Like A Long Time Before We Get Sports Back (USA Today, 3/15, Nate Scott), CNBC News, 3/15), CDC Recommends Against Gatherings Of 50 Or More, As States Close Bars And Restaurants (NPR, 3/15), 8 Weeks: CDC (New York Post, 3/15, Kenneth Garger)

From Coronavirus, WSJ/NBC Poll Finds

(k)
s have concerns about the novel coronavirus outbreak, but they are not panicked, according to a Wall Street Journal poll. The poll found that many people are worried about the outbreak, but they are not panicked, and many people say the outbreak has affected their daily lives.
Americans Believe The Worst Is Yet To Come From The Coronavirus Outbreak (CNN, 3/15, Jennifer Agiesta), Most US Citizens Say Worst Is Yet To Come From Coronavirus Outbreak (Washington Examiner, 3/15, Zachary Halaschak), 6 In 10 Americans Say Worst Is Yet To Come In Coronavirus Pandemic: Poll

Try To Halt Pandemic

ing out, worshipping and other daily routines have nearly halted as nations take drastic steps to try to stop the coronavirus outbreak. "We're seeing people staying at home, not going to work, not going to school, not going to church, not going to the pews or to the faithful watching online Sunday after public worship was curtailed in many places." Meanwhile, in the US, a government expert said a 14-day national shutdown may be needed." NIAID Director Anthony Fauci is quoted as saying, "We're not going to shut down significantly more than we as a country are doing."
US Sees 'Unprecedented' Standstill Amid Coronavirus Pandemic (Fox News, 3/15, Danielle Wallace), New Restrictions, Closures Sweep US To Try To Halt Pandemic (Washington Post, 3/15, Foster Klug)

Tested For Coronavirus At This Time, Official Says

s)
will not get tested for coronavirus after a White House physician said it wasn't necessary at this time, a White House official said. "The number of cases will 'rise in the coming days and weeks, with Dr. Anthony Fauci, a key member of the Trump administration's coronavirus task force, saying the number of coronavirus cases in the US."

Vaccine Trial Starts Monday

A clinical trial for a vaccine to protect against the new coronavirus will receive an experimental dose on Monday, according to a White House official. The trial will be run by the National Institutes of Health's Washington Health Research Institute in Seattle." The goal of the NIH-funded trial "is purely to check that the vaccine is safe and effective." The official said the trial "is purely to check that the vaccine is safe and effective," even if initial safety tests go well, 'you're talking about a year to a year and a half' before any vaccine could be used.

Coronavirus Vaccine To Begin Monday: AP (Reuters, 3/16), Potential Coronavirus Vaccine Trial Set To Start On Monday

Medical Staff, Elderly

The effort to rapidly expand testing for the coronavirus will initially focus on screening health care workers and the elderly. The coronavirus Task Force "attempted to flesh out their plan to screen thousands of Americans for the virus amid growing concerns about them."

Schools Must Find A Way To Meet Displaced Students' Critical Needs

The school closures across the nation, and says "most negatively affected will be low-income families who rely on school for meals, materials, counseling for children suffering from trauma and even laundry." To the Post, "it is commendable that districts provide meals and that the federal government...is relaxing rules that required meals to be served at group sites. ... Time and in time, it will be important to come up with new and more systemic ways to ease the hardships many children will face. The generous aid package targeted to the most vulnerable."

Europe

Dr. Kirsch says, "The situation in Italy has reached such a critical state that the Italian College of Anesthesia, Analgesia, and Intensive Care help doctors and nurses make the agonizing choice of who to treat, and who to not." Kirsch adds, "To all the health-care workers in Italy, I say: You are doing a heroic job. Stay safe."

US Must Be Prepared To Counter Covid-19 Epidemic

A decade ago, the U.S. government invested heavily in four sprawling facilities that officials said could rapidly make vaccines for infectious disease or a biological attack." However, as the US "confronts the coronavirus pandemic, none of the sites are close to delivering medicines to counter the outbreak, according to records, government officials and others familiar with the facilities. Minnesota's Center for Infectious Disease Research and Policy, said, "When this current pandemic subsides, and we come back to normalcy, we will have a lot of work to do."

Americans Have Been Left To Figure Out Their Own Coronavirus Solutions

Julie Zauzmer and Ava Wallace)

US “lurched toward its first collective counteroffensive to the rapidly escalating coronavirus crisis, the big and small furious mayors and harried desk workers who waited in vain for clear guidance from federal authorities.” While President Trump seemed to pass a legislative package soon to bring relief to the most vulnerable,” the “doubts about the federal response played down the threat posed by the virus.” NIAID Director Dr. Anthony Fauci “said Americans are ‘going to have to have’ measures to shut down workplaces, restaurants and bars were an overreaction.”

Why America’s Virus Response Looks Like A Patchwork[The Coronavirus Outbreak](#) (New York Times, 3/15, Ellen Barry)

Mobilize The Military To Help Fight Coronavirus

b)
Gov. Andrew Cuomo (D) implores President Trump to mobilize the US military in order to slow the spread of coronavirus. He asks the President to stop the FDA and CDC “from overregulating the [coronavirus] testing process, and authorize state health officials to set a federal standard for when cities and states should shut down commerce and schools, or cancel events,” and asks for the equipment and people power to retrofit and equip existing facilities – like military bases or college dormitories – to serve as testing sites.

Journal, professor at the University of Southern California’s Schaeffer Center for Health Policy and Economics Neeraj Sood, says that “the outbreak will not curtail the outbreak or the anxiety surrounding it.”

the Washington Post that President Trump “often announces things that are not quite ready” and “makes all sorts of claims.” Regarding the House bill recently announced to provide aid during the coronavirus pandemic, “the best course of action is for the president to correct his misstatements or take action in the real national interest.” Rubin concludes that “we will come through this.”

Coronavirus. Let’s Hope So.

b)
writes for the Los Angeles Times, “In a crisis, Americans expect leaders to tell the truth about the problem, present a plan, and show leadership. We didn’t see much leadership was the White House.” In light of President Trump’s comments downplaying the epidemic, “the change last week when the president finally offered a strategy for making widespread virus testing available, week after week, as we root for the president to succeed, we should also hope he learns some larger lessons.”

Working For Pandemic Response

Bloomberg News Executive Editor Albert Hunt writes the coronavirus pandemic is President Trump's "first crisis that w...". Among his "various self-inflicted crises, principally impeachment," Hunt argues "Trump has gotten away with pro... anything partisan," and he is "using the same playbook with the coronavirus crisis." Hunt concludes that in this crisis... interest above his political needs."

here Else

American Studies at Cornell University Glenn Altschuler writes in an opinion piece for The Hill, "During crises Americ... address challenges," and as President Trump has addressed the coronavirus pandemic, he has "fallen quite a bit sho... ns, and blanket denials of responsibility for anything that has gone wrong on his watch, reflect his 'enough about yo... the United States."

Economy Over Public Health, Leaving Both Exposed

smussen in London and Aresu Egbali in Tehran)

Leadership based its initial coronavirus response strategy around protecting its economy more than public health, in a... situation made worse.

Low Virus Deaths As Concerns Mount (Associated Press, 3/15), Iran's Death Toll From Coronavirus Reaches 724, Says
Coronavirus Deaths As President Rules Out Quarantine (Fox News, 3/15, Stephen Sorace), Iran Warns Of Overwhelmed

Checks As Imported Coronavirus Cases Tick Up

atton)

Checks on international travelers at Beijing airport and said it will centrally quarantine all arrivals at its capital, after ne... day." The country at the origin of the coronavirus outbreak "appears to now face a greater threat of new infections... ally." Of the 20 new cases in mainland China, "16 were imported, including 5 in the capital Beijing," and "three of the... other from Thailand." In response to this external threat, "the Beijing government has said anyone arriving from ab... Monday." However, "all expenses during the period will be borne by those in quarantine, city deputy secretary gene... Travelers From Abroad To Central Quarantine Facility For 14 Days (Reuters, 3/15)

57 – Health Ministry

four more cases of coronavirus, all among foreign nationals, its health ministry said on Sunday, bringing its total nu...

British nationals, the health ministry said in a statement." So far, however, "there have been no deaths in the country. The ministry also said that it had no information about the importation of new cases, "Vietnam on Sunday said all passengers coming from or through China, South Korea, the UK and the US were being screened for coronavirus."

Hardest By Coronavirus As Disaster Zones

reported 76 new coronavirus cases and three deaths, marking the first time in over three weeks that new cases have been reported in the provinces 'special disaster zones.'" This represents "the first time South Korea has declared a region a disaster zone from the start of the outbreak. The government will cover up to 50% of restoration expenses and exempt residents from taxes and utility payments."

Coronavirus Test As Cases Top 100

ko Widodo said on Sunday he would get tested for coronavirus, while some of his ministers had also undergone pre-positive for the disease." The President "also suggested people work from home and avoid mass gatherings, as he said, "be careful." Meanwhile, "Indonesia, the world's fourth most populous country, reported on Sunday the number of infected cases had reached 1,000. Amid the outbreak, "Jakarta and several other provinces and cities have already announced school closures starting next week."

ers in the Philippines are reportedly sealing off the capital, Manila, in an attempt to combat the spread of the coronavirus. "The government is cutting off Manila to domestic travelers as part of a monthlong restriction starting Sunday." Also, the government is "banning people from heading to work or on urgent errands." Under the government's order, "all domestic travel by land, air and sea is banned." "Gambling and cockfighting were also banned," and "school closures were also extended by a month, according to the AP."

Cases In Largest Single-day Rise, All Imported

w cases of the coronavirus on Sunday, all imported and marking the biggest daily rise in infections, in people who had been abroad, the health ministry said in a daily report. The daily tally rose to 59."

1,484: NHK

coronavirus infections in Japan rose to 1,484 on Sunday, increasing by a faster pace than the previous day, public broadcast

tion On International Travelers

-day self-isolation on international travelers arriving from midnight Sunday and ban cruise ships from foreign ports to curb the spread of the coronavirus." Additionally, Australian Prime Minister Scott Morrison said "the Australian government will implement an initial 30 days." These new stricter border measures "come as Australia recorded more than 250 cases of coronavirus

Cases In Biggest Single-Day Rise

new cases of the coronavirus on Sunday in the largest daily jump in infections since the outbreak began, bringing its total to 1,484. The rise was attributed to a combination of factors, including increased testing at pubs and boxing stadiums, persons who were in contact with foreigners, and those who returned from overseas. The health ministry will hold a press conference." Thailand's health ministry is set today to propose stricter measures "to reduce people entering Thailand and limit social activities."

Against Coronavirus

Palencia, Elida Moreno)

El Salvador took further and tougher steps to contain the fast-spreading coronavirus on Saturday with measures ranging from mandatory face masks to a ban on public gatherings. The Congress approved a series of emergency measures sought by President Nayib Bukele to prevent the spread of the virus, including restrictions on entry to and exit from El Salvador, as well as curbs on public gatherings. El Salvador has so far not reported any cases. Flights arriving from Europe and Asia would be temporarily suspended, with the exception of flights that transport doctors and medical supplies.

U.S. Backs Emergency Measures To Stop Coronavirus (Reuters, 3/15)

Travelers Returning From Europe Create Chaos At U.S. Airports

Travelers returning from Europe late Saturday were greeted with snaking lines and hours-long waits at major airports as expanded coronavirus screening took effect."

Chaos At US Airports; 'Atrocious,' A Flyer Says (Associated Press, 3/15, Terry Spencer And Mallika Sen), Passengers Return From Europe Face Long Lines At Airports (NPR, 3/15, Alison Sider), The Chaos At Dulles Airport Shows How Not To Handle A Pandemic (Washington Post, 3/15, Cheryll S. Kelly), Coronavirus Screening At Airports (CNN, 3/15, Paul P. Murphy and Hollie Silverman), Trump Weighs In On Airport Chaos (The New York Times, 3/15, Michael D. Shear), 'Unacceptable': Americans Returning From Abroad Face Long Lines For Coronavirus Screenings (Washington Post, 3/15, Michael D. Shear), U.S. Travel Curbs For Now (Reuters, 3/15, Andrea Shalal, David Lawder), Coronavirus Screening: Huge Delays For Air Travelers (The New York Times, 3/15, Michael D. Shear), U.S. Could Seek To Close Bars, Restaurants In Virus Fight (Bloomberg, 3/15, Justin Sink), Coronavirus Screening Causes 7-Hour Waits At Airports (The New York Times, 3/15, Michael D. Shear)

York Times, 3/15, Robert Chiarito, Mitch Smith and Mariel Padilla)

Coronavirus Outbreaks Could Overwhelm U.S. Cities

FDA Commissioner Scott Gottlieb warned "of multiple 'Wuhan-style' coronavirus outbreaks in the United States and in other countries" in an interview on CBS' "Face the Nation," Gottlieb said, "If we have a Wuhan-style outbreak in New York City, that's going to be a very real possibility. There's ways to avert it, but that's the risk that we face right now."

Commissioner: Coronavirus A 'Once-in-a-generation Pathogen' (The Hill, 3/15, Zack Budryk), Ex-FDA Chief: (Axios, 3/15, J

Healthcare, Supply Shortages

Healthcare leaders are increasingly sounding the alarm about the health care system in the U.S. and its readiness to absorb a coronavirus outbreak." The piece says that "among the biggest concerns is whether there will be enough beds, equipment and staff to handle a surge." Director Dr. Anthony Fauci "said it's critical that steps be taken now to prevent the virus from spreading quickly." He said "the worst-case scenario to occur."

Present Different Pictures Of Coronavirus Readiness- STAT (STAT, 3/14)

Big Data Boon For Big Tech

Healthcare leaders are increasingly sounding the alarm over new rules introduced by the Department of Health and Human Services (HHS) this week to give American companies access to health data for patients and small, consumer-focused companies could be hugely beneficial, there are not enough people to handle the data." CMS Administrator Seema Verma said "privacy and security were 'paramount' in the rules that were written."

White House Pushes Back Around Coronavirus And Tells Americans 'It's A Great Time To Go Out'

At a press conference on Sunday, some lawmakers "continued to suggest it was safe to patronize public areas amid the increase in coronavirus cases." "The things you can do, if you're healthy, you and your family, it's a great time to just go out and go to a local restaurant." Institute of Allergy and Infectious Diseases director, Dr. Anthony Fauci, explicitly expressed a desire to see a 'dramatic change in behavior.' White House Pushes Back On Fox News And Told Viewers, (Mother Jones, 3/15), Nunes Says People Should 'Go To Local Pub' Instead Of F Health Experts: "It's A Great Time To Go Out" (Slate, 3/15, Daniel Politi)

Healthcare Leaders Push For Bars And Restaurants To Close Ahead Of St. Patrick's Holiday As Partygoers Ignore Social Distancing

that consumers “have still been going out to bars across the US to celebrate St. Patrick’s Day, despite public health pandemic.” Because there has been “no guidance from the US federal government, states and cities have been left to politicians have begun calling for bars and restaurants to temporarily close in order to slow down the spread.” During the outbreak, expect more restrictions in the future.”

Poach German Scientists Working On A Cure For Coronavirus And Offered Cash So The Vaccine Would Be

Andrew Dunn)

For Business Insider that President Trump reportedly attempted “to recruit German scientists working on a cure for the virus to work for the US, according to a report which was confirmed by the German government.” The authors say “German officials offered money to lure the Germany-based company CureVac to the United States and to secure exclusive rights to a vaccine.” [Administration Offered](#) (Mother Jones, 3/15), [Biotech Company Fighting Coronavirus Shoots Down The Idea Of Reporting To Congress](#) (Mother Jones, 3/15)

Are The Fundamental Problems Of The Trump Era

For that recently, “during a House vote on the coronavirus response, Rep. Matt Gaetz wore a gas mask. By donning a gas mask, he took a position that the virus was not serious. Indeed, his wearing of the gas mask was to protect himself from the Republican Party’s spotlight onto the inadequacies of this President and his descendants, but the shadows were always there. This is not the first time about the seriousness of the issue and the unserious response is the most clarifying, and it is not just metaphorically.

A Potential National Lockdown. His Response?

That NIAID Director Dr. Anthony Fauci “said this morning on CNN’s State of the Union that – if necessary to actually stop the virus in places – he wouldn’t rule out supporting a national lockdown.” Fauci stated, “I would like to see a dramatic diminution of the virus after it takes to do that, that’s what I’d like to see.”

[The “Going To Have To Hunker Down Significantly More” In Coronavirus Fight](#) (Slate, 3/15, Daniel Politi), [Fauci Raises The Possibility Of A National Lockdown](#) (Slate, 3/15)

Saturday. But The White House Is More Upset About A Tweet.

That “on Saturday night, as images of huge crowds stuck at customs at Chicago’s O’Hare International Airport went viral, President Trump and Vice President Mike Pence.” Pritzker tweeted, “These crowds are waiting to get through customs...which is a public health risk.”

[Large Crowds Cause Massive Lines At U.S. Airports](#) (Slate, 3/15, Daniel Politi)

ception)

ints Memo that "Acting DHS secretary Chad Wolf took heat after acknowledging in a tweet early Sunday morning the outbreak." Concepcion adds that "Wolf said that Homeland Security is 'aware of the long lines' due to an increase in mail the process.'" Wolf's effort to assure "the public that help is on the way did nothing to calm social media's users reat

Pretty Well' As Grocery Stores Clear Out

ception)

ints Memo that "National Economic Council director Larry Kudlow – who asserted on cable news earlier this month that "He was "asked by CBS' Margaret Brennan Sunday morning about supply lines in light of empty shelves in grocery stores and 'yes' regarding whether he could guarantee that people will be able to stay home and feed themselves."

After Ex-Staffer Tests Positive For Coronavirus

ception)

ints Memo that "Rep. Adam Schiff (D-CA) announced Sunday morning that he is taking 'additional distancing precautions' the precautions include postponing meetings and teleworking. Schiff added a statement saying that medical professionals "the office' 10 days ago."

' From Coronavirus Outbreak

ception)

ints Memo that "Treasury Secretary Steve Mnuchin isn't sweating the possibility of an economic recession due to the outbreak right now? Because it is clear we need to get economic relief to the economy. .. And two: where are we going to be looking

Rate Zero In Historic Move Designed To Cushion Economic Blow Of Coronavirus Pandemic

at the "Federal Reserve slashed its benchmark interest rate on Sunday by a full percentage point to near zero." The moves are part of a broader government effort to ease the economic effects of the coronavirus pandemic."

Case – And May Not Open The Rest Of The School Year

that “Mayor De Blasio of New York City said public schools in the city will be closing beginning tomorrow – and may attempt to restart our schools on Monday, April 20th.”

City’s Largest Public School System To Fight Coronavirus (Talking Points Memo, 3/15)

Limiting Restaurants, Bars, And Cafes To Takeout And Delivery

that “New York City Mayor Bill de Blasio announced on Sunday night that all restaurants, bars, and cafes will be limited to takeout and delivery. The mayor said he will sign an executive order to limit public gatherings in order to prevent the virus from spreading. Restaurants, bars, and cafes must close on Tuesday morning.”

Warns Of Coronavirus Escalation

(reception)
Talking Points Memo that President Trump sought “to quell the panic that has ensued amid the coronavirus outbreak in the U.S. by encouraging people to buy in response to the outbreak,” saying, “You don’t have to buy so much. ... Take it easy, just relax.” In a statement, the president said he was “conceivable” for a “very severe” scenario to arise as coronavirus cases increase.”

Bars And Restaurants Amid Coronavirus Fears

Governors of Ohio, Illinois, and Massachusetts ordered the closure of bars and restaurants as leaders continue to push for more aggressive action. Governor “asked the state’s bars and restaurants to close but stopped short of mandating the move. Several other states have also taken similar steps.”

Or More People Be Canceled For Two Months

is urging “organizers to cancel any events that involve 50 or more people for the next eight weeks in an effort to slow the spread of the virus. The recommendations apply to any type of gathering, including conferences, festivals, parades, concerts, sporting events, and community events, and businesses.”

State For The Coronavirus Outbreak

(and Nicholas Bagley)

in the New York Times that during “his recent Oval Office speech, President Trump pledged that Americans won’t risk their lives for people who are lightly symptomatic to be tested without fear of high personal costs.” However, “it was an empty promise that could exacerbate a public health crisis that is already threatening to spiral out of control.”

Costs Is Growth In The Number Of Hospital Administrators

Every resident in Dallas, asks in his Dallas Morning News column, "If health care spending" in the US "isn't improving, where is the money "being spent on?" Data show that between "1975 and 2010, the number of physicians practicing in the US has grown over 3,000%." He says, "Inevitably, the rise in health care costs places a greater financial burden on patients, who are often the ones who pay for the services."

Launch Bond-Buying Program

In One Weekend

Coronavirus Measures

Difficult Choices On Small Businesses

Prevent Cocktail For Icy Roads

Climate Change, But Unite Against Trump

Reveals Sweeping Program To Aid Economy

Workers: "It Has All Gone To Hell"

Schools And Bars Are Shut Down

Records In Head-To-Head Debate

Coronavirus, But The Enemy Is Already Within

State?

Stops Short

Shortage Of Beds And Ventilators

Armory

Protect Measures As Cases Rise

Responding, Trump Urges Flexibility

As Paris Turn Off The Lights

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HHS Executive Summary: Monday, 16Mar20

1. HHS

Today's Noteworthy Topics:

COVID-19 (Novel Coronavirus)

As of 16Mar20, 0300ET, the CDC confirmed that presumptive positive U.S. cases of COVID-19 reached 2,839 across 50 states and D.C. with 58 deaths. Combined CDC and WHO reported global cases: 169,387; global deaths: 6,513; Countries with cases: 148. On 15Mar20 the CDC has recommended that no gatherings with 50 people or more take place for the next eight weeks.

Daily Operational Schedule:

0815 – COVID-19 Operational Update Brief
0830 – FEMA Daily Operations Brief
0900 – White House Coronavirus Sub Task Force
1100 – Grand Princess Update Call
1600 – Grand Princess Planning Coordination Call
1600 – White House COVID-19 Task Force Call

Public Health Emergency of National Significance:

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

HHS Response Status Summary:

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

Emergency Support Function (ESF) Activation:

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

Recovery Support Function (RSF) Activation:

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

HHS Deployments: (Total = 1452)

ASPR: 1082 – (9) Earthquake Puerto Rico, (1059) 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
- • * 9 (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 – Fully Mission Capable, DC; Blue – Fully Mission Capable; Gold – Fully Mission Capable

Regional IMATs: Region IV-2, TN

Significant National Weather:

Heavy rain over coastal California; impacts could include possible flooding and flash flooding. Heavy snow will produce multiple feet of snow for the Sierra Nevada; this will bring very slippery roads and when combined with gusty winds will bring whiteout conditions at times.

3. OPDIV/STAFFDIV Overnight Reports:

CDC: NSTR

FDA: NSTR

Prepared by:

Secretary's Operations Center

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As of 16Mar20, 0300ET, the CDC confirmed that presumptive positive U.S. cases of COVID-19 reached 2,839 across 50 states and D.C. with 58 deaths. Combined CDC and WHO reported global cases: 169,387; global deaths: 6,513; Countries with cases: 148. On 15Mar20 the CDC has recommended that no gatherings with 50 people or more take place for the next eight weeks.

Daily Operational Schedule:

0815 – COVID-19 Operational Update Brief
0830 – FEMA Daily Operations Brief
0900 – White House Coronavirus Sub Task Force
1100 – Grand Princess Update Call
1600 – Grand Princess Planning Coordination Call
1600 – White House COVID-19 Task Force Call

Public Health Emergency of National Significance:

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

HHS Response Status Summary:

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

Emergency Support Function (ESF) Activation:

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

Recovery Support Function (RSF) Activation:

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

HHS Deployments: (Total = 1452)

ASPR: 1082 – (9) Earthquake Puerto Rico, (1059) 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
- • * 9 (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 – Fully Mission Capable, DC; Blue – Fully Mission Capable; Gold – Fully Mission Capable

Regional IMATs: Region IV-2, TN

Significant National Weather:

Heavy rain over coastal California; impacts could include possible flooding and flash flooding. Heavy snow will produce multiple feet of snow for the Sierra Nevada; this will bring very slippery roads and when combined with gusty winds will bring whiteout conditions at times.

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
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Email: hhs.soc@hhs.gov



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Dear Dr. Adams,

I hold a patent on a mobile disinfection system that can serve as a valuable COVID-19 countermeasure. Please review and if you deem appropriate, help me to get this information to President Trump or Vice President Pence.

As cases grow, it will be paramount to be able to rapidly and significantly reduce the two key transmission mode risks before a new patient enters a room or area previously occupied by an infected patient. The power of this system coupled with the patented cross configuration airflow design would prove highly effective at quickly inactivating COVID-19 on surfaces and within the air.

A private/public partnership would allow for the fastest way to market. There is no FDA approval necessary. It is only a question of appropriate funding and rapid engineering. Please help as this can mitigate the spread of COVID-19.

Thank You,

John Flynn

Cell: (b)(6)

Begin forwarded message:

From: JOHN FLYNN <(b)(6)@icloud.com>
Subject: COVID-19 Countermeasure - URGENT
Date: March 15, 2020 at 1:00:22 PM EDT
To: Secretary@hhs.gov
Cc: Robert.Johnson@hhs.gov

Dear Secretary Azar,

I reached out to Dr. Fauci's office, who indicated that NIAID doesn't have this type of funding capability, but that I should share this information with BARDA. I did submit this to BARDA; however, they typically don't fund this type of project as they're more dedicated to testing and vaccine development.

If you deem appropriate, I am hoping that you may know of another government avenue or if there is the ability for a special request to be made as this would provide a valuable countermeasure to COVID-19.

Please find a brief slide deck that shows some pertinent studies, in addition, to why and how this system offers a unique and effective solution to help combat this problem. There is a substantial amount of supporting information; however, I realize how busy you are and as such have attempted to be both concise and data specific.

Based upon the power of the lights and the airflow design the system will achieve approximately a 4 Log10 reduction for C. difficile at a distance of 8 feet in 5 minutes. This is excellent inactivation for a spore, which means even better results for a wide variety of harmful pathogens. **Viruses are particularly more susceptible to UVC both on surfaces and in the air.**

The majority of the components used to build this system are readily available products. With appropriate funding and engineering, the government can have a valuable weapon to help fight COVID-19 in a relatively short amount of time. **Please help me fight through all of the red tape and bureaucracy as this can be extremely helpful in mitigating the spread of COVID-19. Time is of the essence.**

Kind Regards,

John Flynn

Cell: (b)(6)

Begin forwarded message:

From: JOHN FLYNN (b)(6)@icloud.com>
Subject: COVID-19 Prophylaxis - NEW STUDY
Date: March 12, 2020 at 8:27:51 AM EDT
To: Secretary@hhs.gov
Cc: Charmaine.Yoest@hhs.gov

Dear Secretary Azar,

I'm sure that you have seen this new study that was just released showing that COVID-19 can survive in the air for multiple hours and on surfaces for

days: <https://www.medrxiv.org/content/10.1101/2020.03.09.20033217v1.full.pdf>

This mobile disinfection system can serve as a valuable tool to reduce both transmission risks within the hospital setting, nursing home/LTC, dialysis centers and numerous other non-healthcare settings.

With your help we can quickly engineer this system and get it into the field to help prevent the spread of COVID-19. I hope that you or an appropriate member of your team will contact me.

Respectfully,

John Flynn

Cell: (b)(6)

Begin forwarded message:

From: JOHN FLYNN (b)(6)@icloud.com>
Subject: Patented Disinfection System - COVID-19 Prophylaxis
Date: March 11, 2020 at 11:42:20 AM EDT
To: Secretary@hhs.gov

Dear Secretary Azar,

I know that you are extremely busy, but I would respectfully urge you to take 5 mins. of your time to review the information below as I believe that I have a disruptive technology that can help prevent the spread of COVID-19.

My name is John Flynn. I previously founded a startup medical equipment company that was focused within the area of orthopedics, which I ran for twelve years. I ultimately sold the company to a public competitor, DJO Global. I have worked on different healthcare projects, but have exclusively spent the last twenty months focused on a new medical product within the area of infection prevention. **My goal was to introduce what I believe is a disruptive product to help healthcare facilities to prevent the spread of MDRO's in order to reduce HAI's/SSI's; however, I believe that it can also help to reduce the spread of Coronavirus.**

UVC (ultraviolet C-wave 254nm) disinfection systems are effective in killing these pathogens missed during the manual cleaning process. The technology is well documented in multiple peer reviewed studies. The problem is that current systems use older weaker technology, only treat surfaces and are priced so high that healthcare facilities have difficulty in adequately deploying systems on a facility wide scale. There is a growing body of evidence correlating aerosolized bacteria and HAI's/SSI's. Airborne transmission and microbes that settle out of room air are a major unaddressed problem.

I am reaching out to you as I hold a U.S. patent for a UV disinfection system with what I believe to be disruptive technology. I also believe that this system could help prevent the spread of COVID-19 in numerous healthcare and non-healthcare settings.

Patent: US 8,791,441: (Developed by a graduate of Princeton University -MS Electrical Engineering and Harvard Business School - unfortunately passed away shortly after)

Abstract: The present invention provides an ultraviolet radiation system which generates UVC radiation with maximal radiation output and little or no degradation in radiation output during operation of the lamps. The system provides UVC radiation at a wavelength of 253.7nm, which is effective to kill or deactivate pathogens on surfaces irradiated by the emitted UVC radiation and is simultaneously effective to decontaminate air which passes uniformly over the entire length of the UVC lamps. Uniformly flowing air cools the lamps to maximize the conversion efficiency of power input to the lamps to UVC radiation from the lamps, and at the same time decontaminates the flowing air such that air in the room is also decontaminated.

This is a UV disinfection system that uses air cooling to maintain ideal lamp temperature, which maximizes the conversion efficiency of power input to the lamps to UVC radiation from the lamps. This cooling also allows the ability to use spot amalgam UVC germicidal lamps in close proximity to one another. These amalgam lamps are 3-4x stronger than the typical high output low pressure mercury lamps, but they require a cooling mechanism in order to use them. The result is maximum UVC output with a shorter treatment time and a higher Log10 reduction for various pathogens such as C. difficile, MRSA, VRE, etc. **What is also critically important is that this system is the only system capable of simultaneously disinfecting both the surfaces and the air in a room in rapid fashion.**

I believe that this system can disrupt the mobile UV disinfection industry as the only system capable of rapidly decontaminating both surfaces and the air in the room. Numerous studies are now confirming the link between aerosolized bacteria and HAI's specifically SSI's. Similar studies have demonstrated airborne transmission of pathogens are a major concern for hospitals. Two of the top ten APIC (Association for Professionals in Infection Prevention and Control)

most cited articles pertain to: 1. how effective UV disinfection is at reducing colony formation on surfaces and 2. how important the transmission of airborne pathogens are and the need for procedures that can reduce the risk. Another study from APIC and AJIC released in May showed how toilet plume aerosol generation allows continual contamination of the environment with c. difficile at some distance from the toilet. The spores become suspended and presumably travel on air currents. As Ijaz et al states, “continual redistribution of microbes indoors occurs at the air-surface-air nexus.”

My system would use these powerful spot amalgam lights. It would incorporate a UVC germicidal sensor to ensure that the system is emitting the maximal UVC radiation output at all times. **The Log10 reductions for various surface pathogens including spores would be superior; however, we would also achieve very high Log10 reductions (4-5+) for a wide variety of airborne pathogens. The patent specifically notes that air is pulled from the top of the unit and is expelled in a cross flow configuration across the entire surface of the lamps. This is the most effective way to disinfect air with UVC. No other mobile system has this capability. The system would be lighter and have a smaller footprint than competitors allowing for easier incorporation into workflow. We would also incorporate the ability to wirelessly link two systems should a client choose this option for rapid disinfection. The treatment time would be 5 mins for a standard patient room or for an OR between cases. A single unit only would run for two 5 min cycles.**

Rapid treatment time is essential given the critical focus on both patient room turnover time, as well as, OR turnover time.

The system would be designed with the ability to record and upload applicable treatment data to a cloud server or any other digital dashboard platform. **It would be extremely easy to maneuver and use and it would show documented log count reductions from any independent, reputable third party lab that would exceed every standard or pulsed system on the market today.**

I have spoken with contract design firms who believe that this premium system can be designed and brought to market in 8 - 10 months. With appropriate resources and a larger dedicated team there is the potential to significantly reduce this timeline. All lab testing would also be completed. **A single unit could retail for approximately \$12,000** with a recurring annual fee of \$2500 (most manufacturers charge recurring fee's for service and reporting capability). As you may know, many UV disinfection systems currently sell for **\$50,000 - \$100,000 per system** (most are closer to \$100K) plus recurring annual fee's of \$5000 - \$12,000 per system. These include: Tru-D, Xenex, Skytron, Clorox, and Surfacide. These manufacturers have layers of added costs with respect to excess materials, previous acquisition costs, debt and third party licensing considerations that prevent them from coming anywhere near the price point we are looking at.

A hospital client could deploy over 30 of our systems to be incorporated within various protocols for medium to high risk areas for the same cost as 4 standard competitor systems.

No other system could offer better, stronger technology that simultaneously disinfects both surfaces and air for a substantially lower cost.

The value to customers would be exceptional with respect to infections prevented, ROI, brand reputation, etc. No other competitor would be able to match this system's level of surface and air disinfection with respect to Log10 reductions nor would they be able to match the price point. **The system would significantly reduce all surface pathogens and it would also significantly reduce the viability of surface microbes that settle out of room air.**

The question in healthcare today is always how can we improve patient safety, enhance the patient experience and reduce costs. This system can do exactly that. My original purpose was to offer healthcare facilities a technologically advanced system that can reduce two modes of transmission risk vs one at a price that would allow adequate facility wide deployment of the technology. I do, however, believe that this system could be used as a valuable and effective tool to fight COVID-19. The value to hospitals is clear, but I also think that this could provide a cost effective solution to nursing homes/LTC, in addition to, government agencies, schools, cruise ships, airlines, prisons, etc.

I set out to develop a better solution as a result of personal experience. I have been just starting to speak with investors and have a quote from a large engineering development firm that estimates costs at \$450,000 - \$800,000. This is not a concept as the most important element of these systems are lamp irradiance and also in our case the patented airflow design.

I am reaching out to you to see if HHS and/or other agencies would have an interest in aiding with funding and resources in order to get this system to market in the most expeditious fashion. With appropriate government resources this system could be available within months. Certainly there are no magic bullets to stop the spread of COVID-19; however, this system could absolutely help to reduce the spread if incorporated into specific protocols by being able to rapidly and simultaneously disinfect both surfaces and air within a room. If you could provide any help, I would greatly appreciate your assistance as I'm confident these systems could help in a variety of settings.

Respectfully,

John Flynn

Cell: (b)(6)

Sender:	JOHN FLYNN (b)(6) @icloud.com>
Recipient:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Sent Date:	2020/03/16 07:31:01
Delivered Date:	2020/03/16 07:31:30

From:	Secretary Scheduler (OS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=6801B3307D554C04B245714132602E16-SECRETARY S>
To:	AMA2 (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c145629cc8ac4858bf1f0ce5dd0461dc-AMA2!>; Apple, Matthew (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b2d31099399446eab9bfff69d52880932-Apple, Matt>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>; Puesan, Cesar (HHS/OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1704b662180d4631b7b64cb17de301cd-Puesan Juar>; 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=464729cc8a584516adbbbc50d76a94a8-Tignor, Bet>; Grigsby, Garrett (HHS/OS/OGA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7cd78b4810d44b17b8711aaede9a9023-Grigsby, Gl>; Zebley, Kyle (HHS/OS/OGA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b81a0e4749994f969ff1063b9a3a0b1f-Zebley, Kyl>; Schaeffer, Alison (HHS/OS/OGA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=30155c8f69a54072b7c83fc623a43c4c-Schaeffer, A>; Kopolow, Aimee (OS/OGA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=988130f0d42f4f0cb7883c236dd60686-Kopolow, Ai>; Smith, Christopher (HHS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user5746400f>; Schmoyer, Michael (OS/ONS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user57698e56>; Wolfe, Mitchell (CDC/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6c55922ecc204695b2997a088fc5a9bc-mitchell.wo>; Blandford, John (CDC/DDPHSIS/CGH/DGHT) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=84f0f4895b8b4b9c896dc7a62a1e341d-Blandford,>; MacArthur, John R. (CDC/DDPHSIS/CGH/DGHP) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e4de45eebee246738fedf240cfb14d1b-MacArthur,>; Fauci, Anthony (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau>; Conrad, Patricia (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3793ae43a1744d8f8aa56b600c0c975b-patricia.co>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Elvander, Erika (OS/OGA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ac87c0ec2d2741a69764e52f6cb4ca95-Elvander, E>; Ford-Barnes, Arwenithia (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d533abc24cbe44b79f6fddc6b08737a6-Ford-Barnes>; Marston, Hilary (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=93be476c17024bbcbcb5b44add01fe6a8-hilary.mars>
Subject:	AMA Video Call with Member States of the Association of Southeast Asian Nations (ASEAN).
Date:	2020/03/16 08:32:11
Start Date:	2020/03/18 08:00:00
End Date:	2020/03/18 09:00:00
Priority:	Normal
Type:	Schedule.Meeting.Request
Location:	615-F
Attendees:	AMA2 (OS/IOS); Apple, Matthew (HHS/IOS); Harrison, Brian (HHS/IOS); Mango, Paul (HHS/IOS); Puesan, Cesar (HHS/OS/IOS); Stecker, Judy (OS/IOS); Tignor, Beth (HHS/IOS); Garrett Grigsby (HHS/OS/OGA) (Garrett.Grigsby@hhs.gov); Kyle Zebley (HHS/OS/OGA) (Kyle.Zebley@hhs.gov); Schaeffer, Alison (HHS/OS/OGA); Kopolow, Aimee (OS/OGA); Smith, Christopher (HHS/ASPA) (Christopher.Smith@HHS.GOV); Schmoyer, Michael (OS/ONS); Wolfe, Mitchell (CDC/OD); Blandford, John (CDC/DDPHSIS/CGH/DGHT); MacArthur, John R. (CDC/DDPHSIS/CGH/DGHP); Fauci, Anthony (NIH/NIAID) [E]; Conrad, Patricia (NIH/NIAID) [E]; Kadlec, Robert (OS/ASPR/IO) (Robert.Kadlec@hhs.gov); Elvander, Erika (OS/OGA); Ford-Barnes, Arwenithia (OS/ASPR/IO); Marston, Hilary (NIH/NIAID) [E]

Passcodes:

Leader (b)(6)

Participant (b)(6)

Dial in numbers*:
Country

Local/Toll Number
Freephone/Toll Free Number

USA

(b)(6)

Topic: Video teleconference with health ministers and senior health representatives of Member States of the Association of Southeast Asian Nations (ASEAN).

Objectives: Introductory meeting with ASEAN Member States (AMS); share US domestic and global positions on COVID-19 preparation and response; enquire how HHS can support AMS COVID-19 efforts

AMA's Role: To talk to AMS health ministers and senior representatives; co-chair discussion between AMS senior health representatives and HHS senior health representatives with AMS co-chair (TBD: Vietnam, Laos, or Cambodia)

Project Lead (IOS Senior Staff): Brian Harrison

Working Project Lead (Name, Cell and email): Kyle Zebley, 202-815-6991, Kyle.Zebley@hhs.gov<mailto:Kyle.Zebley@hhs.gov>

Is Conference Call Line needed? Yes

Who will initiate the conference call? Erika Elvander

Who will provide Briefing materials? Office of Global Affairs

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

Schedule Request Justification:

AMS are regionally at the center of the COVID-19 global outbreak. They have met with China and the EU to solicit and share information on outbreak preparedness and response. Engagement with ASEAN on COVID-19 is a priority of the NSC as well as HHS.

Sender:	Secretary Scheduler (OS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=6801B3307D554C04B245714132602E16-SECRETARY S>
Recipient:	AMA2 (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c145629cc8ac4858bf1f0ce5dd0461dc-AMA2!>; Apple, Matthew (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group

	(FYDIBOHF23SPDLT)/cn=Recipients/cn=b2d31099399446eab9bff69d52880932-Apple, Matt>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>; Puesan, Cesar (HHS/OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1704b662180d4631b7b64cb17de301cd-Puesan Juar>; 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>; Grigsby, Garrett (HHS/OS/OGA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7cd78b4810d44b17b8711aaede9a9023-Grigsby, Gl>; Zebbley, Kyle (HHS/OS/OGA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b81a0e4749994f969ff1063b9a3a0b1f-Zebbley, Kyl>; Schaeffer, Alison (HHS/OS/OGA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=30155c8f69a54072b7c83fc623a43c4c-Schaefer, A>; Kopolow, Aimee (OS/OGA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=988130f0d42f4f0cb7883c236dd60686-Kopolow, Ai>; Smith, Christopher (HHS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user5746400f>; Schmoyer, Michael (OS/ONS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user57698e56>; Wolfe, Mitchell (CDC/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6c55922ecc204695b2997a088fc5a9bc-mitchell.wo>; Blandford, John (CDC/DDPHSIS/CGH/DGHT) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=84f0f4895b8b4b9c896dc7a62a1e341d-Blandford,>; MacArthur, John R. (CDC/DDPHSIS/CGH/DGHP) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e4de45eebee246738fedf240cfb14d1b-MacArthur,>; Fauci, Anthony (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau>; Conrad, Patricia (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3793ae43a1744d8f8aa56b600c0c975b-patricia.co>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Elvander, Erika (OS/OGA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ac87c0ec2d2741a69764e52f6cb4ca95-Elvander, E>; Ford-Barnes, Arwenithia (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d533abc24cbe44b79f6fddc6b08737a6-Ford-Barnes>; Marston, Hilary (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=93be476c17024bbcb5b44add01fe6a8-hilary.mars>
Sent Date:	2020/03/16 08:32:07
Delivered Date:	2020/03/16 08:32:11

From:	Kadlec, Robert (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A182EDA693D040D3832BAE6EFCF7A255-KADLEC, ROB>
To:	Van Gieson, Eric <eric.vangieson@darpa.mil>; mvcallaham@mgh.harvard.edu </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=20f0e9a3ebeb4ef99d30a96386fb2627-Guest_945f5>
CC:	Jay Schnitzer <jschnitzer@mitre.org>; Geoff Ling MD <(b)(6)@gmail.com>
Subject:	RE: SAVE
Date:	2020/03/16 08:45:00
Priority:	Normal
Type:	Note

Please appreciated and asap if possible

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

From: Van Gieson, Eric <eric.vangieson@darpa.mil>
Sent: Monday, March 16, 2020 8:45 AM
To: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; (b)(6)@mgh.harvard.edu
Cc: Jay Schnitzer <jschnitzer@mitre.org>; Geoff Ling MD <(b)(6)@gmail.com>
Subject: RE: SAVE

Michael and Geoff have more background knowledge that I do. I'm trying to dig up information as Peter is briefing a distinguished visitor tomorrow and is seeking info on the status of this legacy DARPA effort. I will share what I find out with you and your team.

Eric

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

From: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Sent: Monday, March 16, 2020 8:41 AM
To: Van Gieson, Eric <eric.vangieson@darpa.mil>; (b)(6)@mgh.harvard.edu
Cc: Jay Schnitzer <jschnitzer@mitre.org>; Geoff Ling MD <(b)(6)@gmail.com>
Subject: RE: SAVE
Importance: High

What do you guys know about this company and product?

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

From: Van Gieson, Eric <eric.vangieson@darpa.mil>
Sent: Monday, March 16, 2020 8:23 AM
To: James Evans <jdevans@automedx.biz>; (b)(6)@mgh.harvard.edu
Cc: Jay Schnitzer <jschnitzer@mitre.org>; Geoff Ling MD <(b)(6)@gmail.com>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Subject: RE: SAVE

James

Can you clarify if automedx systems can have the power and O2 concentrations needed for COVID-19 patients and, if not, are you modifying them to account for this? Also, what is the path forward with Google? How many units is Google purchasing and what other resources are they offering?

Finally, do you have a single slide that can explain your path forward at a HIGH level?

Thanks
Eric

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

From: James Evans <jdevans@automedx.biz>
Sent: Sunday, March 15, 2020 11:58 PM
To: Callahan, Michael V., M.D. <(b)(6)@mgh.harvard.edu>
Cc: Jay Schnitzer <jschnitzer@mitre.org>; Van Gieson, Eric <eric.vangieson@darpa.mil>; Geoff Ling MD <(b)(6)@gmail.com>; Bob Kadlec <robert.kadlec@hhs.gov>

Subject: Re: SAVE

Understood.

Google has been an amazing partner. Very impressive group of change makers.

James Evans
President & CEO
AutoMedx

(O) 972.586.7501
(F) 972.408.4177
xxx.automedx.com <hxxp://xxx.automedx.com>

On Mar 15, 2020, at 10:31 PM, Callahan, Michael V., M.D. (b)(6)@mgh.harvard.edu
<mailto:(b)(6)@mgh.harvard.edu> > wrote:

James,

thank you for your prompt reply.

Please note that this is a close hold correspondence and that this inquiry in no part conveys a commitment of the USG to fund any activities. T

That said, your encouraging reply and mention of our partner Google have prompted me to add Jay Schnitzer of MITRE to the list.

From: James Evans <jdevans@automedx.biz <mailto:jdevans@automedx.biz> >
Sent: Sunday, March 15, 2020 11:25 PM
To: Callahan, Michael V., M.D. (b)(6)@mgh.harvard.edu <mailto:(b)(6)@mgh.harvard.edu> >
Cc: Eric Van Gieson <eric.vangieson@darpa.mil <mailto:eric.vangieson@darpa.mil> >; Geoff Ling MD <(b)(6)@gmail.com <mailto:(b)(6)@gmail.com> >; Bob Kadlec <robert.kadlec@hhs.gov <mailto:robert.kadlec@hhs.gov> >
Subject: Re: SAVE

External Email - Use Caution

Hi,

It's great to hear from you Dr Callahan and it's a pleasure to meet you Dr Gieson.

Thank you for your note. We have been working around the clock with our friends at Google and their supply chain folks to ramp production to 100,000 ventilators. The plan is to exhaust the capacity of the current contract manufacturer which we think is 500 per week and in parallel setup mfr with a large company like flextronics.

I am available 24/7. Please let me know when you'd like to chat. My cell is (b)(6)

Thank you.

James Evans
President & CEO

(O) 972.586.7501
(F) 972.408.4177
xxx.automedx.com <hxxp://xxx.automedx.com>

On Mar 15, 2020, at 10:01 PM, Callahan, Michael V., M.D. <(b)(6)@mgh.harvard.edu>
<mailto:(b)(6)@mgh.harvard.edu> wrote:

James

Long time!

DARPA has questions about the current generation SAVE. We are having trouble with compressor driven battery operated vents for scales up VSNF. Dr Ling and the ASPR are cc-d. Please reply soonest to Dr Van Gieson.

Michael

Michael Callahan MD MSPH DTM&H, DMCC (UK)
Director, Mass-Casualty Infection Operations
Vaccine & Immunotherapy Center
Massachusetts General Hospital
Boston, MA

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

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Sender:	Kadlec, Robert (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A182EDA693D040D3832BAE6EFCF7A255-KADLEC, ROB>
Recipient:	Van Gieson, Eric <eric.vangieson@darpa.mil>; (b)(6)@mgh.harvard.edu </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=20f0e9a3ebeb4ef99d30a96386fb2627-Guest_945f5>; Jay Schnitzer <jschnitzer@mitre.org>; Geoff Ling MD <(b)(6)@gmail.com>
Sent Date:	2020/03/16 08:45:49
Delivered Date:	2020/03/16 08:45:00

From:	White House: Office of the Vice President <info@mail.whitehouse.gov>
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	VP DAILY GUIDANCE AND PRESS SCHEDULE FOR MONDAY, MARCH 16, 2020
Date:	2020/03/16 09:16:52
Priority:	Normal
Type:	Note

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The White House

Office of the Vice President

FOR IMMEDIATE RELEASE

March 16, 2020

DAILY GUIDANCE AND PRESS SCHEDULE FOR MONDAY, MARCH 16, 2020

EDT

9:00 AM THE VICE PRESIDENT leads a White House Coronavirus Task Force meeting

Roosevelt Room

Closed Press

11:30 AM THE VICE PRESIDENT joins THE PRESIDENT for a video teleconference with Governors on partnership to prepare and respond to COVID-19

Situation Room

Closed Press

12:30 PM THE VICE PRESIDENT joins THE PRESIDENT for lunch

Private Dining Room

Closed Press

Briefing Schedule

3:30 PM Members of the Coronavirus Task Force hold a press briefing

James S. Brady Briefing Room

On Camera

###

[Unsubscribe](#)

The White House · 1600 Pennsylvania Ave NW · Washington, DC 20500-0003 · USA · 202-456-1111

Sender:	White House: Office of the Vice President <info@mail.whitehouse.gov>
Recipient:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Sent Date:	2020/03/16 09:15:54
Delivered Date:	2020/03/16 09:16:52

From:	James Thomas (b)(6)@usa.net>
To:	Hunt, Michie (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1dd06aa20d5c4e6999fc6e5aca147932-michie.hunt>; Ashley, Donald (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=51983358cd724f39848461c19b6c425f-donald.ashl>; Lenihan, Keagan (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3cd1b7aba9034ddb936017780583af7d-keagan.leni>; Lee, Amy (FDA/CDER) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=95683f41b2e44735b7404895e43756b6-amy.lee.fda>; Demske, Gregory E (OIG/OCIG) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bc2e07eb4b074476a47dde8675ed97db-gregory.dem>
CC:	Stephen E. Broden (b)(6)@mac.com>; (b)(6)@aol.com>; (b)(6)@gmail.com>
Subject:	Re: Covid -19 Vaccine- Fraud and Abuse; Removal of Safe Harbor Protection for Rebates Involving Prescription Pharmaceuticals and Creation of New Safe Harbor HHS 2019-01026 - Black Pastors and Black Healthcare Coalition
Date:	2020/03/16 09:21:21
Priority:	Normal
Type:	Note

Dear Michie Hunt and Attorney Richard Ashley, Gregory Demske, et al,

We now have evidence that of the kickbacks between the hospital CEOs and GPOs. Please request the contracts between and among the GPOs and other organizations.

We are now nearing a state of panic in the USA that is not necessary and will be counterproductive to isolate those away from necessary medications and help. We wish you the best and encourage each one of you to speak with your personal independent physician urgently. Trying to get these low cost generics meds readily available will be difficult if there is limited ability to move about and even help the elderly. Inaction or lockdown will preferentially kill the vulnerable elderly.

70% or more of the United States population has likely already been or will be exposed or infected with Covid-19 virus. There is no shame. Treatment in its early phase of infection with low dose Hydroxychloroquine/ Plaquenil seems to have overnight anecdotal symptom improvement as below. Many physicians, lawmakers and members of the judiciary recognize this possibility and have already started taking low dose hydroxychloroquine themselves. It is suggested that a low dose Hydroxychloroquine regimen be considered by a patient and their independent physician as an early treatment possibility, even long before the test is positive which could take 20-30 days or more after initial exposure and long before severe symptoms occur.

A 7 pill (6 week) and 14 pill (8 week) very low dose 200mg Hydroxychloroquine regimens are outlined within the document for consideration as a very early treatment considerations which do not preclude other treatment options. **It is up to a patient and their individual physician to decide how they should utilize this medication which is already FDA approved for over 70 years for other indications at much higher doses.**

Intravenous Remdesivir over 10 days does not seem to be an early treatment option but may be a late infection option if a patient and their physician insist on waiting as much as 30 or more days until the Covid-19 test is positive before treating.

How bad is it going to look when we find that congressmen, members of the judiciary and physicians all began this low dose regimen of hydroxychloroquine and locked their patients and people of the United

States in their houses to die... already infected with the virus to get sick enough to only be helped by Gilead and Joe Grogan's Remdesivir.

<https://protect2.fireeye.com/url?k=1fc197c1-43949ed2-1fc1a6fe-0cc47adb5650-abf96da7b51c160c&u=https://1drv.ms/w/s!Akio3mRvXSI0mC1kpvgFpGqMJ5M6>

Good Luck, and may the God (of Abraham Isaac and Jacob) protect us all.

Kind Regards,

Jim Thomas

(b)(6) @usa.net

(b)(6)

From: James Thomas (b)(6) @usa.net>

Date: Thursday, March 5, 2020 at 6:31 PM

To: "Hunt, Michie" <Michie.Hunt@fda.hhs.gov>, "Ashley, Donald" <Donald.Ashley@fda.hhs.gov>, "Lenihan, Keagan" <Keagan.Lenihan@fda.hhs.gov>, "Lee, Amy" <Amy.Lee@fda.hhs.gov>, <Gregory.Demske@oig.hhs.gov>

Cc: "Stephen E. Broden" (b)(6) @mac.com>, (b)(6) @aol.com" (b)(6) @aol.com>, (b)(6) @gmail.com>

Subject: Re: Covid -19 Vaccine- Fraud and Abuse; Removal of Safe Harbor Protection for Rebates Involving Prescription Pharmaceuticals and Creation of New Safe Harbor HHS 2019-01026 - Black Pastors and Black Healthcare Coalition

Dear Michie Hunt and Attorney Richard Ashley, Gregory Demske, et al,

It looks like chloroquin stops Covid 19-

Can we make Chloroquin in the United States? What is the effective formulation

<https://www.ncbi.nlm.nih.gov/m/pubmed/32074550/>



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[↓ Full text](#)

Breakthrough: Chloroquine phosphate has shown apparent efficacy in treatment of COVID-19 associated pneumonia in clinical studies.

Gao J, et al. Biosci Trends. 2020.

[Show full citation](#)

Abstract

The coronavirus disease 2019 (COVID-19) virus is spreading rapidly, and scientists are endeavoring to discover drugs for its efficacious treatment in China. Chloroquine phosphate, an old drug for treatment of malaria, is shown to have apparent efficacy and acceptable safety against COVID-19 associated pneumonia in multicenter clinical trials conducted in China. The drug is recommended to be included in the next version of the Guidelines for the Prevention, Diagnosis, and Treatment of Pneumonia Caused by COVID-19 issued by the National Health Commission of the People's Republic of China for treatment of COVID-19 infection in larger populations in the future.

Kind Regards,

Jim Thomas

(b)(6)@usa.net

(b)(6)

From: James Thomas (b)(6)@usa.net>

Date: Tuesday, March 3, 2020 at 2:49 PM

To: "Hunt, Michie" <Michie.Hunt@fda.hhs.gov>, "Ashley, Donald"

<Donald.Ashley@fda.hhs.gov>, "Lenihan, Keagan" <Keagan.Lenihan@fda.hhs.gov>, "Lee, Amy *" <Amy.Lee@fda.hhs.gov>, <Gregory.Demske@oig.hhs.gov>

Cc: "Stephen E. Broden" (b)(6)@mac.com, (b)(6)@aol.com"

(b)(6)@aol.com>, (b)(6)@gmail.com>

Subject: Covid -19 Vaccine- Fraud and Abuse; Removal of Safe Harbor Protection for Rebates Involving Prescription Pharmaceuticals and Creation of New Safe Harbor HHS 2019-01026 - Black Pastors and Black Healthcare Coalition

Dear Michie Hunt and Attorney Richard Ashley, Gregory Demske, et al,

You must be in fear like we are, that our supply chain and secret contracts between and among GPO's, PBMs, Hospitals, Hospital CEOs and Pharmaceutical Manufacturers, Media companies and others have caused a national security crisis. Corona virus deaths and damage will be amplified by the supply chain disruptions caused by critical medications being sourced in China and the root cause, the secret kickback contracts and lack of oversight of these contracts. These deaths could have been avoided if you/we act quickly. Perhaps the answer includes implementing a vaccine in a few month timeframe and implementing other changes suggested for consideration below.

1. • The CBO needs the “Secret contracts” and the White House Must be informed.
 - a. • We can no longer pretend that HHS- OIG is not allowed to request the contracts.
 - b. • Note that the GPO GNYHA (Greater New York Hospital Association) and perhaps Lee Perelman and Jill Abramson has been stopping the NYTimes and others from writing about this issue until GNYHA sold out to Premier. This may be partisan politics.
 - c. • The CBO must no longer pretend that they do not understand the anticompetitive practices caused by the secret contracts and how stopping the kickbacks will improve competition and reduce high prices significantly as well as decrease the US dependence on sole source generic producers.
 - d. • Please be aware that that the Media(Television, Print and digital) are the final beneficiary of the money moving from the GPO’s/PBM’s to the Senators/Congressmen’s campaigns to the Media.
2. • The Department of Justice should consider stopping prosecution of the Generic Manufacturers who are closing up shop in the United States. Teva, Mylan Mallinckrodt and others. The remaining generic manufacturers were colluding to remain afloat to combat the pricing schemes of the GPO/Hospital racketeering that result from the secret contracts that are supposed to be overseen by the HHS -OIG. Blame the GPO’s and PBM’s rather than those manufacturing medications in the USA. 80% of generic medication active ingredients are made in China and this is now an National Security Issue- no longer a threat.
3. • Please mandate quality transparency in our medications. It is the FDA and the that failed the people of the United States by not telling them(and the DOD) their medications often contained carcinogens and did not contain the correct amount of active ingredient and production cannot be overseen by the FDA adequately. The FDA and perhaps Amerisource Bergan failed to tell the Department of Defense about the origin of their medication precursors being foreign corporations and foreign governments.
4. • We ask that you contact the companies that have made successful vaccines that have no downside risk, no risk of harm such as Inovio Medical. Inovio made a DNA vaccine in 3hrs yet perhaps the FDA requires testing that will take months/years. You know there is no downside, no risk of traditional vaccines and no adjuvants and no refrigeration needed. So why delay? Inovio uses electroporation (device) rather than adjuvants like aluminum and has no egg albumin etc. Inovio can begin vaccination very quickly, Inovio can scale up us manufacturing very fast and safely. Please move quickly. Once again the FDA has the opportunity to prevent a catastrophe.
5. • We understand that the congressmen and senators may have purchased shares of the mRNA vaccine Stock, Moderna, prior to announcement that they would be chosen to get government funding but their product may be far inferior to the Inovio vaccine product. The mRNA vaccine candidate requires refrigeration with liquid nitrogen and has to be made into lipid nanoparticles with liver effects and costs many times more per dose. Please reveal any conflicts of interest and when they occurred.
6. • We need to show the world “why” this is happening, why we had our medical supply chain dependent upon China with large kickbacks and “why” select companies were allowed to have sole source contracts for so many years. It comes down to money and keeping those who make the money for the congressmen and senators (stock ownership increases their personal wealth) and campaign contributions from the PBMs and GPO’s that keep Congress from repealing the safe harbor. (See Zeke Emanuel Statement)
 - a. • Those Senators and Congressmen who comply get rich and re-elected
 - b. • Perhaps Senatorial and Congressional or even White House staffers are paid by these organizations or think tanks sponsored by such organizations.

- c. • Please beware of Joseph Grogan and Theo Merkel in the White House- they may not be acting in the interests of We the People of the United States of America.
 - d. • Please watch this video including Senator Blumenthal detailing issues.
 - i. <https://www.c-span.org/video/?c4817234/user-clip-gpo-question-sen-blumenthal>
 - ii. GPOs buying exclusivity.
7. • If for no other reason, we need to act because this is preferentially harming the Black community, a protected class.
- a. • Insulin patent given away- yet price of insulin remains high.
 - b. • Shortages of Mag sulfate, bupivacaine, Pitocin and other meds needed to treat Pre-eclampsia
 - c. • CVS taking over primary care with low cost generic “providers” getting paid as if they were Physicians and steering care to that which benefits CVS reimbursement rather than the patient.
8. • Please let the new director of the FDA know; he should be aware of Inovio since MD Anderson did not have access to the HPV vaccine in 2018 while he was there. Instead of directing a patient to an institution participating in the AZ/Inovio trial, MD Anderson just radiated the patient’s throat cancer and then asked Inovio to be part of the trial after the patient was sent away and no longer qualified for the trail because of the radiation. The patient died, bled to death when his carotid artery ruptured because of the radiation. Now MD Anderson is part of the Inovio trail at their own request- unheard of for an institution to request to be part of a trail. Too late for the patient and his family.
9. • Please let the hospitals and others know if Ultraviolet light kills the Covid-19 virus and that the hospitals need to sterilize rooms and air ducts etc with Ultraviolet light.
10. • Please emphasize the long incubation period and how we need to take universal precautions now.... No handshaking, no sharing cups/chalice (Churches must be warned and need to take on same responsibilities as food service industry) , cleaning surfaces with ultraviolet light, isolating potential contacts for longer than 2 weeks and more.

We need to know how or if the FDA or HHS has passed on the information we have given to you in the past. **Please document how or if you informed the Department of Defense or White House after we passed information about this National Security Threat on 9 April 2019 that is now a potential reality.**

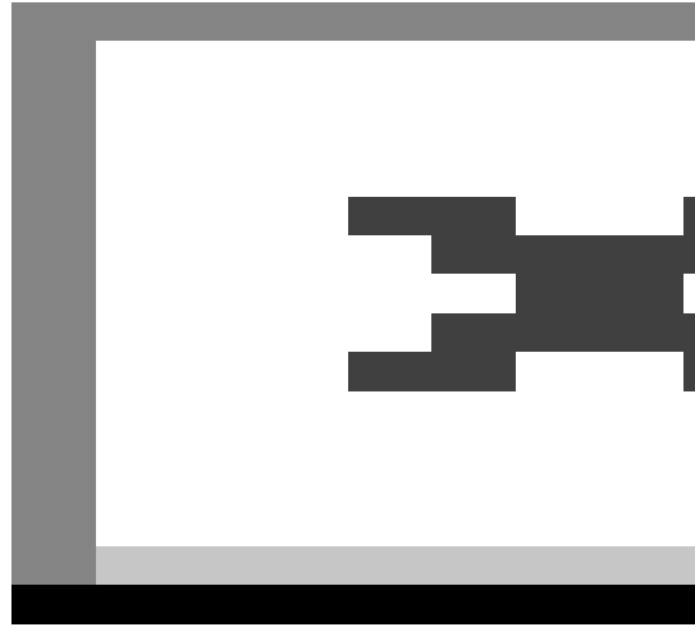
Please tell us who you are passing this information and if you are not, please suggest who we should communicate with regarding each of these topics to those who can and are willing to make a timely difference. We are patriots and not suicidal. We ask that anyone in this email chain who has “dual citizenship” or “dual allegiances” declare them and recuse themselves. We look forward to and work toward transparency in medication quality for We the People of the United States. Perhaps anyone who is working against the interest of the USA should be considered a domestic or foreign enemy. We remain grateful for your help on this pressing issue and on behalf of myself and others, offer you,

Kind Regards,

Jim Thomas

(b)(6) [@usa.net](mailto:JimThomas@usa.net)

(b)(6)



cid:image001.jpg@01D5F16A.E8F511A0

From: James Thomas (b)(6)@usa.net>

Date: Tuesday, December 10, 2019 at 6:34 PM

To: "Hunt, Michie" <Michie.Hunt@fda.hhs.gov>, "Ashley, Donald" <Donald.Ashley@fda.hhs.gov>, "Lenihan, Keagan" <Keagan.Lenihan@fda.hhs.gov>, "Lee, Amy" <Amy.Lee@fda.hhs.gov>

Cc: "Stephen E. Broden" (b)(6)@mac.com>, (b)(6)@aol.com" (b)(6)@aol.com>, (b)(6)@gmail.com>

Subject: Re: Fraud and Abuse; Removal of Safe Harbor Protection for Rebates Involving

Prescription Pharmaceuticals and Creation of New Safe Harbor HHS 2019-01026 - Black Pastors and Black Healthcare Coalition

Dear Dr. Michie Hunt and Attorney Richard Ashley et al,

Thank you for your help. Since last communication we have made some progress on the issue of the looming National Security Threat. It seems when we, the Physicians and Black Pastors along with the Black Healthcare Coalition warned the FDA about the National Security Risk on April 9th, 2019, the FDA may or may not have notified the Department of Defense(DOD) nor the Joint Chiefs of Staff about the United States inability to make the antidote to anthrax and other critical medications within the United States.

The Physicians, Black Pastors and Black Healthcare Coalition and others, including a knowledgeable author on the subject may or may not have notified the DOD and others directly as well, and after giving the DOD lead time. Now Physicians around the country have been working toward making the American public aware of this important National Security issue. The FDA's report on drug shortages was very disheartening, for the FDA did not elucidate the existence of the secret contracts between GPO's /PBM's and manufacturers as well as hospitals as the root cause of the shortages and sole or limited source contracting. We are a country of laws and as such our laws and regulations have created the drug shortages. We know just as the FAA has imbedded people who have allegiances to Boeing imbedded in their organization so does the FDA and HHS have imbedded people who have allegiances to other entities such as the PBMs, GPO's, hospitals and health insurance companies as well as other entities that benefit financially from the high prices and limited suppliers and even from cheap generic precursors made in China that cost little but are sold for high prices and great profits through the "Sharebacks".

Next is the problem of disinformation that is going on by the GPO's and PBM's who are attacking the Medication manufacturers.

It is not "Big Pharma" that is the source of the problems. It is the GPOs (Group Purchasing Organizations) and PBM(pharmacy Benefit Manager) middle men, Hospitals and Insurance companies that make billions yet manufacture nothing and do so through the legalized kickbacks or sharebacks via contract law.

<https://duckduckgo.com/?q=nomiddlemen.org+gpo&t=hr&iar=videos&iax=videos&ia=videos&iai=aQhsPLcFwN8>

All should be aware that it is the GPOs and PBMs and the lack of actual oversight by HHS OIG over their secret contracts that govern the kickbacks and sole source/limited source contracting is the root cause of the kickbacks/ sharebacks that divert money from manufacturers willing to make medications in the United States to these middlemen. It seems those who have been assigned to this task from the FDA are by and large pharmacists rather than economists and Dr. Michie Hunt's background may be critical in making the FDA as well as HHS aware, of the contracts and the pricing and quality issues they are creating. If you do not tell HHS and ask the HHS- OIG to exposed the secret contracts then there will be more problems going forward.

<https://healthpolicy.duke.edu/events/drug-shortage-task-force>
you can see it here. At 7hrs and 44min into the discussion...

2 minute excerpt can be found here:

https://protect2.fireeye.com/url?k=b27cc983-ee29c090-b27cf8bc-0cc47adb5650-ff95d774141097d5&u=https://www.dropbox.com/s/mt7ub1ml9tjdrps/IMG_8952.mov?dl=0

These secret contracts are indeed the root cause of a national security issue; the United States cannot make critical medications in the United States including but not limited to Ciprofloxacin and Doxycycline, the antidote to anthrax. Please ask for the contracts; as Mr. Todd Ebert says they have never been requested. We humbly request that the Department of Defense as well as the department of Justice and Anti-Trust divisions of the US Government and or those who would oversee Racketeering issues, encourage the FDA and HHS to request the contracts and perform their fiduciary responsibility.

The Senators know:

Questions from Sen. Richard Blumenthal (D-CT) on anticompetitive GPO practices, Justice Department Antitrust chief Makan Delrahim said that because of the Medicare anti-kickback safe harbor, "...some of these GPOs are buying exclusivity at the risk of innovation, at the risk of cost, at the risk of lives of patients": WATCH the C-Span Video: <https://www.c-span.org/video/?c4817234/user-clip-gpo-question-sen-blumenthal>

Zeke Emanuel knows: he said (at the Wharton 50th anniversary of LDI) that the reason we have GPO's and PBM's is to fund senatorial and congressional campaigns both at a federal and state level. Paraphrasing..."Campaigns cost millions as you are finding and the PBMs and GPO's contribute to those campaigns." ... as do those who make money from the GPO's ie the Hospital Association.. both HAP(Hospital Association of PA) and AHA(American Hospital Association) as well as the PBM's such as CVS/Caremark.

The hospital's know: Hospitals own the GPO's and their CEO's get kickbacks directly from the GPO's. The hospitals are part of the problem. The hospital kickbacks are the part of the reason for the shortages and high prices. They may not even tell patients that medications are in shortage at their hospital and the GPOs may preferentially harm smaller hospitals so they will go bankrupt. (Hospital bankruptcy's are happening now) Big hospitals seem to comply with the GPO practice. See excerpt from article below:

"As a member-driven enterprise, it is common knowledge that Premier and other GPOs "share back" with their members and owners. In fact, many hospital executives who are part of the Premier alliance have learned to rely on that share back as an integral part of their annual compensation."source: Healthcare Matters Thomas Finn - July 22, 2013 6:45 AM Question: since hospital CEO's benefit from GPO purchasing decisions are they fiduciaries for the hospital patients? We know the Attorney Generals are fiduciaries for the people of the state with regard to Non-profits so have they investigated?.

<https://nebula.wsimg.com/09cac886d7a44b22d0e78cef17f1c4ee?AccessKeyId=62BC662C928C06F7384C&disposition=0&alloworigin=1>

Everyone seems to know yet the FDA and HHS desire to but are being prevented by "insiders" or imbedded people perhaps in the upper echelons of their organizations from requesting the contracts... Why?

We are now cautioning HHS and the FDA that the contracts must be revealed urgently in order to stop the GPO's/PBMs and Senators from proposing a solution that will further undermine the National Security of the United States and the ability to have cost effective and safe pharmaceutical markets.

Senator Collins from Maine and Senator Tina Smith have seemingly teamed up with Premier, a GPO who's contracts and sharebacks/kickbacks are part of the real root cause of the drug shortages. Perhaps Premier and other GPO's and PBM's should not be entrusted to be the "solution".

The National Security risk is now public information as is the fact that wild boars in the DMZ between North Korea and south may be perhaps biological weapons and biological delivery from one Korea to another or just a random event..... wild boars infected with swine flu. Note that transparency in the contents of our medications is important as well. Let's work toward transparency so that we can regain the trust of the American people with regard to our medications and kickback oversight as the root cause of our medications being made in china and containing carcinogens.

<https://protect2.fireeye.com/url?k=c04a72b1-9c1f7ba2-c04a438e-0cc47adb5650-fff07e2c818319d5&u=https://www.dailynk.com/english/around-1000-asf-infected-pigs-die-pyongyang-sources-report/>

<https://www.livescience.com/pigs-blood-stream-african-swine-fever.html>

<https://www.telegraph.co.uk/news/2019/10/14/south-korea-deploys-snipers-thermal-vision-drones-kill-infected/>

This loss of pork, which is 80% of the protein intake of North Korea will likely cause dire straits because of the US economic Sanctions. Perhaps our pork supply is plentiful and hopefully safer. We also need to use our pigs to make heparin within the United States rather than getting our Heparin from China; Heparin is made using Pig products such as intestines and it is believed that currently the US gets their heparin from China and it is in shortage.

Please let us know if we Physicians, Pastors, members of the Black Healthcare Coalition and Patriots can be of service as we stay ahead of this growing threat. The sooner the secret contracts are revealed the faster the Department of Defense and others can react to this National Security Crisis. Please consider recommending that the new OIG of HHS, request the secret contracts as soon as possible. If you do not the fictitious high prices of medications and the stranglehold the GPO's and PBMs and now Insurance companies like Aetna and Cigna who are in the scheme having purchased PBM's themselves.

Once again, because of the attacks on our computers and other issues, if the medication shortages and deaths, as well as our national security weakness is all planned by the FDA and HHS, hospitals senators and congressmen and others to support campaign financing as outlined by Zeke Emanuel, then please let us know so that we can stop trying to bring this to light and stop asking for HHS to investigate the secret contracts governing the kickbacks. Please keep in mind that the high prices of Insulin, and Daraprim among many others and the scarcity of magnesium sulfate, bupivacaine and Pitocin and other medications preferentially affects Black Americans and other protected classes. Thanks again for your kindness and grateful for your help on this issue.

Kind Regards,

Jim Thomas

From: James Thomas (b)(6)@usa.net

To: among others:

Shamsuddin, Samir * <Samir.Shamsuddin@fda.hhs.gov>; Lenihan, Keagan <Keagan.Lenihan@fda.hhs.gov>; Ashley, Donald <Donald.Ashley@fda.hhs.gov>; Hunt, Michie <Michie.Hunt@fda.hhs.gov>; Lee, Amy * <Amy.Lee@fda.hhs.gov>

Date: Tuesday, April 9, 2019 at 8:26 PM

Subject: Re: Fraud and Abuse; Removal of Safe Harbor Protection for Rebates Involving Prescription Pharmaceuticals and Creation of New Safe Harbor Docket No. FDA-2018-N-3272: Identifying the Root Causes of Drug Shortages and Finding - Black Pastors and Black Healthcare Coalition

It seems that many Physicians who work late hours; some could not post to the website. Please forward our comments to Secretary Azar.

Many physicians have had computer issues, email issues, telephone issues and other issues.

Please note that this is likely an issue of National Security and all who are thwarting the Physicians and Pastors from rectifying this issue should perhaps be considered Domestic Enemies of the United States for the following reasons;

1. • Antidote to anthrax, the ingredients in ciprofloxacin or other medication precursors like doxycycline are no longer made in the United States and if the USA is attacked with we have some stockpiles for military but we have reason to believe we cannot make the precursors for our citizens. We can detail why this is critical if the US is attacked utilizing biological warfare. China may not want North Korea to use nuclear weapons, China may want them to use biologicals or even Opioids/synthetic opioids to kill the people of the United States if there is war.
2. • The antidote to Opioids is not Naloxone, it is Buprenorphine in a long acting form and must be induced shortly after giving Narcan or will send patient into chemical withdrawal. Fake rehab centers just use useless cognitive therapy that the LDI of Wharton School has proven does not work. Medically Assisted Therapy (MAT) ie timely Buprenorphine induction and longterm medical buprenorphine like sublocade or probupherine treatment is mandatory. These fake rehab centers who do not offer MAT profit handsomely from new laws that give them unlimited Medicaid funding and kickback money for legislators via campaign donations from this new source of money, unlimited Medicaid dollars. The largest recent increase is death from opioids is black males.
3. • Carcinogens in generic medications made in China and India and no option of generics made in the United States free of carcinogens or sustainably sourced.
4. • The HHS- IG (Daniel Levinson) having the fiduciary responsibility of oversight of the "Secret Contracts" but the office of Inspector General has never not ever requested these contracts for review of why we have medication shortages. He has not requested any of the "secret

contracts" of the medications that are in shortage and not requested the "Secret Contracts" of Oxycontin, one of the few medications that has never been on shortage.

Some have suggested Daniel Best may have been killed rather than have committed suicide and his death should possibly be investigated as a National Security Issue as well. So unlikely to commit suicide at 5:45 am and blunt force trauma is difficult to self inflict.

We are Patriots as well as Pastors and Physicians who work tirelessly for our congregations, patients and for the safety of the United States citizens. Some of us are members of the military and work to support and defend the Constitution of the United States of America. Those who have known about the reason for the medication scarcity and high prices may not have the best interest of the United States in mind. It is rumored that XXXXXXXXXX father was a member of the Israel intelligence agency, HaMossad leModi in uletafkidim or "Mosssad". Dr. clearly knows the reason for the PBMs and GPO's financial prowess through high prices of cheap generics and low cost poor quality medications is campaign financing.

If all this medication scarcity and death of Black Americans is in keeping with the mission of the Constitution of the United States and the mission of HHS and FDA then please let us know so we can stop trying to solve this issue. We don't want to be targeted. If we are mistaken, please let us know and we will stop.

If it is a National Security issue, please consider supporting us, providing us secure channels of communication, and making anyone who is tampering with our computers or is aware of this National Security issue(Inability to produce critical antibiotic precursors in the United States), if indeed it is. Those responsible and who knew about this issue(including those tampering with our computers) and did nothing should be held accountable as a potential foreign or domestic enemies of the United States of America.

Please consider and let us know.

Kind Regards,

LCDR Flight Surgeon, USNR(I)

From: James Thomas (b)(6)@usa.net>

Date: Monday, April 15, 2019 at 3:48 PM

To: "Hunt, Michie" <Michie.Hunt@fda.hhs.gov>, "Ashley, Donald" <Donald.Ashley@fda.hhs.gov>, "Lenihan, Keagan" <Keagan.Lenihan@fda.hhs.gov>, "Lee, Amy" <Amy.Lee@fda.hhs.gov>

Cc: "Stephen E. Broden" (b)(6)@mac.com>, (b)(6)@aol.com"

(b)(6)@aol.com>, (b)(6)@gmail.com>

Subject: Fraud and Abuse; Removal of Safe Harbor Protection for Rebates Involving Prescription

Pharmaceuticals and Creation of New Safe Harbor HHS 2019-01026 - Black Pastors and Black Healthcare Coalition

Dear Dr. Hunt,

Thank you for the kindness of your reply. Perhaps the header of this email should have been changed to the above and included HHS 2019-01026.

Here's the comment

link: <https://www.federalregister.gov/documents/2019/02/06/2019-01026/fraud-and-abuse-removal-of-safe-harbor-protection-for-rebates-involving-prescription-pharmaceuticals>

Comments on this issue of Safe Harbor and the Secret Contracts that delineate the kickbacks/safe harbor, were due by April 8 2019 at midnight, not January 11 2019 and many could not add their comments to the above link as we could not, on behalf of Pastors Broden, Childress and Short, the Black Pastors and the Black Healthcare Coalition as the below correspondence was authorized to be posted but was not uploaded by the website. We tried for many hours, right up until the close of the comment period and that is why within a few minutes you were emailed as well as Seema Verma at . 12:02 am on 9 April 2019 to be precise. We are sorry to have failed the people we represent on this important issue.

Is there someone at HHS that might be amenable to adding these comments? We tried diligently and these comments, especially noting that HHS-OIG who is resigning, seems to have had the fiduciary responsibility all along although he has never requested the contracts in his 15+ years on the job. This issue not only disproportionately affects Black Americans but likely has **National Security** implications; it is very important to get this information to HHS- Secretary Azar and others.

If you would be so kind, please consider forwarding so that HHS might take the submission because of the documented glitch in the system. We hope you see the value of our comments and selfless dedication of the Pastors and Physicians as well as Patients who support transparency on this issue of quality, price, cost of inputs and availability of medications as well as the safety and security of all of us, ... We the People of the United States of America.

Thanks for your consideration, and thanks for all your help. We are all very grateful for your time and dedication.

Kind Regards,

LCDR Jim Thomas, MD MBA

(b)(6) @usa.net
(b)(6)

From: "Hunt, Michie" <Michie.Hunt@fda.hhs.gov>
Date: Monday, April 15, 2019 at 1:48 PM
To: James Thomas <(b)(6)@usa.net>
Cc: "Ashley, Donald" <Donald.Ashley@fda.hhs.gov>, "Lenihan, Keagan" <Keagan.Lenihan@fda.hhs.gov>, "Lee, Amy *" <Amy.Lee@fda.hhs.gov>
Subject: RE: Fraud and Abuse; Removal of Safe Harbor Protection for Rebates Involving Prescription Pharmaceuticals and Creation of New Safe Harbor Docket No. FDA-2018-N-3272: Identifying the Root Causes of Drug Shortages and Finding - Black Pastors and Black H...

Dear Mr. Thomas,

The reason your comments will not upload to the website is that the docket is closed. As explained in the [Federal Register Notice](#) announcing the public meeting on drug shortages that we held last November, the docket was open until January 11, 2019. It is customary that, whenever we solicit public comments, we open a docket for a set period of time: often 60 days, though in this case the docket was open much longer. Once it closes, we generally do not accept further comments and electronic submissions will not upload.

Best regards,

Michie I. Hunt, Ph.D., M.B.A.
Program Manager, Agency Drug Shortages Task Force

Center for Drug Evaluation and Research
Office of Executive Programs
U.S. Food and Drug Administration
Tel: 301 796 3504
michie.hunt@fda.hhs.gov



[cid:image001.png@01D1C57E.DFA022A0](#)

From: James Thomas (b)(6)@usa.net>

Sent: Tuesday, April 09, 2019 12:03 AM

To: Lee, Amy * <Amy.Lee@fda.hhs.gov>; Hunt, Michie <Michie.Hunt@fda.hhs.gov>; Ashley, Donald <Donald.Ashley@fda.hhs.gov>; Lenihan, Keagan <Keagan.Lenihan@fda.hhs.gov>; Shamsuddin, Samir * <Samir.Shamsuddin@fda.hhs.gov>; Verma, Seema (CMS) <Seema.Verma@cms.hhs.gov>

Subject: Re: Fraud and Abuse; Removal of Safe Harbor Protection for Rebates Involving Prescription Pharmaceuticals and Creation of New Safe Harbor Docket No. FDA-2018-N-3272: Identifying the Root Causes of Drug Shortages and Finding - Black Pastors and Black H...

Dear Dr. Hunt, Amy and Mr.Ashley,

My comments would not upload to the website. Therefore please submit the ones sent to you earlier today as below. It seems there has been some interference in the website.

Kind Regards,

Jim Thomas

(b)(6)@usa.net

(b)(6)

From: James Thomas (b)(6)@usa.net>

Date: Monday, April 8, 2019 at 4:32 PM

To: "Lee, Amy *" <Amy.Lee@fda.hhs.gov>, "Hunt, Michie" <Michie.Hunt@fda.hhs.gov>, "Ashley, Donald" <Donald.Ashley@fda.hhs.gov>, "Lenihan, Keagan" <Keagan.Lenihan@fda.hhs.gov>, "Shamsuddin, Samir *" <Samir.Shamsuddin@fda.hhs.gov>, <Seema.Verma@cms.hhs.gov>

Cc: "Stephen E. Broden" (b)(6)@mac.com>, (b)(6)@aol.com"

(b)(6)@aol.com>, (b)(6)@gmail.com>

Subject: Fraud and Abuse; Removal of Safe Harbor Protection for Rebates Involving Prescription Pharmaceuticals and Creation of New Safe Harbor Docket No. FDA-2018-N-3272: Identifying the Root Causes of Drug Shortages and Finding - Black Pastors and Black Healthcare Coalition

Dear Mr. Ashley, Dr. Hunt, et al,

This Message has been approved in its preliminary form by Pastor Broden, Rev. Childress and Dr. Short on Behalf of the Black Healthcare Coalition. If there are corrections needed we will modify. Please let us know.

Fraud and Abuse; Removal of Safe Harbor Protection for Rebates Involving Prescription Pharmaceuticals and Creation of New Safe Harbor Protection for Certain Point-of-Sale Reductions in Price on Prescription Pharmaceuticals and Certain Pharmacy Benefit Manager Service Fees

More safe harbors mean more lack of transparency. Focus Should be on GPO's not PBM's. The PBM's are now Insurance companies like Cigna and Aetna and others.

It is very important that each and every State Attorney General be notified that HHS Inspector General has the fiduciary responsibility to oversee the Secret Contracts between the GPO's (PBM's/ Now

Insurance companies) and the Medication Manufacturers. Although HHS has the ability and responsibility to oversee these Secret Contracts that outline the kickbacks that created the shortages of even generic medications, HHS IG has not requested these contracts... not ever! Deaths among Black Americans affected by these shortages is apparent in New Jersey where it has become a nationally known that perhaps Black New Jerseyans' peri-Maternal mortality exceeds that of some undeveloped countries. The Attorney General of NJ should be insisting on seeing the secret contracts themselves as should the Black Americans who seem to be disproportionately affected and let's hope citizens of protected classes such as Black Americans are not being targeted by the GPO's and Insurance Companies, the entities formerly known as PBM's. Note that Diovan that contains carcinogen NDMA and others, has been lauded as a medication that should be given to Black Americans above all others for Hypertension yet it contains carcinogens. We conclude that a starting dose of valsartan/hydrochlorothiazide (160/12.5 mg) is as effective as high-dose amlodipine (10 mg) in reducing blood pressure in blacks with stage 1 and stage 2 hypertension, and valsartan/hydrochlorothiazide is better tolerated.(Hypertension. 2005;46:508-513.

Noninferiority study says give Diovan or Valsartan to Black Americans!

The State Attorney Generals should consider listing the names of the CEO's of the GPO's, Insurance companies, government Attorneys and even perhaps Zeke Emanuel, who knew about this scheme to make the US Government and American people pay high prices for cheap generics sometimes even containing carcinogens perhaps to fund Legislators campaigns. Since this is may be fraud, similar to the fraud that was committed when the Sackler family bribed the FDA and said Oxycontin was not as addictive as other medications, perhaps the "corporate veil" can be pierced and their CEOs and anyone, including academicians, who knew about this scheme, could perhaps be held personally responsible for the deaths and morbidity and even pay reparations for such actions and inaction. Just like the Sackler's art collections may be used to make reparations to the millions of people they harmed, so could perhaps the millions of dollars these GPOs and Insurance Companies and their CEOs made be used for reparations to the people they harmed. Perhaps the US Government has a claim as well, the Government has paid high prices for cheap generics when the real cost of input materials for these medications, especially generics, is low. Is the Health and Human Services IG, Mr. Levinson, aware that he has the ability to request these secret contracts and never asked for them, at least not yet. We ask that the Attorneys please help the Physicians protect our patients, the People of the United States of America. The US Citizens are willing to pay a bit more for organic food, just think how much more they would be willing to pay for medications that don't contain any carcinogens, are made in the United States and/or perhaps even "Organic" or contain sustainably/reliably sourced ingredients.

The Non-Profit academic institutions and Medical Societies also may have a role in this and the **Attorney Generals of the States as well as the US Attorney General have the obligation to oversee all Non-profit organizations** from the Universities and hospitals/ healthcare networks that own GPOs to Foundations. If they are using Non-profits for partisan politics and even to get themselves elected is this a problem?

Note that "Insulin for Free" is not the answer. That scheme is like Medicare for all will keep the secret high prices in place and guarantee high profits for CVS's Larry Merlo and tax exempt Hospitals and GPO's and others while increasing our US citizens taxes to pay for high priced cheap junk generics made in China or India. Instead we need transparency in quality and cost of inputs and pricing to allow citizens to benefit from a free market and innovation.

The US Citizens need to be told that CMS's plan is to pay CVS lots of money! CVS is going to get paid more per hour for having a Nurse or Phys Assistant in a minute clinic see a simple (level2) patient than a

Physician seeing a complex (level4) patient in their office that takes far more time. And all the liability may be transferred to physicians via contract law. An 80yr old granny see a man or woman in a long coat called "Doctor" and assumes they are a Physician when in reality they may be a Nurse Practitioner or Phys Assistant with a "Doctorate" that has had a fraction of the training and experience of a Physician. Will those nurses and Assistants employed by CVS be told what to prescribe?

Please consider looking into if CVS or other GPO's or PBM/Insurance company combos has ties to officials at CMS. The new payment scheme does not make logical sense unless designed specifically to enrich CVS and bankrupt Independent Physicians.

Please consider asking Dr. Scott Gottlieb and Daniel Levinson to remain and perform their fiduciary responsibility prior to quitting. They should not take a job or pay from GPO's or the AHIP or Insurance companies or "Think Tanks" or academic institutions or hospitals that are funded directly or indirectly by this scheme of kickbacks to PBM/Insurance companies and GPO's.

[https://en.m.wikipedia.org/wiki/America's Health Insurance Plans](https://en.m.wikipedia.org/wiki/America's_Health_Insurance_Plans)

AHIP is interesting

Problems at the FDA and HHS are documented and longstanding

<https://protect2.fireeye.com/url?k=f9a48785-a5f18e96-f9a4b6ba-0cc47adb5650-281988be7716968d&u=https://www.whistleblowers.org/wp-content/uploads/2018/11/letter2presidentobama.pdf>

and so how do we know HHS never asked for the secret contracts??? The FDA and Todd Ebert confirmed FDA/HHS never asked for the contracts....he said it directly at the hearing in Nov 2018 Run by Duke Margolis

<https://healthpolicy.duke.edu/events/drug-shortage-task-force>
you can see it here. At 7hrs and 44min into the discussion...

and in this article search Inspector or HHS-IG and see how they never asked. It is not a movie, just a searchable text of the GAO hearing document that outlines the fact that HHS-IG is the one who has never requested the secret contracts or "Killer Contracts" between GPOs and their "slaves", the medication and device manufacturers.

<https://protect2.fireeye.com/url?k=c07ef609-9c2bff1a-c07ec736-0cc47adb5650-4c797e04358d6991&u=http://www.puncturemovie.com/wp-content/themes/Romix/pdfs/group-purchasing-government-accountability.pdf>

the text is searchable- please consider searching for Inspector or OIG

GPOs are subject to certain federal laws that HHS, DOJ, and FTC are responsible for enforcing. According to HHS Office of Inspector General (HHS-OIG) officials, since 2004, the office has not routinely exercised its authority to request and review disclosures related to GPOs' contract administrative fees, but it has collected information on GPOs' contract administrative fees while conducting audits of hospitals' cost reports. While HHS-OIG is responsible for enforcing the Anti-Kickback statute, the law and regulation do not require routine monitoring of GPO written agreements and disclosures.

HHS, DOJ, and FTC Have Overseen Aspects of GPO Activities According to HHS-OIG officials, since 2004, the office has not routinely exercised its authority to request and review disclosures related to GPOs' contract administrative fees, but it has collected information on GPOs' contract administrative fees while conducting audits of hospitals' cost reports.

the FDA has known corruption exists for years and even wrote to Pres Obama

<https://protect2.fireeye.com/url?k=04582c10-580d2503-04581d2f-0cc47adb5650-f0f5d9df36498605&u=https://www.whistleblowers.org/wp-content/uploads/2018/11/letter2presidentobama.pdf>

Can FDA Attorneys, directors and HHS IGs abruptly quit and leave without being held accountable?

The FDA and HHS should be supportive: The FDA and HHS asked Physicians why we had drug shortages and we are telling them.... The FDA should not harm us for bringing this to light, for they asked Pastors and Physicians to do so.

Some of our pastors and physicians may have had their computers hacked and their email addresses allegedly “tagged” on the “Dark web” or other entity. We Pastors and Physicians may need protections as we move toward **transparency in cost of inputs for medications, price of medications and the varying quality of medications. Only with transparency in Cost of making a product, Pricing of a product (which should be based on cost of inputs) and Quality variability of products can we ask the American people to make decisions on price they are willing to pay for each product.**

The people of the United States of America deserve to know that the Drug shortages and deaths of their loved ones have and are caused by the Secret Contracts and the HHS- IG should not just turn tail and run but should take his fiduciary responsibility seriously and reveal every secret contract for each medication that has ever been in shortage and for Oxycontin that has never been in shortage. Let’s investigate in an open and transparent way.

We are not suicidal and hope we will not be killed; we are, just as you all are, very dedicated to transparency, truth, justice and high quality healthcare for all: We the People of the United States of America.

Kind Regards,

Jim Thomas

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Recipient:	Hunt, Michie (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1dd06aa20d5c4e6999fc6e5aca147932-michie.hunt>; Ashley, Donald (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=51983358cd724f39848461c19b6c425f-donald.ashl>; Lenihan, Keagan (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group

	(FYDIBOHF23SPDLT)/cn=Recipients/cn=3cd1b7aba9034ddb936017780583af7d-keagan.leni>; Lee, Amy (FDA/CDER) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=95683f41b2e44735b7404895e43756b6-amy.lee.fda>; Demske, Gregory E (OIG/OCIG) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bc2e07eb4b074476a47dde8675ed97db-gregory.dem>; Stephen E. Broden <(b)(6)@mac.com>; (b)(6)@aol.com>; (b)(6)@gmail.com>
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