



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

December 7, 2022

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

Dear Mr. Evers:

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

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

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

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

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

Government Officials

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

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

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

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

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

~~vii. SARS~~

~~viii. Epidemic~~

~~ix. Pandemic~~

~~x. Outbreak~~

~~xi. "Public Health Emergency"~~

-

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

~~viii. Isolation~~

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

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

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

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

~~xiii. Containment~~

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

- i. Disease
- ii. Virus

The Department processed **402 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 **269 pages** to you in their entirety and I am further releasing in part **98 pages**, with portions redacted, pursuant to Exemptions (b)(3), (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 **35 pages** should be sent for consultation to others and returned to this Department for final disposition.

FOIA exemption (b)(3) permits the withholding of records which are specifically prohibited from disclosure by statutes other than the FOIA. (Sec. 702 of the Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019).

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

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

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

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

Sincerely yours,



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

Enclosure(s)

From:	Secretary Scheduler (OS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=6801B3307D554C04B245714132602E16-SECRETARY S>
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Subject:	Canceled: AMA Video Call with Member States of the Association of Southeast Asian Nations (ASEAN).
Date:	2020/03/04 10:29:47
Start Date:	2020/03/18 08:00:00
End Date:	2020/03/18 09:00:00
Importance:	High
Priority:	Urgent
Type:	Appointment
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, (b)(6) 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>
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Sent Date:	2020/03/16 09:34:44
Delivered Date:	2020/03/04 10:29:47

From:	Sherman, Jennifer (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F30FE7FAE664419FA654B20EDCCB1E78-SHERMAN, JE>
To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Schwartz, Erica (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=603e84a0e3744a5d8dcbd759f5dcad91-Schwartz, E>; Wright, Janet (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=41f672e2527b4f44891fb4f8e08cdfd-Wright, Jan>; Dulaigh, Joel (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02b15e96dc484db29682c1d336e63441-Dulaigh, Jo>
Subject:	FW: Surgeon general trumpets coronavirus efforts but warns 'we are not an authoritarian nation'
Date:	2020/03/16 09:49:31
Priority:	Normal
Type:	Note

Sir, FYI on this write up from politico.

From: POLITICO Pro Health Care <politicoemail@politicopro.com>
Sent: Monday, March 16, 2020 9:42 AM
To: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Subject: Surgeon general trumpets coronavirus efforts but warns 'we are not an authoritarian nation'

Surgeon general trumpets coronavirus efforts but warns 'we are not an authoritarian nation'

By Quint Forgey

03/16/2020 09:40 AM EDT

Surgeon General Jerome Adams on Monday defended the administration's more forceful federal guidance aimed at countering the coronavirus pandemic but warned that the United States is not an "authoritarian nation" that can stamp out the public health crisis without state and local involvement.

"We are not an authoritarian nation, so we have to be careful when we say, 'Let's do what China did, let's do what South Korea did,'" Adams said during an interview on "Fox & Friends," lumping South Korea's democratic republic together with China's unelected communist government.

"A lot of our public health authority lies in the state and local level, and I have worked for a local health department and a state health department," Adams continued. "And what we're seeing now is that these state and local health departments are saying, 'Give us guidance. Give us more cover. We want you to come in and tell us what we should be doing to protect ourselves.'"

The remarks from the surgeon general come after a flurry of new actions by the administration in recent days meant to head off the coronavirus' rapid spread within the U.S., including President Donald Trump's declaration Friday of a national emergency and a recommendation Sunday from

the CDC to cancel or postpone all gatherings nationwide of at least 50 people for the next eight weeks.

Adams said Monday that those measures were taken in response to the U.S. reaching a “critical inflection point” in its fight against the coronavirus, which has spawned more than 3,700 reported positive cases across 49 states and resulted in at least 69 deaths, according to data from Johns Hopkins University. Because of limited testing capacity, experts agree the real number of infected Americans is much higher.

“People, we are where Italy was two weeks ago in terms of our numbers, and we have a choice to make as a nation: Do we want to go the direction of South Korea, and really be aggressive and lower our mortality rates, or do we want to go the direction of Italy?” Adams said.

“And when you look at the projections, there’s every chance that we could be Italy, but there’s every hope that we will be South Korea,” he added.

Although Adams said he could not offer a “specific time” when Americans could return to normalcy and discontinue preventative steps such as social distancing, he again hailed the response efforts of Chinese officials — whose authoritarian, communist regime has shown signs of effectiveness in halting the coronavirus’ spread.

“China really leaned into this, and we saw that it was about a couple months that they were able to see cases go down significantly. Same thing in South Korea,” Adams said. “We’re hopeful that if we lean into this, then maybe in about six to eight weeks, we’ll get over the majority of the pain, we will have flattened the curve, and we can start to slowly get back to life as normal.”

To view online:

<https://protect2.fireeye.com/url?k=73ebee2c-2fbee7fc-73ebdf13-0cc47a6a52de-5e850c22f5860e37&u=https://subscriber.politicopro.com/health-care/article/2020/03/surgeon-general-trumpets-coronavirus-efforts-but-warns-we-are-not-an-authoritarian-nation-1895311>

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Sender:	Sherman, Jennifer (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F30FE7FAE664419FA654B20EDCCB1E78-SHERMAN, JE>
Recipient:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Schwartz, Erica (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=603e84a0e3744a5d8dcdb759f5dcad91-Schwartz, E>; Wright, Janet (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=41f672e2527b4f44891fb4fbe08cdfdf-Wright, Jan>; Dulaigh, Joel (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02b15e96dc484db29682c1d336e63441-Dulaigh, Jo>
Sent Date:	2020/03/16 09:49:30
Delivered Date:	2020/03/16 09:49:31

From:	James Evans <jdevans@automedx.biz>
To:	Van Gieson, Eric <eric.vangieson@darpa.mil>
CC:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.p (FYDIBOHF23SPDLT)/cn=Recipients/cn=20f0e9a3ebeb4ef99d30a96386fb2627-Guest_945f5>; Jay Schnitzer <jschnitzer@mitre.org>; Geoff Ling MD (b)(6)@gmail.com>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	Re: SAVE
Date:	2020/03/16 10:02:09
Priority:	Normal
Type:	Note

Hi Eric,

The SAVe II accumulates low pressure O2 in a reservoir and delivers it to the patient during the next breath. By adjusting the flow of the low pressure oxygen you control the FIO2 to the patient. In the Operator's Manual we provide the below table. Most adults will have a minute volume of approximately 6 LPM. So 3 LPM of low pressure O2 would deliver 59% FIO2, 5 LPM would be 87%, etc. Here is a 3 minute overview of how to setup the SAVe II. At 1:45 in the video I demonstrate how to connect the O2 reservoir.

<https://www.youtube.com/watch?v=T0Wfiw4OaGc>

Google has a global sourcing team that is helping us procure the components we need. They are looking at writing a big check (which would be a loan) to procure the raw materials. They are also talking to their manufacturing partners that are capable of building 100,000 units. They don't want to buy or sell ventilators...at least not yet. But they're basically helping us with everything else.

I've attached an Operator's Manual and Highlevel Overview

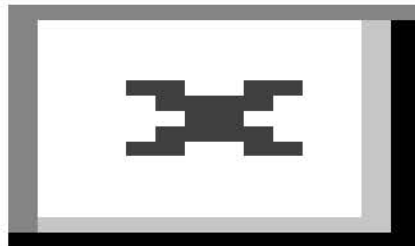


image.png

Please feel free to call me anytime.

James
703-894-7607

On Mon, Mar 16, 2020 at 7:23 AM Van Gieson, Eric <eric.vangieson@darpa.mil>wrote:
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 <hxxxp://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](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 <[hxxxp://xxx.automedx.com](http://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](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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Sent Date:	2020/03/16 10:00:03
Delivered Date:	2020/03/16 10:02:09

From:	Phillips, Sally (OS/ASPR/SPPR) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=5D6CE8134846423CB83B5B28464EDB60-PHILLIPS, S>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
CC:	Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>
Subject:	FW: Ventilators
Date:	2020/03/16 10:13:18
Importance:	High
Priority:	Urgent
Type:	Note

I assume this has been provided to you and that the SNS has relationships with them. But if you are prioritizing CEO conversations this is a potential list.

Sally Phillips, R.N., Ph.D.

Deputy Assistant Secretary

Director, Office of Incident Command and Control (Acting)

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

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

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

o. (202) 260-1383 | m. (b)(6)

sally.phillips@hhs.gov | www.phe.gov

From: Evans, Catherine (OS/ASPR/SPPR) (CTR) <Catherine.Evans@hhs.gov>

Sent: Monday, March 16, 2020 10:09 AM

To: Hrdina, Chad (OS/ASPR/SPPR) <Chad.Hrdina@hhs.gov>; Phillips, Sally (OS/ASPR/SPPR) <Sally.Phillips@hhs.gov>

Subject: RE: Ventilators

Hi Sally and Chad,

See below for a list of ventilator manufacturers broken out by domestic and international. Companies with an * represent the major players holding a disproportionately large global share on ventilator production. Note this does not necessarily mean they are a top producer of ICU, adult ventilators appropriate for COVID-19. This information came from a Market Analysis published in 2016 by RnR Market Research with full report found [here](#). I have validated the list with recent news reports mentioning manufacturers contacted by governments to ramp up production.

The global ventilators market is segmented based on product type, age group, interface, mode, and end user. Based on product type, the ventilators market is segmented into intensive care ventilators and

portable/transportable ventilators. Based on age group, the ventilators market is segmented into adult/pediatric ventilators and neonatal/infant ventilators. The global ventilators market is consolidated at the top with 5 companies accounting for more than half of the global market share.

US:

- Ventec Life Systems (indicates issues with source materiel)
- *Medtronic (Puritan Bennett Brand) (US and Ireland)
- GE Healthcare
- Allied Healthcare
- *ResMed Inc.
- *Becton, Dickinson and Company
- *Teleflex Incorporated

Europe:

- *Hamilton Medical AG (Switzerland)
- Getinge (Sweden)
- Drägerwerk (Germany)
- *Smiths Group plc (U.K)
- *Philips Healthcare (Netherlands)
- Siare Engineering (Italy, only producing for Italy)

Of note: most parts are proprietary so manufacturers are not competing for source materiel supplies but parts cannot be used in other systems if a one part of the supplier/manufacturer diode is compromised.

Let me know if you need more information on a specific company or category of ventilator.

Respectfully,

Catherine Evans, MPH (CTR)

Management Analyst, Public Health, Aveshka Inc.

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

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

Division of Requirements

Health and Human Services (DHHS)

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

Office: (202) 730-8641 Mobile: (b)(6)

catherine.evans@hhs.gov

From: Hrdina, Chad (OS/ASPR/SPPR) <Chad.Hrdina@hhs.gov>

Sent: Monday, March 16, 2020 9:31 AM

To: Evans, Catherine (OS/ASPR/SPPR) (CTR) <Catherine.Evans@hhs.gov>
Subject: FW: Ventilators

See below.

Very Respectfully,

Chad

Chad M. Hrdina, MS, GC-WMD, EMT, notary public
Director, Division of Requirements
Office of the Assistant Secretary for Preparedness and Response
Office of Strategy, Policy, Planning, and Requirements

HEALTH AND HUMAN SERVICES | O'Neill House Office Building | 200 C Street SW | Washington, DC 20515
(202) 205-3510
www.phe.gov | [REMM](#) | [CHEMM](#)

From: Phillips, Sally (OS/ASPR/SPPR) <Sally.Phillips@hhs.gov>
Sent: Monday, March 16, 2020 9:26 AM
To: Hrdina, Chad (OS/ASPR/SPPR) <Chad.Hrdina@hhs.gov>
Cc: Borden, Cheryl Ann (OS/ASPR/SPPR) <Cherylann.Borden@hhs.gov>
Subject: Ventilators

Who besides Hillrom makes ventilators? Can anyone get this to me today?

Sally Phillips, R.N., Ph.D.
Deputy Assistant Secretary
Director, Office of Incident Command and Control (Acting)
Director, Office of Strategy, Policy, Planning, and Requirements (SPPR)
Office of the Assistant Secretary for Preparedness and Response (ASPR)

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o. (202) 260-1383 | m. (b)(6)
sally.phillips@hhs.gov | www.phe.gov

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	(FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>
Sent Date:	2020/03/16 10:13:16
Delivered Date:	2020/03/16 10:13:18

From:	GOVERNING Daily <newsletters@governing.com>
To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Subject:	Pandemic Provides Defining Moment for Government Leaders
Date:	2020/03/16 10:22:39
Priority:	Normal
Type:	Note



FEATURED STORY FOR MARCH 16, 2020

Pandemic Provides Defining Moment for Government Leaders

Governors and mayors don't run for office with the intention of managing emergencies. But when a crisis strikes, they become the public face of government response and need to be ready to communicate accurately and calmly.

[READ MORE](#)

CONTENT PROVIDED BY SALESFORCE

A Government Leaders Book of Best Practices

Learn best practices from departments and agencies who are modernizing services, transforming the mission, and meeting the demands of today's digital era.

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NEWS

Seattle Coronavirus Care: Short in Staff, Supplies and Space

At ground zero of America's coronavirus outbreak, Seattle is overwhelmed by patients needing care. Social distancing and persistent hand washing is no longer enough. "The next step is to start thinking about alternate care systems."

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OPINION

How Restructured Public Education Could Better Serve Everyone

Once the urgency of the coronavirus-caused school hiatus passes, the hard work of equity-informed education reform will still need to be addressed. Our current system fails to prepare too many students for the competencies that are needed in today's and tomorrow's workplace. We need to rethink our approach to funding, curricula and governance.

[READ MORE](#)

NEWS

Iowa SOS Provides \$1M for Cybersecurity Ahead of Elections

Iowa's Secretary of State wants a final check of the state's election systems before the November vote. While the state has a very strong elections foundation, "We need to bolster our cybermaturity."

[READ MORE](#)

NEWS

Should Facebook Unlock Encrypted Messages for a Warrant?

Hennepin, Minn., investigator requested the encrypted Facebook messages of a criminal suspect via warrant. Many are concerned about whether Facebook should release the messages or if that would compromise privacy.

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NEWS

Honey, I Forgot the Kids (in the 2010 Census Count)

The most undercounted group in the 2010 Census was children under the age of 5. If North Carolina had accurately counted its children in 2010, some think the state would have already gained a 14th seat in Congress.

[READ MORE](#)

CONTENT PROVIDED BY SALESFORCE

A Citizen-First Case Management Strategy

Hear how the City of Palm Coast Florida uses a cloud platform to

manage citizen services from intake to analytics and gain their best practices for developing a citizen first case management strategy.

[REGISTER](#)

WHO SAID THAT?

“If you were in charge of Federal response to the Pandemic what would your recommendation be. Please only serious responses.”

[MORE QUOTES](#)

NEWS IN NUMBERS

Nearly 40%

The proportion market loss that bitcoin endured last Thursday in response to coronavirus fears. Known for its high volatility, Thursday’s loss was the largest daily loss in nearly seven years for the cryptocurrency.

[MORE NUMBERS](#)

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Sender:	GOVERNING Daily <newsletters@governing.com>
Recipient:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Sent Date:	2020/03/16 10:21:28
Delivered Date:	2020/03/16 10:22:39

From:	Americans for Limited Government <media@limitgov.org>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	The U.S. economy will weather the Chinese coronavirus
Date:	2020/03/16 10:30:34
Priority:	Normal
Type:	Note



6

March 16, 2020

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The U.S. economy will weather the Chinese coronavirus

President Donald Trump has declared a national emergency on March 13 as millions of Americans, especially older Americans, will be weathering the outbreak inside, only venturing out for groceries and largely working from home. Massive stockpiling of food and medicine is already occurring nationwide. Expect an uptick in retail spending in the first quarter of 2020. Any such spending surge, however, will surely be offset by slowdowns elsewhere by affected industries across the country amid the uncertainty. Over the next month, as drive-thru testing becomes more widely available via the public-private partnerships being undertaken by the Trump administration, a lot will be learned about the extent of the virus' spread. Expect a jump in new cases and more turmoil so long as the number of new cases rises. But eventually, the number of new cases whether owing to a flattening of the curve or warmer weather will drop, and that could catalyze a massive bounce both on markets as well as economically as millions of Americans are able to

begin participating in the labor force again. The U.S. economy is the largest in the world with a 50-year low of unemployment, and thanks to the success of the past three years of cutting taxes, regulations and crafting better trade deals, and with your own efforts to mitigate the risk of the virus by following CDC guidelines, we will all weather this storm together.

Video: Sanctuary Cities, Who's On Board? Rep. Nunes Gets an Award and Biden the Nominee? Good Lord!

Americans for Limited Government President Rick Manning and correspondent Frank McCaffrey tackle to the news today.

Trump cuts through red tape to get testing at locations across America

Americans for Limited Government President Rick Manning: "President Trump's leadership in cutting through outdated regulatory standards to provide dependable testing at locations nationwide, as well as, a self-evaluative online tool for individuals to determine their own need for a COVID-19 test should be applauded by all Americans. The President's efforts will unleash America's best in the world private health care system to meet the needs of those afflicted with the Chinese coronavirus in their communities without needing federal government okays. This aggressive action, including approval of a new, quality test, literally overnight is exactly why the President put Vice President Pence in charge of the intergovernmental response to cut through the red tape."

Victor Davis Hanson: America in a new upside-down world

"The coronavirus and the ensuing panic, at least for a few more weeks, have stagnated the economy and scared global financial markets, accompanied by both collateral, and independent and simultaneous, bad news. Rumor- and panic-mongers predominate; the rational and reasonable are written-off as naïve and out of it. Thousands may die, but millions who will not are terrified into anxieties and sleeplessness that they will. COVID-19 itself has raised fundamental questions about the merits of globalization in general, and in particular the wisdom of any sovereign nation outsourcing key industries like high-tech, pharmaceuticals, medical supplies, and food processing to an autocratic, non-transparent—and dangerous—nation like China."

The U.S. economy will weather the Chinese coronavirus



6

By Robert Romano

President Donald Trump praised the Federal Reserve for cutting the federal funds rate to a range of 0 percent to 0.25 percent, and restarting quantitative easing with \$500 billion of U.S. treasuries purchases and \$200 billion of mortgage purchases in response to the Chinese coronavirus global pandemic.

“It makes me very happy and I want to congratulate the Federal Reserve,” he said. “That’s a big step and I’m very happy they did it.” Trump has been hounding the Fed for years to cut interest rates to make the dollar more competitive against trading partners’ currencies including the yuan, euro and peso. Now he gets his wish.

The move came a day after the President threatened to fire Fed Chairman Jay Powell, when he said, “I have the right ... to remove him as chairman... I have the right to also take him and put him in a regular position and put somebody else in charge. And I haven’t made any decisions on that.”

The Fed noted in its release the strength of the U.S. economy when the coronavirus struck:

“Available economic data show that the U.S. economy came into this challenging period on a strong footing,” with a 50-year low of unemployment at 3.5 percent, but forecast “[t]he effects of the coronavirus will weigh on economic activity in the near term and pose risks to the economic outlook.”

Finally, the Fed said it would keep rates low until it was certain the economy gets past the worst of the virus: “The Committee expects to maintain this target range until it is confident that the economy has weathered recent events...”

That came as the President declared a national emergency on March 13 in response to the coronavirus and the House quickly passed legislation providing for paid sick leave and an expansion of unemployment benefits, foreshadowing an expected economic slowdown and uptick in unemployment as thousands of schools and businesses shut down to flatten the rate of infection from the virus that originated in Wuhan, China late last year.

Millions of Americans, especially older Americans, will be weathering the outbreak inside, only venturing out for groceries and largely working from home. Massive stockpiling of food and medicine is already occurring nationwide. Expect an uptick in retail spending in the first quarter of 2020. Any such spending surge, however, will surely be offset by slowdowns elsewhere by affected industries across the country.

Trump has already taken advantage of record low oil prices by stockpiling the strategic petroleum reserve, promising to support U.S. producers. And now there is a controversial push in Congress to bail out the airline, tourism and hospitality industries. The Trump administration is already making loans available to small businesses on an emergency basis.

Finally, President Trump is pushing for a payroll tax holiday to shore up cash flow issues almost every household in America could be facing if we get a situation akin to Italy.

These are all big government policies that have not been seen since the financial crisis and recession of 2007-09, and probably won't be the full extent of it when all is said and done, highlighting the negative economic impacts that are widely expected from the sudden, dramatic change of behavior of millions of Americans to stay put and not participate in the economy.

The difference between a decade ago and now is that the policies in 2008 appeared to be reactive and long after the devastating effects of the financial crisis were already being felt for months.

Here, the policies look preemptive and aimed at anticipating downstream fallout from the virus. That is surely refreshing to the American people, even as it expands the government's mandate.

The trick will be to make certain the measures are indeed temporary and are allowed to expire at the end of the year, especially since they incentivize temporary unemployment in a bid to slow down the virus. When this is all over, everyone needs to get back to work.

Hopefully, the measures are overkill and the effect of the virus will be mitigated by the aggressive actions now being taken to save lives, thereby limiting the long-term damage felt by the nation. It will certainly blow a massive hole in the deficit, the question is how big. The less impact from the coronavirus in terms of cases, then perhaps the less costly these Congressional measures will become to taxpayers. As it is, the legislation faces an uncertain fate in the Senate.

Lots of schools in the north have a lot of snow days saved up — it was a warmer winter in many states — and so it is possible that the virus may be no more disruptive than a month of bad snow. We'll see.

In the near term, the effects to the outlook are predictable. Interest rates will continue to collapse or remain low in a flight to safety, thereby reducing the federal deficit and saving taxpayers tens of billions of dollars, partially offsetting the costs of Congressional actions.

Commodities may eventually respond to the weaker dollar and the presidential action to shore up U.S. oil producers.

Equities will struggle until they find a bottom in the midst of the continued uncertainty. When that comes, weeks or months from now, it will be the buying opportunity of the decade for investors, with the potential for massive capital gains in subsequent quarters.

Over the next month, as drive-thru testing becomes more widely available via the public-private partnerships being undertaken by the Trump administration, a lot will be learned about the extent of the virus' spread. Expect a jump in new cases and more turmoil so long as the number of new cases rises.

But eventually, the number of new cases whether owing to a flattening of the curve or warmer weather will drop, and that could catalyze a massive bounce both on markets as well as economically as millions of Americans are able to begin participating in the labor force again.

The U.S. economy is the largest in the world, and thanks to the success of the past three years of cutting taxes, regulations and crafting better trade deals, and with your own efforts to mitigate the risk of the virus by following CDC guidelines, we will all weather this storm together.

Robert Romano is the Vice President of Public Policy at Americans for Limited Government.

Video: Sanctuary Cities, Who's On Board? Rep. Nunes Gets an Award and Biden the Nominee? Good Lord!

 6

To view online: <https://www.youtube.com/watch?v=ocG8GJR1IIA>

Trump cuts through red tape to get testing at locations across America

March 13, 2020, Fairfax, Va.—Americans for Limited Government President Rick Manning today released the following statement praising the public-private partnership by the Trump administration with industries across America to provide high quality coronavirus testing to millions of Americans:

“President Trump’s leadership in cutting through outdated regulatory standards to provide dependable testing at locations nationwide, as well as, a self-evaluative online tool for individuals to determine their own need for a COVID-19 test should be applauded by all Americans. The President’s efforts will unleash America’s best in the world private health care system to meet the needs of those afflicted with the Chinese coronavirus in their communities without needing federal government okays. This aggressive action, including approval of a new, quality test, literally overnight is exactly why the President put Vice

President Pence in charge of the intergovernmental response to cut through the red tape.”

To view online: <https://protect2.fireeye.com/url?k=b79e6e82-ebcb6791-b79e5fbd-0cc47adb5650-d17626d24f2d4def&u=https://getliberty.org/2020/03/trump-cuts-through-red-tape-to-get-testing-at-locations-across-america/>



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America in a new upside-down world

By Victor Davis Hanson

The world is changing at a pace not seen in years, and it is no time to become captives of fear despite the real and immediate dangers we face.

The coronavirus and the ensuing panic, at least for a few more weeks, have stagnated the economy and scared global financial markets, accompanied by both collateral, and independent and simultaneous, bad news. Rumor- and panic-mongers predominate; the rational and reasonable are written-off as naïve and out of it. Thousands may die, but millions who will not are terrified into anxieties and sleeplessness that they will.

COVID-19 itself has raised fundamental questions about the merits of globalization in general, and in particular the wisdom of any sovereign nation outsourcing key industries like high-tech, pharmaceuticals, medical supplies, and food processing to an autocratic, non-transparent—and dangerous—nation like China.

The current oil glut and price crash—a result of a Saudi-Russian price war, in part directed at record U.S. production, in part due to the crumbling of OPEC, and less demand as a global public, frightened by the specter of the Wuhan virus, stays closer to home—are radically changing the relationship between oil sellers and buyers. In particular, vulnerable cash-hungry exporting countries like Iran, Russia, and Venezuela are losing clout. Interest rates are also dropping. The world at large may for a time experience historic *de facto* negative interest.

Trump Was Right About China

Ostensibly, all of this news should be terrible. And, of course, terrible is the reality that as I write over 6,000 people have died worldwide (out a global population nearing 8 billion) from the disease caused by the coronavirus. But that said, there will emerge winners and losers in every crisis, whether medical, economic, psychological, or political.

Donald Trump was ridiculed for taking on the Chinese juggernaut in 2017, even though he was not wrong that China was a serial world trade cheater—manipulating currencies, dumping products below the cost of production, appropriating technology, infringing on patents and copyrights, and running up huge asymmetrical trade surpluses.

The writ against his pushback on China was that it was hopeless to fight a 1.4-billion-person powerhouse, destined to surpass the United States in annual GDP in just a few years. Or Trump was deemed naïvely reckless, given that to achieve symmetry, legality, and fairness would incur too much pain and involve ossified and discredited concepts like tariffs.

But either by design or accident, the Trump standoff tore off the China scab. The exposed putrid wound beneath has terrified the world: lying, deceit, and subterfuge surrounded the mysterious COVID-19 contagion that emerged from Wuhan late last year and now has spread worldwide and panicked the globe. The coronavirus helped remind the world that the Hong Kong democracy protests, the creepy 1-million-person reeducation camps for Uyghur Muslims, and internal Chinese Orwellian surveillance were characteristic not aberrant.

In a reductionist sense, it is not surprising that a China, systematically lying to and cheating its trading partners, cannot be trusted to tell the world how a virus was born on its own soil, spread among its population, and hopped oceans into other nations.

When the virus peters out and the panic fades, China may be permanently rebranded and recalibrated by the world at large. Its trading partners will trust it far less to honor any commitments or to abide by any international agreements. Supply chains will be diversified. Tourism will be reduced in fears another such coronavirus will follow SARS and COVID-19—and be hushed up. Countries that had particular close commercial and cultural ties with China—Iran, South Korea, and Italy—were hurt most during the epidemic by Chinese silence and duplicity.

Some assembly plants will be shut down. Nations will be less trusting to outsource key industries to Chinese companies. Supply chains were changing before the epidemic and will redirect even more afterward.

In sum, China's mercantile system will take a hit. The only country that can match and surpass its economic output, the United States, will be the long-term beneficiary as investors and businesses look away from Beijing to a more transparent partner.

More Bad News for Bad Actors

The United States, remember, is both the world's largest energy and food producer. In that regard, such self-sufficiency once again will be appreciated by tens of millions of Americans as they sequester at home with ample food and power to allow the virus to sputter out. Isolated Americans worry not over whether they will starve or have enough heat in their homes, but whether their prescriptions will be filled, and safely so.

Crashing oil prices will also hurt the expansionary agendas of Vladimir Putin's Russia, especially in places like Syria and Eastern Ukraine. Russia is already bleeding billions of dollars by propping up the murderous Assad dictatorship in Syria. Soon it will be doing so with far less apparent discretionary income.

Iran may be the biggest loser of the current chaos. U.S. sanctions already had cut Iranian oil revenue by about 90 percent. The remaining ten percent of sales, and in addition whatever income Iran received through smuggling and illicit sales, may be worth about half of what such reduced revenue garnered just a few months ago.

The theocracy has lost all credibility with the financially strapped Iranian people, 1,500 of whom it recently murdered in the streets. The mullahs lied to Iranians both about the

shooting down of the Ukrainian jetliner and the extent of the COVID-19 infection sweeping through their country. The U.S. policy of “maximum pressure” replacing the flawed and appeasing Iran nuclear deal, will be seen as especially more effective each week.

Certainly, the regime is threatened with financial crises not seen since its war with Iraq in the 1980s, but this time of its own making and due largely to its own duplicity.

The Toll—and Eventual Upside—at Home

Ostensibly, the panic-driven shutdown of the U.S. economy could plunge us into recession or worse, with dire consequences for the 2020 campaign. Some on the Left see COVID-19 in unapologetically political terms, as the magic solution to ending the Trump presidency and his supporters in a way that all the past hopes and dreams of doing so—from subverting the Electoral College after the November 2016 election to Mueller and impeachment, and all in between—utterly failed.

Whatever the ultimate human and economic toll from the coronavirus, there is no doubt that Trump, as president, will be blamed for the economic slowdown of spring and perhaps even early summer. The media despises the president as does entertainment, academia, and the media, ensuring in popular culture and the news that he will be demonized in a way Obama was not, despite reacting far more slowly, to the swine flu threat of 2009.

But here are some caveats. Warmer weather and spring, global quarantines, travel bans, more testing and increased knowledge of the virus may all eventually conspire to slow its spread. And when its *relative* non-lethality is fully digested (perhaps 98 or 99 percent of those in the general population below 65 in previously good health who are infected recover), and the cases begin dropping off, the economy will not just recover but *take off*.

That more positives come back from far more testing does not necessarily mean a pandemic in the tens of millions of cases is certain, but perhaps reflects that the continuing ripples of the initial outbreak. In the two to three months when China did not apprise the world of the outbreaks and 10,000 and more a day were flying into American airports from China, lots of Americans were exposed and became carriers, and either had no symptoms or attributed their illnesses to the flu or bad colds as still more were infected. After all, it is hard not to concede that hundreds were not coronavirus positive of the million or so Chinese visitors who arrived in the United States during that critical time frame between November and January.

As is always the case at the beginning of an economic recovery, the end of a war, or the relief that follows from the departure of a plague, the public rejoices and then spends and splurges. Reason will eventually replace panic as Americans conclude that COVID-19, while more lethal to vulnerable age groups and those with chronic illnesses, may not be quite as pandemic in the manner of historic influenzas such as those in 1918 (500,000 plus US deaths) or even 1957 (70,000 deaths).

That ensuing economic uptick will be multiplied by crashed oil prices that are likely to help U.S. consumers while not permanently hurting U.S. frackers, much less the U.S. economy, which is both the world's largest consumer and producer of oil and natural gas. More likely, it will do more damage to the oil-producing Middle East and Russia. American consumers will receive a huge stimulus of reduced prices at the gas pump, just as summer driving approaches.

Near-zero interest rates may be bad for the long-term economy. They punish thriftiness and (especially elderly) Americans who will lose real dollars on their savings accounts while rewarding the indebted. But in the short term, the cheaper borrowing will spur home and car sales and major consumer purchases.

Who would wish to game the election-year politics of these chaotic times, especially the more macabre calculations of the electoral beneficiaries of the media-driven hysteria over the COVID-19? Nonetheless, Vegas handicappers might envision the speculation not to whether Trump will be hurt in the late spring polls by the global panic and growing number of U.S. COVID cases (he already is), but whether he will be hurt enough to matter when the economy inevitably picks up again by later spring and summer.

One key will be how well each day Trump talks sense to the nation, explains all the measures the government currently is taking, and reassures the panicked public that whatever downturn the United States might experience over fears of a viral epidemic will be eventually mitigated by the facts of the outbreak, despite the terrible toll on those of us over 65.

Most of the data suggest that about 99 of every 100 infected under 65 will recover, the great majority without complications from the infection, allowing us to focus on those most vulnerable and most in need of medical intervention. The government is currently hellbent on ensuring that the virus slows. Facilities will treat the sick. Vaccinations are on

the way in 2021. And prior travel bans, border security, and crackdowns on China's trade cheating were wise and can be expanded.

All That Can Be Done

So the public could look forward to a rebounding late summer economy to come fueled by cheap gas, low interest, relief that COVID-19 is manageable, key preparations of pharmaceutical industries to return to the United States and realize that an already robust America can recover quickly from the virus and its associated panic.

Again, the key is not to damn the panic over the virus, but to understand and accept it—while reassuring Americans that all that can be done *is* being done, and what downturns they now experience will soon be overshadowed by even more jobs and greater economic expansion and wealth creation to come.

We sometimes forget, in legitimate fears of the coronavirus, that every action prompts a reaction and the massive curtailments of the U.S. economy can have as many health consequences as the virus itself—if millions lose income and jobs, become depressed in self-isolation, increase smoking, and drug and alcohol use, and postpone out of fear necessary buying and visits to doctors and hospitals for chronic and serious medical conditions unrelated to the virus.

In addition, it is not wrong to remind the public that current but once caricatured policies of secure borders, targeted travel bans, demands for transparency and symmetry from major U.S. trading partners, recalibration with China, and a return of manufacturing and assembly of key U.S. industries, from high-technology to pharmaceuticals, was long overdue—and must continue to ensure U.S. security and the long-term health of its people.

Let us relearn that at times of crisis our country is singularly resilient and self-sufficient, and we have only ourselves to save ourselves, or as FDR said in 1932 at the height of the Great Depression, “the only thing we have to fear is fear itself.”

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March 16, 2020

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The U.S. economy will weather the Chinese coronavirus

President Donald Trump has declared a national emergency on March 13 as millions of Americans, especially older Americans, will be weathering the outbreak inside, only venturing out for groceries and largely working from home. Massive stockpiling of food and medicine is already occurring nationwide. Expect an uptick in retail spending in the first quarter of 2020. Any such spending surge, however, will surely be offset by slowdowns elsewhere by affected industries across the country amid the uncertainty. Over the next month, as drive-thru testing becomes more widely available via the public-private partnerships being undertaken by the Trump administration, a lot will be learned about the extent of the virus' spread. Expect a jump in new cases and more turmoil so long as the number of new cases rises. But eventually, the number of new cases whether owing to a flattening of the curve or warmer weather will drop, and that could catalyze a massive bounce both on markets as well as economically as millions of Americans are able to

begin participating in the labor force again. The U.S. economy is the largest in the world with a 50-year low of unemployment, and thanks to the success of the past three years of cutting taxes, regulations and crafting better trade deals, and with your own efforts to mitigate the risk of the virus by following CDC guidelines, we will all weather this storm together.

Video: Sanctuary Cities, Who's On Board? Rep. Nunes Gets an Award and Biden the Nominee? Good Lord!

Americans for Limited Government President Rick Manning and correspondent Frank McCaffrey tackle to the news today.

Trump cuts through red tape to get testing at locations across America

Americans for Limited Government President Rick Manning: "President Trump's leadership in cutting through outdated regulatory standards to provide dependable testing at locations nationwide, as well as, a self-evaluative online tool for individuals to determine their own need for a COVID-19 test should be applauded by all Americans. The President's efforts will unleash America's best in the world private health care system to meet the needs of those afflicted with the Chinese coronavirus in their communities without needing federal government okays. This aggressive action, including approval of a new, quality test, literally overnight is exactly why the President put Vice President Pence in charge of the intergovernmental response to cut through the red tape."

Victor Davis Hanson: America in a new upside-down world

"The coronavirus and the ensuing panic, at least for a few more weeks, have stagnated the economy and scared global financial markets, accompanied by both collateral, and independent and simultaneous, bad news. Rumor- and panic-mongers predominate; the rational and reasonable are written-off as naïve and out of it. Thousands may die, but millions who will not are terrified into anxieties and sleeplessness that they will. COVID-19 itself has raised fundamental questions about the merits of globalization in general, and in particular the wisdom of any sovereign nation outsourcing key industries like high-tech, pharmaceuticals, medical supplies, and food processing to an autocratic, non-transparent—and dangerous—nation like China."

The U.S. economy will weather the Chinese coronavirus



6

By Robert Romano

President Donald Trump praised the Federal Reserve for cutting the federal funds rate to a range of 0 percent to 0.25 percent, and restarting quantitative easing with \$500 billion of U.S. treasuries purchases and \$200 billion of mortgage purchases in response to the Chinese coronavirus global pandemic.

“It makes me very happy and I want to congratulate the Federal Reserve,” he said. “That’s a big step and I’m very happy they did it.” Trump has been hounding the Fed for years to cut interest rates to make the dollar more competitive against trading partners’ currencies including the yuan, euro and peso. Now he gets his wish.

The move came a day after the President threatened to fire Fed Chairman Jay Powell, when he said, “I have the right ... to remove him as chairman... I have the right to also take him and put him in a regular position and put somebody else in charge. And I haven’t made any decisions on that.”

The Fed noted in its release the strength of the U.S. economy when the coronavirus struck:

“Available economic data show that the U.S. economy came into this challenging period on a strong footing,” with a 50-year low of unemployment at 3.5 percent, but forecast “[t]he effects of the coronavirus will weigh on economic activity in the near term and pose risks to the economic outlook.”

Finally, the Fed said it would keep rates low until it was certain the economy gets past the worst of the virus: “The Committee expects to maintain this target range until it is confident that the economy has weathered recent events...”

That came as the President declared a national emergency on March 13 in response to the coronavirus and the House quickly passed legislation providing for paid sick leave and an expansion of unemployment benefits, foreshadowing an expected economic slowdown and uptick in unemployment as thousands of schools and businesses shut down to flatten the rate of infection from the virus that originated in Wuhan, China late last year.

Millions of Americans, especially older Americans, will be weathering the outbreak inside, only venturing out for groceries and largely working from home. Massive stockpiling of food and medicine is already occurring nationwide. Expect an uptick in retail spending in the first quarter of 2020. Any such spending surge, however, will surely be offset by slowdowns elsewhere by affected industries across the country.

Trump has already taken advantage of record low oil prices by stockpiling the strategic petroleum reserve, promising to support U.S. producers. And now there is a controversial push in Congress to bail out the airline, tourism and hospitality industries. The Trump administration is already making loans available to small businesses on an emergency basis.

Finally, President Trump is pushing for a payroll tax holiday to shore up cash flow issues almost every household in America could be facing if we get a situation akin to Italy.

These are all big government policies that have not been seen since the financial crisis and recession of 2007-09, and probably won't be the full extent of it when all is said and done, highlighting the negative economic impacts that are widely expected from the sudden, dramatic change of behavior of millions of Americans to stay put and not participate in the economy.

The difference between a decade ago and now is that the policies in 2008 appeared to be reactive and long after the devastating effects of the financial crisis were already being felt for months.

Here, the policies look preemptive and aimed at anticipating downstream fallout from the virus. That is surely refreshing to the American people, even as it expands the government's mandate.

The trick will be to make certain the measures are indeed temporary and are allowed to expire at the end of the year, especially since they incentivize temporary unemployment in a bid to slow down the virus. When this is all over, everyone needs to get back to work.

Hopefully, the measures are overkill and the effect of the virus will be mitigated by the aggressive actions now being taken to save lives, thereby limiting the long-term damage felt by the nation. It will certainly blow a massive hole in the deficit, the question is how big. The less impact from the coronavirus in terms of cases, then perhaps the less costly these Congressional measures will become to taxpayers. As it is, the legislation faces an uncertain fate in the Senate.

Lots of schools in the north have a lot of snow days saved up — it was a warmer winter in many states — and so it is possible that the virus may be no more disruptive than a month of bad snow. We'll see.

In the near term, the effects to the outlook are predictable. Interest rates will continue to collapse or remain low in a flight to safety, thereby reducing the federal deficit and saving taxpayers tens of billions of dollars, partially offsetting the costs of Congressional actions.

Commodities may eventually respond to the weaker dollar and the presidential action to shore up U.S. oil producers.

Equities will struggle until they find a bottom in the midst of the continued uncertainty. When that comes, weeks or months from now, it will be the buying opportunity of the decade for investors, with the potential for massive capital gains in subsequent quarters.

Over the next month, as drive-thru testing becomes more widely available via the public-private partnerships being undertaken by the Trump administration, a lot will be learned about the extent of the virus' spread. Expect a jump in new cases and more turmoil so long as the number of new cases rises.

But eventually, the number of new cases whether owing to a flattening of the curve or warmer weather will drop, and that could catalyze a massive bounce both on markets as well as economically as millions of Americans are able to begin participating in the labor force again.

The U.S. economy is the largest in the world, and thanks to the success of the past three years of cutting taxes, regulations and crafting better trade deals, and with your own efforts to mitigate the risk of the virus by following CDC guidelines, we will all weather this storm together.

Robert Romano is the Vice President of Public Policy at Americans for Limited Government.

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 6

To view online: <https://www.youtube.com/watch?v=ocG8GJR1IIA>

Trump cuts through red tape to get testing at locations across America

March 13, 2020, Fairfax, Va.—Americans for Limited Government President Rick Manning today released the following statement praising the public-private partnership by the Trump administration with industries across America to provide high quality coronavirus testing to millions of Americans:

“President Trump’s leadership in cutting through outdated regulatory standards to provide dependable testing at locations nationwide, as well as, a self-evaluative online tool for individuals to determine their own need for a COVID-19 test should be applauded by all Americans. The President’s efforts will unleash America’s best in the world private health care system to meet the needs of those afflicted with the Chinese coronavirus in their communities without needing federal government okays. This aggressive action, including approval of a new, quality test, literally overnight is exactly why the President put Vice

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COVID-19 itself has raised fundamental questions about the merits of globalization in general, and in particular the wisdom of any sovereign nation outsourcing key industries like high-tech, pharmaceuticals, medical supplies, and food processing to an autocratic, non-transparent—and dangerous—nation like China.

The current oil glut and price crash—a result of a Saudi-Russian price war, in part directed at record U.S. production, in part due to the crumbling of OPEC, and less demand as a global public, frightened by the specter of the Wuhan virus, stays closer to home—are radically changing the relationship between oil sellers and buyers. In particular, vulnerable cash-hungry exporting countries like Iran, Russia, and Venezuela are losing clout. Interest rates are also dropping. The world at large may for a time experience historic *de facto* negative interest.

Trump Was Right About China

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Donald Trump was ridiculed for taking on the Chinese juggernaut in 2017, even though he was not wrong that China was a serial world trade cheater—manipulating currencies, dumping products below the cost of production, appropriating technology, infringing on patents and copyrights, and running up huge asymmetrical trade surpluses.

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So the public could look forward to a rebounding late summer economy to come fueled by cheap gas, low interest, relief that COVID-19 is manageable, key preparations of pharmaceutical industries to return to the United States and realize that an already robust America can recover quickly from the virus and its associated panic.

Again, the key is not to damn the panic over the virus, but to understand and accept it—while reassuring Americans that all that can be done *is* being done, and what downturns they now experience will soon be overshadowed by even more jobs and greater economic expansion and wealth creation to come.

We sometimes forget, in legitimate fears of the coronavirus, that every action prompts a reaction and the massive curtailments of the U.S. economy can have as many health consequences as the virus itself—if millions lose income and jobs, become depressed in self-isolation, increase smoking, and drug and alcohol use, and postpone out of fear necessary buying and visits to doctors and hospitals for chronic and serious medical conditions unrelated to the virus.

In addition, it is not wrong to remind the public that current but once caricatured policies of secure borders, targeted travel bans, demands for transparency and symmetry from major U.S. trading partners, recalibration with China, and a return of manufacturing and assembly of key U.S. industries, from high-technology to pharmaceuticals, was long overdue—and must continue to ensure U.S. security and the long-term health of its people.

Let us relearn that at times of crisis our country is singularly resilient and self-sufficient, and we have only ourselves to save ourselves, or as FDR said in 1932 at the height of the Great Depression, “the only thing we have to fear is fear itself.”

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Sent Date:	2020/03/16 10:30:16
Delivered Date:	2020/03/16 10:30:42

From:	Sherman, Jennifer (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F30FE7FAE664419FA654B20EDCCB1E78-SHERMAN, JE>
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Subject:	FW: Senior living facilities lack supply of protective gear, survey finds
Date:	2020/03/16 10:45:08
Priority:	Normal
Type:	Note

FYI

From: POLITICO Pro Health Care <politicoemail@politicopro.com>
Sent: Monday, March 16, 2020 10:41 AM
To: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Subject: Senior living facilities lack supply of protective gear, survey finds

Senior living facilities lack supply of protective gear, survey finds

By Rachel Roubein

03/16/2020 10:39 AM EDT

One-third of senior living facilities don't have a supply of specialized face masks used to protect workers from contracting the coronavirus, according to a new survey.

Nearly 70 percent of skilled nursing and assisted living facilities that responded indicated they had limited or no ability to access more masks.

The supply problems extend beyond N95 masks: About 60 percent of facilities said they had limited or no ability to access gowns, and 70 percent indicated the same for face shields.

The findings from Premier, an alliance of 4,000 hospitals and health systems and 175,000 other providers, come with seniors facing heightened risks from the coronavirus — and as public health officials grapple with the effects of an outbreak in a Washington state facility linked to 29 deaths.

“We’ve already seen a COVID-19 outbreak in a senior living facility in the United States, and now we know this setting is at the greatest risk for shortages,” John Sganga, senior vice president of alternate site programs at Premier, said in a statement.

Hospitals and health systems continually order protective gear, but the practice is uncommon in senior living facilities since they typically don't perform surgeries and other critical care. That leaves some without an established channel to stock up supplies.

Premier conducted the survey from March 6 to 15. Nearly 180 skilled nursing facilities and

assisted living facilities participated.

The challenges for nursing homes to gain access to masks and gowns could be a harbinger of broader supply challenges.

“It won’t just be surgical masks and personal protective equipment — it will bleed over into other types of lifesaving technology,” said Jodi Scott, a medical device attorney at Hogan Lovells.

David Lim contributed to this report.

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To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.DIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>; Crozer, William (who.eop.gov) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=63c447b3af1748cb8c8ab873a2a260df-William.F.C>; Rachael Baitel <rbaitel@usaid.gov>; Rader, John N. EOP/NSC <(b)(6)@nsc.eop.gov>; Brad Smith <(b)(6)@gmail.com>; Adam Boehler <Adam.Boehler@dfc.gov>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Murphy, Ryan (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Lyons, Derek S. EOP/WHO <(b)(6)@who.eop.gov>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	RE: National Capital Region Leaders Letter to President Trump
Date:	2020/03/16 12:15:07
Priority:	Normal
Type:	Note

+Paul Mango (actually adding him this time)

From: Butterfield, Nicholas W. EOP/WHO
Sent: Monday, March 16, 2020 12:05 PM
To: Crozer, William F. EOP/WHO <(b)(6)@who.eop.gov>; Rachael Baitel <rbaitel@usaid.gov>; Rader, John N. EOP/NSC <(b)(6)@nsc.eop.gov>; Brad Smith <(b)(6)@gmail.com>; Adam Boehler <Adam.Boehler@dfc.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Lyons, Derek S. EOP/WHO <(b)(6)@who.eop.gov>; 'Harrison, Brian (HHS/IOS)' <Brian.Harrison@hhs.gov>
Subject: RE: National Capital Region Leaders Letter to President Trump

+Paul Mango, do you have any messaging we can use in response to incoming queries, such as the one attached?

+ a few others as well.

From: Crozer, William F. EOP/WHO <(b)(6)@who.eop.gov>
Sent: Monday, March 16, 2020 11:53 AM
To: Rachael Baitel <rbaitel@usaid.gov>; Rader, John N. EOP/NSC <(b)(6)@nsc.eop.gov>; Butterfield, Nicholas W. EOP/WHO <(b)(6)@who.eop.gov>; Brad Smith <(b)(6)@gmail.com>; Adam Boehler <Adam.Boehler@dfc.gov>
Subject: Re: National Capital Region Leaders Letter to President Trump

We are getting inbound from law enforcement regarding requests for local law enforcement to help support the expanded testing sites. The overarching question is around what resources are available for them, funding in particular.

William F. Crozer
Special Assistant to the President & Deputy Director
White House Office of Intergovernmental Affairs
O: 202-456-8491 | C: (b)(6) | E: William.F.Crozer@who.eop.gov

On Mar 16, 2020, at 9:15 AM, Crozer, William F. EOP/WHO
(b)(6)@who.eop.gov wrote:

Team – please see attached letter from DC Mayor asking to be included in enhanced testing operations.

From: Talamante, Tomás (EOM) <Tomas.Talamante@dc.gov>
Sent: Monday, March 16, 2020 9:13 AM
To: Crozer, William F. EOP/WHO (b)(6)@who.eop.gov
Cc: Falcicchio, John (EOM) <john.falcicchio@dc.gov>; Matthew Clark -GOV- <matthew.clark@maryland.gov>; Clark Mercer <Clark.mercer@governor.virginia.gov>
Subject: National Capital Region Leaders Letter to President Trump

Hi William,

Please find attached a letter from District of Columbia Mayor Muriel Bowser, Maryland Governor Larry Hogan, and Virginia Governor Ralph Northam for President Trump on coronavirus (COVID-19) testing. Let us know if you have any questions.

Best,
Tomás

--

Tomás Arturo Talamante
Deputy Chief of Staff to the Mayor
Mayor Muriel Bowser – Washington, DC

For the latest information on the District Government's response to COVID-19 (Coronavirus), please visit coronavirus.dc.gov.

<NationalCapitalRegionLetter03.16.20.pdf>

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Subject:	FW: House coronavirus package hits snag as it heads to the Senate
Date:	2020/03/16 12:51:44
Priority:	Normal
Type:	Note

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From: POLITICO Pro <politicoemail@politicopro.com>
Sent: Monday, March 16, 2020 12:36 PM
To: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Subject: House coronavirus package hits snag as it heads to the Senate

House coronavirus package hits snag as it heads to the Senate

By John Bresnahan, Marianne LeVine

03/16/2020 09:04 AM EDT

The Senate will return to Washington Monday to work on a multibillion-dollar coronavirus package, but the bill remains hung up in negotiations between Speaker Nancy Pelosi and the White House, according to multiple Capitol Hill sources.

The Senate is expected to take up this week the massive bipartisan emergency package from the House to address the pandemic, after canceling its week-long recess. But much uncertainty remains over timing and logistics, despite mounting public pressure and the stock market taking a serious hit as the global pandemic continues to spread and daily life in the U.S. is severely disrupted.

Pelosi and Treasury Secretary Steven Mnuchin were still working on the details Monday.

House sources said Monday that "major differences" remained between the White House and House Democrats over what was adopted and needed to be changed. This is slowing down the time table for House completion of the bill and sending it onto the Senate.

Pelosi and administration officials still remain hopeful they can achieve a workable compromise, but were tight lipped about the state of play on Monday.

The House passed its bill early Saturday morning.

It's also unclear how swiftly the Senate will act, once the House finishes up. Mnuchin is expected to attend the Senate Republican lunch Tuesday — suggesting that he may need to sell

the deal to some GOP members.

Senate Majority Leader Mitch McConnell said Sunday evening that “senators on both sides are carefully reviewing the details and are eager to act swiftly to help American workers, families, and small businesses navigate this challenging time.”

He added that taking up the legislation this week is only the beginning. Over the weekend McConnell spoke with the chairs of several committees to discuss additional steps to provide further financial assistance, assist small businesses and better support the health care system.

Senate Majority Whip John Thune is asking members to submit ideas for an additional stimulus package by noon Monday, according to a Senate aide.

Some Republicans are already expressing doubt that the Senate will approve the House package without changes. Sen. Tom Cotton (R-Ark.) predicted Monday on "Fox & Friends" that the House coronavirus bill as written will not pass the Senate, raising questions about its paid sick leave provisions.

"It doesn't go far enough and it doesn't go fast enough," Cotton said. "Most of the measures in this bill are something that the senators will support, I believe. ... But we worry that the bill setting up a new and complicated system relying on businesses giving paid sick leave and then getting a refundable tax credit that won't move quickly enough and could put pressure on those businesses to lay workers off."

Sen. Ron Johnson (R-Wis.) said in a statement that he hopes the Senate “will approach this with a level head and pass a bill that does more good than harm — or, if it won't, pass nothing at all.”

The package comes as the coronavirus has made its way to Capitol Hill, with at least two D.C. staffers — one working for Sen. Maria Cantwell (D-Wash.) and for Rep. David Schweikert's (R-Ariz.) — testing positive. And a Delaware-based staffer for Sen. Tom Carper (D-Del.) also positive.

While the Senate waits on the House to work through its technical corrections, it will spend Monday focused on moving forward with legislation to renew and reform provisions in the Foreign Intelligence Surveillance Act. Those provisions expired over the weekend and McConnell is pushing the Senate to move quickly. The Senate as of now must first deal with renewing the FISA provisions before tackling the coronavirus package unless lawmakers take up the emergency bill by voice vote.

But Sen. Josh Hawley (R-Mo.) urged the Senate Sunday to prioritize the coronavirus package over FISA.

“FISA needs to be carefully reviewed. That takes time. That can wait,” the Missouri Republican tweeted. “The emergency response to [coronavirus] should be the first order of business in the Senate tomorrow. There is no reason for this to take days & days.”

Meanwhile Senate Democrats spent the weekend criticizing McConnell for sending the Senate home Thursday, one day before House Democrats reached a deal with the Trump administration.

on the emergency package. Senate Minority Leader Chuck Schumer is calling on McConnell to take up the House legislation immediately on Monday, without changes.

"It was disgraceful that Leader McConnell left town last night ... We could have had this done already, but he left," Schumer said over the weekend in New York.

Senate Democratic Whip Dick Durbin urged McConnell to have the Senate pass the House coronavirus package and a short-term FISA extension by unanimous consent, given the recommendations from health officials to practice social distancing.

"Senators and staff are working to serve their states locally as best they can, and with unanimous consent for these measures there is no valid reason to force extra travel this week," Durbin said. "Given the fact that we can and should pass the Coronavirus package, and any subsequent recommended bipartisan fixes to it, by UC immediately, your decision to call us back to Washington this week is unnecessary."

Meanwhile, the American Hospital Association, the American Medical Association and the American Nurses Association sent a letter Monday to McConnell and Pelosi asking Congress "provide additional supplemental emergency funding of at least \$1 billion," as the health care system responds to the outbreak.

The confusion about when the Senate will act on the legislative package comes as the number of coronavirus cases in the United States jumped to more than 3,500 over the weekend. And on Sunday, the Centers for Disease Control recommended Americans cancel or postpone gatherings of 50 or more people for eight weeks.

Anna Palmer contributed to this report.

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Subject:	Stimulus legislation should be temporary, targeted and focused
Date:	2020/03/16 12:54:18
Priority:	Normal
Type:	Note



6

For Immediate Release

Contact: Robert Romano

March 16, 2020

Phone: 703-383-0880 ext. 1

Stimulus legislation should be temporary, targeted and focused

Jumpstarting the economy after the emergency is over is job one.

March 16, 2020, Fairfax, Va.—Americans for Limited Government President Rick Manning today issued the following featured statement urging Congress to consider only measures that are targeted and designed to jumpstarting the economy when coronavirus passes:

"All federal measures in response to coronavirus must be temporary, targeted and geared to providing a basic safety net and jumpstarting the economy immediately upon the national emergency ending. The legislation encourages businesses to lay off employees in order to avert the virus and slow it down. That is why we need a rehiring tax credit for businesses to ensure that when the economy normalizes, it gets an immediate jumpstart as employers are encouraged to hire.

"This temporary but necessary economic freeze should also allow all public sector leaders to make a real determination about which employees are essential and which are not, as well as shifting cost burdens away from brick and mortar and toward telework based on the experiences. These changes should modernize and make more efficient our government workforce and save taxpayer dollars."

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

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Subject:	Stimulus legislation should be temporary, targeted and focused
Date:	2020/03/16 12:54:16
Priority:	Normal
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A closer look at the Norsk Hydro ransomware attack yields new lessons for experienced researchers. And more on how hackers are trying to exploit the coronavirus pandemic. This is CyberScoop for Monday, March 16.

A failed DDoS attempt, at best

Over the weekend, the Department of Health and Human Services was the target of an attempted cyberattack, a source with knowledge of the matter tells CyberScoop. HHS saw an attempt to overwhelm its systems with traffic as the department continues to respond to the novel coronavirus outbreak. Signs pointed to a failed distributed denial-of-service attack -- no systems were taken offline and no data appears to have been stolen. Nonetheless, we are sure the department's IT staff could do without the headache. **Our team is on the story.**

FedScoop's Gov Actually Podcast, Ep. 37

In the latest episode of Gov Actually, hosts Danny Werfel and Dan Tangherlini discuss how the government must rise to the occasion and provide services to impacted citizens during the coronavirus outbreak. [Listen now.](#)

The Norsk Hydro attack, revisited

The Norwegian metals giant Norsk Hydro was crippled by ransomware a year ago. Researchers are still digging for clues on who was behind it. Regardless of who was responsible, though, it wa

a “worryingly effective blueprint” for state-backed hackers to hide behind malware associated with criminals to achieve their goals, Dragos’ Joe Slowik argued in research published Monday. He examines how the LockerGoga code used against Norsk Hydro was more disruptive than previous versions of the malware. Who would target a huge company with good security practices, and not bother to cash in on the breach? Perhaps we’ll never know, but learning from the attack can help defend against future hacking attempts. **Sean Lyngaas looks back.**

Ransomware strikes Czech hospital testing for coronavirus

The Czech Republic’s second-largest hospital revealed Friday that it was hit by a cyberattack, forcing it to delay some operations. It was not clear how, if at all, the incident would affect coronavirus tests, but it was nonetheless a reminder of how cyberattacks have the potential to exacerbate the global health crisis. Lukasz Olejnik, a former cyberwarfare adviser to the International Committee of the Red Cross said that, in times of crisis, taking out individual elements of a health care system can damage collective resilience. **Sean has more details.**

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New details linked to breach of European grid organization

The European Network of Transmission System Operators for Electricity, and its 42 utility members across Europe, is a rich hacking target. Attackers could use data housed on ENTSO-E's IT network to target individual utilities. There's no evidence that has happened following the recent breach of ENTSO-E's network. But new details are coming to light on the breach, despite ENTSO-E's staying quiet on the incident. The attackers used a remote hacking tool to access ENTSO-E's email server for weeks using a commodity remote hacking tool, according to an incident report that sources say matches the ENTSO-E breach. **Sean had the scoop.**

How to protect yourself while working from home

Attackers will have additional opportunities to break into networks in the coming weeks as more U.S. workers log on from home as the country responds to the COVID-19 outbreak, warns the Cybersecurity and Infrastructure Security Agency in an alert Friday to the public. An organization that uses virtual private networks, including agencies at all levels of government, should remember basic cyber-hygiene procedures such as updating and patching networks, staying alert to phishing attempts and using multi-factor authentication when possible. For organizations without multiple-factor authentication, CISA recommends at least using strong passwords. **FedScoop's Jackson Barnett has the update.**

Big vulnerabilities lurk in Voatz voting app

An extensive audit published Friday of Voatz, the mobile app that's been used to collect live ballots from overseas voters in multiple states since early 2018, revealed 16 "severe" technical vulnerabilities. These include sensitive user data being exposed to the company's developers and improper use of cryptographic algorithms, a blow to a company that has staked its reputation on its use of blockchain technology. The audit confirmed the findings revealed last month by researchers at the Massachusetts Institute of Technology who found, among other flaws, that Voatz's use of third-party vendor to authenticate the identity of its users could compromise the anonymity of ballots the app collects. **Benjamin Freed had more at StateScoop.**

A coronavirus-tracking app locked users' phones to demand \$100

A new Android app that promises to deliver up-to-date figures on the coronavirus pandemic includes a strain of malicious software which locks up a user's phone, and demands an extortion fee. The ransomware app, called CovidLock, threatens to erase everything on an infected phone if victims don't pay \$100 in bitcoin within 48 hours, according to the security firm DomainTools. The app is not available in the Google Play store, and the number of people affected remains unclear. DomainTools has said it intends to release a decryption tool for affected victims, while Reddit users claim to already have deciphered the password to release locked data. The program only represents scammers' latest attempt to use concerns around the coronavirus, or COVID-19, to defraud anxious technology users. **Jeff Stone has the news.**

Tweet of the Day



Flightradar24 ✓
@flightradar24



A pilot just left this message to the world
#StayHome

flightradar24.com/data/aircraft/...



Image

Can't be clearer on this one, folks.

[Want more? Catch our events for all things cybersecurity!](#)

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Sent Date:	2020/03/16 13:00:13
Delivered Date:	2020/03/16 13:01:08

From:	Robert Levitt (b)(6) @hotmail.com>
To:	Robert Levitt (b)(6) @hotmail.com>
Subject:	Dr. Levitt's COVID-19 Update Morning 16 March/UPDATE ON ACTION PLAN FOR TASK FORCE BASED ON CUOMO POWERPOINT
Date:	2020/03/16 13:17:25
Priority:	Normal
Type:	Note

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But more importantly, the Governor's PowerPoint slides **gave statistics we all can use in coping with the new testing results and hospital beds, ICU beds, prison populations, and ventilators/PPE:**

- Map of NY Counties slide shows that **novel coronavirus spread is to adjacent counties, no 'jumps'**. Community transmission confirmed. You now know by **consulting your states' coronavirus county map of cases where the virus will move next.**

- Using the new test kits available in NY, **1706 symptomatic patients were tested and 221 patients tested positive. So 13% of tested patients were positive.** If this number holds with 10,000 tests, you know how many symptomatic patients will have coronavirus at your testing stations

- Wu, et. al states that **up to 37% of patients with symptoms required hospitalization in China**. See:

[https://jamanetwork.com/journals/jama/fullarticle/2762130?guestWeAccessKey=bdcca6fa-a48c-4028-8406-](https://jamanetwork.com/journals/jama/fullarticle/2762130?guestWeAccessKey=bdcca6fa-a48c-4028-8406-7f3d04a3e932&utm_source=For%20The%20Media&utm_medium=referral&utm_campaign=ftm_links&utm_content=tfl&utm_term=022420)

[7f3d04a3e932&utm_source=For The Media&utm_medium=referral&utm_campaign=ftm links&utm_content=tfl&utm_term=022420](https://jamanetwork.com/journals/jama/fullarticle/2762130?guestWeAccessKey=bdcca6fa-a48c-4028-8406-7f3d04a3e932&utm_source=For%20The%20Media&utm_medium=referral&utm_campaign=ftm_links&utm_content=tfl&utm_term=022420)

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Be well,

RGL, M.D.

Sent from Outlook

Sender:	Robert Levitt (b)(6)@hotmail.com>
Recipient:	Robert Levitt (b)(6)@hotmail.com>
Sent Date:	2020/03/16 13:15:58
Delivered Date:	2020/03/16 13:17:25
Message Flags:	Unread

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[7f3d04a3e932&utm_source=For The Media&utm_medium=referral&utm_campaign=ftm links&utm_content=tfl&utm_term=022420](https://jamanetwork.com/journals/jama/fullarticle/2762130?guestWeAccessKey=bdcca6fa-a48c-4028-8406-7f3d04a3e932&utm_source=For%20The%20Media&utm_medium=referral&utm_campaign=ftm_links&utm_content=tfl&utm_term=022420)

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[7f3d04a3e932&utm_source=For The Media&utm_medium=referral&utm_campaign=ftm links&utm_content=tfl&utm_term=022420](https://jamanetwork.com/journals/jama/fullarticle/2762130?guestWeAccessKey=bdcca6fa-a48c-4028-8406-7f3d04a3e932&utm_source=For%20The%20Media&utm_medium=referral&utm_campaign=ftm_links&utm_content=tfl&utm_term=022420)

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Sent Date:	2020/03/16 13:15:58
Delivered Date:	2020/03/16 13:17:24

From:	Chris Kiple <ckiple@venteclife.com>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>
Subject:	VOCSN Multi-Function Ventilator - COVID-19
Date:	2020/03/16 13:20:15
Priority:	Normal
Type:	Note

Robert and Bryan,

Our team has developed more than 18 life support ventilators. We have some of the best minds in respiratory care from engineers to respiratory therapists and we are singularly focused on ventilation and respiratory care. All of our manufacturing is completed in Seattle, WA, USA.

Patients require more than a ventilator to survive. COVID-19 patients require multiple therapies including a critical care ventilator, oxygen, high flow therapy, cough therapy, suction, and nebulizer to support their respiratory system. VOCSN is the only integrated solution to treat COVID-19 patients. VOCSN is:

- Simple to Use - VOCSN is designed more like a cell phone than confusing medical device making it ideal for environments with limited professionals
- Easy to Transport - 1 device v. 6 devices
- Quick to Setup-up - VOCSN uses less space and 1 power outlet making it ideal for overflow environments
- Energy Efficient - VOCSN uses less energy than a desktop computer
- Integrated - Reduces cross contamination to other patients and medical professionals (less circuit changes between therapies means less chance for virus to spread)
- Oxygen on Demand - VOCSN includes a built in oxygen concentrator up to 6 L/min. Additionally, the oxygen direct system maximizes high pressure oxygen delivery from in-wall hospital systems up to 3x. This means that hospitals can get three times more oxygen out of their current oxygen capacity. This increases critical oxygen capacity.
- Time Efficient - Minimizes strain on caregivers (therapies take seconds instead of minutes to complete and one medical professional can manage a patient on VOCSN v. the typical 3 full time professionals to complete multiple therapies)

For more information, please see the attached presentation specific to VOCSN and COVID-19. You can also visit our website at <https://protect2.fireeye.com/url?k=d6c7544c-8a934d30-d6c76573-0cc47adc5fa2-32e6f5842970d2f6&u=http://www.venteclife.com/>. Feel free to contact any member of our clinical team <https://protect2.fireeye.com/url?k=444b51b6-181f48ca-444b6089-0cc47adc5fa2-6961bfb967d96e43&u=https://www.venteclife.com/index.cfm/newsroom/category/20> for more

information and references. Our team includes Dr. Lewis Robinson who participated in the US response to Ebola and helped with the Strategic National Stockpile of Ventilators among others.

We are working on a proposal this evening that would rapidly expand our manufacturing capacity and ensure supply for Washington State and the USA.

Thank you,

Chris

Christopher T. Kiple

Chief Executive Officer

425.686.1735 (o) | (b)(6) (m)

701.801.9752 (conference line)

22002 26th Ave SE, Bothell, WA 98021



Sender:	Chris Kiple <ckiple@venteclife.com>
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>
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Delivered Date:	2020/03/16 13:20:15

From:	Harrison, Brian (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D145EFC9C35C4865ACA6E9D47786B204-HARRISON, B>
To:	Grigsby, Garrett (HHS/OS/OGA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7cd78b4810d44b17b8711aaede9a9023-Grigsby, G>
Subject:	RE: Wpost: USAID head to resign amid coronavirus pandemic
Date:	2020/03/16 13:51:00
Priority:	Normal
Type:	Note

Lets discuss

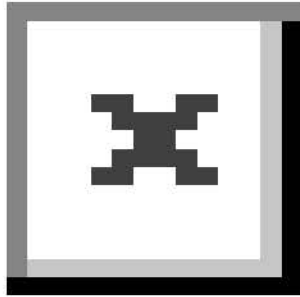
From: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Sent: Monday, March 16, 2020 1:34 PM
To: Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>
Subject: FW: Wpost: USAID head to resign amid coronavirus pandemic

(b)(5)

My 2 cents

From: Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>
Sent: Monday, March 16, 2020 12:23 PM
To: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>; Mciff, Colin (HHS/OS/OGA) <Colin.Mciff@hhs.gov>; Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Elvander, Erika (OS/OGA) <Erika.Elvander@hhs.gov>; Fernandez, Jose (OS/OGA) <Jose.Fernandez@hhs.gov>
Subject: Wpost: USAID head to resign amid coronavirus pandemic

USAID head to resign amid coronavirus pandemic



Mark Green has been the USAID administrator for the last two and a half years. (Bill O'Leary/The Washington Post) Mark Green has been the USAID administrator for the last two and a half years. (Bill O'Leary/The Washington Post)

By **Carol Morello**

March 16, 2020 at 12:00 p.m. EDT

The head of the United States Agency for International Development will step down next month from the nation's premier arm for humanitarian aid in the midst of a snowballing pandemic.

Mark Green said that his resignation, submitted to President Trump in a letter Sunday, does not stem from any dissatisfaction with the administration's response to the coronavirus outbreak.

"They're not related at all," Green said in a telephone interview about his departure from USAID, where he has been the administrator for the last two and a half years.

Green is expected to be replaced, at least temporarily, by Bonnie Glick, the deputy administrator. But his departure leaves the administration with one less experienced hand to help coordinate a worldwide response to what is the most serious crisis to confront the Trump White House. That could have broader implications if the hot spot shifts from Europe, where USAID is less active, to regions where it is more entrenched, such as Africa and Southeast Asia.

Early this month, USAID announced a \$37 million donation to help groups like the World Health Organization cope with the outbreak. In its latest budget request, the Trump administration has proposed slashing funding for global health programs by more than \$3

billion. But Congress is unlikely to go along, given broad bipartisan support for foreign aid meted out by USAID and the State Department.

USAID is an independent agency that has the primary authority to administer aid for civilian, humanitarian and development programs. It recently pulled together a team to coordinate its response to the coronavirus and has sent protective equipment and money to several countries.

Green expressed confidence that USAID is prepared to continue helping countries hard hit by the epidemic.

Green, whose last day will be April 10, would not discuss his next move, saying he would elaborate in coming days. But two people familiar with Green and his plans said he will become president of Arizona State University's McCain Institute for International Leadership.

The McCain Institute, a pro-democracy think tank, is named after the late senator John McCain, whom Trump has frequently criticized.

Green, a former Republican congressman from Wisconsin, established a strong rapport with many in the administration. He traveled overseas with first lady Melania Trump and accompanied Ivanka Trump on several trips as she promoted the Women's Global Development and Prosperity Initiative.

In his resignation letter to Trump, Green cited his work with Ivanka Trump as well as several other signature foreign policy initiatives. Among them were providing aid to alleviate man-made disasters like the economic collapse in Venezuela and diverting U.S. aid to faith-based groups including Christians persecuted by the Islamic State militants in Iraq, a pet project of Vice President Pence.

During Green's tenure, USAID responded to traditional humanitarian needs including earthquakes in Mexico, a hurricane in the Bahamas and a plague of locusts in East Africa. But natural disasters are becoming a smaller part of the agency's portfolio.

"We still have those," Green said. "But increasingly, these human disasters are man-made, regime driven, a fallout from the flight from tyranny. That has caused us to rethink how we do our work, delivering humanitarian assistance in settings that are anything but secure."

Among lawmakers and organizations concerned with international development and humanitarian aid, Green is best known for a transformational approach he called the “journey to self-reliance” so countries would need less humanitarian aid in the future.

“We continue to be far and away the largest humanitarian donor in the world. But we do need other countries to do more,” he said. “Not because I’m arguing we should do less. But more because the needs are huge.”

Green’s approach won him fans among lawmakers from both parties, and from aid groups.

“Mark Green’s tenure at the helm of USAID has been truly transformational when it comes to delivering results for the American people,” said Liz Schroyer, president of the U.S. Global Leadership Coalition. “He modernized how the agency is organized, scaled up leverage with the private sector, and focused our development agenda on self-reliance — all while never losing sight of our nation’s humanitarian values.”

Green, who first held elective office when he joined the Wisconsin State Assembly in 1993, said he does not intend to seek public office again.

“I cannot see myself returning to the arena,” he said of what he characterized as “interesting political times.”

“Every now and then I send an email to former colleagues saying, it’s kind of fun being in the cheap seats.”

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Sent Date:	2020/03/16 13:51:01
Delivered Date:	2020/03/16 13:51:00

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: Boris Johnson: 'Everyone' should avoid social contact, nonessential travel
Date:	2020/03/16 13:56:36
Priority:	Normal
Type:	Note

From: POLITICO Pro Trade <politicoemail@politicopro.com>

Sent: Monday, March 16, 2020 1:56 PM

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

Subject: Boris Johnson: 'Everyone' should avoid social contact, nonessential travel

Boris Johnson: 'Everyone' should avoid social contact, nonessential travel

By Cristina Gallardo

03/16/2020 01:55 PM EDT

LONDON — British Prime Minister Boris Johnson has warned the U.K. is fast approaching the peak of the coronavirus epidemic and asked everyone to stop nonessential contact and unnecessary travel.

Speaking at a press conference Monday, Johnson asked anyone with cough or fever and all the members of their household to stay at home for 14 days. The government also advised against all unnecessary travel, mass gatherings and group meetings at social venues, such as pubs. The measures are designed to shield the most-vulnerable for 12 weeks. Home working is now preferable whenever possible, Johnson said.

"It looks as though we are now approaching the fast growth part of the upward curve and without drastic action cases could double every five or six days," he said. "It is now clear that the peak of the epidemic is coming faster in some parts of the country than in others, such as London."

The prime minister said he recognized these measures will be "difficult and disruptive" but insisted the government was trying to "delay and flatten" the peak of the epidemic by bringing the right measures at the right time.

Pressed on the enforcement of the advice, Johnson said the government had all the necessary powers but added he did not believe it will be necessary to use them.

The prime minister sought to reassure concerns over the pandemic's impact on the British economy, saying that there isn't a systemic problem with the economy and, provided the virus is

brought under control, its economic hit would only be short-term.

Johnson ducked a question about the government's approach to testing, after it had faced criticism for moving to testing only those in hospitals. Chief Medical Officer for England Chris Whitty defended the government's "targeted approach" and said tests will continue to increase on a weekly basis.

Earlier today, Tedros Adhanom Ghebreyesus, director general of the World Health Organization, urged widespread testing to keep track of the pandemic, saying the WHO has shipped almost 1.5 million tests to 120 countries.

"We have a simple message for all countries: test, test, test," he said. "Test every suspected case. If they test positive, isolate them and find out who they have been in close contact with up to two days before they developed symptoms and test those people too. Every day more tests are being produced to meet the global demand."

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From:	Sherman, Jennifer (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F30FE7FAE664419FA654B20EDCCB1E78-SHERMAN, JE>
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Subject:	FW: First volunteer gets experimental coronavirus vaccine
Date:	2020/03/16 14:12:23
Priority:	Normal
Type:	Note

FYI

From: POLITICO Pro <politicoemail@politicopro.com>
Sent: Monday, March 16, 2020 2:10 PM
To: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Subject: First volunteer gets experimental coronavirus vaccine

First volunteer gets experimental coronavirus vaccine

By Arthur Allen

03/16/2020 02:09 PM EDT

Scientists in Washington state injected the first volunteer with an experimental shot today in the first U.S. clinical trial of a vaccine against the novel coronavirus, the NIH reported.

The vaccine, designed by Moderna and scientists from the National Institute of Allergy and Infectious Diseases, which is funding the trial, will be tested over the next six weeks in 45 healthy volunteers at the Kaiser Permanente Washington Health Research Institute in Seattle.

The study is evaluating different doses of the vaccine for safety and its ability to induce an immune response in participants. NIH will pursue larger trials if it appears safe and produces a response indicating it could protect against Covid-19.

This could potentially lead to licensing of the vaccine in a year to 18 months, officials say. The United States and other governments are funding experiments and potential clinical trials of numerous other candidate vaccines.

"This Phase 1 study, launched in record speed, is an important first step" toward the goal of an effective vaccine to combat the virus, said NIAID Director Anthony Fauci in a news release.

The core of the vaccine is a strand of genetic material that directs the body's cells to make a protein that should stimulate the immune system to prevent infection. Vaccines historically have taken years or decades to develop, but the Moderna technology enabled scientists to create the vaccine quickly after receiving the virus' genetic sequence.

The Seattle research institute is part of a network of NIH-funded vaccine clinical trial centers.

NIH chose Seattle for the trial before the coronavirus exploded in the area, but scientists say that if trial volunteers are exposed to the virus, it might provide additional information on the vaccine's efficacy.

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Subject:	UPDATED VP DAILY GUIDANCE AND PRESS SCHEDULE FOR MONDAY, MARCH 16, 2020
Date:	2020/03/16 14:57:08
Priority:	Normal
Type:	Note

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Office of the Vice President

FOR IMMEDIATE RELEASE

March 16, 2020

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

UPDATE: The press briefing with Members of the Coronavirus Task Force will now be held at 3:15PM .

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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

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James S. Brady Briefing Room

On Camera

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Sent Date:	2020/03/16 14:55:35
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From:	BurkeHarris, Nadine @OSG <Nadine.BurkeHarris@osg.ca.gov>
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Subject:	Re: OpEd
Date:	2020/03/16 14:57:29
Priority:	Normal
Type:	Note

This is wonderful! Thank you!

n

DR. NADINE BURKE HARRIS
CALIFORNIA SURGEON GENERAL



@DrBurkeHarris

From: Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>

Sent: Monday, March 16, 2020 11:33 AM

To: BurkeHarris, Nadine @OSG <Nadine.BurkeHarris@osg.ca.gov>

Subject: Re: OpEd

Per your request:

Could suggest seeking help locally and refer at https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2Fcoping.html and SAMHSA's Disaster Distress Helpline: [1-800-985-5990](tel:1-800-985-5990) or text TalkWithUs to 66746. (TTY [1-800-846-8517](tel:1-800-846-8517)).

VADM Jerome Adams
20th US Surgeon General

On Mar 16, 2020, at 1:47 PM, BurkeHarris, Nadine @OSG <Nadine.BurkeHarris@osg.ca.gov> wrote:

Jerome,

I have attached a draft of the OpEd for your feedback. Once I have your input, I'll send it to through the Governor's Office so that he can reach out to Pence to get approval. We should discuss the best strategy for pitching, whether it should come from your office or mine. I think that we should ask that papers will waive their exclusivity on OpEds given that this is a national emergency and ideally I'd like to see this published in all major outlets - WSJ, NYTimes, WaPo, etc.

Would love to hear your thoughts.

Thanks,

nadine

DR. NADINE BURKE HARRIS

CALIFORNIA SURGEON GENERAL
<Outlook-irloblof.png>

@DrBurkeHarris
<Social Distaning Op Ed_NBH.docx>

Sender:	BurkeHarris, Nadine @OSG <Nadine.BurkeHarris@osg.ca.gov>
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Subject:	FW: UPDATED VP DAILY GUIDANCE AND PRESS SCHEDULE FOR MONDAY, MARCH 16, 2020
Date:	2020/03/16 15:00:00
Priority:	Normal
Type:	Note

From: White House: Office of the Vice President <info@mail.whitehouse.gov>
Sent: Monday, March 16, 2020 2:56 PM
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Subject: UPDATED VP DAILY GUIDANCE AND PRESS SCHEDULE FOR MONDAY, MARCH 16, 2020



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March 16, 2020

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

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Date:	2020/03/16 15:00:30
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Type:	Note

From: White House: Office of the Vice President <info@mail.whitehouse.gov>
Sent: Monday, March 16, 2020 2:56 PM
To: Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>
Subject: UPDATED VP DAILY GUIDANCE AND PRESS SCHEDULE FOR MONDAY, MARCH 16, 2020



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From:	Brooks, John (CMS/OA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=3A5EC1419DDC4A43A9FB67314EEAE980-BVH4>
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Subject:	FW: COVID--Pfizer's Five Point Plan
Date:	2020/03/16 15:00:36
Priority:	Normal
Type:	Note

FYI – update from Pfizer if you have not received through other channels.

From: Kraemer, John W <John.W.Kraemer@pfizer.com>
Sent: Monday, March 16, 2020 2:56 PM
To: Brooks, John (CMS/OA) <John.Brooks@cms.hhs.gov>
Subject: COVID--Pfizer's Five Point Plan

John,

Hope this finds you well, and wanted to share the below note from our head of office on Pfizer's plan to address COVID.

Would particularly highlight 1. Sharing tools and insights (for vaccine development across the industry) and 4. Offering our manufacturing capabilities (based here in the US for production). Our CEO is completely committed to providing assistance on COVID and leading the industry. Would be happy to discuss with you, or any HHS colleagues focused on these issues, regarding how we can engage, and support your efforts.

Many thanks and best,

John

First of all, thank you for your steadfast leadership during this global health crisis. You along with your colleagues are doing everything you can to protect Americans from this pandemic. For that, myself and all of my colleagues at Pfizer are extremely grateful.

I wanted to update you on Pfizer's efforts to contribute to the nation's crusade to overcome this crisis.

First, like many other responsible corporate citizens, Pfizer is taking all necessary measures to protect the health and well-being of our employees while minimizing the impact on our operations. We are paying close attention to the potential for delays in our research programs and ongoing clinical trials that could result in a lag in bringing lifesaving medicines and vaccines to patients and we are doing everything in our power to minimize this impact. In addition to this general response, we are focusing on two areas where we can specifically help to combat this disease: Maintaining the supply of critical hospital medications that are needed to treat COVID-19 patients, and developing a medical solution to combat this disease.

Maintain supply of critical hospital medications

Pfizer is the largest supplier of sterile injectable medicines in the country. Every year, we supply more than 500 million units in more than 5,000 healthcare institutions across the United States. As of today, all our manufacturing sites are running at high capacity under a Pfizer wide pandemic plan. In order to maintain our capacity, we have moved all sites to Phase 2 of this plan which restricts access to only those colleagues critical for sustained operations. We keep monitoring the situation in case additional measures are required.

In addition, we have identified 74 medicines that are most relevant in today's situation for hospitals and affected patients (47 in the anti-infective space and 27 that are core to institutions providing patients supportive and critical care). We are developing specific risk plans for these medicines that include but are not limited to intensive monitoring of demand and shifting production plans to support higher demand and safety stocks.

Develop medical solutions against CoVid-19

Pfizer has also created a SWAT team of our leading virologists, biologists, chemists, clinicians, epidemiologists, vaccine experts, pharmaceutical scientists and other key experts to focus solely on addressing this pandemic and we are in the race to develop antiviral therapies and a coronavirus vaccine. Although it is still very early, we see a significant opportunity to contribute to public health with an antiviral treatment in the clinic before end of 2020 and a vaccine in the US for testing within a few months.

However, in order to find a solution as soon as possible, it is critical there be collaboration between the biopharmaceutical industry and government moving forward. In that spirit, on Friday, Pfizer issued a Five

Point Plan of commitments in this regard. Pfizer is making five promises that will help scientists more rapidly bring forward therapies and vaccines to protect humankind from this escalating pandemic and prepare the industry to better respond to future global health crises. The Pfizer Five Point Plan is as follows:

1. **Sharing tools and insights:** With very little known about this virus, many are working to develop cell-based assays, viral screening, serological assays, and translational models to test potential therapies and vaccines. Pfizer is committed to making the vital tools we develop available on an open source platform to the broader scientific community and to

sharing the data and learnings gained with other companies in real time to rapidly advance therapies and vaccines to patients.

2. **Marshalling our people:** Human capital is our most valuable resource. Pfizer has created a SWAT team of our leading virologists, biologists, chemists, clinicians, epidemiologists, vaccine experts, pharmaceutical scientists and other key experts to focus solely on addressing this pandemic. This team is applying their passion, commitment and expertise to a single focus of accelerating the discovery and development process that will deliver therapies and vaccines to patients as soon as possible.
3. **Applying our drug development expertise:** Many smaller biotech companies are screening compounds or existing therapies for activity against the virus causing COVID-19, but some lack the experience in late stage development and navigating the complex regulatory systems. Pfizer is committed to sharing our clinical development and regulatory expertise to support the most promising candidates these companies bring forward.
4. **Offering our manufacturing capabilities:** Once a therapy or vaccine is approved, it will need to be rapidly scaled and deployed around the world to put an end to this pandemic. As one of the largest manufacturers of vaccines and therapeutics, Pfizer is committed to using any excess manufacturing capacity and to potentially shifting production to support others in rapidly getting these life-saving breakthroughs into the hands of patients.
5. **Improving future rapid response:** Finally, to address future global health threats, Pfizer is reaching out to federal agencies including NIH, NIAID and CDC to build a cross-industry rapid response team of scientists, clinicians and technicians able to move into action immediately when future epidemics surface.

Please let me know how I may be of further assistance to you and your team. And again, thank you for your service to our great country.

Sincerely,

Robert W. Jones

Robert W. Jones | Senior Vice President| **US** Government Relations | Pfizer, Inc.
1275 Pennsylvania Ave, NW, Suite 600 | Washington, DC 20004
p – 202-624-7518 | c- (b)(6)
robert.jones@pfizer.com

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CC:	Heck, Mia (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=70dbe2065d644b8dadbf56c5d63553d-Heck, Mia>; Broido, Tara (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2c3cd5c5afe049b6a8b48c25324c7465-Broido, Tar>; Kotwicki, Lauren (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=54d62ddb3fc4b358ab573ccc13fbbb7-Kotwicki, L>; Migliaccio-Grabill, Kate (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f902e34652a84a61ac85adaa853d80f6-Migliaccio, >; Channer, Amber (OS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b74c322c69df44669a06155edd78c7fa-Channer, Am>
Subject:	FW: Pool Report #7 -- governors readout
Date:	2020/03/16 15:07:09
Priority:	Normal
Type:	Note

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From: White House Press Office <info@mail.whitehouse.gov>
Sent: Monday, March 16, 2020 3:01 PM
To: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Subject: Pool Report #7 -- governors readout

From: Baker, Peter <peter.baker@nytimes.com>
Sent: Monday, March 16, 2020 2:59 PM
Subject: Pool Report #7 -- governors readout

Pool Report #7
White House
March 16, 2020

Read out from Judd Deere:

Today, President Donald J. Trump and Vice President Mike Pence led a discussion with the Governors of more than 50 States and territories and the Mayor of the District of Columbia to provide an update from the White House Coronavirus Task Force and to continue the whole-of-government response to, preparation for, and mitigation of COVID-19. The President discussed the unprecedented actions taken and funding being provided at every level of government to meet this historic challenge. The Vice President encouraged Governors to thank exemplary American businesses, individuals, health, and emergency officials, and communities of faith who are doing what they can to “flatten the curve” in this all-of-America effort. Both the President and Vice President thanked Governors, State, and local leaders for their tireless work.

White House Coronavirus Response Coordinator Ambassador Deborah Birx, M.D., and Assistant Secretary for Health at the U.S. Department of Health and Human Services Admiral Brett Giroir, M.D., provided updates on testing capabilities and highlighted community mitigation activities. Federal leaders also provided a global status update on COVID-19 and thanked Governors for activating their emergency operations centers, and the National Guard, and establishing State-level task forces. Governors provided updates on mitigation activities and discussed coordination with private sector partners and other State, local, and tribal government officials.

Since January 2020, the Trump Administration has held at least 36 briefings with more than 15,000 State, local, and tribal leaders in every State and territory in our Nation. The Federal Government has conducted thousands of one-on-one conversations with State, local, and tribal officials. This unprecedented level of connectivity will continue.

Peter Baker

NY Times

202-557-4871

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Recipient:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Schwartz, Erica (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=603e84a0e3744a5d8dcdb759f5dcad91-Schwartz, E>; Wright, Janet (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=41f672e2527b4f44891fb4f8e08cdfd-Wright, Jan>; Dulaigh, Joel (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02b15e96dc484db29682c1d336e63441-Dulaigh, Jo>; Heck, Mia (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=70dbe2065d644b8dadbf56c5d63553d-Heck, Mia>; Broido, Tara (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2c3cd5c5afe049b6a8b48c25324c7465-Broido, Tar>; Kotwicki, Lauren (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=54d62ddb3fc4b358ab573ccc13fbbb7-Kotwicki, L>; Migliaccio-Grabill, Kate (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f902e34652a84a61ac85adaa853d80f6-Migliaccio,>; Channer, Amber (OS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b74c322c69df44669a06155edd78c7fa-Channer, Am>
Sent Date:	2020/03/16 15:07:08
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To:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	POLITICO Pro Breaking News: Ohio governor recommends postponing Tuesday's primary
Date:	2020/03/16 15:13:36
Priority:	Normal
Type:	Note

Ohio Gov. Mike DeWine is recommending his state move Tuesday's primary to June to protect voters from the coronavirus pandemic.

To change your alert settings, please go to <https://protect2.fireeye.com/url?k=669e8d44-3acb8457-669ebc7b-0cc47adb5650-05a7b0695e48177f&u=https://subscriber.politicopro.com/newsletter-settings>



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Sent Date:	2020/03/16 15:13:12
Delivered Date:	2020/03/16 15:13:36

From:	POLITICO Pro Campaigns <politicoemail@politicopro.com>
To:	Brooks, John (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=646c7a34da9148189df0d76a885388b9-Brooks, Joh>
Subject:	POLITICO Pro Breaking News: Ohio governor recommends postponing Tuesday's primary
Date:	2020/03/16 15:13:31
Priority:	Normal
Type:	Note

Ohio Gov. Mike DeWine is recommending his state move Tuesday's primary to June to protect voters from the coronavirus pandemic.

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Sent Date:	2020/03/16 15:13:12
Delivered Date:	2020/03/16 15:13:31
Message Flags:	Unread

From:	Neli Rowland <neli@asafehaven.com>
To:	Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>
CC:	Callahan, Kenneth (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2e1240d1d62d49b3ba2e4e51c0920908-Callahan, K>
Subject:	Urgent Reminder: Please GIVE to Help the Homeless During the COVID-19 Pandemic
Date:	2020/03/16 15:50:29
Importance:	High
Priority:	Urgent
Type:	Note

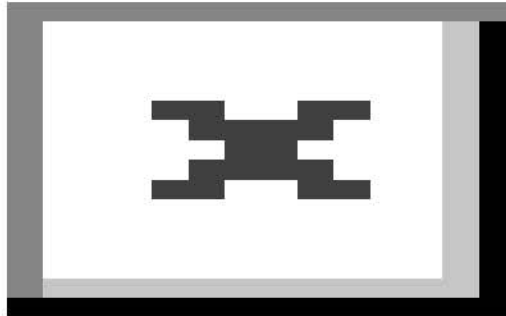
Dear Deputy Secretary Eric Hargan,

I hope this email finds you all and your families both healthy and doing well!

I am reaching out to you to let you know that we are in urgent need to connect with Medicaid on helping us get funding in to deal with the coronavirus. Perhaps, this is the time to force the implementation of the 1115 Waiver for Illinois which was intended to expand coverage for community based state licensed behavioral healthcare services and let's include the cost of residential care. In the meantime, we are adding protocols and expanding bed space to accommodate any surge in our bed needs for the homeless and poverty stricken populations. The pandemic affecting the homeless as you will agree would be catastrophic to all of us

Please let me know if you would like to set up a call to discuss. I am eager to help and serve as a resource for you and your team. Let me know.

Thank you! – Neli Vazquez Rowland, President & Co-Founder – A Safe Haven Foundation



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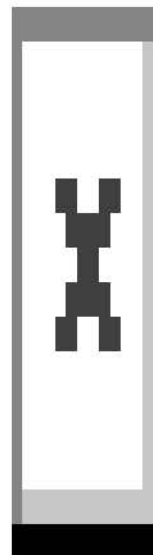
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**SPECIAL UPDATE:
Helping the Homeless
During Coronavirus Pandemic**

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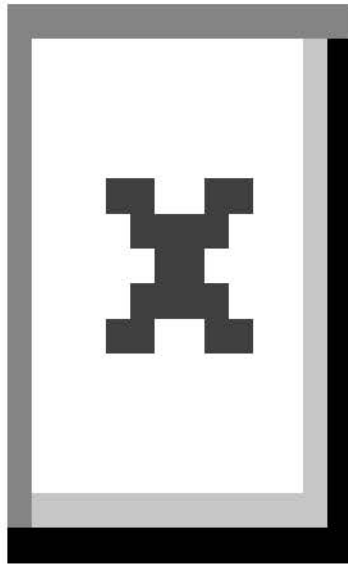


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**Neli Vazquez Rowland, President of A Safe Haven Joins The JAM Show on WCIU with Jon Han
Diana Gutierrez and Amy Rutledge to Talk About the Homeless and COVID-19!**



WCIU Coronavirus homeless

Dear A Safe Haven Family and Friends,

Hopefully, like our own family, everyone got in all of their shopping and we are all fully stocked up with groceries, anti-bacterial and flu supplies and we got a chance to spend our time at home getting caught up with our families and friends playing board games, card games, watching movies and cooking fabulous meals! Whether we are taking the time to prepare for work or school online from home or we are going into work tomorrow the need for all of us to come together to help the homeless is dire and imperative and we need your help!

At A Safe Haven, we are a 24/7 operation. Our main HQ in Chicago and transitional housing facility we house over 500 people including homeless residents and staff, daily. We also house thousands more low income and poverty-stricken populations throughout our network and system on a daily basis at our related supportive, affordable **senior and veteran** housing locations.

Like all emergency first responders, who work as safety nets on the front lines helping our most vulnerable populations, we are busy making sure everyone is safely housed, getting a healthy meal and keeping up with best hygiene practices. At A Safe Haven we do not have the option to close our doors to help flatten the curve and rate of spreading the disease like most businesses, schools, sporting events, concerts and churches. We are preparing for the worst case scenario. We are also expecting major workforce shortages due to the closure of schools and as a result of any potential quarantines. Finally we are also bracing ourselves as so many people are on only one pay check away from being homeless, that with your support we can be ready to rally to do our part to help them.

In addition to strengthening our policies, conducting even more deep cleaning at all locations and training our staff, we are investing heavily in purchasing necessary items and in creating additional space for shelter and in expanding our capacity so that we can serve another 75-100 more people perhaps as a segregated quarantine area, if the need arises.

It's a moment of truth, and a lot of things are about to change about the way we live our lives because of the coronavirus, in the best case scenario, I hope that our leaders and all of us finally realize not only the urgency of helping the homeless as the right thing to do for our fellow man, but also that we recognize the huge public health risk and threat it poses to all of us, if we don't. It is crucial that we learn to give differently and in a way that helps us focus on getting them under the proper type of transitional housing, and to engage in the type of individualized wrap around services so that they need to help them get back on their feet to support themselves and those they love. Can't we find a way to accommodate them in the most humane way, as well.

In the meantime, on a happy note, we have not yet cancelled our signature 5k RUN/WALK To End Homelessness. If you would like to think positive and want your brand, and/or you and your team to plan to be there with us to help us do more for the homeless and help celebrate our 10th Annual 5K RUN/WALK To End Homelessness, we are **grateful** some sponsors have even called to increase their sponsorship levels, especially, after they learned about the coronavirus and its impact on the homeless. Angels do exist! You can find sponsorship and registration information online: <https://protect2.fireeye.com/url?k=9cf0f9d3-c0a4d0f8-9cf0c8ec-0cc47a6d17cc-c4fc6b84bc7aaa64&u=http://www.runtoendhomelessness.org/> (Registration rates go up 3/31)

Thank you and Please Stay Healthy!
Love & God Bless, Neli

ALL SCHEDULED GROUP VOLUNTEER ACTIVITIES TEMPORARILY SUSPENDED

We Apologize that In An Abundance of Caution to Protect the Public and The Homeless, we are Cancelling and Rescheduling All Group Volunteer Projects until Further Notice. This decision puts a tremendous burden on our trained professional Staff.
No Worries, You Can Still Help!



<https://negociosnow.com>

<content/uploads/2020/03/corona-virus.jpg>

Protecting the Health of the Homeless is Key to Overall...

Neli Vazquez Rowland, President & Co-Founder of A Save Haven As we are learning more about the global COVID-19 pandemic and in an abundance of caution financially costly and life-saving decisions are being made every day, we are reducing ...

[Read more](#)
negociosnow.com

How You Can Help Protect The Homeless Against the Coronavirus, Now?

PLEASE Donate the Following Items:

- Anti-Bacterial Hand Sanitizers
- Face Masks

• **Non Perishable Food* Items:**

Fresh Produce, Frozen Vegetables, Dairy, Meats, Cereal, Oatmeal, Rice, Beans, Water bottles

• **Hand & Body Soap**

• **Laundry Detergent**

• **Deep Cleaning Items & Clorox Wipes**

**All food items must be new, unopened and not past expiration date or spoiled.*

They can be delivered to 2750 West Roosevelt Road, Chicago, IL. They will all be used directly to help the homeless and low income populations residing at all of our locations and will be distributed to the community through our food pantry.

<https://imgssl.constantcontact.com/letters/images/sys/S.gif>

URGENT CALL TO ACTION!

To Date, With the Passage of Billions of Federal Dollars and State Disaster and Pandemic Emergency Funds Being Distributed, Unfortunately, To Our Knowledge, Homeless Programs And The Last Line of Defense for the Homeless, Have Not Yet Been Included in Any of the Government Essential Plans to Fund Homeless

Programs To Help Us Tackle the Coronavirus!

We Cannot Leave the Homeless Providers Out In the Cold with The Homeless, Again, by Not Prioritizing and Providing Sufficient Funding!

We Need Your Advocacy and We Need Your Help To Help The Homeless Right From
Your Own Home!
You Can Help By
Sharing This Newsletter On Your Social Media or With Your Friends, By Giving ONLINE
and/or Mailing A Check, Today!

Please Donate \$10, \$100 or \$1,000 or More It All Helps!

DONATE TODAY!

Mail Checks To: A Safe Haven Foundation 2750 West Roosevelt Road, Chicago, IL 60608
Attn: Development Department

Thank YOU for Helping & For Helping Us Spread the Word!

 [Facebook](#)  [Twitter](#)  [LinkedIn](#)  [YouTube](#)

A Safe Haven Foundation | 2750 West Roosevelt Road, Chicago, IL 60608

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Sent Date:	2020/03/16 15:49:59
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From:	OS Secretarys Operations Center </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=32B1F28D808B43B6903C00083291303E-SECRETARYS>
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CC:	2019 nCoV Senior Leadership </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=353de401d4bb4b88b199db739e56b67e-2019_nCoV_S>; 2019 nCoV IMT </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4c487a5b6dbd4637be98fc7d8f7fd23f-2019_nCoV_I>; 2019 nCoV Interagency </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=611ff25556cb4f8fbf005f95841ae540-2019_nCoV_I>; 2019 nCoV Interagency </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=611ff25556cb4f8fbf005f95841ae540-2019_nCoV_I>; 2019 nCoV IST </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=80e44074d80e4a8e95e3da696d40137e-2019_nCoV_I>
Subject:	16Mar20 COVID-19 Open Media Report
Date:	2020/03/16 16:17:38
Priority:	Normal
Type:	Note

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Good afternoon all,

Attached is the 16Mar20 COVID-19 Open Media Report.

BLUF: Several states close restaurants and limit the size of gatherings while allowing essential services such as grocery stores to remain open. The FDA grants emergency authorization to a second rapid test in

order to increase capacity as test shortages are reported. More hospitals are cancelling elective surgeries.

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

- The information in this section pertains to case/fatality reporting, possible reservoirs for the virus, modes of transmission, and other information about the virus itself.
- The Department of Veteran Affairs has confirmed the first veteran death. There are 30 cases among veterans.

Public Health/Clinical Response:

- Several states including Connecticut, Illinois, Indiana, Kentucky, Maryland, Massachusetts, New York, New Jersey, and Rhode Island close restaurants, limit size of public gatherings, ban nursing home visits, and/or restrict hospital visitations..
All nine San Francisco Bay Area counties will be placed under a shelter-in-place directive, which will close non-essential businesses and direct residents to stay in

their homes.

Supply Chain/Economy:

- FDA granted emergency approval for a rapid test from Thermo Fisher Scientific. The company said it will have capacity for 1.5 million tests this week, and will eventually produce 5 million tests weekly.
- The Federal Reserve cuts interests rates to 0-0.25% and announces \$700 billion in quantitative easing in a bid to cushion the economy.

Public Sentiment:

- Many express concern for those who work without benefits or sick leave and how their families will be able to get through the situation.

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

Prepared by:

Secretary's Operations Center

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



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CC:	2019 nCoV Senior Leadership </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=353de401d4bb4b88b199db739e56b67e-2019_nCoV_S>; 2019 nCoV IMT </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4c487a5b6dbd4637be98fc7d8f7fd23f-2019_nCoV_I>; 2019 nCoV Interagency </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=611ff25556cb4f8fbf005f95841ae540-2019_nCoV_I>; 2019 nCoV Interagency </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=611ff25556cb4f8fbf005f95841ae540-2019_nCoV_I>; 2019 nCoV IST </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=80e44074d80e4a8e95e3da696d40137e-2019_nCoV_I>
Subject:	16Mar20 COVID-19 Open Media Report
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Priority:	Normal
Type:	Note

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Secretary's Operations Center

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

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CC:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	Re: concerns regarding CDC recommendations for COVID-19 prevention in healthcare settings
Date:	2020/03/16 16:23:39
Priority:	Normal
Type:	Note

Yiming:

Thanks for your note. I will forward your email to dr. Robert Kadlec who is in charge of the SNS.

Best regards,

Tony

On Mar 16, 2020, at 2:53 PM, Luo, Yiming (NIH/NIAMS) [E] <yiming.luo@nih.gov> wrote:

Dear Dr. Fauci,

My name is Yiming and I am a clinical fellow in rheumatology at NIH/NIAMS. I have colleagues and friends working in community hospitals fighting against COVID-19 and we are deeply concerned regarding the CDC interim recommendations for COVID-19 prevention in healthcare settings saying that "facemasks are an acceptable alternative when the supply chain of respirators cannot meet the demand". Currently hospitals in New York City are asking their healthcare providers to wear surgical mask while treating COVID-19

COVID-19 is highly contagious in healthcare settings with a large proportion of healthcare professionals being infected reported in early literature [1]. A recent study suggested that asymptomatic patients can transmit SARS-CoV-2 which puts potentially additional threats to healthcare providers [2].

Although surgical mask can effectively prevent droplet transmission, whether and to what degree SARS-CoV-2 can transmit through aerosol approach is still uncertain. Studies with 2003 SARS virus suggest a high level of concerns for aerosol transmission [3], and a recent unpublished study from MedRxiv revealed that SARS-CoV-2 has similar aerosol stability compared to SARS [4].

Healthcare professionals are our frontline force against the coronavirus emergency and we cannot afford even a slight probability of a large scale infections among healthcare workers due to insufficient personal protective equipment. We hope that accessing the Strategic National Stockpile (SNS) and any potential mass production program are actively being considered to protect, and ultimately, save lives for U.S. people.

Sincerely,

Yiming Luo, MD

- [1] Wang et al, Clinical Characteristics of 138 Hospitalized Patients With 2019 Novel Coronavirus–Infected Pneumonia in Wuhan, China. JAMA. 2020 Feb 7. Doi: 10.1001/jama.2020.1585.
- [2] Chang et al, Protecting health care workers from subclinical coronavirus infection, Lancet Respir Med. 2020 Mar;8(3):e13. doi: 10.1016/S2213-2600(20)30066-7.
- [3] Jones et al, Aerosol transmission of infectious disease. J Occup Environ Med. 2015 May;57(5):501-8. doi: 10.1097/JOM.0000000000000448.
- [4] Doremalen et al, Aerosol and surface stability of HCoV-19 (SARS-CoV-2) compared to SARS-CoV-1. doi: <https://doi.org/10.1101/2020.03.09.20033217> (MedRxiv)

Sender:	Fauci, Anthony (NIH/NIAID) [E] <afauci@niaid.nih.gov>
Recipient:	Luo, Yiming (NIH/NIAMS) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=99cc05d7f65f49909e9adbdc47046b98-yiming.luo.>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
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To:	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>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>
Subject:	Fwd: BENS Outreach
Date:	2020/03/16 16:44:52
Priority:	Normal
Type:	Note

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Begin forwarded message:

From: Joseph Votel <JVotel@bens.org>
Date: March 16, 2020 at 11:19:47 AM EDT
To: "Kadlec, Robert (OS/ASPR/IO)" <Robert.Kadlec@hhs.gov>
Cc: Aaron Woolf <AWoolf@bens.org>, Tom Cosentino <TCosentino@bens.org>, Rose Melnicki <RMelnicki@bens.org>
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Again, BENS is absolutely committed to playing our role in a "whole of Nation" response.

Vr,

Joe

General Joseph L. Votel, USA (Ret.)
President and CEO
Business Executives for National Security (BENS)
Office: 202.296.2125 | Mobile: (b)(6)

From: "Kadlec, Robert (OS/ASPR/IO)" <Robert.Kadlec@hhs.gov>
Date: Sunday, March 15, 2020 at 6:29 PM
To: Norty Schwartz <NSchwartz@bens.org>, Joseph Votel <JVotel@bens.org>
Cc: Tom Cosentino <TCosentino@bens.org>
Subject: RE: Can we talk?

Thank you General Schwartz: General Votel appreciate a moment of time when convenient to discuss the role of BENS in a Whole of Nation effort with the current coronavirus situation.

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Bob Kadlec
Assistant Secretary of Preparedness and Response
Dept of Health & Human Services
202.374.2280

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Sent: Sunday, March 15, 2020 6:57 PM
To: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Joseph Votel <JVotel@bens.org>
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Subject:	HHS Secretary Azar Statement on Launch of Phase 1 COVID-19 Vaccine Trial
Date:	2020/03/16 17:00:16
Priority:	Normal
Type:	Note



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FOR IMMEDIATE RELEASE
 Monday, March 16, 2020

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Date:	2020/03/16 17:00:32
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Subject:	HHS Secretary Azar Statement on Launch of Phase 1 COVID-19 Vaccine Trial
Date:	2020/03/16 17:00:43
Priority:	Normal
Type:	Note



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To:	Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>
Subject:	HHS Secretary Azar Statement on Launch of Phase 1 COVID-19 Vaccine Trial
Date:	2020/03/16 17:01:29
Priority:	Normal
Type:	Note



U.S. Department of Health and
Human Services

Press Statement

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

FOR IMMEDIATE RELEASE
 Monday, March 16, 2020

HHS Secretary Azar Statement on Launch of Phase 1 COVID-19 Vaccine Trial

On Monday, the National Institute of Allergy and Infectious Diseases (NIAID) at the National Institutes of Health (NIH) announced that a Phase 1 clinical trial evaluating an investigational vaccine designed to protect against COVID-19 has begun at Kaiser Permanente Washington Health Research Institute in Seattle, funded by NIH.

HHS Secretary Alex Azar issued the following statement:

“President Trump’s bold, decisive actions at the early stages of the COVID-19 outbreak bought the United States extremely valuable time to prepare, including kick-starting the development of vaccines and therapeutics through every possible avenue. Now, NIH and its partners have launched the first COVID-19 vaccine trial anywhere in the world, in record-breaking time. When the world faces a new public health threat, so often, American scientists and entrepreneurs have been the first to start uncovering ways to fight back. The

President's whole-of-government, whole-of-America approach is using our best minds and all the resources we have to protect the American people from this unprecedented threat."

The study is evaluating different doses of the experimental vaccine for safety and its ability to induce an immune response in participants. The vaccine was developed by NIAID scientists and their collaborators at the biotechnology company Moderna, Inc.; the Coalition for Epidemic Preparedness Innovations (CEPI) supported the clinical manufacturing of the vaccine candidate.

###

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

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Sent Date:	2020/03/16 16:59:57
Delivered Date:	2020/03/16 17:01:29

From:	Tracey McNamara (b)(6)@westernu.edu>
To:	Carter Mecher (b)(6)@charter.net>; Dr. Eva K Lee <evallee-gatech@pm.me>
CC:	Richard Hatchett <richard.hatchett@cepi.net>; CHRISTOPHER ALLEN (b)(6)@msn.com>; Tom Bossert <tom.bossert@me.com>; Parker Jr, Gerald W (b)(6)@cvm.tamu.edu>; Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.roup (FYDIBOHF23SPDLT)/cn=Recipients/cn=user4629b831>; eric.mcdonald@sdcounty.ca.gov </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=04b8a65f67f9453b9749d3d366481f53-Guest_bef32>; Borio, Luciana <LBorio@iq.t.org>; Brian Benson <brian.benson@icloud.com>; Caneva, Duane (DHS.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b6ba3c00c7944e1b99ed3eecab996186-Duane.Canev>; Baric, Ralph S (b)(6)@email.unc.edu>; Mecher, Carter (VA.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=505b94dcf2f74b6ab8da09f5bcc26761-Carter.Mech>; Hunt, Richard (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a104469df5184cc38bf02034af7eca04-Hunt, Richa>; WILKINSON, THOMAS <THOMAS.WILKINSON@hq.dhs.gov>; (b)(6)@mgh.harvard.edu </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=20f0e9a3ebef4ef99d30a96386fb2627-Guest_945f5>; David (b)(6)@som.umaryland.edu>; Martin, Greg (state.gov) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d48a91c6dc5f401a80e245c518874f15-MartinGJ.os>; Walters, William (STATE.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f3bd10f7e82440f282361d80de6b8c1f-William.Wal>; HAMILTON, CAMERON <cameron.hamilton@hq.dhs.gov>; (b)(6)@gmail.com>; Dodgen, Daniel (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c23f0d7c1d634508918e1c87cf50c48c-Dodgen, Dan>; DeBord, Kristin (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d2cce28859884c1c835a9404885d6534-DeBord, Kri>; Phillips, Sally (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d6ce8134846423cb83b5b28464edb60-Phillips, S>; Matthew J CIV USARMY (USA <matthew.j.hepburn.civ@mail.mil>; Lisa Koonin (b)(6)@gmail.com>; HARVEY, MELISSA <melissa.harvey@hq.dhs.gov>; Wolfe, Herbert (DHS.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f2fb845c2e154d8e967ec3fdabecfbd6-Herbert.Wol>; alexander.eastman@hq.dhs.gov </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d6cb05aaaff49fb1ee44181880376c-Guest_37b50>; EVANS, MARIEFRED <mariefred.evans@associates.hq.dhs.gov>; (b)(6)@utmb.edu>; Johnson, Robert (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0851e89240324306b78740a4a60745e2-Johnson, Ro>; Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>; Disbrow, Gary (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0fd5845defda4dc0bb45f8fac629cf09-Disbrow, Ga>; Redd, John (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ba3fed4ee8646ec849a5a87136a24f6-Redd, John>; Hassell, David (Chris) (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=aedbf0ff96e4119ac7a3b3abaf71a3d-Hassell, Da>; Hamel, Joseph (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=96d2c1602dfa45e5a5e21452a098b96d-Hamel, Jose>; Hanfling, Dan <DHanfling@iq.t.org>; Wade, David <david.wade@hq.dhs.gov>; david.a.tarantino@cbp.dhs.gov </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2b8ce179913e4ec6a251a91616b1bc4a-Guest_de2e9>; KAUSHIK, SANGEETA <sangeeta.kaushik@hq.dhs.gov>; Lee, Scott (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userf6879348>; Larry G <PadgetLG@state.gov>;

	Ryan Morhard <Ryan.Morhard@weforum.org>; Steven Jt(tCHFStDPH <steven.stack@ky.gov>; Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Mansoura, Monique K. <mmansoura@mitre.org>; Fantinato, Jessica (USDA.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4a03b6317c3840afb4ee617008e821a6-Jessica.Fan>; DC <michelle.colby@usda.gov>; (b)(6)@usuhs.edu>; Cordts, Jerome (CTR <jerome.cordts@associates.hq.dhs.gov>; Schnitzer, Jay J <jschnitzer@mitre.org>; Ignacio, Joselito (FEMA.DHS.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=908f39d0872d44b1b2c5e3ba11f04968-Joselito.Ig>; Will Gaskins <will.gaskins@efia.com>; Kevin Montgomery <kevin@collaborate.org>; Logan, Linda L (b)(6)@cvm.tamu.edu>; LLogandakar <(b)(6)@gmail.com>; Nicole Lurie <nicole.lurie@cepi.net>; Charity A@CDPH <Charity.Dean@cdph.ca.gov>
Subject:	Re: FW: Singapore's measures to contain COVID-19
Date:	2020/03/16 17:07:40
Priority:	Normal
Type:	Note

<https://protect2.fireeye.com/url?k=0fb70e13-53e32738-0fb73f2c-0cc47a6d17cc-288afd8b43d32312&u=https://www.idexx.com/en/about-idexx/news/no-covid-19-cases-pets/>

Good news. IDEXX, a veterinary diagnostic lab, has developed a PCR and has tested thousands of ssmples on dogs and cats - all negative.

Obviously, we are early in the outbreak so I am trying to find out if they will test pets of known + COVID-19 patients in the weeks to come. Also lack details on specifically what was tested- oral swabs? Pharyngeal swabs? Fecal swabs? Blood? Need more info and have reached out to their CEO.

Tracey

Get Outlook for Android

From: Dr. Eva K Lee <evalee-gatech@pm.me>

Sent: Sunday, March 15, 2020 4:34:28 AM

To: Carter Mecher <(b)(6)@charter.net>

Cc: Richard Hatchett <richard.hatchett@cepi.net>; CHRISTOPHER ALLEN <(b)(6)@msn.com>;

Tom Bossert <tom.bossert@me.com>; Parker Jr, Gerald W <(b)(6)@cvm.tamu.edu>; Gruber,David

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Subject: RE: FW: Singapore's measures to contain COVID-19

Yes, it is harder now since there're new source from other countries. They have to be vigilant and remain very firm on the interventions, rapid screening, tracing, and quarantine. It requires physical spaces. King County has to rent a motel for quarantine.

evalee-gatech@pm.me

<https://newton.isye.gatech.edu/DrLee/>

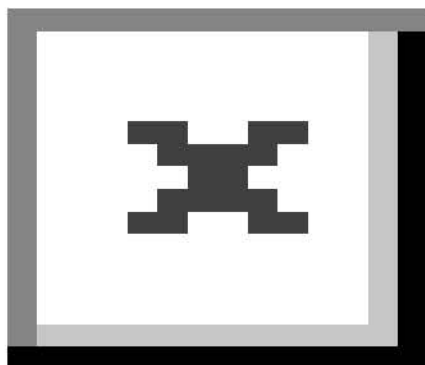
mobile: 404-432-6835

Sent with ProtonMail Secure Email.

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

On Sunday, March 15, 2020 7:27 AM, Carter Mecher (b)(6)@charter.net>wrote:

Singapore (212 cases/0 deaths) and Hong Kong (142 cases/4 deaths) continue to hold the line, but Singapore's numbers have been drifting up lately. Growth of cases still close to linear (Ro hovering close to 1.0). Along with Taiwan, this has been a remarkable achievement over the span of nearly 2 months.



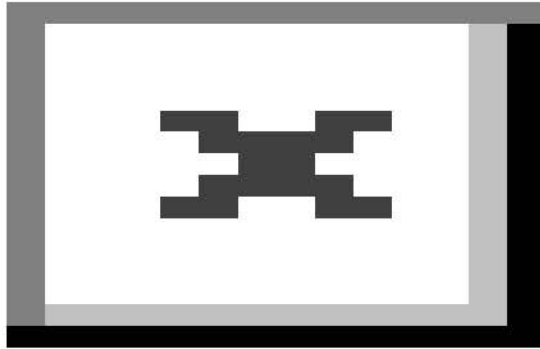
In the attached summary I pasted in the data for Singapore and Hog Kong and the 3 countries that are really barreling along—Italy, Spain and France. They have similar size populations and the acceleration in terms of the number of cases and deaths is similar. Spain is about 8 days behind Italy and France appears to be about 2 days behind Spain. Interesting to compare to Hubei (also of similar size population). Need to be careful comparing absolute numbers with US (US pop is 5 times the size of Italy).

Date of 1st Case	24-Jan		1-Feb		30-Jan			
Date of 1st Death	15-Feb		4-Mar		21-Feb			
	France (65M)		Spain (47M)		Italy (60M)			
	Cum Cases	Cum Deaths	Cum Cases	Cum Deaths	Cum Cases	Cum Deaths	Date	Hub Cum Cas

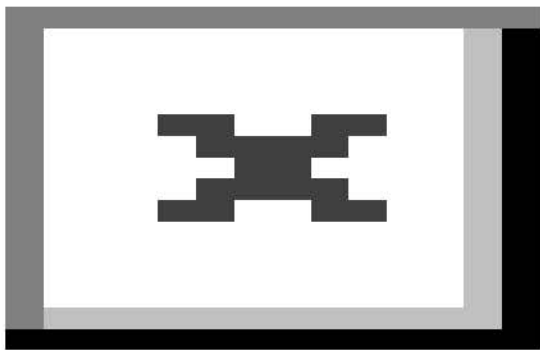
20-Feb	12	1	2		3	0	22-Jan	44
21-Feb	12	1	2		20	1	23-Jan	54
22-Feb	12	1	2		63	2	24-Jan	72
23-Feb	12	1	2		155	3	25-Jan	1,05
24-Feb	12	1	3		229	7	26-Jan	1,42
25-Feb	14	1	7		322	11	27-Jan	2,77
26-Feb	18	2	13		453	12	28-Jan	3,55
27-Feb	38	2	23		655	17	29-Jan	4,58
28-Feb	57	2	32		889	21	30-Jan	5,80
29-Feb	100	2	45		1,128	29	31-Jan	7,15
1-Mar	130	2	84		1,694	34	1-Feb	9,07
2-Mar	191	3	120		2,036	52	2-Feb	11,1
3-Mar	212	4	151		2,502	79	3-Feb	13,5
4-Mar	285	4	202		3,089	107	4-Feb	16,6
5-Mar	423	7	248	1	3,858	148	5-Feb	19,6
6-Mar	613	9	517	10	4,636	197	6-Feb	22,1

7-Mar	949	16	613	17	5,833	233	7-Feb	24,9
8-Mar	1,126	19	848	25	7,375	366	8-Feb	27,1
9-Mar	1,412	30	1,231	30	9,172	463	9-Feb	29,6
10-Mar	1,784	33	1,646	35	10,149	631	10-Feb	31,7
11-Mar	2,281	49	2,277	55	12,462	827	11-Feb	33,3
12-Mar	2,876	61	3,059	86	15,113	1,016	12-Feb	48,2
13-Mar	3,661	79	4,209	120	17,660	1,266	13-Feb	51,9
14-Mar	4,499	91	5,841	191	21,157	1,441	14-Feb	54,4

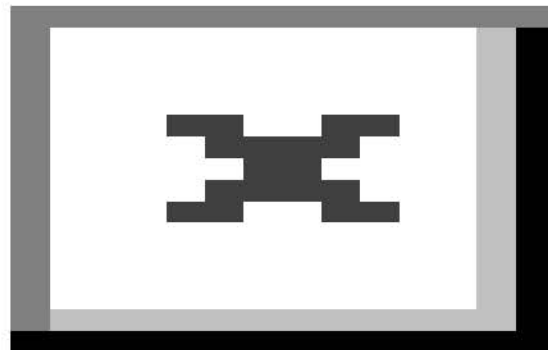
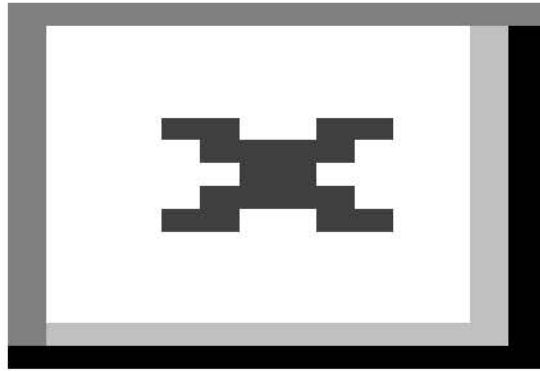
Lastly, I think China has plateaued. Numbers have been pretty flat for the last few days. (Data thru March14).



And just for comparison. Here is the overall hospitalization data for the worst flu season we have had since we have been collecting flu hospitalization data on the US (2017-18 season). Note the y-axis in both graphs and the x-axis (span of 100 days in top graph and 30 weeks in the lower graph).



Here is how they compare if we adjust the x-axis and y-axis to be similar



Sent from Mail for Windows 10

From: Dr. Eva K Lee

Sent: Sunday, March 15, 2020 5:24 AM

To: Richard Hatchett

Cc: Carter Mecher; CHRISTOPHER ALLEN; Tom Bossert; Parker Jr, Gerald W; Gruber, David (DSHS; McDonald, Eric; Borio, Luciana; Brian Benson; Tracey McNamara; Duane Caneva; Baric, Ralph S; Mecher, Carter (VA.GOV; Hunt, Richard (OS/ASPR/EMMO; WILKINSON, THOMAS; M.D.; David; Gregory J; Walters, William (STATE.GOV; HAMILTON, CAMERON; (b)(6)@gmail.com; Dodgen, tDanielt(OS/ASPR/SPPR; DeBord, Kristin (OS/ASPR/SPPR; Phillips, Sally (OS/ASPR/SPPR; Matthew J CIV USARMY (USA; Lisa Koonin; HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; (b)(6)@utmb.edu; Johnson, Robert (OS/ASPR/BARDA; Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA; Redd, John (OS/ASPR/SPPR; Hassell, David (Chris) (OS/ASPR/IO; Hamel, Joseph (OS/ASPR/IO; Hanfling, Dan; Wade, David; TARANTINO, DAVID A; KAUSHIK, SANGEETA; Lee, Scott (OS/ASPR/EMMO; Larry G; Ryan Morhard; Steven Jt(tCHFStDPH; Adams, Jerome (HHS/OASH; Mansoura, Monique K.; Fantinato, Jessica (USDA.GOV; DC; (b)(6)@usuhs.edu; Cordts, Jerome (CTR; Schnitzer, Jay J; Ignacio, Joselito; Will Gaskins; Kevin Montgomery; Logan, Linda L; LLogandakar; Nicole Lurie; Charity A@CDPH

Subject: Re: FW: Singapore's measures to contain COVID-19

Thank you Richard. Below is one regarding 3 places - Singapore, Hong Kong and Taiwan- regarding their current containment status and strategies.

<https://time.com/5802293/coronavirus-covid19-singapore-hong-kong-taiwan/>

evalee-gatech@pm.me

<https://newton.isye.gatech.edu/DrLee/>

mobile: (b)(6)

Sent with ProtonMail Secure Email.

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

On Sunday, March 15, 2020 5:10 AM, Richard Hatchett <richard.hatchett@cepi.net>wrote:

Worth reviewing as we think about how to balance efforts to control COVID-19 with the economic costs of doing so.

From: Annelise Wilder-Smith <annelies.wilder-smith@lshtm.ac.uk>

Sent: 15 March 2020 08:20

To: Ziad Memish (b)(6)@yahoo.com>; Eduardo Hage Carmo
<Eduardo.Carmo@saude.gov.br>

Cc:

Subject: Singapore's measures to contain COVID-19

Dear all,

During my visit in Singapore, I had the chance to explore how Singapore is tackling COVID, and how the Society is contributing.

Fever screening at every entry to institutions and buildings, schools and universities, paired with hand sanitizers. Liberal testing and prompt isolation of cases, extensive contact tracing advanced by digital technologies and police support, and strictly enforced quarantine of contacts. No community quarantine, no cancellation of events, all schools and universities open. Life is normal, but all people implement social distancing, use hand sanitizers frequently (as available basically in every building in almost every room), and do not complain at all about having their temperature checked several times per day.

Vernon Lee, our Chair of this Lancet ID Commission, has written a nice piece on how Singapore basically has kept a flat line over the past 7 weeks in terms of daily new cases. Lots to learn from Singapore! He also provides a list of the measures taken in the below URL link.

[Interrupting transmission of COVID-19: lessons from containment efforts in Singapore.](#)

Lee VJ, Chiew CJ, Khong WX.

J Travel Med. 2020 Mar 13. pii: taaa039. doi: 10.1093/jtm/taaa039.

Annelies

Sender:	Tracey McNamara (b)(6)@westernu.edu>
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Hanfling, Dan <DHanfling@igt.org>;
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david.a.tarantino@cbp.dhs.gov </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2b8ce179913e4ec6a251a91616b1bc4a-Guest_de2e9>;
KAUSHIK, SANGEETA <sangeeta.kaushik@hq.dhs.gov>;
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Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>;
Mansoura, Monique K. <mmansoura@mitre.org>;
Fantinato, Jessica (USDA.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4a03b6317c3840afb4ee617008e821a6-Jessica.Fan>;
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Ignacio, Joselito (FEMA.DHS.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=908f39d0872d44b1b2c5e3ba11f04968-Joselito.Ig>;
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Sent Date: 2020/03/16 17:06:48

Delivered Date: 2020/03/16 17:07:40

Message Flags: Unread

From: LLogandakar (b)(6)@gmail.com>

To: Tracey McNamara (b)(6)@westernu.edu>

Carter Mecher (b)(6)@charter.net>;
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	Larry G <PadgetLG@state.gov>; Ryan Morhard <Ryan.Morhard@weforum.org>; Steven Jt(tCHFStDPH <steven.stack@ky.gov>; Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Mansoura, Monique K. <mmansoura@mitre.org>; Fantinato, Jessica (USDA.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4a03b6317c3840afb4ee617008e821a6-Jessica.Fan>; DC <michelle.colby@usda.gov>; (b)(6)@usuhs.edu>; Cordts, Jerome (CTR <jerome.cordts@associates.hq.dhs.gov>; Schnitzer, Jay J <jschnitzer@mitre.org>; Ignacio, Joselito (FEMA.DHS.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=908f39d0872d44b1b2c5e3ba11f04968-Joselito.Ig>; Will Gaskins <will.gaskins@efia.com>; Kevin Montgomery <kevin@collaborate.org>; Logan, Linda L (b)(6)@cvm.tamu.edu>; Nicole Lurie <nicole.lurie@cepi.net>; Charity A@CDPH <Charity.Dean@cdph.ca.gov>
Subject:	Re: Singapore's measures to contain COVID-19
Date:	2020/03/16 17:17:08
Priority:	Normal
Type:	Note

Thanks for this positive update!

Sent from my iPhone
Linda L Logan DVM, PhD
Professor, Vet Pathobiology
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On Mar 16, 2020, at 22:07, Tracey McNamara (b)(6)@westernu.edu> wrote:

<https://protect2.fireeye.com/url?k=77bc056a-2be90c79-77bc3455-0cc47adb5650-0e1985e08dfafcd&u=https://www.idexx.com/en/about-idexx/news/no-covid-19-cases-pets/>

Good news. IDEXX, a veterinary diagnostic lab, has developed a PCR and has tested thousands of ssmples on dogs and cats - all negative.
Obviously, we are early in the outbreak so I am trying to find out if they will test pets of known + COVID-19 patients in the weeks to come. Also lack details on specifically what was tested- oral swabs? Pharyngeal swabs? Fecal swabs? Blood? Need more info and have reached out to their CEO.
Tracey

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From: Dr. Eva K Lee <evalee-gatech@pm.me>

Sent: Sunday, March 15, 2020 4:34:28 AM

To: Carter Mecher (b)(6)@charter.net>

Cc: Richard Hatchett <richard.hatchett@cepi.net>; CHRISTOPHER ALLEN (b)(6)@msn.com>; Tom Bossert (b)(6)@me.com>; Parker Jr, Gerald W (b)(6)@cvm.tamu.edu>; Gruber, David (DSHS <David.Gruber@dshs.texas.gov>; McDonald, Eric <Eric.McDonald@sdcountry.ca.gov>; Borio, Luciana <LBorio@iqt.org>; Brian Benson (b)(6)@icloud.com>; Tracey McNamara (b)(6)@westernu.edu>; Duane Caneva <duane.caneva@hq.dhs.gov>; Baric, Ralph S (b)(6)@email.unc.edu>; Mecher, Carter (VA.GOV <carter.mecher@va.gov>; Hunt, Richard (OS/ASPR/EMMO <Richard.Hunt@hhs.gov>; WILKINSON, THOMAS <THOMAS.WILKINSON@hq.dhs.gov>; M.D. (b)(6)@mgh.harvard.edu>; David (b)(6)@som.umaryland.edu>; Gregory J <MartinGJ@state.gov>; Walters, William (STATE.GOV <walterswa2@state.gov>; HAMILTON, CAMERON <cameron.hamilton@hq.dhs.gov>; (b)(6)@gmail.com (b)(6)@gmail.com>; Dodgen,tDanielt(OS/ASPR/SPPR <Daniel.Dodgen@hhs.gov>; DeBord,Kristin (OS/ASPR/SPPR <Kristin.DeBord@hhs.gov>; Phillips,tSally (OS/ASPR/SPPR <Sally.Phillips@hhs.gov>; Matthew J CIV USARMY (USA <matthew.j.hepburn.civ@mail.mil>; Lisa Koonin (b)(6)@gmail.com>; HARVEY, MELISSA <melissa.harvey@hq.dhs.gov>; WOLFE, HERBERT <HERBERT.WOLFE@hq.dhs.gov>; Eastman, Alexander <alexander.eastman@hq.dhs.gov>; EVANS, MARIEFRED <mariefred.evans@associates.hq.dhs.gov>; (b)(6)@utmb.edu (b)(6)@utmb.edu>; Johnson, Robert (OS/ASPR/BARDA <Robert.Johnson@hhs.gov>; Yeskey, Kevin <kevin.yeskey@hhs.gov>; Disbrow, Gary (OS/ASPR/BARDA <Gary.Disbrow@hhs.gov>; Redd, John (OS/ASPR/SPPR <John.Redd@hhs.gov>; Hassell, David (Chris) (OS/ASPR/IO <David.Hassell@hhs.gov>; Hamel, Joseph (OS/ASPR/IO <Joseph.Hamel@hhs.gov>; Hanfling, Dan <DHanfling@iqt.org>; Wade, David <david.wade@hq.dhs.gov>; TARANTINO, DAVID A <david.a.tarantino@cbp.dhs.gov>; KAUSHIK, SANGEETA <sangeeta.kaushik@hq.dhs.gov>; Lee, Scott (OS/ASPR/EMMO <Scott.Lee@hhs.gov>; Larry G <PadgetLG@state.gov>; Ryan Morhard <Ryan.Morhard@weforum.org>; Steven Jt(tCHFStDPH <steven.stack@ky.gov>; Adams, Jerome (HHS/OASH <Jerome.Adams@hhs.gov>; Mansoura, Monique K. <mmansoura@mitre.org>; Fantinato, Jessica (USDA.GOV <jessica.fantinato@usda.gov>; DC <michelle.colby@usda.gov>; (b)(6)@usuhs.edu (b)(6)@usuhs.edu>; Cordts, Jerome (CTR <jerome.cordts@associates.hq.dhs.gov>; Schnitzer, Jay J <jschnitzer@mitre.org>; Ignacio, Joselito <joselito.ignacio@fema.dhs.gov>; Will Gaskins <will.gaskins@efia.com>; Kevin Montgomery <kevin@collaborate.org>; Logan, Linda L (b)(6)@cvm.tamu.edu>; LLogandakar (b)(6)@gmail.com>; Nicole Lurie <nicole.lurie@cepi.net>; Charity A@CDPH <Charity.Dean@cdph.ca.gov>

Subject: RE: FW: Singapore's measures to contain COVID-19

Yes, it is harder now since there're new source from other countries. They have to be vigilant and remain very firm on the interventions, rapid screening, tracing, and quarantine. It requires physical spaces. King County has to rent a motel for quarantine.

evalee-gatech@pm.me

<https://newton.isye.gatech.edu/DrLee/>

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

On Sunday, March 15, 2020 7:27 AM, Carter Mecher <cmecher@charter.net> wrote:

Singapore (212 cases/0 deaths) and Hong Kong (142 cases/4 deaths) continue to hold the line, but Singapore's numbers have been drifting up lately. Growth of cases still close to linear (Ro hovering close to 1.0). Along with Taiwan, this has been a remarkable achievement over the span of nearly 2 months.

<733AEDF3A11447D081017FC740588533.png>

In the attached summary I pasted in the data for Singapore and Hog Kong and the 3 countries that are really barreling along—Italy, Spain and France. They have similar size populations and the acceleration in terms of the number of cases and deaths is similar. Spain is about 8 days behind Italy and France appears to be about 2 days behind Spain. Interesting to compare to Hubei (also of similar size population). Need to be careful comparing absolute numbers with US (US pop is 5 times the size of Italy).

Date of 1st Case	24-Jan		1-Feb		30-Jan			
Date of 1st Death	15-Feb		4-Mar		21-Feb			
	France (65M)		Spain (47M)		Italy (60M)			
	Cum Cases	Cum Deaths	Cum Cases	Cum Deaths	Cum Cases	Cum Deaths	Date	Hubei Cum Cases
20-Feb	12	1	2		3	0	22-Jan	44
21-Feb	12	1	2		20	1	23-Jan	54
22-Feb	12	1	2		63	2	24-Jan	72
23-Feb	12	1	2		155	3	25-Jan	1,05
24-Feb	12	1	3		229	7	26-Jan	1,42

25-Feb	14	1	7		322	11	27-Jan	2,77
26-Feb	18	2	13		453	12	28-Jan	3,55
27-Feb	38	2	23		655	17	29-Jan	4,58
28-Feb	57	2	32		889	21	30-Jan	5,80
29-Feb	100	2	45		1,128	29	31-Jan	7,15
1-Mar	130	2	84		1,694	34	1-Feb	9,07
2-Mar	191	3	120		2,036	52	2-Feb	11,1
3-Mar	212	4	151		2,502	79	3-Feb	13,5
4-Mar	285	4	202		3,089	107	4-Feb	16,6
5-Mar	423	7	248	1	3,858	148	5-Feb	19,6
6-Mar	613	9	517	10	4,636	197	6-Feb	22,1
7-Mar	949	16	613	17	5,833	233	7-Feb	24,9
8-Mar	1,126	19	848	25	7,375	366	8-Feb	27,1
9-Mar	1,412	30	1,231	30	9,172	463	9-Feb	29,6
10-Mar	1,784	33	1,646	35	10,149	631	10-Feb	31,7

11-Mar	2,281	49	2,277	55	12,462	827	11-Feb	33,3
12-Mar	2,876	61	3,059	86	15,113	1,016	12-Feb	48,2
13-Mar	3,661	79	4,209	120	17,660	1,266	13-Feb	51,9
14-Mar	4,499	91	5,841	191	21,157	1,441	14-Feb	54,4

Lastly, I think China has plateaued. Numbers have been pretty flat for the last few days. (Data thru March14).

<B32D14A2ED8A476CB8FF143B5A15BC9C.png>

And just for comparison. Here is the overall hospitalization data for the worst flu season we have had since we have been collecting flu hospitalization data on the US (2017-18 season). Note the y-axis in both graphs and the x-axis (span of 100 days in top graph and 30 weeks in the lower graph).

<8B08F251CB474D40B0456D42FDFD739F.png>

Here is how they compare if we adjust the x-axis and y-axis to be similar

<BB8F8A587FA4497293CB49A404419681.png>

<958153276F144EDC875A3171DB387B25.png>

Sent from Mail for Windows 10

From: Dr. Eva K Lee

Sent: Sunday, March 15, 2020 5:24 AM

To: Richard Hatchett

Cc: Carter Mecher; CHRISTOPHER ALLEN; Tom Bossert; Parker Jr, Gerald W; Gruber, David (DSHS; McDonald, Eric; Borio, Luciana; Brian Benson; Tracey McNamara; Duane Caneva; Baric, Ralph S; Mecher, Carter (VA.GOV; Hunt, Richard (OS/ASPR/EMMO; WILKINSON, THOMAS; M.D.; David; Gregory J; Walters, William (STATE.GOV; HAMILTON, CAMERON; (b)(6)@gmail.com; Dodgen, tDaniel (OS/ASPR/SPPR; DeBord, Kristin (OS/ASPR/SPPR; Phillips, Sally (OS/ASPR/SPPR; Matthew J CIV USARMY (USA; Lisa Koonin; HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; (b)(6)@utmb.edu; Johnson, Robert (OS/ASPR/BARDA; Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA; Redd, John (OS/ASPR/SPPR; Hassell, David (Chris) (OS/ASPR/IO; Hamel, Joseph (OS/ASPR/IO; Hanfling, Dan; Wade, David; TARANTINO, DAVID A; KAUSHIK, SANGEETA; Lee, Scott (OS/ASPR/EMMO; Larry G; Ryan Morhard; Steven Jt(tCHFStDPH; Adams, Jerome (HHS/OASH; Mansoura, Monique K.; Fantinato, Jessica (USDA.GOV; DC; (b)(6)@usuhs.edu; Cordts, Jerome (CTR; Schnitzer, Jay J; Ignacio, Joselito; Will Gaskins; Kevin Montgomery; Logan, Linda L; LLogandakar; Nicole Lurie; Charity A@CDPH

Subject: Re: FW: Singapore's measures to contain COVID-19

Thank you Richard. Below is one regarding 3 places - Singapore, Hong Kong and Taiwan- regarding their current containment status and strategies.

<https://time.com/5802293/coronavirus-covid19-singapore-hong-kong-taiwan/>

evalee-gatech@pm.me

<https://newton.isye.gatech.edu/DrLee/>

mobile: (b)(6)

Sent with ProtonMail Secure Email.

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

On Sunday, March 15, 2020 5:10 AM, Richard Hatchett <richard.hatchett@cepi.net> wrote:

Worth reviewing as we think about how to balance efforts to control COVID-19 with the economic costs of doing so.

From: Annelise Wilder-Smith <annelies.wilder-smith@lshtm.ac.uk>

Sent: 15 March 2020 08:20

To: Ziad Memish <(b)(6)@yahoo.com>; Eduardo Hage Carmo
<Eduardo.Carmo@saude.gov.br>

Cc:

Subject: Singapore's measures to contain COVID-19

Dear all,

During my visit in Singapore, I had the chance to explore how Singapore is tackling COVID, and how the Society is contributing.

Fever screening at every entry to institutions and buildings, schools and universities, paired with hand sanitizers. Liberal testing and prompt isolation of cases, extensive contact tracing advanced by digital technologies and police support, and strictly enforced quarantine of contacts. No community quarantine, no cancellation of events, all schools and universities open. Life is normal, but all people implement social distancing, use hand sanitizers frequently (as available basically in every building in almost every room), and do not complain at all about having their temperature checked several times per day.

Vernon Lee, our Chair of this Lancet ID Commission, has written a nice piece on how Singapore basically has kept a flat line over the past 7 weeks in terms of daily new cases. Lots to learn from Singapore! He also provides a list of the measures taken in the below URL link.

[Interrupting transmission of COVID-19: lessons from containment efforts in Singapore.](#)

Lee VJ, Chiew CJ, Khong WX.

J Travel Med. 2020 Mar 13. pii: taaa039. doi: 10.1093/jtm/taaa039.

Annelies

Sender: LLogandakar (b)(6)@gmail.com>

Carter Mecher (b)(6)@charter.net>;
Dr. Eva K Lee <evalee-gatech@pm.me>;
Richard Hatchett <richard.hatchett@cepi.net>;
CHRISTOPHER ALLEN (b)(6)@msn.com>;
Tom Bossert (b)(6)@me.com>;
Parker Jr, Gerald W (b)(6)@pcvm.tamu.edu>;
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eric.mcdonald@sdcounty.ca.gov </o=ExchangeLabs/ou=Exchange Administrative Group
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(b)(6)@mgh.harvard.edu </o=ExchangeLabs/ou=Exchange Administrative Group
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Matthew J CIV USARMY (USA <matthew.j.hepburn.civ@mail.mil>;
Lisa Koonin (b)(6)@gmail.com>;
HARVEY, MELISSA <melissa.harvey@hq.dhs.gov>;
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(b)(6)@utmb.edu>;
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Hanfling, Dan <DHanfling@igt.org>;
Wade, David <david.wade@hq.dhs.gov>;
david.a.tarantino@cbp.dhs.gov </o=ExchangeLabs/ou=Exchange Administrative Group

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 Lee, Scott (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group
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 Larry G <PadgetLG@state.gov>;
 Ryan Morhard <Ryan.Morhard@weforum.org>;
 Steven Jt(tCHFStDPH <steven.stack@ky.gov>;
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 DC <michelle.colby@usda.gov>;
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 Kevin Montgomery <kevin@collaborate.org>;
 Logan, Linda L (b)(6)@cvm.tamu.edu>;
 Nicole Lurie <nicole.lurie@cepi.net>;
 Charity A@CDPH <Charity.Dean@cdph.ca.gov>;
 Tracey McNamara (b)(6)@westernu.edu>

Sent Date: 2020/03/16 17:14:52

Delivered Date: 2020/03/16 17:17:08

Message Flags: Unread

From: Dr. Eva K Lee <evalee-gatech@pm.me>

To: Tracey McNamara <(b)(6)@westernu.edu>

Carter Mecher <(b)(6)@charter.net>;
Richard Hatchett <richard.hatchett@cepi.net>;
CHRISTOPHER ALLEN <(b)(6)@msn.com>;
Tom Bossert <(b)(6)@me.com>;
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eric.mcdonald@sdcounty.ca.gov </o=ExchangeLabs/ou=Exchange Administrative Group
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Subject:	Re: FW: Singapore's measures to contain COVID-19
Date:	2020/03/16 17:20:47
Priority:	Normal
Type:	Note

Very interesting. So far there has been no second covid-19 infected dog in Hong Kong. I should alert them if they do need to test their pets, there're kits available.

evalee-gatech@pm.me
<https://newton.isye.gatech.edu/DrLee/>
mobile: (b)(6)

Sent with ProtonMail Secure Email.

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

On Monday, March 16, 2020 5:06 PM, Tracey McNamara <tmcNamara@westernu.edu> wrote:
<https://protect2.fireeye.com/url?k=8ae63a97-d6b223eb-8ae60ba8-0cc47adc5fa2-f5d1f112927e5933&u=https://www.idexx.com/en/about-idexx/news/no-covid-19-cases-pets/>

Good news. IDEXX, a veterinary diagnostic lab, has developed a PCR and has tested thousands of ssmpls on dogs and cats - all negative.

Obviously, we are early in the outbreak so I am trying to find out if they will test pets of known + COVID-19 patients in the weeks to come. Also lack details on specifically what was tested- oral swabs? Pharyngeal swabs? Fecal swabs? Blood? Need more info and have reached out to their CEO.

Tracey

Get Outlook for Android

From: Dr. Eva K Lee <evalee-gatech@pm.me>

Sent: Sunday, March 15, 2020 4:34:28 AM

To: Carter Mecher <cmecher@charter.net>

Cc: Richard Hatchett <richard.hatchett@cepi.net>; CHRISTOPHER ALLEN

(b)(6)@msn.com>; Tom Bossert (b)(6)@me.com>; Parker Jr, Gerald W

(b)(6)@cvm.tamu.edu>; Gruber, David (DSHS <David.Gruber@dshs.texas.gov>; McDonald, Eric <Eric.McDonald@sdcounty.ca.gov>; Borio, Luciana <LBorio@iq.t.org>; Brian Benson (b)(6)@icloud.com>; Tracey McNamara (b)(6)@westernu.edu>; Duane Caneva <duane.caneva@hq.dhs.gov>; Baric, Ralph S (b)(6)@email.unc.edu>; Mecher, Carter (VA.GOV <carter.mecher@va.gov>; Hunt, Richard (OS/ASPR/EMMO <Richard.Hunt@hhs.gov>; WILKINSON, THOMAS <THOMAS.WILKINSON@hq.dhs.gov>; M.D. (b)(6)@mgh.harvard.edu>; David (b)(6)@som.umaryland.edu>; Gregory J <MartinGJ@state.gov>; Walters, William (STATE.GOV <walterswa2@state.gov>; HAMILTON, CAMERON <cameron.hamilton@hq.dhs.gov>; (b)(6)@gmail.com (b)(6)@gmail.com>; Dodgen, tDaniel (OS/ASPR/SPPR <Daniel.Dodgen@hhs.gov>; DeBord, Kristin (OS/ASPR/SPPR <Kristin.DeBord@hhs.gov>; Phillips, tSally (OS/ASPR/SPPR <Sally.Phillips@hhs.gov>; Matthew J CIV USARMY (USA <matthew.j.hepburn.civ@mail.mil>; Lisa Koonin (b)(6)@gmail.com>; HARVEY, MELISSA <melissa.harvey@hq.dhs.gov>; WOLFE, HERBERT <HERBERT.WOLFE@hq.dhs.gov>; Eastman, Alexander <alexander.eastman@hq.dhs.gov>; EVANS, MARIEFRED <mariefred.evans@associates.hq.dhs.gov> (b)(6)@utmb.edu (b)(6)@utmb.edu>; Johnson, Robert (OS/ASPR/BARDA <Robert.Johnson@hhs.gov>; Yeskey, Kevin <kevin.yeskey@hhs.gov>; Disbrow, Gary (OS/ASPR/BARDA <Gary.Disbrow@hhs.gov>; Redd, John (OS/ASPR/SPPR <John.Redd@hhs.gov>; Hassell, David (Chris) (OS/ASPR/IO <David.Hassell@hhs.gov>; Hamel, Joseph (OS/ASPR/IO <Joseph.Hamel@hhs.gov>; Hanfling, Dan <DHanfling@iq.t.org>; Wade, David <david.wade@hq.dhs.gov>; TARANTINO, DAVID A <david.a.tarantino@cbp.dhs.gov>; KAUSHIK, SANGEETA <sangeeta.kaushik@hq.dhs.gov>; Lee, Scott (OS/ASPR/EMMO <Scott.Lee@hhs.gov>; Larry G <PadgetLG@state.gov>; Ryan Morhard <Ryan.Morhard@weforum.org>; Steven Jt(tCHFStDPH <steven.stack@ky.gov>; Adams, Jerome (HHS/OASH <Jerome.Adams@hhs.gov>; Mansoura, Monique K. <mmansoura@mitre.org>; Fantinato, Jessica (USDA.GOV <jessica.fantinato@usda.gov>; DC <michelle.colby@usda.gov>; (b)(6)@usuhs.edu (b)(6)@usuhs.edu>; Cordts, Jerome (CTR <jerome.cordts@associates.hq.dhs.gov>; Schnitzer, Jay J <jschnitzer@mitre.org>; Ignacio, Joselito <joselito.ignacio@fema.dhs.gov>; Will Gaskins <will.gaskins@efiia.com>; Kevin Montgomery <kevin@collaborate.org>; Logan, Linda L (b)(6)@cvm.tamu.edu>; LLogandakar <(b)(6)@gmail.com>; Nicole Lurie <nicole.lurie@cepi.net>; Charity A@CDPH <Charity.Dean@cdph.ca.gov>

Subject: RE: FW: Singapore's measures to contain COVID-19

Yes, it is harder now since there're new source from other countries. They have to be vigilant and remain very firm on the interventions, rapid screening, tracing, and quarantine. It requires physical spaces. King County has to rent a motel for quarantine.

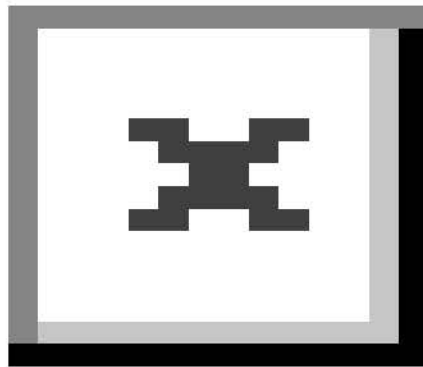
evalee-gatech@pm.me
<https://newton.isye.gatech.edu/DrLee/>
mobile (b)(6)

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Original Message

On Sunday, March 15, 2020 7:27 AM, Carter Mecher <(b)(6)@charter.net> wrote:

Singapore (212 cases/0 deaths) and Hong Kong (142 cases/4 deaths) continue to hold the line, but Singapore's numbers have been drifting up lately. Growth of cases still close to linear (Ro hovering close to 1.0). Along with Taiwan, this has been a remarkable achievement over the span of nearly 2 months.

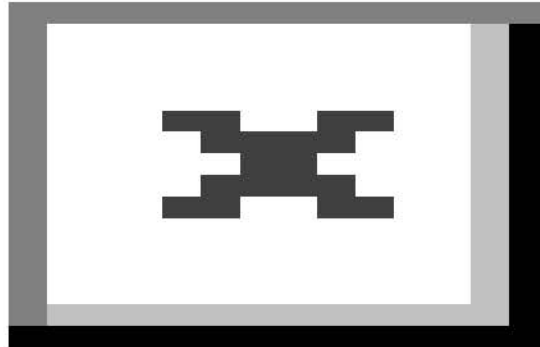


In the attached summary I pasted in the data for Singapore and Hog Kong and the 3 countries that are really barreling along—Italy, Spain and France. They have similar size populations and the acceleration in terms of the number of cases and deaths is similar. Spain is about 8 days behind Italy and France appears to be about 2 days behind Spain. Interesting to compare to Hubei (also of similar size population). Need to be careful comparing absolute numbers with US (US pop is 5 times the size of Italy).

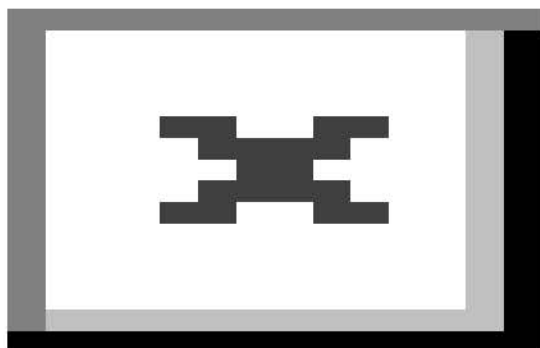
Date of 1st Case	24-Jan		1-Feb		30-Jan		
Date of 1st Death	15-Feb		4-Mar		21-Feb		
	France (65M)		Spain (47M)		Italy (60M)		
	Cum Cases	Cum Deaths	Cum Cases	Cum Deaths	Cum Cases	Cum Deaths	Date
20-Feb	12	1	2		3	0	22-Jan
21-Feb	12	1	2		20	1	23-Jan

22-Feb	12	1	2		63	2	24-Jan	72
23-Feb	12	1	2		155	3	25-Jan	1,05
24-Feb	12	1	3		229	7	26-Jan	1,42
25-Feb	14	1	7		322	11	27-Jan	2,7
26-Feb	18	2	13		453	12	28-Jan	3,55
27-Feb	38	2	23		655	17	29-Jan	4,58
28-Feb	57	2	32		889	21	30-Jan	5,80
29-Feb	100	2	45		1,128	29	31-Jan	7,15
1-Mar	130	2	84		1,694	34	1-Feb	9,07
2-Mar	191	3	120		2,036	52	2-Feb	11,1
3-Mar	212	4	151		2,502	79	3-Feb	13,5
4-Mar	285	4	202		3,089	107	4-Feb	16,6
5-Mar	423	7	248	1	3,858	148	5-Feb	19,6
6-Mar	613	9	517	10	4,636	197	6-Feb	22,1
7-Mar	949	16	613	17	5,833	233	7-Feb	24,9
8-Mar	1,126	19	848	25	7,375	366	8-Feb	27,1
9-Mar	1,412	30	1,231	30	9,172	463	9-Feb	29,6
10-Mar	1,784	33	1,646	35	10,149	631	10-Feb	31,7
11-Mar	2,281	49	2,277	55	12,462	827	11-Feb	33,3
12-Mar	2,876	61	3,059	86	15,113	1,016	12-Feb	48,2
13-Mar	3,661	79	4,209	120	17,660	1,266	13-Feb	51,9
14-Mar	4,499	91	5,841	191	21,157	1,441	14-Feb	54,4

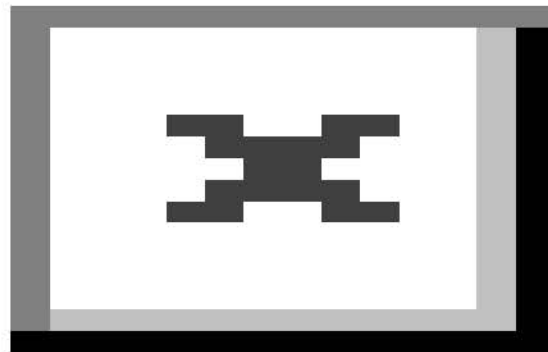
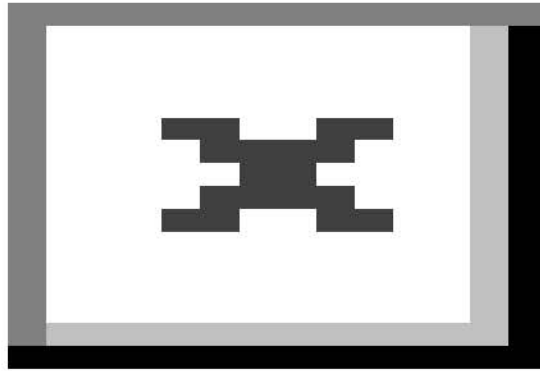
Lastly, I think China has plateaued. Numbers have been pretty flat for the last few days. (Data thru March 14).



And just for comparison. Here is the overall hospitalization data for the worst flu season we have had since we have been collecting flu hospitalization data on the US (2017-18 season). Note the y-axis in both graphs and the x-axis (span of 100 days in top graph and 30 weeks in the lower graph).



Here is how they compare if we adjust the x-axis and y-axis to be similar



Sent from Mail for Windows 10

From: Dr. Eva K Lee

Sent: Sunday, March 15, 2020 5:24 AM

To: Richard Hatchett

Cc: Carter Mecher; CHRISTOPHER ALLEN; Tom Bossert; Parker Jr, Gerald W; Gruber, David (DSHS); McDonald, Eric; Borio, Luciana; Brian Benson; Tracey McNamara; Duane Caneva; Baric, Ralph S; Mecher, Carter (VA.GOV); Hunt, Richard (OS/ASPR/EMMO); WILKINSON, THOMAS; M.D.; David; Gregory J; Walters, William (STATE.GOV); HAMILTON, CAMERON; (b)(6)@gmail.com; Dodgen, tDaniel (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Phillips, Sally (OS/ASPR/SPPR); Matthew J CIV USARMY (USA); Lisa Koonin; HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; (b)(6)@utmb.edu; Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA); Redd, John (OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Hanfling, Dan; Wade, David; TARANTINO, DAVID A; KAUSHIK, SANGEETA; Lee, Scott (OS/ASPR/EMMO); Larry G; Ryan Morhard; Steven Jt(tCHFStDPH); Adams, Jerome (HHS/OASH); Mansoura, Monique K.; Fantinato, Jessica (USDA.GOV); DC; (b)(6)@usuhhs.edu; Cordts, Jerome (CTR); Schnitzer, Jay J; Ignacio, Joselito; Will Gaskins; Kevin Montgomery; Logan, Linda L; LLogandakar; Nicole Lurie; Charity A@CDPH

Subject: Re: FW: Singapore's measures to contain COVID-19

Thank you Richard. Below is one regarding 3 places - Singapore, Hong Kong and Taiwan- regarding their current containment status and strategies.

<https://time.com/5802293/coronavirus-covid19-singapore-hong-kong-taiwan/>

evalee-gatech@pm.me

<https://newton.isye.gatech.edu/DrLee/>

mobile (b)(6)

Sent with ProtonMail Secure Email.

Original Message

On Sunday, March 15, 2020 5:10 AM, Richard Hatchett <richard.hatchett@cepi.net>wrote:

Worth reviewing as we think about how to balance efforts to control COVID-19 with the economic costs of doing so.

From: Annelise Wilder-Smith <annelies.wilder-smith@lshtm.ac.uk>

Sent: 15 March 2020 08:20

To: Ziad Memish (b)(6)@yahoo.com>; Eduardo Hage Carmo
<Eduardo.Carmo@saude.gov.br>

Cc:

Subject: Singapore's measures to contain COVID-19

Dear all,

During my visit in Singapore, I had the chance to explore how Singapore is tackling COVID, and how the Society is contributing.

Fever screening at every entry to institutions and buildings, schools and universities, paired with hand sanitizers. Liberal testing and prompt isolation of cases, extensive contact tracing advanced by digital technologies and police support, and strictly enforced quarantine of contacts. No community quarantine, no cancellation of events, all schools and universities open. Life is normal, but all people implement social distancing, use hand sanitizers frequently (as available basically in every building in almost every room), and do not complain at all about having their temperature checked several times per day.

Vernon Lee, our Chair of this Lancet ID Commission, has written a nice piece on how Singapore basically has kept a flat line over the past 7 weeks in terms of daily new cases. Lots to learn from Singapore! He also provides a list of the measures taken in the below URL link.

Interrupting transmission of COVID-19: lessons from containment efforts in Singapore.

Lee VJ, Chiew CJ, Khong WX.

J Travel Med. 2020 Mar 13. pii: taaa039. doi: 10.1093/jtm/taaa039.

Annelies

Sender:	Dr. Eva K Lee <evalee-gatech@pm.me>
	Tracey McNamara (b)(6)@westernu.edu>; Carter Mecher (b)(6)@charter.net>; Richard Hatchett <richard.hatchett@cepi.net>; CHRISTOPHER ALLEN (b)(6)@msn.com>; Tom Bossert (b)(6)@me.com>; Parker Jr, Gerald W (b)(6)@cvm.tamu.edu>; david.gruber@dshs.texas.gov </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user4629b831>; eric.mcdonald@sdcounty.ca.gov </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=04b8a65f67f9453b9749d3d366481f53-Guest_bef32>; Borio, Luciana <LBorio@igt.org>; Brian Benson (b)(6)@icloud.com>; Caneva, Duane (DHS.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b6ba3c00c7944e1b99ed3eecab996186-Duane.Canev>; Baric, Ralph S (b)(6)@email.unc.edu>; Mecher, Carter (VA.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=505b94dcf2f74b6ab8da09f5bcc26761-Carter.Mech>; Hunt, Richard (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a104469df5184cc38bf02034af7eca04-Hunt, Richa>; WILKINSON, THOMAS <THOMAS.WILKINSON@hq.dhs.gov>;
Recipient:	(b)(6)@mgh.harvard.edu </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=20f0e9a3ebeb4ef99d30a96386fb2627-Guest_945f5>; David (b)(6)@som.umaryland.edu>; Martin, Greg (state.gov) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d48a91c6dc5f401a80e245c518874f15-MartinGJ.os>; Walters, William (STATE.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f3bd10f7e82440f282361d80de6b8c1f-William.Wal>; HAMILTON, CAMERON <cameron.hamilton@hq.dhs.gov>; (b)(6)@gmail.com>; Dodgen, Daniel (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c23f0d7c1d634508918e1c87cf50c48c-Dodgen, Dan>; DeBord, Kristin (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d2cce28859884c1c835a9404885d6534-DeBord, Kri>; Phillips, Sally (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d6ce8134846423cb83b5b28464edb60-Phillips, S>; Matthew J CIV USARMY (USA <matthew.j.hepburn.civ@mail.mil>; Lisa Koonin (b)(6)@gmail.com>; HARVEY, MELISSA <melissa.harvey@hq.dhs.gov>; Wolfe, Herbert (DHS.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f2fb845c2e154d8e967ec3fdabecfbd6-Herbert.Wol>;

alexander.eastman@hq.dhs.gov </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d6cb05aaaff4f9fb1ee44181880376c-Guest_37b50>; EVANS, MARIEFRED <mariefred.evans@associates.hq.dhs.gov>; (b)(6)@utmb.edu>; Johnson, Robert (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0851e89240324306b78740a4a60745e2-Johnson, Ro>; Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>; Disbrow, Gary (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0fd5845defda4dc0bb45f8fac629cf09-Disbrow, Ga>; Redd, John (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ba3fed4ee8646ec849a5a87136a24f6-Redd, John>; Hassell, David (Chris) (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=aedbfb0ff96e4119ac7a3b3abaf71a3d-Hassell, Da>; Hamel, Joseph (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=96d2c1602dfa45e5a5e21452a098b96d-Hamel, Jose>; Hanfling, Dan <DHanfling@iq.t.org>; Wade, David <david.wade@hq.dhs.gov>; david.a.tarantino@cbp.dhs.gov </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2b8ce179913e4ec6a251a91616b1bc4a-Guest_de2e9>; KAUSHIK, SANGEETA <sangeeta.kaushik@hq.dhs.gov>; Lee, Scott (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userf6879348>; Larry G <PadgetLG@state.gov>; Ryan Morhard <Ryan.Morhard@weforum.org>; Steven Jt(tCHFStDPH <steven.stack@ky.gov>; Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Mansoura, Monique K. <mmansoura@mitre.org>; Fantinato, Jessica (USDA.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4a03b6317c3840afb4ee617008e821a6-Jessica.Fan>; DC <michelle.colby@usda.gov>; (b)(6)@usuhs.edu>; Cordts, Jerome (CTR <jerome.cordts@associates.hq.dhs.gov>; Schnitzer, Jay J <jschnitzer@mitre.org>; Ignacio, Joselito (FEMA.DHS.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=908f39d0872d44b1b2c5e3ba11f04968-Joselito.Ig>; Will Gaskins <will.gaskins@efia.com>; Kevin Montgomery <kevin@collaborate.org>; Logan, Linda L (b)(6)@cvm.tamu.edu>; LLogandakar (b)(6)@gmail.com>; Nicole Lurie <nicole.lurie@cepi.net>; Charity A@CDPH <Charity.Dean@cdph.ca.gov>

Sent Date: 2020/03/16 17:19:34

Delivered Date: 2020/03/16 17:20:47

Message Flags: Unread

From:	Adam Schlifke (b)(6)@gmail.com>
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.(FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Subject:	Fwd: URGENT: preparing Vent Beds for COVID19 (please share)
Date:	2020/03/16 17:21:51
Priority:	Normal
Type:	Note

From: Wen Dombrowski MD MBA <wen@catalaize.com>
Date: March 16, 2020 at 2:10:37 PM PDT
To: "Wen Dombrowski, MD MBA" <wen@catalaize.com>
Cc: Adam Schlifke (b)(6)@gmail.com>
Subject: URGENT: preparing Vent Beds for COVID19 (please share)

Dear medical colleagues,

I hope this email finds you well. Some of you I have worked with in NYC, and some of you have connected with me on LinkedIn over the years

As I'm sure you're aware, COVID-19 coronavirus cases have been increasing in the U.S. and have the potential to surpass the # of cases we've seen in other countries. In light of the potentially overwhelming demands on the healthcare system, the need to increase surge capacity, and NY governor Cuomo telling hospitals to cancel elective surgeries [https://www.governor.ny.gov/news/video-audio-photos-rush-transcript-after-weeks-demanding-approval-governor-cuomo-announces-fda ...](https://www.governor.ny.gov/news/video-audio-photos-rush-transcript-after-weeks-demanding-approval-governor-cuomo-announces-fda...)

I'm reaching out to share with you a **plan to increase Vent Beds** initiated by anesthesiology colleague Dr. Adam Schlifke, MD, MBA (b)(6)@gmail.com> <https://protect2.fireeye.com/url?k=be85c1fd-e2d0c82d-be85f0c2-0cc47a6a52de-1c35779c00b36dcd&u=http://www.linkedin.com/in/schlif> and it has since been iterated by crowdsourced recommendations:

A Call to Action: Preparing for Overwhelmed ICUs in the United States By Leveraging Existing Operating Rooms, Anesthesia Machines, and Perioperative Personnel
<https://protect2.fireeye.com/url?k=33ff9078-6faa99a8-33ffa147-0cc47a6a52de-25d27001a7eb323b&u=https://docs.google.com/document/d/1eXZbtr9WiUi8hbwQ2UWasZpjrTlPxXlu3spOGqU6TxM/edit>

Time is of essence **now** to mobilize the excess capacity of nonemergent OR space/equipment/staff & redeploy it as Vent Beds / temporary ICU space.

The ask:

- * Do **you have any other suggestions** on how to make this work? (please comment within the googledocs)
- * Can **you move this plan forward in your organization?**
- * If this is not your area, can you **share this with relevant colleagues and stakeholders?**

2 other topics that may be of interest to you and your organization:

- •
Discharge planning: new post-acute care sites are needed **for discharged COVID+ patients** because they are too risk for nursing homes, so **where will they go?**<https://twitter.com/DavidCGrabowski/status/1239189638553767936>
- •
Nursing homes/SNF/ALF doctors & administrators are trying to mobilize information & best practices https://twitter.com/COVID_LTC Email Dr Mike Wasserman <wassdoc@aol.com> if you want to get looped in.

Thank you for your efforts to make a difference in these unprecedented times. Please take care of yourself as well, and I wish you all the best.

Wen

Wen Dombrowski, MD, MBA

Chief Convergence Officer

<https://protect2.fireeye.com/url?k=b0f1663e-eca46fee-b0f15701-0cc47a6a52de-bdb7a05385760a90&u=http://www.linkedin.com/in/WenDombrowski>

www.Twitter.com/HealthcareWen

Wen@CATALAIZE.com

<https://protect2.fireeye.com/url?k=2810d26e-7445dbbe-2810e351-0cc47a6a52de-b0349d78c3070813&u=http://www.catalaize.com/>

CATALAIZE

Catalyzing the ecosystem and use of emerging technologies for good

Sender:	Adam Schlifke (b)(6) @gmail.com>
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Sent Date:	2020/03/16 17:21:24
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Message Flags:	Unread

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Subject:	CDC numbers as of 12pm, today
Date:	2020/03/16 17:26:25
Priority:	Normal
Type:	Note

- Total cases: 3,487
- Total deaths: 68
- Jurisdictions reporting cases: 53 (49 states, District of Columbia, Puerto Rico, Guam, and US Virgin Islands)

* Data include both confirmed and presumptive positive cases of COVID-19 reported to CDC or tested at CDC since January 21, 2020, with the exception of testing results for persons repatriated to the United States from Wuhan, China and Japan. 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.

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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To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Subject:	FW: Latest coronavirus testing glitch: Not enough cotton swabs
Date:	2020/03/16 17:27:24
Priority:	Normal
Type:	Note

FYI

From: POLITICO Pro Health Care <politicoemail@politicopro.com>
Sent: Monday, March 16, 2020 5:26 PM
To: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Subject: Latest coronavirus testing glitch: Not enough cotton swabs

Latest coronavirus testing glitch: Not enough cotton swabs

By David Lim

03/16/2020 05:21 PM EDT

A potential shortage of cotton swabs and other basic supplies needed for coronavirus testing is emerging as a new threat to the Trump administration's plans to roll out high-volume testing to 2,000 sites across the country by the end of the week.

President Donald Trump and other top administration officials have repeatedly said that millions of Americans could be tested in the coming weeks. But behind the scenes, some officials are warning the nation's commercial labs that kinks in the supply chain for basic lab materials are the latest obstacle to broader testing.

During a Sunday night conference call, HHS Assistant Secretary of Health Brett Giroir warned more than 300 representatives of commercial laboratories, hospitals and state health departments that the Trump administration anticipates supply "speed bumps" as testing expands, a person on the call told POLITICO.

The materials in question include swabs that medical workers use to collect samples of patients' phlegm and saliva for testing, and disposable plastic tips for the pipettes that lab technicians use to transfer liquids. Testing labs say they're also concerned about the availability of personal protective equipment for their staff.

Fears about securing these basic supplies are the latest concern for public health officials as they scramble to institute the widespread testing that is desperately needed to track the spread of the coronavirus and limit the growing U.S. outbreak. The pace of U.S. testing has been slowed by shortages of critical materials used to prep patient samples for analysis and problems with an

early test developed by the CDC.

Now, the contrast between the administration's public and private messaging on its plan to expand testing is rankling U.S. labs.

The Trump administration announced Friday that it is creating a national network of 2,000 high-volume testing sites, with each processing 2,000 to 4,000 samples a day by the end of this week.

To help reach that expanded testing goal, the Food and Drug Administration said Sunday that public health labs no longer have to send coronavirus samples to the CDC to be confirmed. That should reduce the wait for test results and the number of tests conducted for each patient, said FDA Commissioner Stephen Hahn on Twitter.

The FDA also recently approved the use of more types of cotton swabs and of high-volume testing systems manufactured by Roche and Thermo Fisher. About 122 of the Roche testing machines are installed at U.S. labs, the investment bank SVB Leerink said Monday, while Thermo Fisher said it is shipping its equipment to about 200 labs. And companies such as Qiagen, Quidel, Hologic and Cepheid are developing their own high-volume testing systems.

But the commercial labs that are now performing the bulk of the country's coronavirus tests say they need help from the government to secure sufficient numbers of swabs and other low-tech equipment.

"We need the continued commitment from HHS and the administration to work with us to maintain the necessary volume of supplies," Tom Sparkman, senior vice president of government affairs and policy at the American Clinical Laboratory Association, told POLITICO.

State officials have echoed those concerns. "I'm worried now about access to an adequate number of swabs, not just the RNA extraction kits" used to prepare samples for analysis, said California Gov. Gavin Newsom at a press conference on Sunday.

Carmela Coyle, president and CEO of the California Hospital Association, expressed anxiety over the United States' testing failures and the looming shortages of equipment to test patients and protect lab technicians and other health care workers.

"In order to take the specimen, it requires full personal protective equipment," she said. "We are already short."

Victoria Colliver and Angela Hart contributed to this report.

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From:	Carter Mecher <(b)(6)@charter.net>
To:	Dr. Eva K Lee <eval_ee-gatech@pm.me>; Tracey McNamara <(b)(6)@westernu.edu>
CC:	Richard Hatchett <richard.hatchett@cepi.net>; CHRISTOPHER ALLEN <(b)(6)@msn.com>; Tom Bossert <(b)(6)@me.com>; Parker Jr, Gerald W <(b)(6)@cvm.tamu.edu>; Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.roup (FYDIBOHF23SPDLT)/cn=Recipients/cn=user4629b831>; eric.mcdonald@sdcounty.ca.gov </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=04b8a65f67f9453b9749d3d366481f53-Guest_bef32>; Borio, Luciana <LBorio@igt.org>; Brian Benson <(b)(6)@icloud.com>; Caneva, Duane (DHS.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b6ba3c00c7944e1b99ed3eecab996186-Duane.Canev>; Baric, Ralph S <(b)(6)@email.unc.edu>; Mecher, Carter (VA.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=505b94dcf2f74b6ab8da09f5bcc26761-Carter.Mech>; Hunt, Richard (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a104469df5184cc38bf02034af7eca04-Hunt, Richa>; WILKINSON, THOMAS <THOMAS.WILKINSON@hq.dhs.gov>; (b)(6)@mgh.harvard.edu </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=20f0e9a3eb4ef99d30a96386fb2627-Guest_945f5>; David <(b)(6)@som.umaryland.edu>; Martin, Greg (state.gov) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d48a91c6dc5f401a80e245c518874f15-MartinGJ.os>; Walters, William (STATE.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f3bd10f7e82440f282361d80de6b8c1f-William.Wal>; HAMILTON, CAMERON <cameron.hamilton@hq.dhs.gov>; (b)(6)@gmail.com>; Dodgen, Daniel (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c23f0d7c1d634508918e1c87cf50c48c-Dodgen, Dan>; DeBord, Kristin (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d2cce28859884c1c835a9404885d6534-DeBord, Kri>; Phillips, Sally (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d6ce8134846423cb83b5b28464edb60-Phillips, S>; Matthew J CIV USARMY (USA <matthew.j.hepburn.civ@mail.mil>; Lisa Koonin <(b)(6)@gmail.com>; HARVEY, MELISSA <melissa.harvey@hq.dhs.gov>; Wolfe, Herbert (DHS.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f2fb845c2e154d8e967ec3fdabecfbd6-Herbert.Wol>; alexander.eastman@hq.dhs.gov </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d6cb05aaaf4f9fb1ee44181880376c-Guest_37b50>; EVANS, MARIEFRED <mariefred.evans@associates.hq.dhs.gov>; (b)(6)@utmb.edu>; Johnson, Robert (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0851e89240324306b78740a4a60745e2-Johnson, Ro>; Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>; Disbrow, Gary (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0fd5845defda4dc0bb45f8fac629cf09-Disbrow, Ga>; Redd, John (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ba3fed4ee8646ec849a5a87136a24f6-Redd, John>; Hassell, David (Chris) (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=aedbf0ff96e4119ac7a3b3abaf71a3d-Hassell, Da>; Hamel, Joseph (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=96d2c1602dfa45e5a5e21452a098b96d-Hamel, Jose>; Hanfling, Dan <DHanfling@igt.org>; Wade, David <david.wade@hq.dhs.gov>; david.a.tarantino@cbp.dhs.gov </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2b8ce179913e4ec6a251a91616b1bc4a-Guest_de2e9>; KAUSHIK, SANGEETA <sangeeta.kaushik@hq.dhs.gov>; Lee, Scott (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userf6879348>; Larry G <PadgetLG@state.gov>;

	Ryan Morhard <Ryan.Morhard@weforum.org>; Steven Jt(tCHFStDPH <steven.stack@ky.gov>; Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Mansoura, Monique K. <mmansoura@mitre.org>; Fantinato, Jessica (USDA.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4a03b6317c3840afb4ee617008e821a6-Jessica.Fan>; DC <michelle.colby@usda.gov>; (b)(6) @usuhs.edu>; Cordts, Jerome (CTR <jerome.cordts@associates.hq.dhs.gov>; Schnitzer, Jay J <jschnitzer@mitre.org>; Ignacio, Joselito (FEMA.DHS.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=908f39d0872d44b1b2c5e3ba11f04968-Joselito.Ig>; Will Gaskins <will.gaskins@efia.com>; Kevin Montgomery <kevin@collaborate.org>; Logan, Linda L (b)(6) @cvm.tamu.edu>; LLogandakar (b)(6) @gmail.com>; Nicole Lurie <nicole.lurie@cepi.net>; Charity A@CDPH <Charity.Dean@cdph.ca.gov>
Subject:	RE: FW: Singapore's measures to contain COVID-19
Date:	2020/03/16 17:29:59
Priority:	Normal
Type:	Note

Here is the a table comparing a few of the countries many are watching (US data is incomplete for today)

Date of 1st Case	24-Jan		1-Feb		30-Jan		
Date of 1st Death	15-Feb		4-Mar		21-Feb		
	France (65M)		Spain (47M)		Italy (60M)		
	Cum Cases	Cum Deaths	Cum Cases	Cum Deaths	Cum Cases	Cum Deaths	Cum Cases
20-Feb	12	1	2		3	0	15
21-Feb	12	1	2		20	1	35
22-Feb	12	1	2		63	2	35
23-Feb	12	1	2		155	3	35
24-Feb	12	1	3		229	7	53
25-Feb	14	1	7		322	11	57
26-Feb	18	2	13		453	12	60
27-Feb	38	2	23		655	17	60
28-Feb	57	2	32		889	21	63
29-Feb	100	2	45		1,128	29	68
1-Mar	130	2	84		1,694	34	73
2-Mar	191	3	120		2,036	52	99
3-Mar	212	4	151		2,502	79	103
4-Mar	285	4	202		3,089	107	154

5-Mar	423	7	248	1	3,858	148	197
6-Mar	613	9	517	10	4,636	197	309
7-Mar	949	16	613	17	5,833	233	434
8-Mar	1,126	19	848	25	7,375	366	544
9-Mar	1,412	30	1,231	30	9,172	463	728
10-Mar	1,784	33	1,646	35	10,149	631	1,010
11-Mar	2,281	49	2,277	55	12,462	827	1,311
12-Mar	2,876	61	3,059	86	15,113	1,016	1,701
13-Mar	3,661	79	4,209	120	17,660	1,266	2,110
14-Mar	4,499	91	5,841	191	21,157	1,441	2,952
15-Mar	5,423	127	7,753	288	24,747	1,809	3,774
16-Mar	6,633	148	9,428	335	27,980	2,158	4,348

Sent from Mail for Windows 10

From: Dr. Eva K Lee

Sent: Monday, March 16, 2020 5:20 PM

To: Tracey McNamara

Cc: Carter Mecher; Richard Hatchett; CHRISTOPHER ALLEN; Tom Bossert; Parker Jr, Gerald W; Gruber, David (DSHS; McDonald, Eric; Borio, Luciana; Brian Benson; Duane Caneva; Baric, Ralph S; Mecher, Carter (VA.GOV; Hunt, Richard (OS/ASPR/EMMO; WILKINSON, THOMAS; M.D.; David; Gregory J; Walters, William (STATE.GOV; HAMILTON, CAMERON; (b)(6)@gmail.com; Dodgen, tDaniel (OS/ASPR/SPPR; DeBord, Kristin (OS/ASPR/SPPR; Phillips, tSally (OS/ASPR/SPPR; Matthew J CIV USARMY (USA; Lisa Koonin; HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; (b)(6)@utmb.edu; Johnson, Robert (OS/ASPR/BARDA; Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA; Redd, John (OS/ASPR/SPPR; Hassell, David (Chris) (OS/ASPR/IO; Hamel, Joseph (OS/ASPR/IO; Hanfling, Dan; Wade, David; TARANTINO, DAVID A; KAUSHIK, SANGEETA; Lee, Scott (OS/ASPR/EMMO; Larry G; Ryan Morhard; Steven Jt(tCHFStDPH; Adams, Jerome (HHS/OASH; Mansoura, Monique K.; Fantinato, Jessica (USDA.GOV; DC; (b)(6)@usuhs.edu; Cordts, Jerome (CTR; Schnitzer, Jay J; Ignacio, Joselito; Will Gaskins; Kevin Montgomery; Logan, Linda L; LLogandakar; Nicole Lurie; Charity A@CDPH

Subject: Re: FW: Singapore's measures to contain COVID-19

Very interesting. So far there has been no second covid-19 infected dog in Hong Kong. I should alert them if they do need to test their pets, there're kits available.

evalee-gatech@pm.me

<https://newton.isye.gatech.edu/DrLee/>

mobile (b)(6)

Sent with ProtonMail Secure Email.

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

On Monday, March 16, 2020 5:06 PM, Tracey McNamara <tmcNamara@westernu.edu> wrote:

<https://protect2.fireeye.com/url?k=114b41b5-4d1f58c9-114b708a-0cc47adc5fa2-bf95de0a5d6b61d8&u=https://www.idexx.com/en/about-idexx/news/no-covid-19-cases-pets/>

Good news. IDEXX, a veterinary diagnostic lab, has developed a PCR and has tested thousands of samples on dogs and cats - all negative. Obviously, we are early in the outbreak so I am trying to find out if they will test pets of known + COVID-19 patients in the weeks to come. Also lack details on specifically what was tested- oral swabs? Pharyngeal swabs? Fecal swabs? Blood? Need more info and have reached out to their CEO.

Tracey

Get Outlook for Android

From: Dr. Eva K Lee <evalee-gatech@pm.me>

Sent: Sunday, March 15, 2020 4:34:28 AM

To: Carter Mecher (b)(6)@charter.net>

Cc: Richard Hatchett <richard.hatchett@cepi.net>; CHRISTOPHER ALLEN (b)(6)@msn.com>; Tom Bossert (b)(6)@me.com>; Parker Jr, Gerald W (b)(6)@cvm.tamu.edu>; Gruber, David (DSHS <David.Gruber@dshs.texas.gov>; McDonald, Eric <Eric.McDonald@sdcounty.ca.gov>; Borio, Luciana <LBorio@iqt.org>; Brian Benson (b)(6)@icloud.com>; Tracey McNamara (b)(6)@westernu.edu>; Duane Caneva <duane.caneva@hq.dhs.gov>; Baric, Ralph S (b)(6)@email.unc.edu>; Mecher, Carter (VA.GOV <carter.mecher@va.gov>; Hunt, Richard (OS/ASPR/EMMO <Richard.Hunt@hhs.gov>; WILKINSON, THOMAS <THOMAS.WILKINSON@hq.dhs.gov>; M.D. (b)(6)@mgh.harvard.edu>; David (b)(6)@som.umaryland.edu>; Gregory J <MartinGJ@state.gov>; Walters, William (STATE.GOV <walterswa2@state.gov>; HAMILTON, CAMERON <cameron.hamilton@hq.dhs.gov>; (b)(6)@gmail.com <(b)(6)@gmail.com>; Dodgen, tDaniel (OS/ASPR/SPPR <Daniel.Dodgen@hhs.gov>; DeBord, Kristin (OS/ASPR/SPPR <Kristin.DeBord@hhs.gov>; Phillips, tSally (OS/ASPR/SPPR <Sally.Phillips@hhs.gov>; Matthew J CIV USARMY (USA <matthew.j.hepburn.civ@mail.mil>; Lisa Koonin (b)(6)@gmail.com>; HARVEY, MELISSA <melissa.harvey@hq.dhs.gov>; WOLFE, HERBERT <HERBERT.WOLFE@hq.dhs.gov>; Eastman, Alexander <alexander.eastman@hq.dhs.gov>; EVANS, MARIEFRED <mariefred.evans@associates.hq.dhs.gov>; (b)(6)@utmb.edu (b)(6)@utmb.edu>; Johnson, Robert (OS/ASPR/BARDA <Robert.Johnson@hhs.gov>; Yeskey, Kevin <kevin.yeskey@hhs.gov>; Disbrow, Gary (OS/ASPR/BARDA <Gary.Disbrow@hhs.gov>; Redd, John (OS/ASPR/SPPR <John.Redd@hhs.gov>; Hassell, David (Chris) (OS/ASPR/IO <David.Hassell@hhs.gov>; Hamel, Joseph (OS/ASPR/IO <Joseph.Hamel@hhs.gov>; Hanfling, Dan <DHanfling@iqt.org>; Wade, David <david.wade@hq.dhs.gov>; TARANTINO, DAVID A <david.a.tarantino@cbp.dhs.gov>; KAUSHIK, SANGEETA <sangeeta.kaushik@hq.dhs.gov>; Lee, Scott (OS/ASPR/EMMO <Scott.Lee@hhs.gov>; Larry G <PadgetLG@state.gov>; Ryan Morhard <Ryan.Morhard@weforum.org>; Steven Jt (tCHFStDPH <steven.stack@ky.gov>; Adams, Jerome (HHS/OASH <Jerome.Adams@hhs.gov>; Mansoura, Monique K. <mmansoura@mitre.org>; Fantinato, Jessica (USDA.GOV <jessica.fantinato@usda.gov>; DC <michelle.colby@usda.gov>; (b)(6)@usuhs.edu (b)(6)@usuhs.edu>; Cordts, Jerome (CTR <jerome.cordts@associates.hq.dhs.gov>; Schnitzer, Jay J <jschnitzer@mitre.org>; Ignacio, Joselito <joselito.ignacio@fema.dhs.gov>; Will Gaskins <will.gaskins@efia.com>; Kevin Montgomery <kevin@collaborate.org>; Logan, Linda L (b)(6)@cvm.tamu.edu>; LLogandakar

(b)(6)@gmail.com>; Nicole Lurie <nicole.lurie@cepi.net>; Charity A@CDPH
<Charity.Dean@cdph.ca.gov>

Subject: RE: FW: Singapore's measures to contain COVID-19

Yes, it is harder now since there're new source from other countries. They have to be vigilant and remain very firm on the interventions, rapid screening, tracing, and quarantine. It requires physical spaces. King County has to rent a motel for quarantine.

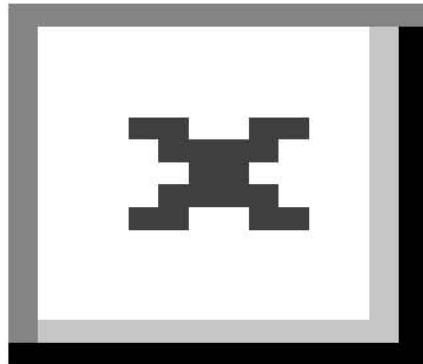
evalee-gatech@pm.me
<https://newton.isye.gatech.edu/DrLee/>
mobile (b)(6)

Sent with [ProtonMail](#) Secure Email.

Original Message

On Sunday, March 15, 2020 7:27 AM, Carter Mecher (b)(6)@charter.net>wrote:

Singapore (212 cases/0 deaths) and Hong Kong (142 cases/4 deaths) continue to hold the line, but Singapore's numbers have been drifting up lately. Growth of cases still close to linear (Ro hovering close to 1.0). Along with Taiwan, this has been a remarkable achievement over the span of nearly 2 months.

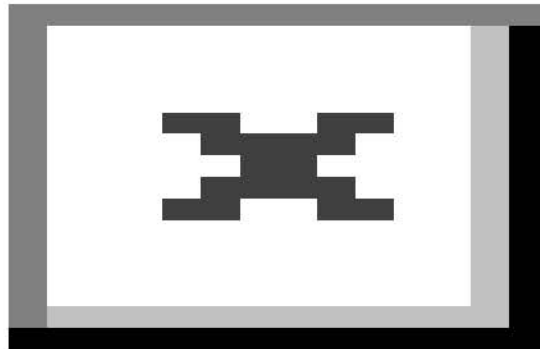


In the attached summary I pasted in the data for Singapore and Hog Kong and the 3 countries that are really barreling along—Italy, Spain and France. They have similar size populations and

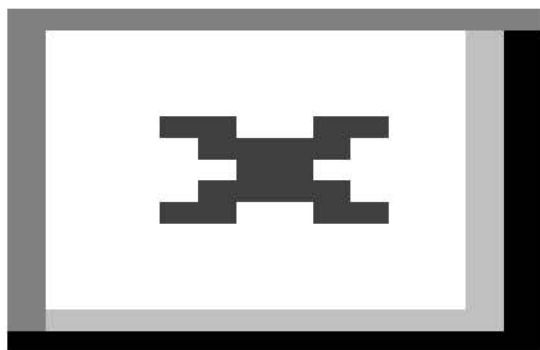
the acceleration in terms of the number of cases and deaths is similar. Spain is about 8 days behind Italy and France appears to be about 2 days behind Spain. Interesting to compare to Hubei (also of similar size population). Need to be careful comparing absolute numbers with US (US pop is 5 times the size of Italy).

Date of 1st Case	24-Jan		1-Feb		30-Jan			
Date of 1st Death	15-Feb		4-Mar		21-Feb			
	France (65M)		Spain (47M)		Italy (60M)			
	Cum Cases	Cum Deaths	Cum Cases	Cum Deaths	Cum Cases	Cum Deaths	Date	Hub Cum Cases
20-Feb	12	1	2		3	0	22-Jan	44
21-Feb	12	1	2		20	1	23-Jan	54
22-Feb	12	1	2		63	2	24-Jan	72
23-Feb	12	1	2		155	3	25-Jan	1,00
24-Feb	12	1	3		229	7	26-Jan	1,42
25-Feb	14	1	7		322	11	27-Jan	2,71
26-Feb	18	2	13		453	12	28-Jan	3,55
27-Feb	38	2	23		655	17	29-Jan	4,58
28-Feb	57	2	32		889	21	30-Jan	5,80
29-Feb	100	2	45		1,128	29	31-Jan	7,15
1-Mar	130	2	84		1,694	34	1-Feb	9,07
2-Mar	191	3	120		2,036	52	2-Feb	11,1
3-Mar	212	4	151		2,502	79	3-Feb	13,5
4-Mar	285	4	202		3,089	107	4-Feb	16,6
5-Mar	423	7	248	1	3,858	148	5-Feb	19,6
6-Mar	613	9	517	10	4,636	197	6-Feb	22,1
7-Mar	949	16	613	17	5,833	233	7-Feb	24,9
8-Mar	1,126	19	848	25	7,375	366	8-Feb	27,1
9-Mar	1,412	30	1,231	30	9,172	463	9-Feb	29,6
10-Mar	1,784	33	1,646	35	10,149	631	10-Feb	31,7
11-Mar	2,281	49	2,277	55	12,462	827	11-Feb	33,3
12-Mar	2,876	61	3,059	86	15,113	1,016	12-Feb	48,2
13-Mar	3,661	79	4,209	120	17,660	1,266	13-Feb	51,9
14-Mar	4,499	91	5,841	191	21,157	1,441	14-Feb	54,4

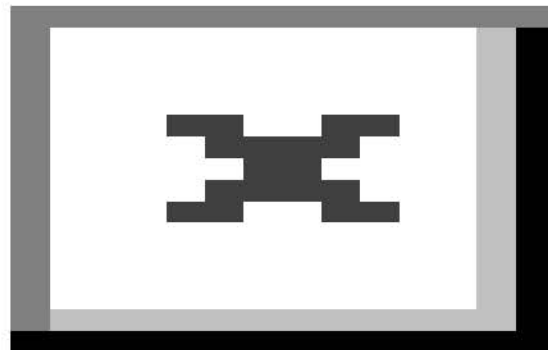
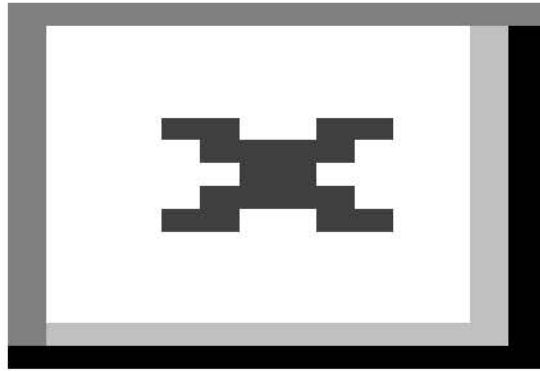
Lastly, I think China has plateaued. Numbers have been pretty flat for the last few days. (Data thru March 14).



And just for comparison. Here is the overall hospitalization data for the worst flu season we have had since we have been collecting flu hospitalization data on the US (2017-18 season). Note the y-axis in both graphs and the x-axis (span of 100 days in top graph and 30 weeks in the lower graph).



Here is how they compare if we adjust the x-axis and y-axis to be similar



Sent from Mail for Windows 10

From: Dr. Eva K Lee

Sent: Sunday, March 15, 2020 5:24 AM

To: Richard Hatchett

Cc: Carter Mecher; CHRISTOPHER ALLEN; Tom Bossert; Parker Jr, Gerald W; Gruber, David (DSHS; McDonald, Eric; Borio, Luciana; Brian Benson; Tracey McNamara; Duane Caneva; Baric, Ralph S; Mecher, Carter (VA.GOV; Hunt, Richard (OS/ASPR/EMMO; WILKINSON, THOMAS; M.D.; David; Gregory J; Walters, William (STATE.GOV; HAMILTON, CAMERON; (b)(6)@gmail.com; Dodgen, tDaniel (OS/ASPR/SPPR; DeBord, Kristin (OS/ASPR/SPPR; Phillips, Sally (OS/ASPR/SPPR; Matthew J CIV USARMY (USA; Lisa Koonin; HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED (b)(6)@utmb.edu; Johnson, Robert (OS/ASPR/BARDA; Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA; Redd, John (OS/ASPR/SPPR; Hassell, David (Chris) (OS/ASPR/IO; Hamel, Joseph (OS/ASPR/IO; Hanfling, Dan; Wade, David; TARANTINO, DAVID A; KAUSHIK, SANGEETA; Lee, Scott (OS/ASPR/EMMO; Larry G; Ryan Morhard; Steven Jt (tCHFStDPH; Adams, Jerome (HHS/OASH; Mansoura, Monique K.; Fantinato, Jessica (USDA.GOV; DC; (b)(6)@usuhs.edu; Cordts, Jerome (CTR; Schnitzer, Jay J; Ignacio, Joselito; Will Gaskins; Kevin Montgomery; Logan, Linda L; LLogandakar; Nicole Lurie; Charity A@CDPH

Subject: Re: FW: Singapore's measures to contain COVID-19

Thank you Richard. Below is one regarding 3 places - Singapore, Hong Kong and Taiwan-regarding their current containment status and strategies.

<https://time.com/5802293/coronavirus-covid19-singapore-hong-kong-taiwan/>

evalee-gatech@pm.me

<https://newton.isye.gatech.edu/DrLee/>

mobile: (b)(6)

Sent with ProtonMail Secure Email.

Original Message

On Sunday, March 15, 2020 5:10 AM, Richard Hatchett <richard.hatchett@cepi.net>wrote:

Worth reviewing as we think about how to balance efforts to control COVID-19 with the economic costs of doing so.

From: Annelise Wilder-Smith <annelies.wilder-smith@lshtm.ac.uk>

Sent: 15 March 2020 08:20

To: Ziad Memish (b)(6)@yahoo.com>; Eduardo Hage Carmo <Eduardo.Carmo@saude.gov.br>

Cc:

Subject: Singapore's measures to contain COVID-19

Dear all,

During my visit in Singapore, I had the chance to explore how Singapore is tackling COVID, and how the Society is contributing.

Fever screening at every entry to institutions and buildings, schools and universities, paired with hand sanitizers. Liberal testing and prompt isolation of cases, extensive contact tracing advanced by digital technologies and police support, and strictly enforced quarantine of contacts. No community quarantine, no cancellation of events, all schools and universities open. Life is normal, but all people implement social distancing, use hand sanitizers frequently (as available basically in every building in almost every room), and do not complain at all about having their temperature checked several times per day.

Vernon Lee, our Chair of this Lancet ID Commission, has written a nice piece on how Singapore basically has kept a flat line over the past 7 weeks in terms of daily new cases. Lots to learn from Singapore! He also provides a list of the measures taken in the below URL link.

Interrupting transmission of COVID-19: lessons from containment efforts in Singapore.

Lee VJ, Chiew CJ, Khong WX.

J Travel Med. 2020 Mar 13. pii: taaa039. doi: 10.1093/jtm/taaa039.

Annelies

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Recipient:	(b)(6)@mgh.harvard.edu </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=20f0e9a3eb4ef99d30a96386fb2627-Guest_945f5>; David (b)(6)@som.umaryland.edu>; Martin, Greg (state.gov) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d48a91c6dc5f401a80e245c518874f15-MartinGJ.os>; Walters, William (STATE.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f3bd10f7e82440f282361d80de6b8c1f-William.Wal>; HAMILTON, CAMERON <cameron.hamilton@hq.dhs.gov>; (b)(6)@gmail.com>; Dodgen, Daniel (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c23f0d7c1d634508918e1c87cf50c48c-Dodgen, Dan>; DeBord, Kristin (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d2cce28859884c1c835a9404885d6534-DeBord, Kri>; Phillips, Sally (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d6ce8134846423cb83b5b28464edb60-Phillips, S>; Matthew J CIV USARMY (USA <matthew.j.hepburn.civ@mail.mil>; Lisa Koonin (b)(6)@gmail.com>; HARVEY, MELISSA <melissa.harvey@hq.dhs.gov>; Wolfe, Herbert (DHS.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f2fb845c2e154d8e967ec3fdabecfbd6-Herbert.Wol>; alexander.eastman@hq.dhs.gov </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d6cb05aaaff49fb1ee44181880376c-Guest_37b50>;

EVANS, MARIEFRED <mariefred.evans@associates.hq.dhs.gov>;
 (b)(6)@utmb.edu>;
 Johnson, Robert (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0851e89240324306b78740a4a60745e2-Johnson, Ro>;
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 Hanfling, Dan <DHanfling@iq.t.org>;
 Wade, David <david.wade@hq.dhs.gov>;
 david.a.tarantino@cbp.dhs.gov </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2b8ce179913e4ec6a251a91616b1bc4a-Guest_de2e9>;
 KAUSHIK, SANGEETA <sangeeta.kaushik@hq.dhs.gov>;
 Lee, Scott (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userf6879348>;
 Larry G <PadgetLG@state.gov>;
 Ryan Morhard <Ryan.Morhard@weforum.org>;
 Steven Jt(tCHFStDPH <steven.stack@ky.gov>;
 Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>;
 Mansoura, Monique K. <mmansoura@mitre.org>;
 Fantinato, Jessica (USDA.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4a03b6317c3840afb4ee617008e821a6-Jessica.Fan>;
 DC <michelle.colby@usda.gov>;
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 Cordts, Jerome (CTR <jerome.cordts@associates.hq.dhs.gov>;
 Schnitzer, Jay J <jschnitzer@mitre.org>;
 Ignacio, Joselito (FEMA.DHS.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=908f39d0872d44b1b2c5e3ba11f04968-Joselito.Ig>;
 Will Gaskins <will.gaskins@efia.com>;
 Kevin Montgomery <kevin@collaborate.org>;
 Logan, Linda L (b)(6)@cvm.tamu.edu>;
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 Nicole Lurie <nicole.lurie@cepi.net>;
 Charity A@CDPH <Charity.Dean@cdph.ca.gov>

Sent Date: 2020/03/16 17:29:29

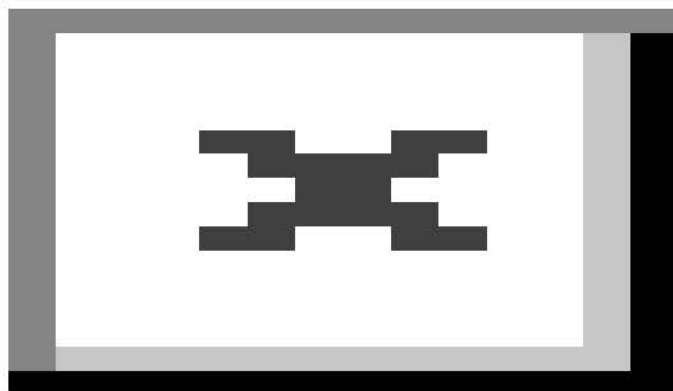
Delivered Date: 2020/03/16 17:29:59

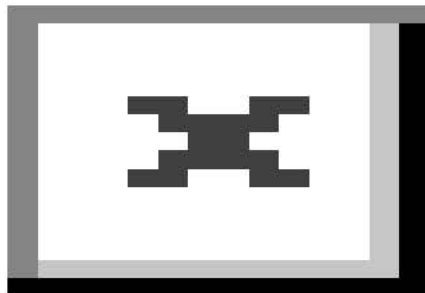
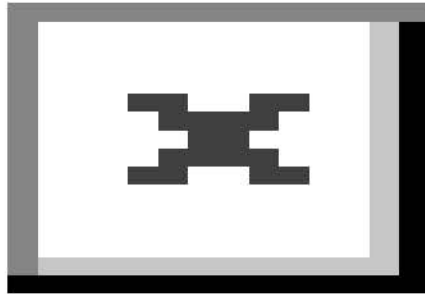
Message Flags: Unread

From:	Carter Mecher (b)(6)@charter.net>
To:	Dr. Eva K Lee <evalee-gatech@pm.me>; Tracey McNamara (b)(6)@westernu.edu>
CC:	Richard Hatchett <richard.hatchett@cepi.net>; CHRISTOPHER ALLEN (b)(6)@msn.com>; Tom Bossert (b)(6)@me.com>; Parker Jr, Gerald W (b)(6)@cvm.tamu.edu>; Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.roup (FYDIBOHF23SPDLT)/cn=Recipients/cn=user4629b831>; eric.mcdonald@sdcounty.ca.gov </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=04b8a65f67f9453b9749d3d366481f53-Guest_bef32>; Borio, Luciana <LBorio@igt.org>; Brian Benson (b)(6)@icloud.com>; Caneva, Duane (DHS.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b6ba3c00c7944e1b99ed3eecab996186-Duane.Canev>; Baric, Ralph S (b)(6)@email.unc.edu>; Mecher, Carter (VA.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=505b94dcf2f74b6ab8da09f5bcc26761-Carter.Mech>; Hunt, Richard (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a104469df5184cc38bf02034af7eca04-Hunt, Richa>; WILKINSON, THOMAS <THOMAS.WILKINSON@hq.dhs.gov>; (b)(6)@mgh.harvard.edu </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=20f0e9a3eb4ef99d30a96386fb2627-Guest_945f5>; David (b)(6)@som.umaryland.edu>; Martin, Greg (state.gov) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d48a91c6dc5f401a80e245c518874f15-MartinGJ.os>; Walters, William (STATE.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f3bd10f7e82440f282361d80de6b8c1f-William.Wal>; HAMILTON, CAMERON <cameron.hamilton@hq.dhs.gov>; (b)(6)@gmail.com>; Dodgen, Daniel (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c23f0d7c1d634508918e1c87cf50c48c-Dodgen, Dan>; DeBord, Kristin (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d2cce28859884c1c835a9404885d6534-DeBord, Kri>; Phillips, Sally (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d6ce8134846423cb83b5b28464edb60-Phillips, S>; Matthew J CIV USARMY (USA <matthew.j.hepburn.civ@mail.mil>; Lisa Koonin (b)(6)@gmail.com>; HARVEY, MELISSA <melissa.harvey@hq.dhs.gov>; Wolfe, Herbert (DHS.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f2fb845c2e154d8e967ec3fdabecfbd6-Herbert.Wol>; alexander.eastman@hq.dhs.gov </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d6cb05aaaf4f9fb1ee44181880376c-Guest_37b50>; EVANS, MARIEFRED <mariefred.evans@associates.hq.dhs.gov>; (b)(6)@utmb.edu>; Johnson, Robert (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0851e89240324306b78740a4a60745e2-Johnson, Ro>; Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>; Disbrow, Gary (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0fd5845defda4dc0bb45f8fac629cf09-Disbrow, Ga>; Redd, John (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ba3fed4ee8646ec849a5a87136a24f6-Redd, John>; Hassell, David (Chris) (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=aedbf0ff96e4119ac7a3b3abaf71a3d-Hassell, Da>; Hamel, Joseph (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=96d2c1602dfa45e5a5e21452a098b96d-Hamel, Jose>; Hanfling, Dan <DHanfling@igt.org>; Wade, David <david.wade@hq.dhs.gov>; david.a.tarantino@cbp.dhs.gov </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2b8ce179913e4ec6a251a91616b1bc4a-Guest_de2e9>; KAUSHIK, SANGEETA <sangeeta.kaushik@hq.dhs.gov>; Lee, Scott (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userf6879348>; Larry G <PadgetLG@state.gov>;

	Ryan Morhard <Ryan.Morhard@weforum.org>; Steven Jt(tCHFStDPH <steven.stack@ky.gov>; Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Mansoura, Monique K. <mmansoura@mitre.org>; Fantinato, Jessica (USDA.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4a03b6317c3840afb4ee617008e821a6-Jessica.Fan>; DC <michelle.colby@usda.gov>; (b)(6)@pusuhs.edu>; Cordts, Jerome (CTR <jerome.cordts@associates.hq.dhs.gov>; Schnitzer, Jay J <jschnitzer@mitre.org>; Ignacio, Joselito (FEMA.DHS.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=908f39d0872d44b1b2c5e3ba11f04968-Joselito.Ig>; Will Gaskins <will.gaskins@efia.com>; Kevin Montgomery <kevin@collaborate.org>; Logan, Linda L (b)(6)@cvm.tamu.edu>; LLogandakar <(b)(6)@gmail.com>; Nicole Lurie <nicole.lurie@cepi.net>; Charity A@CDPH <Charity.Dean@cdph.ca.gov>
Subject:	RE: FW: Singapore's measures to contain COVID-19
Date:	2020/03/16 17:39:11
Priority:	Normal
Type:	Note

Here is data on Singapore (243 cases/0 deaths) and Hong Kong (155 cases/4 deaths).





Sent from [Mail](#) for Windows 10

From: [Carter Mecher](#)

Sent: Monday, March 16, 2020 5:29 PM

To: [Dr. Eva K Lee](#); [Tracey McNamara](#)

Cc: [Richard Hatchett](#); [CHRISTOPHER ALLEN](#); [Tom Bossert](#); [Parker Jr, Gerald W](#); [Gruber, David \(DSHS; McDonald, Eric](#); [Borio, Luciana](#); [Brian Benson](#); [Duane Caneva](#); [Baric, Ralph S](#); [Mecher, Carter \(VA.GOV](#); [Hunt, Richard \(OS/ASPR/EMMO](#); [WILKINSON, THOMAS](#); [M.D.](#); [David](#); [Gregory J](#); [Walters, William \(STATE.GOV](#); [HAMILTON, CAMERON](#); [\(b\)\(6\)@gmail.com](#); [Dodgen, tDanielt\(OS/ASPR/SPPR](#); [DeBord, Kristin \(OS/ASPR/SPPR](#); [Phillips, tSally \(OS/ASPR/SPPR](#); [Matthew J CIV USARMY \(USA](#); [Lisa Koonin](#); [HARVEY, MELISSA](#); [WOLFE, HERBERT](#); [Eastman, Alexander](#); [EVANS, MARIEFRED](#); [\(b\)\(6\)@utmb.edu](#); [Johnson, Robert \(OS/ASPR/BARDA](#); [Yeskey, Kevin](#); [Disbrow, Gary \(OS/ASPR/BARDA](#); [Redd, John \(OS/ASPR/SPPR](#); [Hassell, David \(Chris\) \(OS/ASPR/IO](#); [Hamel, Joseph \(OS/ASPR/IO](#); [Hanfling, Dan](#); [Wade, David](#); [TARANTINO, DAVID A](#); [KAUSHIK, SANGEETA](#); [Lee, Scott \(OS/ASPR/EMMO](#); [Larry G](#); [Ryan Morhard](#);

Steven Jt(tCHFStDPH; Adams, Jerome (HHS/OASH; Mansoura, Monique K.; Fantinato, Jessica (USDA.GOV; DC;(b)(6) @usuh.s.edu; Cordts, Jerome (CTR; Schnitzer, Jay J; Ignacio, Joselito; Will Gaskins; Kevin Montgomery; Logan, Linda L; Llogandakar; Nicole Lurie; Charity A@CDPH
Subject: RE: FW: Singapore's measures to contain COVID-19

Here is a table comparing a few of the countries many are watching (US data is incomplete for today)

Date of 1st Case	24-Jan		1-Feb		30-Jan		
Date of 1st Death	15-Feb		4-Mar		21-Feb		
	France (65M)		Spain (47M)		Italy (60M)		
	Cum Cases	Cum Deaths	Cum Cases	Cum Deaths	Cum Cases	Cum Deaths	Cum Cases
20-Feb	12	1	2		3	0	15
21-Feb	12	1	2		20	1	35
22-Feb	12	1	2		63	2	35
23-Feb	12	1	2		155	3	35
24-Feb	12	1	3		229	7	53
25-Feb	14	1	7		322	11	57
26-Feb	18	2	13		453	12	60
27-Feb	38	2	23		655	17	60
28-Feb	57	2	32		889	21	63
29-Feb	100	2	45		1,128	29	68
1-Mar	130	2	84		1,694	34	73
2-Mar	191	3	120		2,036	52	99
3-Mar	212	4	151		2,502	79	103
4-Mar	285	4	202		3,089	107	154
5-Mar	423	7	248	1	3,858	148	197
6-Mar	613	9	517	10	4,636	197	309
7-Mar	949	16	613	17	5,833	233	434
8-Mar	1,126	19	848	25	7,375	366	544
9-Mar	1,412	30	1,231	30	9,172	463	728
10-Mar	1,784	33	1,646	35	10,149	631	1,010
11-Mar	2,281	49	2,277	55	12,462	827	1,311
12-Mar	2,876	61	3,059	86	15,113	1,016	1,701
13-Mar	3,661	79	4,209	120	17,660	1,266	2,110
14-Mar	4,499	91	5,841	191	21,157	1,441	2,952
15-Mar	5,423	127	7,753	288	24,747	1,809	3,774
16-Mar	6,633	148	9,428	335	27,980	2,158	4,348

Sent from Mail for Windows 10

From: Dr. Eva K Lee

Sent: Monday, March 16, 2020 5:20 PM

To: Tracey McNamara

Cc: Carter Mecher; Richard Hatchett; CHRISTOPHER ALLEN; Tom Bossert; Parker Jr, Gerald W; Gruber, David (DSHS); McDonald, Eric; Borio, Luciana; Brian Benson; Duane Caneva; Baric, Ralph S; Mecher, Carter (VA.GOV); Hunt, Richard (OS/ASPR/EMMO); WILKINSON, THOMAS; M.D.; David; Gregory J; Walters, William (STATE.GOV); HAMILTON, CAMERON (b)(6) @gmail.com; Dodgen, tDaniel (OS/ASPR/SPPR); DeBord, Kristin (OS/ASPR/SPPR); Phillips, tSally (OS/ASPR/SPPR); Matthew J CIV USARMY (USA); Lisa Koonin; HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED (b)(6) @utmb.edu; Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA); Redd, John (OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Hanfling, Dan; Wade, David; TARANTINO, DAVID A; KAUSHIK, SANGEETA; Lee, Scott (OS/ASPR/EMMO); Larry G; Ryan Morhard; Steven Jt (tCHFStDPH); Adams, Jerome (HHS/OASH); Mansoura, Monique K.; Fantinato, Jessica (USDA.GOV); DC (b)(6) @usuhs.edu; Cordts, Jerome (CTR); Schnitzer, Jay J; Ignacio, Joselito; Will Gaskins; Kevin Montgomery; Logan, Linda L; LLogandakar; Nicole Lurie; Charity A@CDPH

Subject: Re: FW: Singapore's measures to contain COVID-19

Very interesting. So far there has been no second covid-19 infected dog in Hong Kong. I should alert them if they do need to test their pets, there're kits available.

evalee-gatech@pm.me

<https://newton.isye.gatech.edu/DrLee/>

mobile: (b)(6)

Sent with ProtonMail Secure Email.

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

On Monday, March 16, 2020 5:06 PM, Tracey McNamara <tmcNamara@westernu.edu> wrote:

<https://protect2.fireeye.com/url?k=bfa47be3-e3f17233-bfa44adc-0cc47a6a52de-8e948deb1ed37d9a&u=https://www.idexx.com/en/about-idexx/news/no-covid-19-cases-pets/>

Good news. IDEXX, a veterinary diagnostic lab, has developed a PCR and has tested thousands of ssmples on dogs and cats - all negative.

Obviously, we are early in the outbreak so I am trying to find out if they will test pets of known + COVID-19 patients in the weeks to come. Also lack details on specifically what was tested- oral swabs? Pharyngeal swabs? Fecal swabs? Blood? Need more info and have reached out to their CEO.

Tracey

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From: Dr. Eva K Lee <evalee-gatech@pm.me>

Sent: Sunday, March 15, 2020 4:34:28 AM

To: Carter Mecher (b)(6)@charter.net>

Cc: Richard Hatchett <richard.hatchett@cepi.net>; CHRISTOPHER ALLEN (b)(6)@msn.com>; Tom Bossert (b)(6)@me.com>; Parker Jr, Gerald W (b)(6)@cvm.tamu.edu>; Gruber, David (DSHS <David.Gruber@dshs.texas.gov>; McDonald, Eric <Eric.McDonald@sdcounty.ca.gov>; Borio, Luciana <LBorio@iqt.org>; Brian Benson (b)(6)@icloud.com>; Tracey McNamara (b)(6)@westernu.edu>; Duane Caneva <duane.caneva@hq.dhs.gov>; Baric, Ralph S (b)(6)@email.unc.edu>; Mecher, Carter (VA.GOV <carter.mecher@va.gov>; Hunt, Richard (OS/ASPR/EMMO <Richard.Hunt@hhs.gov>; WILKINSON, THOMAS <THOMAS.WILKINSON@hq.dhs.gov>; M.D. (b)(6)@mgh.harvard.edu>; David (b)(6)@som.umaryland.edu>; Gregory J <MartinGJ@state.gov>; Walters, William (STATE.GOV <walterswa2@state.gov>; HAMILTON, CAMERON <cameron.hamilton@hq.dhs.gov>; (b)(6)@gmail.com (b)(6)@gmail.com>; Dodgen, tDaniel (OS/ASPR/SPPR <Daniel.Dodgen@hhs.gov>; DeBord, Kristin (OS/ASPR/SPPR <Kristin.DeBord@hhs.gov>; Phillips, tSally (OS/ASPR/SPPR <Sally.Phillips@hhs.gov>; Matthew J CIV USARMY (USA <matthew.j.hepburn.civ@mail.mil>; Lisa Koonin (b)(6)@gmail.com>; HARVEY, MELISSA <melissa.harvey@hq.dhs.gov>; WOLFE, HERBERT <HERBERT.WOLFE@hq.dhs.gov>; Eastman, Alexander <alexander.eastman@hq.dhs.gov>; EVANS, MARIEFRED <mariefred.evans@associates.hq.dhs.gov>; (b)(6)@utmb.edu (b)(6)@utmb.edu>; Johnson, Robert (OS/ASPR/BARDA <Robert.Johnson@hhs.gov>; Yeskey, Kevin <kevin.yeskey@hhs.gov>; Disbrow, Gary (OS/ASPR/BARDA <Gary.Disbrow@hhs.gov>; Redd, John (OS/ASPR/SPPR <John.Redd@hhs.gov>; Hassell, David (Chris) (OS/ASPR/IO <David.Hassell@hhs.gov>; Hamel, Joseph (OS/ASPR/IO <Joseph.Hamel@hhs.gov>; Hanfling, Dan <DHanfling@iqt.org>; Wade, David <david.wade@hq.dhs.gov>; TARANTINO, DAVID A <david.a.tarantino@cbp.dhs.gov>; KAUSHIK, SANGEETA <sangeeta.kaushik@hq.dhs.gov>; Lee, Scott (OS/ASPR/EMMO <Scott.Lee@hhs.gov>; Larry G <PadgetLG@state.gov>; Ryan Morhard <Ryan.Morhard@weforum.org>; Steven Jt (tCHFStDPH <steven.stack@ky.gov>; Adams, Jerome (HHS/OASH <Jerome.Adams@hhs.gov>; Mansoura, Monique K. <mmansoura@mitre.org>; Fantinato, Jessica (USDA.GOV <jessica.fantinato@usda.gov>; DC <michelle.colby@usda.gov>; (b)(6)@usuhs.edu (b)(6)@usuhs.edu>; Cordts, Jerome (CTR <jerome.cordts@associates.hq.dhs.gov>; Schnitzer, Jay J <jschnitzer@mitre.org>; Ignacio, Joselito <joselito.ignacio@fema.dhs.gov>; Will Gaskins <will.gaskins@efiia.com>; Kevin Montgomery <kevin@collaborate.org>; Logan, Linda (b)(6)@cvm.tamu.edu>; LLogandakar (b)(6)@gmail.com>; Nicole Lurie <nicole.lurie@cepi.net>; Charity A@CDPH <Charity.Dean@cdph.ca.gov>

Subject: RE: FW: Singapore's measures to contain COVID-19

Yes, it is harder now since there're new source from other countries. They have to be vigilant and remain very firm on the interventions, rapid screening, tracing, and quarantine. It requires physical spaces. King County has to rent a motel for quarantine.

evalee-gatech@pm.me

<https://newton.isye.gatech.edu/DrLee/>

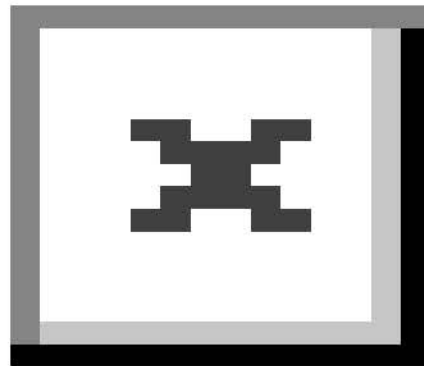
mobile: (b)(6)

Sent with [ProtonMail](#) Secure Email.

Original Message

On Sunday, March 15, 2020 7:27 AM, Carter Mecher <cmecher@charter.net> wrote:

Singapore (212 cases/0 deaths) and Hong Kong (142 cases/4 deaths) continue to hold the line, but Singapore's numbers have been drifting up lately. Growth of cases still close to linear (Ro hovering close to 1.0). Along with Taiwan, this has been a remarkable achievement over the span of nearly 2 months.

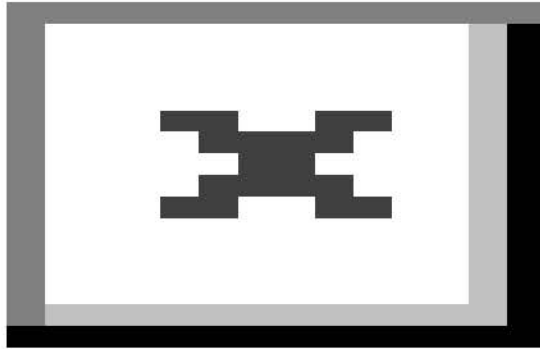


In the attached summary I pasted in the data for Singapore and Hog Kong and the 3 countries that are really barreling along—Italy, Spain and France. They have similar size populations and the acceleration in terms of the number of cases and deaths is similar. Spain is about 8 days behind Italy and France appears to be about 2 days behind Spain. Interesting to compare to Hubei (also of similar size population). Need to be careful comparing absolute numbers with US (US pop is 5 times the size of Italy).

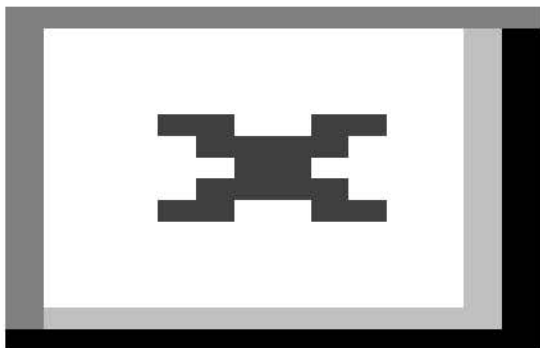
Date of 1st Case	24-Jan		1-Feb		30-Jan			
Date of 1st Death	15-Feb		4-Mar		21-Feb			
	France (65M)		Spain (47M)		Italy (60M)			
	Cum Cases	Cum Deaths	Cum Cases	Cum Deaths	Cum Cases	Cum Deaths	Date	Hub Cum Cas
20-Feb	12	1	2		3	0	22-Jan	44
21-Feb	12	1	2		20	1	23-Jan	54
22-Feb	12	1	2		63	2	24-Jan	72
23-Feb	12	1	2		155	3	25-Jan	1,05

24-Feb	12	1	3		229	7	26-Jan	1,42
25-Feb	14	1	7		322	11	27-Jan	2,7
26-Feb	18	2	13		453	12	28-Jan	3,55
27-Feb	38	2	23		655	17	29-Jan	4,58
28-Feb	57	2	32		889	21	30-Jan	5,80
29-Feb	100	2	45		1,128	29	31-Jan	7,15
1-Mar	130	2	84		1,694	34	1-Feb	9,07
2-Mar	191	3	120		2,036	52	2-Feb	11,1
3-Mar	212	4	151		2,502	79	3-Feb	13,5
4-Mar	285	4	202		3,089	107	4-Feb	16,6
5-Mar	423	7	248	1	3,858	148	5-Feb	19,6
6-Mar	613	9	517	10	4,636	197	6-Feb	22,1
7-Mar	949	16	613	17	5,833	233	7-Feb	24,9
8-Mar	1,126	19	848	25	7,375	366	8-Feb	27,1
9-Mar	1,412	30	1,231	30	9,172	463	9-Feb	29,6
10-Mar	1,784	33	1,646	35	10,149	631	10-Feb	31,7
11-Mar	2,281	49	2,277	55	12,462	827	11-Feb	33,3
12-Mar	2,876	61	3,059	86	15,113	1,016	12-Feb	48,2
13-Mar	3,661	79	4,209	120	17,660	1,266	13-Feb	51,9
14-Mar	4,499	91	5,841	191	21,157	1,441	14-Feb	54,4

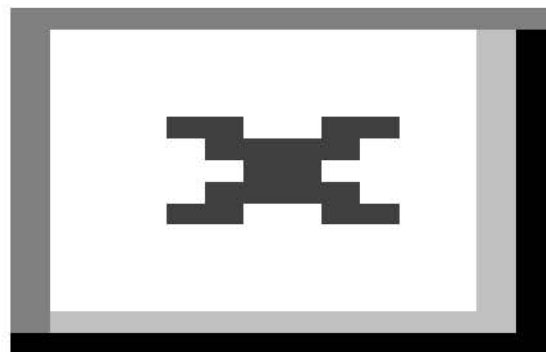
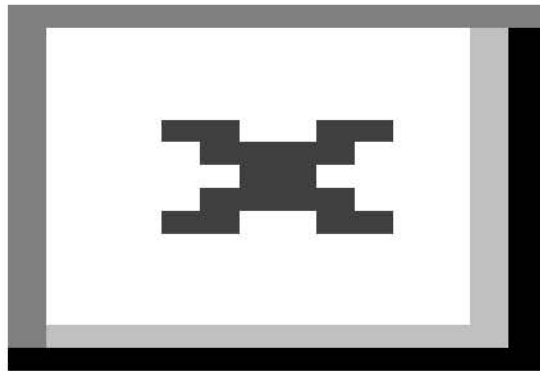
Lastly, I think China has plateaued. Numbers have been pretty flat for the last few days. (Data thru March14).



And just for comparison. Here is the overall hospitalization data for the worst flu season we have had since we have been collecting flu hospitalization data on the US (2017-18 season). Note the y-axis in both graphs and the x-axis (span of 100 days in top graph and 30 weeks in the lower graph).



Here is how they compare if we adjust the x-axis and y-axis to be similar



Sent from Mail for Windows 10

From: Dr. Eva K Lee

Sent: Sunday, March 15, 2020 5:24 AM

To: Richard Hatchett

Cc: Carter Mecher; CHRISTOPHER ALLEN; Tom Bossert; Parker Jr, Gerald W; Gruber, David (DSHS; McDonald, Eric; Borio, Luciana; Brian Benson; Tracey McNamara; Duane Caneva; Baric, Ralph S; Mecher, Carter (VA.GOV; Hunt, Richard (OS/ASPR/EMMO; WILKINSON, THOMAS; M.D.; David; Gregory J; Walters, William (STATE.GOV; HAMILTON, CAMERON; (b)(6)@gmail.com; Dodgen, tDaniel (OS/ASPR/SPPR; DeBord, Kristin (OS/ASPR/SPPR; Phillips, Sally (OS/ASPR/SPPR; Matthew J CIV USARMY (USA; Lisa Koonin; HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED (b)(6)@utmb.edu; Johnson, Robert (OS/ASPR/BARDA; Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA; Redd, John (OS/ASPR/SPPR; Hassell, David (Chris) (OS/ASPR/IO; Hamel, Joseph (OS/ASPR/IO; Hanfling, Dan; Wade, David; TARANTINO, DAVID A; KAUSHIK, SANGEETA; Lee, Scott (OS/ASPR/EMMO; Larry G; Ryan Morhard; Steven Jt (tCHFStDPH; Adams, Jerome (HHS/OASH; Mansoura, Monique K.; Fantinato, Jessica (USDA.GOV; DC; (b)(6)@usuhs.edu; Cordts, Jerome (CTR; Schnitzer, Jay J; Ignacio, Joselito; Will Gaskins; Kevin Montgomery; Logan, Linda L; LLogandakar; Nicole Lurie; Charity A@CDPH

Subject: Re: FW: Singapore's measures to contain COVID-19

Thank you Richard. Below is one regarding 3 places - Singapore, Hong Kong and Taiwan- regarding their current containment status and strategies.

<https://time.com/5802293/coronavirus-covid19-singapore-hong-kong-taiwan/>

evalee-gatech@pm.me

<https://newton.isye.gatech.edu/DrLee/>

mobile: (b)(6)

Sent with ProtonMail Secure Email.

Original Message

On Sunday, March 15, 2020 5:10 AM, Richard Hatchett <richard.hatchett@cepi.net>wrote:

Worth reviewing as we think about how to balance efforts to control COVID-19 with the economic costs of doing so.

From: Annelise Wilder-Smith <annelies.wilder-smith@lshtm.ac.uk>

Sent: 15 March 2020 08:20

To: Ziad Memish (b)(6)@yahoo.com>; Eduardo Hage Carmo <Eduardo.Carmo@saude.gov.br>

Cc:

Subject: Singapore's measures to contain COVID-19

Dear all,

During my visit in Singapore, I had the chance to explore how Singapore is tackling COVID, and how the Society is contributing.

Fever screening at every entry to institutions and buildings, schools and universities, paired with hand sanitizers. Liberal testing and prompt isolation of cases, extensive contact tracing advanced by digital technologies and police support, and strictly enforced quarantine of contacts. No community quarantine, no cancellation of events, all schools and universities open. Life is normal, but all people implement social distancing, use hand sanitizers frequently (as available basically in every building in almost every room), and do not complain at all about having their temperature checked several times per day.

Vernon Lee, our Chair of this Lancet ID Commission, has written a nice piece on how Singapore basically has kept a flat line over the past 7 weeks in terms of daily new cases. Lots to learn from Singapore! He also provides a list of the measures taken in the below URL link.

Interrupting transmission of COVID-19: lessons from containment efforts in Singapore.

Lee VJ, Chiew CJ, Khong WX.

J Travel Med. 2020 Mar 13. pii: taaa039. doi: 10.1093/jtm/taaa039.

Annelies

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	Dr. Eva K Lee <evalee-gatech@pm.me>; Tracey McNamara (b)(6) westernu.edu>; Richard Hatchett <richard.hatchett@cepi.net>; CHRISTOPHER ALLEN (b)(6) @msn.com>; Tom Bossert (b)(6) @me.com>; Parker Jr, Gerald W (b)(6) @cvm.tamu.edu>; david.gruber@dshs.texas.gov </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user4629b831>; eric.mcdonald@sdcounty.ca.gov </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=04b8a65f67f9453b9749d3d366481f53-Guest_bef32>; Borio, Luciana <LBorio@igt.org>; Brian Benson (b)(6) @icloud.com>; Caneva, Duane (DHS.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b6ba3c00c7944e1b99ed3eecab996186-Duane.Canev>; Baric, Ralph S (b)(6) @email.unc.edu>; Mecher, Carter (VA.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=505b94dcf2f74b6ab8da09f5bcc26761-Carter.Mech>; Hunt, Richard (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a104469df5184cc38bf02034af7eca04-Hunt, Richa>; WILKINSON, THOMAS <THOMAS.WILKINSON@hq.dhs.gov>;
Recipient:	(b)(6) @mgh.harvard.edu </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=20f0e9a3ebeb4ef99d30a96386fb2627-Guest_945f5>; David (b)(6) @som.umaryland.edu>; Martin, Greg (state.gov) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d48a91c6dc5f401a80e245c518874f15-MartinGJ.os>; Walters, William (STATE.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f3bd10f7e82440f282361d80de6b8c1f-William.Wal>; HAMILTON, CAMERON <cameron.hamilton@hq.dhs.gov>; (b)(6) @gmail.com>; Dodgen, Daniel (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c23f0d7c1d634508918e1c87cf50c48c-Dodgen, Dan>; DeBord, Kristin (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d2cce28859884c1c835a9404885d6534-DeBord, Kri>; Phillips, Sally (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d6ce8134846423cb83b5b28464edb60-Phillips, S>; Matthew J CIV USARMY (USA <matthew.j.hepburn.civ@mail.mil>; Lisa Koonin (b)(6) @gmail.com>; HARVEY, MELISSA <melissa.harvey@hq.dhs.gov>; Wolfe, Herbert (DHS.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f2fb845c2e154d8e967ec3fdabecfbdb6-Herbert.Wol>;

alexander.eastman@hq.dhs.gov </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d6cb05aaaff4f9fb1ee44181880376c-Guest_37b50>; EVANS, MARIEFRED <mariefred.evans@associates.hq.dhs.gov>; (b)(6)@utmb.edu>; Johnson, Robert (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0851e89240324306b78740a4a60745e2-Johnson, Ro>; Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>; Disbrow, Gary (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0fd5845defda4dc0bb45f8fac629cf09-Disbrow, Ga>; Redd, John (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ba3fed4ee8646ec849a5a87136a24f6-Redd, John>; Hassell, David (Chris) (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=aedbfb0ff96e4119ac7a3b3abaf71a3d-Hassell, Da>; Hamel, Joseph (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=96d2c1602dfa45e5a5e21452a098b96d-Hamel, Jose>; Hanfling, Dan <DHanfling@iq.t.org>; Wade, David <david.wade@hq.dhs.gov>; david.a.tarantino@cbp.dhs.gov </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2b8ce179913e4ec6a251a91616b1bc4a-Guest_de2e9>; KAUSHIK, SANGEETA <sangeeta.kaushik@hq.dhs.gov>; Lee, Scott (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userf6879348>; Larry G <PadgetLG@state.gov>; Ryan Morhard <Ryan.Morhard@weforum.org>; Steven Jt(tCHFStDPH <steven.stack@ky.gov>; Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Mansoura, Monique K. <mmansoura@mitre.org>; Fantinato, Jessica (USDA.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4a03b6317c3840afb4ee617008e821a6-Jessica.Fan>; DC <michelle.colby@usda.gov>; (b)(6)@usuhs.edu>; Cordts, Jerome (CTR <jerome.cordts@associates.hq.dhs.gov>; Schnitzer, Jay J <jschnitzer@mitre.org>; Ignacio, Joselito (FEMA.DHS.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=908f39d0872d44b1b2c5e3ba11f04968-Joselito.Ig>; Will Gaskins <will.gaskins@efia.com>; Kevin Montgomery <kevin@collaborate.org>; Logan, Linda L (b)(6)@cvm.tamu.edu>; LLogandakar (b)(6)@gmail.com>; Nicole Lurie <nicole.lurie@cepi.net>; Charity A@CDPH <Charity.Dean@cdph.ca.gov>

Sent Date: 2020/03/16 17:38:35

Delivered Date: 2020/03/16 17:39:11

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(FYDIBOHF23SPDLT)/cn=Recipients/cn=userf6879348>;
Larry G <PadgetLG@state.gov>;

	Ryan Morhard <Ryan.Morhard@weforum.org>; Steven Jt(tCHFStDPH <steven.stack@ky.gov>; Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Mansoura, Monique K. <mmansoura@mitre.org>; Fantinato, Jessica (USDA.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4a03b6317c3840afb4ee617008e821a6-Jessica.Fan>; DC <michelle.colby@usda.gov>; (b)(6)@usuhs.edu>; Cordts, Jerome (CTR <jerome.cordts@associates.hq.dhs.gov>; Schnitzer, Jay J <jschnitzer@mitre.org>; Ignacio, Joselito (FEMA.DHS.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=908f39d0872d44b1b2c5e3ba11f04968-Joselito.Ig>; Will Gaskins <will.gaskins@efia.com>; Kevin Montgomery <kevin@collaborate.org>; Logan, Linda L (b)(6)@cvm.tamu.edu>; LLogandakar (b)(6)@gmail.com>; Nicole Lurie <nicole.lurie@cepi.net>; Charity A@CDPH <Charity.Dean@cdph.ca.gov>
Subject:	RE: FW: Singapore's measures to contain COVID-19
Date:	2020/03/16 17:47:13
Priority:	Normal
Type:	Note

Note both Singapore and Hong Kong are increasing slightly faster than before, once Europe and US become infected. This is very serious!

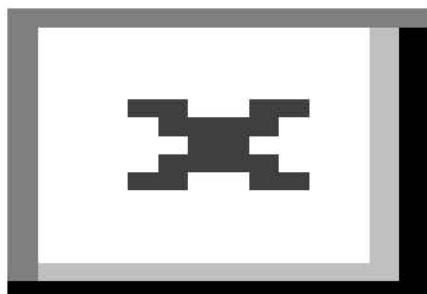
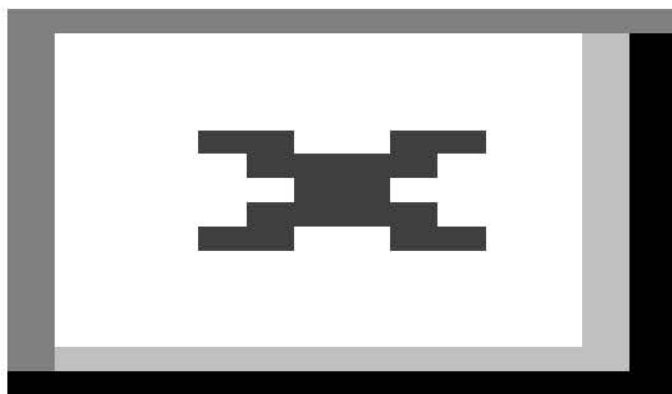
evalee-gatech@pm.me
<https://newton.isye.gatech.edu/DrLee/>
mobile: (b)(6)

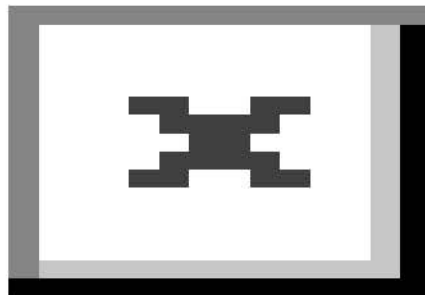
Sent with [ProtonMail](#) Secure Email.

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

On Monday, March 16, 2020 5:38 PM, Carter Mecher <cmecher@charter.net> wrote:

Here is data on Singapore (243 cases/0 deaths) and Hong Kong (155 cases/4 deaths).





Sent from Mail for Windows 10

From: Carter Mecher
Sent: Monday, March 16, 2020 5:29 PM
To: Dr. Eva K Lee; Tracey McNamara
Cc: Richard Hatchett; CHRISTOPHER ALLEN; Tom Bossert; Parker Jr, Gerald W; Gruber,David (DSHS); McDonald, Eric; Borio, Luciana; Brian Benson; Duane Caneva; Baric, Ralph S; Mecher, Carter (VA.GOV); Hunt, Richard (OS/ASPR/EMMO); WILKINSON, THOMAS; M.D.; David; Gregory J; Walters, William (STATE.GOV); HAMILTON, CAMERON(b)(6)@gmail.com; Dodgen,tDanielt(OS/ASPR/SPPR); DeBord,Kristin (OS/ASPR/SPPR); Phillips,tSally (OS/ASPR/SPPR); Matthew J CIV USARMY (USA); Lisa Koonin; HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED;(b)(6)@utmb.edu; Johnson, Robert (OS/ASPR/BARDA); Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA); Redd, John (OS/ASPR/SPPR); Hassell, David (Chris) (OS/ASPR/IO); Hamel, Joseph (OS/ASPR/IO); Hanfling, Dan; Wade, David; TARANTINO, DAVID A; KAUSHIK, SANGEETA; Lee, Scott (OS/ASPR/EMMO); Larry G; Ryan Morhard; Steven Jt(tCHFStDPH); Adams, Jerome (HHS/OASH); Mansoura, Monique K.; Fantinato, Jessica (USDA.GOV); DC;(b)(6)@usuhs.edu; Cordts, Jerome (CTR); Schnitzer, Jay J; Ignacio, Joselito; Will Gaskins; Kevin Montgomery; Logan, Linda L; LLogandakar; Nicole Lurie; Charity A@CDPH
Subject: RE: FW: Singapore's measures to contain COVID-19

Here is a table comparing a few of the countries many are watching (US data is incomplete for today)

Date of 1st Case	24-Jan	1-Feb	30-Jan	
------------------	--------	-------	--------	--

Date of 1st Death	15-Feb		4-Mar		21-Feb		
	France (65M)		Spain (47M)		Italy (60M)		
	Cum Cases	Cum Deaths	Cum Cases	Cum Deaths	Cum Cases	Cum Deaths	Cum Cases
20-Feb	12	1	2		3	0	15
21-Feb	12	1	2		20	1	35
22-Feb	12	1	2		63	2	35
23-Feb	12	1	2		155	3	35
24-Feb	12	1	3		229	7	53
25-Feb	14	1	7		322	11	57
26-Feb	18	2	13		453	12	60
27-Feb	38	2	23		655	17	60
28-Feb	57	2	32		889	21	63
29-Feb	100	2	45		1,128	29	68
1-Mar	130	2	84		1,694	34	73
2-Mar	191	3	120		2,036	52	99
3-Mar	212	4	151		2,502	79	103
4-Mar	285	4	202		3,089	107	154
5-Mar	423	7	248	1	3,858	148	197
6-Mar	613	9	517	10	4,636	197	309
7-Mar	949	16	613	17	5,833	233	434
8-Mar	1,126	19	848	25	7,375	366	544
9-Mar	1,412	30	1,231	30	9,172	463	728
10-Mar	1,784	33	1,646	35	10,149	631	1,010
11-Mar	2,281	49	2,277	55	12,462	827	1,311
12-Mar	2,876	61	3,059	86	15,113	1,016	1,701
13-Mar	3,661	79	4,209	120	17,660	1,266	2,110
14-Mar	4,499	91	5,841	191	21,157	1,441	2,952
15-Mar	5,423	127	7,753	288	24,747	1,809	3,774
16-Mar	6,633	148	9,428	335	27,980	2,158	4,348

Sent from [Mail](#) for Windows 10

From: [Dr. Eva K Lee](#)

Sent: Monday, March 16, 2020 5:20 PM

To: Tracey McNamara

Cc: Carter Mecher; Richard Hatchett; CHRISTOPHER ALLEN; Tom Bossert; Parker Jr, Gerald W; Gruber, David (DSHS; McDonald, Eric; Borio, Luciana; Brian Benson; Duane Caneva; Baric, Ralph S; Mecher, Carter (VA.GOV; Hunt, Richard (OS/ASPR/EMMO; WILKINSON, THOMAS; M.D.; David; Gregory J; Walters, William (STATE.GOV; HAMILTON, CAMERON; (b)(6)@gmail.com; Dodgen, tDaniel (OS/ASPR/SPPR; DeBord, Kristin (OS/ASPR/SPPR; Phillips, tSally (OS/ASPR/SPPR; Matthew J CIV USARMY (USA; Lisa Koonin; HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED; (b)(6)@utmb.edu; Johnson, Robert (OS/ASPR/BARDA; Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA; Redd, John (OS/ASPR/SPPR; Hassell, David (Chris) (OS/ASPR/IO; Hamel, Joseph (OS/ASPR/IO; Hanfling, Dan; Wade, David; TARANTINO, DAVID A; KAUSHIK, SANGEETA; Lee, Scott (OS/ASPR/EMMO; Larry G; Ryan Morhard; Steven Jt(tCHFStDPH; Adams, Jerome (HHS/OASH; Mansoura, Monique K.; Fantinato, Jessica (USDA.GOV; DC; (b)(6)@usuhs.edu; Cordts, Jerome (CTR; Schnitzer, Jay J; Ignacio, Joselito; Will Gaskins; Kevin Montgomery; Logan, Linda L; LLogandakar; Nicole Lurie; Charity A@CDPH

Subject: Re: FW: Singapore's measures to contain COVID-19

Very interesting. So far there has been no second covid-19 infected dog in Hong Kong. I should alert them if they do need to test their pets, there're kits available.

evalee-gatech@pm.me

<https://newton.isye.gatech.edu/DrLee/>

mobile: (b)(6)

Sent with [ProtonMail](#) Secure Email.

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

On Monday, March 16, 2020 5:06 PM, Tracey McNamara <tmcNamara@westernu.edu> wrote:

<https://protect2.fireeye.com/url?k=dc772990-80222040-dc7718af-0cc47a6a52de-46e18636c46ab169&u=https://www.idexx.com/en/about-idexx/news/no-covid-19-cases-pets/>

Good news. IDEXX, a veterinary diagnostic lab, has developed a PCR and has tested thousands of samples on dogs and cats - all negative.

Obviously, we are early in the outbreak so I am trying to find out if they will test pets of known + COVID-19 patients in the weeks to come. Also lack details on specifically what was tested- oral swabs? Pharyngeal swabs? Fecal swabs? Blood? Need more info and have reached out to their CEO.

Tracey

Get [Outlook for Android](#)

From: Dr. Eva K Lee <evalee-gatech@pm.me>
Sent: Sunday, March 15, 2020 4:34:28 AM
To: Carter Mecher <(b)(6)@charter.net>
Cc: Richard Hatchett <richard.hatchett@cepi.net>; CHRISTOPHER ALLEN <(b)(6)@msn.com>; Tom Bossert <(b)(6)@me.com>; Parker Jr, Gerald W <(b)(6)@cvm.tamu.edu>; Gruber, David (DSHS <David.Gruber@dshs.texas.gov>; McDonald, Eric <Eric.McDonald@sdcounty.ca.gov>; Borio, Luciana <LBorio@iqt.org>; Brian Benson <(b)(6)@icloud.com>; Tracey McNamara <(b)(6)@westernu.edu>; Duane Caneva <duane.caneva@hq.dhs.gov>; Baric, Ralph S <(b)(6)@email.unc.edu>; Mecher, Carter (VA.GOV <carter.mecher@va.gov>; Hunt, Richard (OS/ASPR/EMMO <Richard.Hunt@hhs.gov>; WILKINSON, THOMAS <THOMAS.WILKINSON@hq.dhs.gov>; M.D. <(b)(6)@mgh.harvard.edu>; David <(b)(6)@som.umaryland.edu>; Gregory J <MartinGJ@state.gov>; Walters, William (STATE.GOV <walterswa2@state.gov>; HAMILTON, CAMERON <cameron.hamilton@hq.dhs.gov>; <(b)(6)@gmail.com>; <(b)(6)@gmail.com>; Dodgen, Daniel (OS/ASPR/SPPR <Daniel.Dodgen@hhs.gov>; DeBord, Kristin (OS/ASPR/SPPR <Kristin.DeBord@hhs.gov>; Phillips, Sally (OS/ASPR/SPPR <Sally.Phillips@hhs.gov>; Matthew J CIV USARMY (USA <matthew.j.hepburn.civ@mail.mil>; Lisa Koonin <(b)(6)@gmail.com>; HARVEY, MELISSA <melissa.harvey@hq.dhs.gov>; WOLFE, HERBERT <HERBERT.WOLFE@hq.dhs.gov>; Eastman, Alexander <alexander.eastman@hq.dhs.gov>; EVANS, MARIEFRED <mariefred.evans@associates.hq.dhs.gov>; <(b)(6)@utmb.edu>; <(b)(6)@utmb.edu>; Johnson, Robert (OS/ASPR/BARDA <Robert.Johnson@hhs.gov>; Yeskey, Kevin <kevin.yeskey@hhs.gov>; Disbrow, Gary (OS/ASPR/BARDA <Gary.Disbrow@hhs.gov>; Redd, John (OS/ASPR/SPPR <John.Redd@hhs.gov>; Hassell, David (Chris) (OS/ASPR/IO <David.Hassell@hhs.gov>; Hamel, Joseph (OS/ASPR/IO <Joseph.Hamel@hhs.gov>; Hanfling, Dan <DHanfling@iqt.org>; Wade, David <david.wade@hq.dhs.gov>; TARANTINO, DAVID A <david.a.tarantino@cbp.dhs.gov>; KAUSHIK, SANGEETA <sangeeta.kaushik@hq.dhs.gov>; Lee, Scott (OS/ASPR/EMMO

<Scott.Lee@hhs.gov>; Larry G <PadgetLG@state.gov>; Ryan Morhard
<Ryan.Morhard@weforum.org>; Steven Jt(tCHFStDPH <steven.stack@ky.gov>; Adams,
Jerome (HHS/OASH <Jerome.Adams@hhs.gov>; Mansoura, Monique K.
<mmansoura@mitre.org>; Fantinato, Jessica (USDA.GOV <jessica.fantinato@usda.gov>; DC
<michelle.colby@usda.gov>; (b)(6)@usuhhs.edu (b)(6)@usuhhs.edu>; Cordts,
Jerome (CTR <jerome.cordts@associates.hq.dhs.gov>; Schnitzer, Jay J <jschnitzer@mitre.org>;
Ignacio, Joselito <joselito.ignacio@fema.dhs.gov>; Will Gaskins <will.gaskins@efiia.com>;
Kevin Montgomery <kevin@collaborate.org>; Logan, Linda L (b)(6)@cvm.tamu.edu>;
LLogandakar (b)(6)@gmail.com>; Nicole Lurie <nicole.lurie@cepi.net>; Charity
A@CDPH <Charity.Dean@cdph.ca.gov>
Subject: RE: FW: Singapore's measures to contain COVID-19

Yes, it is harder now since there're new source from other countries. They have to be vigilant and remain very firm on the interventions, rapid screening, tracing, and quarantine. It requires physical spaces. King County has to rent a motel for quarantine.

evalee-gatech@pm.me

<https://newton.isye.gatech.edu/DrLee/>

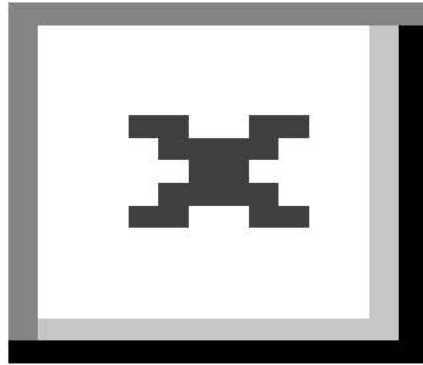
mobile: (b)(6)

Sent with [ProtonMail](#) Secure Email.

Original Message

On Sunday, March 15, 2020 7:27 AM, Carter Mecher <cmecher@charter.net>wrote:

Singapore (212 cases/0 deaths) and Hong Kong (142 cases/4 deaths) continue to hold the line, but Singapore's numbers have been drifting up lately. Growth of cases still close to linear (Ro hovering close to 1.0). Along with Taiwan, this has been a remarkable achievement over the span of nearly 2 months.

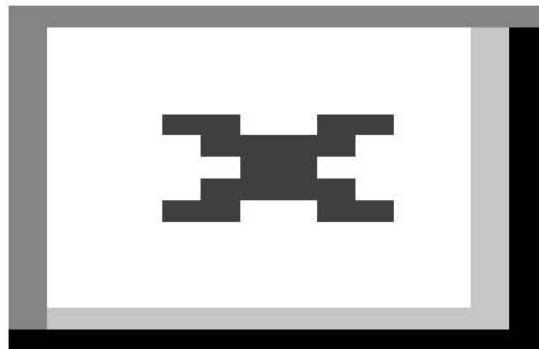


In the attached summary I pasted in the data for Singapore and Hog Kong and the 3 countries that are really barreling along—Italy, Spain and France. They have similar size populations and the acceleration in terms of the number of cases and deaths is similar. Spain is about 8 days behind Italy and France appears to be about 2 days behind Spain. Interesting to compare to Hubei (also of similar size population). Need to be careful comparing absolute numbers with US (US pop is 5 times the size of Italy).

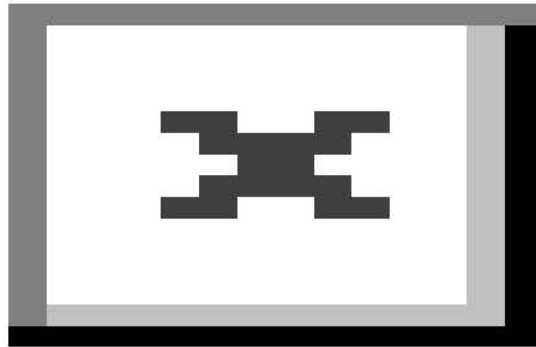
Date of 1st Case	24-Jan		1-Feb		30-Jan			
Date of 1st Death	15-Feb		4-Mar		21-Feb			
	France (65M)		Spain (47M)		Italy (60M)			
	Cum Cases	Cum Deaths	Cum Cases	Cum Deaths	Cum Cases	Cum Deaths	Date	Hub Cum Cas
20-Feb	12	1	2		3	0	22-Jan	44
21-Feb	12	1	2		20	1	23-Jan	54
22-Feb	12	1	2		63	2	24-Jan	72
23-Feb	12	1	2		155	3	25-Jan	1,05
24-Feb	12	1	3		229	7	26-Jan	1,42
25-Feb	14	1	7		322	11	27-Jan	2,71
26-Feb	18	2	13		453	12	28-Jan	3,55
27-Feb	38	2	23		655	17	29-Jan	4,58

28-Feb	57	2	32		889	21	30-Jan	5,80
29-Feb	100	2	45		1,128	29	31-Jan	7,15
1-Mar	130	2	84		1,694	34	1-Feb	9,07
2-Mar	191	3	120		2,036	52	2-Feb	11,1
3-Mar	212	4	151		2,502	79	3-Feb	13,5
4-Mar	285	4	202		3,089	107	4-Feb	16,6
5-Mar	423	7	248	1	3,858	148	5-Feb	19,6
6-Mar	613	9	517	10	4,636	197	6-Feb	22,1
7-Mar	949	16	613	17	5,833	233	7-Feb	24,9
8-Mar	1,126	19	848	25	7,375	366	8-Feb	27,1
9-Mar	1,412	30	1,231	30	9,172	463	9-Feb	29,6
10-Mar	1,784	33	1,646	35	10,149	631	10-Feb	31,7
11-Mar	2,281	49	2,277	55	12,462	827	11-Feb	33,3
12-Mar	2,876	61	3,059	86	15,113	1,016	12-Feb	48,2
13-Mar	3,661	79	4,209	120	17,660	1,266	13-Feb	51,9
14-Mar	4,499	91	5,841	191	21,157	1,441	14-Feb	54,4

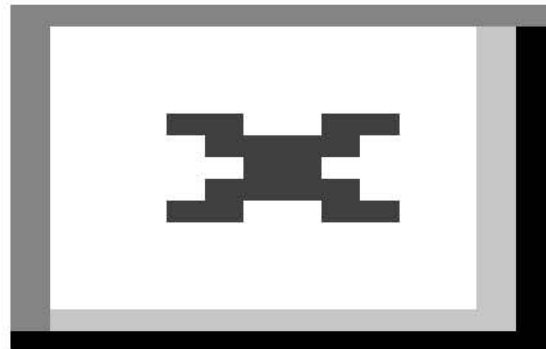
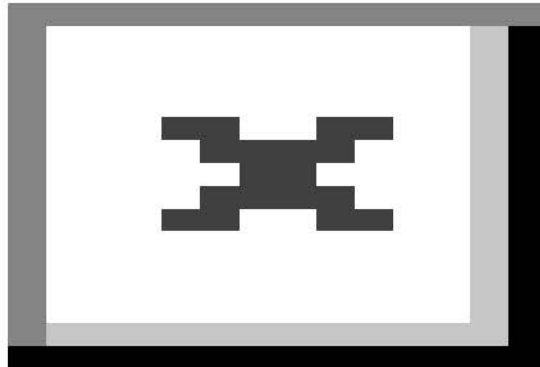
Lastly, I think China has plateaued. Numbers have been pretty flat for the last few days. (Data thru March14).



And just for comparison. Here is the overall hospitalization data for the worst flu season we have had since we have been collecting flu hospitalization data on the US (2017-18 season). Note the y-axis in both graphs and the x-axis (span of 100 days in top graph and 30 weeks in the lower graph).



Here is how they compare if we adjust the x-axis and y-axis to be similar



Sent from [Mail](#) for Windows 10

From: Dr. Eva K Lee

Sent: Sunday, March 15, 2020 5:24 AM

To: Richard Hatchett

Cc: Carter Mecher; CHRISTOPHER ALLEN; Tom Bossert; Parker Jr, Gerald W; Gruber, David (DSHS; McDonald, Eric; Borio, Luciana; Brian Benson; Tracey McNamara; Duane Caneva; Baric, Ralph S; Mecher, Carter (VA.GOV; Hunt, Richard (OS/ASPR/EMMO; WILKINSON, THOMAS; M.D.; David; Gregory J; Walters, William (STATE.GOV; HAMILTON, CAMERON (b)(6)@gmail.com; Dodgen, tDanielt (OS/ASPR/SPPR; DeBord, Kristin (OS/ASPR/SPPR; Phillips, Sally (OS/ASPR/SPPR; Matthew J CIV USARMY (USA; Lisa Koonin; HARVEY, MELISSA; WOLFE, HERBERT; Eastman, Alexander; EVANS, MARIEFRED (b)(6)@utmb.edu; Johnson, Robert (OS/ASPR/BARDA; Yeskey, Kevin; Disbrow, Gary (OS/ASPR/BARDA; Redd, John (OS/ASPR/SPPR; Hassell, David (Chris) (OS/ASPR/IO; Hamel, Joseph (OS/ASPR/IO; Hanfling, Dan; Wade, David; TARANTINO, DAVID A; KAUSHIK, SANGEETA; Lee, Scott (OS/ASPR/EMMO; Larry G; Ryan Morhard; Steven Jt(tCHFStDPH; Adams, Jerome (HHS/OASH; Mansoura, Monique K.; Fantinato, Jessica (USDA.GOV; DC; (b)(6)@usuhs.edu; Cordts, Jerome (CTR; Schnitzer, Jay J; Ignacio, Joselito; Will Gaskins; Kevin Montgomery; Logan, Linda L; LLogandakar; Nicole Lurie; Charity A@CDPH

Subject: Re: FW: Singapore's measures to contain COVID-19

Thank you Richard. Below is one regarding 3 places - Singapore, Hong Kong and Taiwan-regarding their current containment status and strategies.

<https://time.com/5802293/coronavirus-covid19-singapore-hong-kong-taiwan/>

evalee-gatech@pm.me

<https://newton.isye.gatech.edu/DrLee/>

mobile: (b)(6)

Sent with ProtonMail Secure Email.

Original Message

On Sunday, March 15, 2020 5:10 AM, Richard Hatchett <richard.hatchett@cepi.net>wrote:

Worth reviewing as we think about how to balance efforts to control COVID-19 with the economic costs of doing so.

From: Annelise Wilder-Smith <annelies.wilder-smith@lshtm.ac.uk>

Sent: 15 March 2020 08:20

To: Ziad Memish <(b)(6)@yahoo.com>; Eduardo Hage Carmo
<Eduardo.Carmo@saude.gov.br>

Cc:

Subject: Singapore's measures to contain COVID-19

Dear all,

During my visit in Singapore, I had the chance to explore how Singapore is tackling COVID, and how the Society is contributing.

Fever screening at every entry to institutions and buildings, schools and universities, paired with hand sanitizers. Liberal testing and prompt isolation of cases, extensive contact tracing advanced by digital technologies and police support, and strictly enforced quarantine of contacts. No community quarantine, no cancellation of events, all schools and universities open. Life is normal, but all people implement social distancing, use hand sanitizers frequently (as available basically in every building in almost every room), and do not complain at all about having their temperature checked several times per day.

Vernon Lee, our Chair of this Lancet ID Commission, has written a nice piece on how Singapore basically has kept a flat line over the past 7 weeks in terms of daily new cases. Lots to learn from Singapore! He also provides a list of the measures taken in the below URL link.

[Interrupting transmission of COVID-19: lessons from containment efforts in Singapore.](#)

Lee VJ, Chiew CJ, Khong WX.

J Travel Med. 2020 Mar 13. pii: taaa039. doi: 10.1093/jtm/taaa039.

Annelies

Sender:	Dr. Eva K Lee <evalee-gatech@pm.me>
Recipient:	Carter Mecher (b)(6)@charter.net>; Tracey McNamara (b)(6)@westernu.edu>; Richard Hatchett <richard.hatchett@cepi.net>; CHRISTOPHER ALLEN (b)(6)@msn.com>; Tom Bossert (b)(6)@me.com>; Parker Jr, Gerald W (b)(6)@cvm.tamu.edu>; david.gruber@dshs.texas.gov </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user4629b831>; eric.mcdonald@sdcounty.ca.gov </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=04b8a65f67f9453b9749d3d366481f53-Guest_bef32>; Borio, Luciana <LBorio@igt.org>; Brian Benson (b)(6)@icloud.com>; Caneva, Duane (DHS.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b6ba3c00c7944e1b99ed3eecab996186-Duane.Canev>; Baric, Ralph S (b)(6)@email.unc.edu>; Mecher, Carter (VA.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=505b94dcf2f74b6ab8da09f5bcc26761-Carter.Mech>; Hunt, Richard (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a104469df5184cc38bf02034af7eca04-Hunt, Richa>; WILKINSON, THOMAS <THOMAS.WILKINSON@hq.dhs.gov>; (b)(6)@mgh.harvard.edu </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=20f0e9a3ebeb4ef99d30a96386fb2627-Guest_945f5>; David (b)(6)@som.umaryland.edu>;

Martin, Greg (state.gov) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d48a91c6dc5f401a80e245c518874f15-MartinGJ.os>; Walters, William (STATE.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f3bd10f7e82440f282361d80de6b8c1f-William.Wal>; HAMILTON, CAMERON <cameron.hamilton@hq.dhs.gov>; (b)(6)@gmail.com>; Dodgen, Daniel (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c23f0d7c1d634508918e1c87cf50c48c-Dodgen, Dan>; DeBord, Kristin (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d2cce28859884c1c835a9404885d6534-DeBord, Kri>; Phillips, Sally (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d6ce8134846423cb83b5b28464edb60-Phillips, S>; Matthew J CIV USARMY (USA <matthew.j.hepburn.civ@mail.mil>; Lisa Koonin (b)(6)@gmail.com>; HARVEY, MELISSA <melissa.harvey@hq.dhs.gov>; Wolfe, Herbert (DHS.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f2fb845c2e154d8e967ec3fdabecfbd6-Herbert.Wol>; alexander.eastman@hq.dhs.gov </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d6cb05aaaff4f9fb1ee44181880376c-Guest_37b50>; EVANS, MARIEFRED <mariefred.evans@associates.hq.dhs.gov>; (b)(6)@utmb.edu>; Johnson, Robert (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0851e89240324306b78740a4a60745e2-Johnson, Ro>; Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>; Disbrow, Gary (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0fd5845defda4dc0bb45f8fac629cf09-Disbrow, Ga>; Redd, John (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ba3fed4ee8646ec849a5a87136a24f6-Redd, John>; Hassell, David (Chris) (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=aedbfb0ff96e4119ac7a3b3abaf71a3d-Hassell, Da>; Hamel, Joseph (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=96d2c1602dfa45e5a5e21452a098b96d-Hamel, Jose>; Hanfling, Dan <DHanfling@iq.t.org>; Wade, David <david.wade@hq.dhs.gov>; david.a.tarantino@cbp.dhs.gov </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2b8ce179913e4ec6a251a91616b1bc4a-Guest_de2e9>; KAUSHIK, SANGEETA <sangeeta.kaushik@hq.dhs.gov>; Lee, Scott (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userf6879348>; Larry G <PadgetLG@state.gov>; Ryan Morhard <Ryan.Morhard@weforum.org>; Steven Jt(tCHFStDPH <steven.stack@ky.gov>; Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Mansoura, Monique K. <mmansoura@mitre.org>; Fantinato, Jessica (USDA.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4a03b6317c3840afb4ee617008e821a6-Jessica.Fan>; DC <michelle.colby@usda.gov>; (b)(6)@usuhs.edu>; Cordts, Jerome (CTR <jerome.cordts@associates.hq.dhs.gov>; Schnitzer, Jay J <jschnitzer@mitre.org>; Ignacio, Joselito (FEMA.DHS.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=908f39d0872d44b1b2c5e3ba11f04968-Joselito.Ig>; Will Gaskins <will.gaskins@efia.com>; Kevin Montgomery <kevin@collaborate.org>; Logan, Linda L (b)(6)@cvm.tamu.edu>; LLogandakar (b)(6)@gmail.com>; Nicole Lurie <nicole.lurie@cepi.net>; Charity A@CDPH <Charity.Dean@cdph.ca.gov>

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Message Flags: Unread

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	Neli Rowland <neli@asafehaven.com>;
To:	Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>
CC:	O'brien, Douglas (OS/IEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6cf9c66b3553405f9d64af1857e0198c-Obrien, Dou>
Subject:	RE: Urgent Reminder: Please GIVE to Help the Homeless During the COVID-19 Pandemic
Date:	2020/03/16 18:23:59
Priority:	Normal
Type:	Note

Hi Neli – looping you in with Doug O’Brien our Region V director who has kindly offered to provide guidance.

Ken

From: Neli Rowland <neli@asafehaven.com>
Sent: Monday, March 16, 2020 3:50 PM
To: Hargan, Eric (OS/IOS) <Eric.Hargan@hhs.gov>
Cc: Callahan, Kenneth (HHS/IOS) <Kenneth.Callahan@hhs.gov>
Subject: Urgent Reminder: Please GIVE to Help the Homeless During the COVID-19 Pandemic
Importance: High

Dear Deputy Secretary Eric Hargan,

I hope this email finds you all and your families both healthy and doing well!

I am reaching out to you to let you know that we are in urgent need to connect with Medicaid on helping us get funding in to deal with the coronavirus. Perhaps, this is the time to force the implementation of the 1115 Waiver for Illinois which was intended to expand coverage for community based state licensed behavioral healthcare services and let’s include the cost of residential care. In the meantime, we are adding protocols and expanding bed space to accommodate any surge in our bed needs for the homeless and poverty stricken populations. The pandemic affecting the homeless as you will agree would be catastrophic to all of us

Please let me know if you would like to set up a call to discuss. I am eager to help and serve as a resource for you and your team. Let me know.

Thank you! – Neli Vazquez Rowland, President & Co-Founder – A Safe Haven Foundation

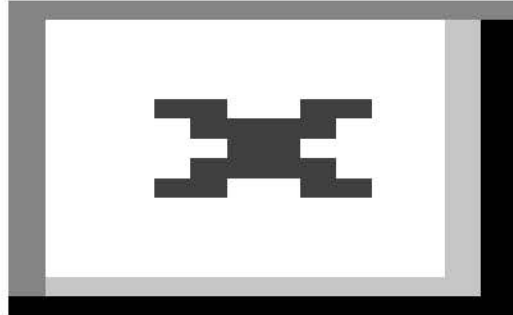


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SPECIAL UPDATE: Helping the Homeless During Coronavirus Pandemic

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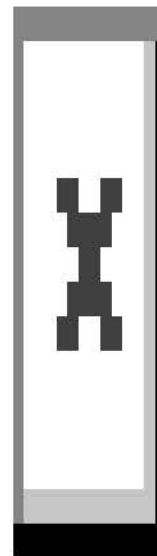


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Neli Vazquez Rowland, President of A Safe Haven Joins The JAM Show on WCIU with Jon Han
Diana Gutierrez and Amy Rutledge to Talk About the Homeless and COVID-19!

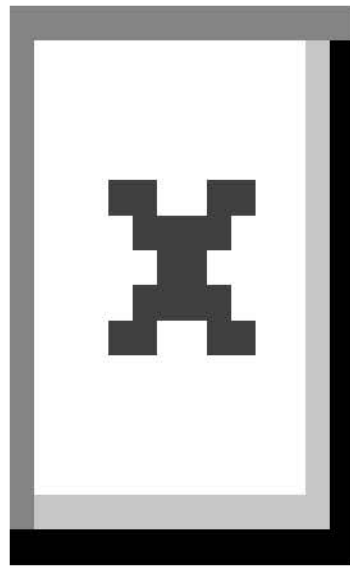


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Dear A Safe Haven Family and Friends,

Hopefully, like our own family, everyone got in all of their shopping and we are all fully stocked up with groceries, anti-bacterial and flu supplies and we got a chance to spend our time at home getting caught up with our families and friends playing board games, card games, watching movies and cooking fabulous meals! Whether we are taking the time to prepare for work or school online from home or we are going into work tomorrow the need for all of us to come together to help the homeless is dire and imperative and we need your help!

At A Safe Haven, we are a 24/7 operation. Our main HQ in Chicago and transitional housing facility we house over 500 people including homeless residents and staff, daily. We also house thousands more low income and poverty-stricken populations throughout our network and system on a daily basis at our related supportive, affordable, **senior and veteran** housing locations.

Like all emergency first responders, who work as safety nets on the front lines helping our most vulnerable populations, we are busy making sure everyone is safely housed, getting a healthy meal and keeping up with best hygiene practices. At A Safe Haven we do not have the option to close our doors to help flatten the curve and rate of spreading the disease like most businesses, schools, sporting events, concerts and churches. We are preparing for the worst case scenario. We are also expecting major workforce shortages due to the closure of schools and as a result of any potential quarantines. Finally we are also bracing ourselves as so many people are on only one pay check away from being homeless, that with your support we can be ready to rally to do our part to help them.

In addition to strengthening our policies, conducting even more deep cleaning at all locations and training our staff, we are investing heavily in purchasing necessary items and in creating additional space for shelter and in expanding our capacity so that we can serve another 75-100 more people perhaps as a segregated quarantine area, if the need arises.

It's a moment of truth, and a lot of things are about to change about the way we live our lives because of the coronavirus, in the best case scenario, I hope that our leaders and all of us finally realize not only the urgency of helping the homeless as the right thing to do for our fellow man, but also that we recognize the huge public health risk and threat it poses to all of us, if we don't. It is crucial that we learn to give differently and in a way that allows us focus on getting them under the proper type of transitional housing, and to engage in the type of individualized wrap around services so that they need to help them get back on their feet to support themselves and those they love. Can't we find a way to accommodate them in the most humane way, as well.

In the meantime, on a happy note, we have not yet cancelled our signature 5k RUN/WALK To End Homelessness. If you would like to think positive and want your brand, and/or you and your team to plan to be there with us to do more for the homeless and help celebrate our **10th Annual 5K RUN/WALK To End Homelessness**, we are **grateful some sponsors have even called to increase their sponsorship levels, especially, after they learned about the coronavirus and it's impact on the homeless.** Angels do exist! You can find sponsorship and registration information online: <https://protect2.fireeye.com/url?k=9cf0f9d3-c0a4d0f8-9cf0c8ec-0cc47a6d17cc-c4fc6b84bc7aaa64&u=http://www.runtoendhomelessness.org/> (Registration rates go up 3/31)

Thank you and Please Stay Healthy!
Love & God Bless, Neli

ALL SCHEDULED GROUP VOLUNTEER ACTIVITIES TEMPORARILY SUSPENDED

**We Apologize that In An Abundance of Caution to Protect the Public and The Homeless, we are Cancelling and Rescheduling All Group Volunteer Projects until Further Notice. This decision puts a tremendous burden on our trained professional Staff.
No Worries, You Can Still Help!**



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<https://negociosnow.com/wp-content/uploads/2020/03/corona-virus.jpg>

Protecting the Health of the Homeless is Key to Overall...

Neli Vazquez Rowland, President & Co-Founder of A Save Haven As we are learning more about the global COVID-19 pandemic and in an abundance of caution financially costly and life-saving decisions are being made every day, we are reducing ...

[Read more](#)
negociosnow.com

How You Can Help Protect The Homeless Against the Coronavirus, Now?

PLEASE Donate the Following Items:

- Anti-Bacterial Hand Sanitizers
- Face Masks
- Non Perishable Food* Items:

Fresh Produce, Frozen Vegetables, Dairy, Meats, Cereal, Oatmeal, Rice, Beans, Water bottles

- Hand & Body Soap
- Laundry Detergent
- Deep Cleaning Items & Clorox Wipes

**All food items must be new, unopened and not past expiration date or spoiled.*

They can be delivered to 2750 West Roosevelt Road, Chicago, IL. They will all be used directly to help the homeless and low income populations residing at all of our locations and will be distributed to the community through our food pantry.

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URGENT CALL TO ACTION!

To Date, With the Passage of Billions of Federal Dollars and State Disaster and Pandemic Emergency Funds Being Distributed, Unfortunately, To Our Knowledge Homeless Programs And The Last Line of Defense for the Homeless, Have Not Yet Been Included in Any of the Government Essential Plans to Fund Homeless Programs To Help Us Tackle the Coronavirus!

We Cannot Leave the Homeless Providers Out In the Cold with The Homeless, Again by Not Prioritizing and Providing Sufficient Funding!

We Need Your Advocacy and We Need Your Help To Help The Homeless Right From Your Own Home!
You Can Help By

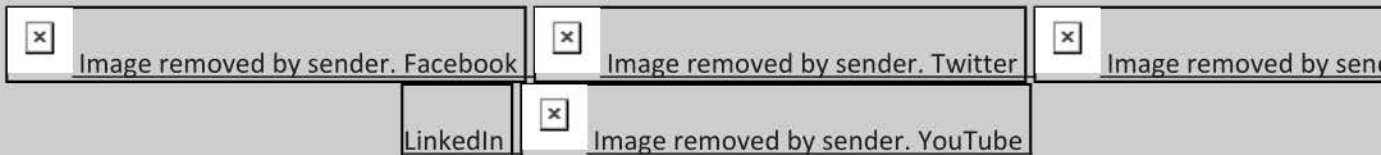
Sharing This Newsletter On Your Social Media or With Your Friends, By Giving ONLINE and/or Mailing A Check, Today!

Please Donate \$10, \$100 or \$1,000 or More It All Helps!

DONATE TODAY!

Mail Checks To: A Safe Haven Foundation 2750 West Roosevelt Road, Chicago, IL 60608
Attn: Development Department

Thank YOU for Helping & For Helping Us Spread the Word!



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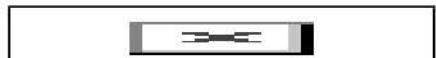


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From:	Sherman, Jennifer (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F30FE7FAE664419FA654B20EDCCB1E78-SHERMAN, JE>
To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Subject:	FW: UPDATED: 'A matter of weeks and months': Kudlow predicts short-lived coronavirus slowdown
Date:	2020/03/16 18:25:25
Priority:	Normal
Type:	Note

From: POLITICO Pro <politicoemail@politicopro.com>

Sent: Monday, March 16, 2020 6:02 PM

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

Subject: UPDATED: 'A matter of weeks and months': Kudlow predicts short-lived coronavirus slowdown

UPDATED: 'A matter of weeks and months': Kudlow predicts short-lived coronavirus slowdown

By Myah Ward

03/16/2020 12:07 PM EDT

White House economic adviser Larry Kudlow predicted Monday that the coronavirus outbreak is a short-term economic hurdle — a matter of "weeks and months," he said — rather than a harbinger of longer-term strife in the U.S. economy.

The remarks from Kudlow, the White House National Economic Council director, came amid growing concern about the spread of the coronavirus pandemic and its impact on global economies. Millions of people in the U.S. and beyond have begun to engage in so-called social distancing — avoiding large groups and making as little contact as possible with others to stop the coronavirus' spread.

Kudlow touted the administration's ability to work with the private sector, including big retailers and drugstores — steps he said will help with coronavirus testing across the country. But he also acknowledged that these companies may need assistance if they face cash flow shortages during the outbreak.

Kudlow also said the administration has \$400 billion of the \$800 billion in fiscal relief it's working toward. The other half, he said, would primarily come from Trump's proposed payroll holiday tax, though he said he is "reluctant to price it out."

"We're working with Congress to do it but much of it can be done through executive authorities," Kudlow said. "And again, to quote the president, we will use whatever federal powers are available."

President Donald Trump was unfazed by the recent stock market plunges and remains optimistic about the future of the U.S. economy, Kudlow said, adding that the president was "very calm about the market."

But Trump's tone was more somber than normal during Monday's White House briefing, where he said the outbreak might linger into July or August. When asked if the economy is headed into a recession, he said "it may be" before reverting to a more optimistic outlook.

"We're not thinking in terms of recession. We are thinking in terms of the virus. I think there is a tremendous pent-up demand, both in terms of the stock market and in terms of the economy. And once this goes away, once it goes through and we are done with it, I think you're going to see a tremendous surge," the president said.

Other economists, including the former chairman of Trump's White House Council of Economic Advisers, painted a significantly less rosy picture.

"I think that the odds of a global recession are close to 100 percent right now," said Kevin Hassett, Trump's former chairman of the Council of Economic Advisers, on CNN on Monday. "I think in the U.S., we're going to have a very terrible second quarter. At The Lindsey Group, we just ran the numbers carefully over the weekend, and we think the second quarter will be about minus 5 percent."

Hassett said "millions and millions of people" are typically hired and fired each month, but because hires will remain close to zero and the number of firings will be constant, "you're looking at one of the biggest negative jobs numbers that we've ever seen."

"We think the jobs number in early April might be as much as minus a million or so because nobody is going to be hired next week," Hassett said.

The spread of the coronavirus across the world has rocked the global economy. As governments worldwide issued stricter containment measures, closing schools, bars and restaurants, central banks moved to intervene in the markets.

The Federal Reserve on Sunday moved to soothe the markets — slashing interest rates to essentially zero and launching a \$700 billion quantitative easing program to protect the U.S. economy from the effects of the virus.

But U.S. stocks nonetheless plunged on Monday as investors reacted to the emergency policy measures. The S&P 500 declined 8 percent after trading began at 9:30 a.m., resulting in a mandatory 15-minute pause — the third in two weeks and only the fourth in Wall Street history.

"I think that's why the market is responding the way it is right now to the Federal Reserve's action," Hassett said. "I think the market understands that its Fed, with its hundreds of economists, has really started to think about the numbers coming in and is really sure they'll be terrible, which is why they did this extraordinary action."

If lawmakers "get ahead of the curve on this," Hassett said it's possible that some of the negative numbers will reverse themselves. He said while the House is right to propose measures to help

people who can't work during the outbreak, other actions, like Trump's proposed payroll tax holiday, should be considered.

"The way to think about it is that, you know, businesses are going to have to pay wages for people even though there aren't a lot of sales because everybody is staying home," Hassett said. "So if you have a payroll tax holiday, basically what you're doing is giving a big chunk of payroll both to workers and firms to help get them see through three or four months that are going to be super negative."

Hassett continued: "If Congress doesn't understand that we're looking at maybe one of the worst jobs numbers we've ever seen, and we're looking at a negative GDP number in the second quarter that's really large, if they don't understand that, then they cannot do a stimulus for sure. But they need to understand that and they need to give a big stimulus right now. If they have a better idea than a payroll tax holiday, then they should pass that, but if they don't take a big action, then that minus 5 percent will to spread into the third quarter and you're going to look at a recession. "

Meridith McGraw contributed to this report.

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Subject:	Re: Urgent Reminder: Please GIVE to Help the Homeless During the COVID-19 Pandemic
Date:	2020/03/16 18:33:35
Priority:	Normal
Type:	Note

Hi Kenneth,
Thank you!! I hope you are doing well and staying healthy.
Hi Doug,
How are you? I hope you are ok too!
Do you have time to hop on a call! Let me know!

Best Regards, Neli Vazquez Rowland
A Safe Haven is Honored to be celebrating 25 Years as the Most Complete Model To End Homelessness!<https://protect2.fireeye.com/url?k=5d28ad6f-017da47c-5d289c50-0cc47adb5650-cf9a6ebef4cb9cf7&u=http://www.asafehaven.org/>

On Mar 16, 2020, at 5:24 PM, Callahan, Kenneth (HHS/IOS)
<Kenneth.Callahan@hhs.gov>wrote:

Hi Neli – looping you in with Doug O’Brien our Region V director who has kindly offered to provide guidance.

Ken

From: Neli Rowland <neli@asafehaven.com>
Sent: Monday, March 16, 2020 3:50 PM
To: Hargan, Eric (OS/IOS) <Eric.Hargan@hhs.gov>
Cc: Callahan, Kenneth (HHS/IOS) <Kenneth.Callahan@hhs.gov>
Subject: Urgent Reminder: Please GIVE to Help the Homeless During the COVID-19 Pandemic
Importance: High

Dear Deputy Secretary Eric Hargan,

I hope this email finds you all and your families both healthy and doing well!

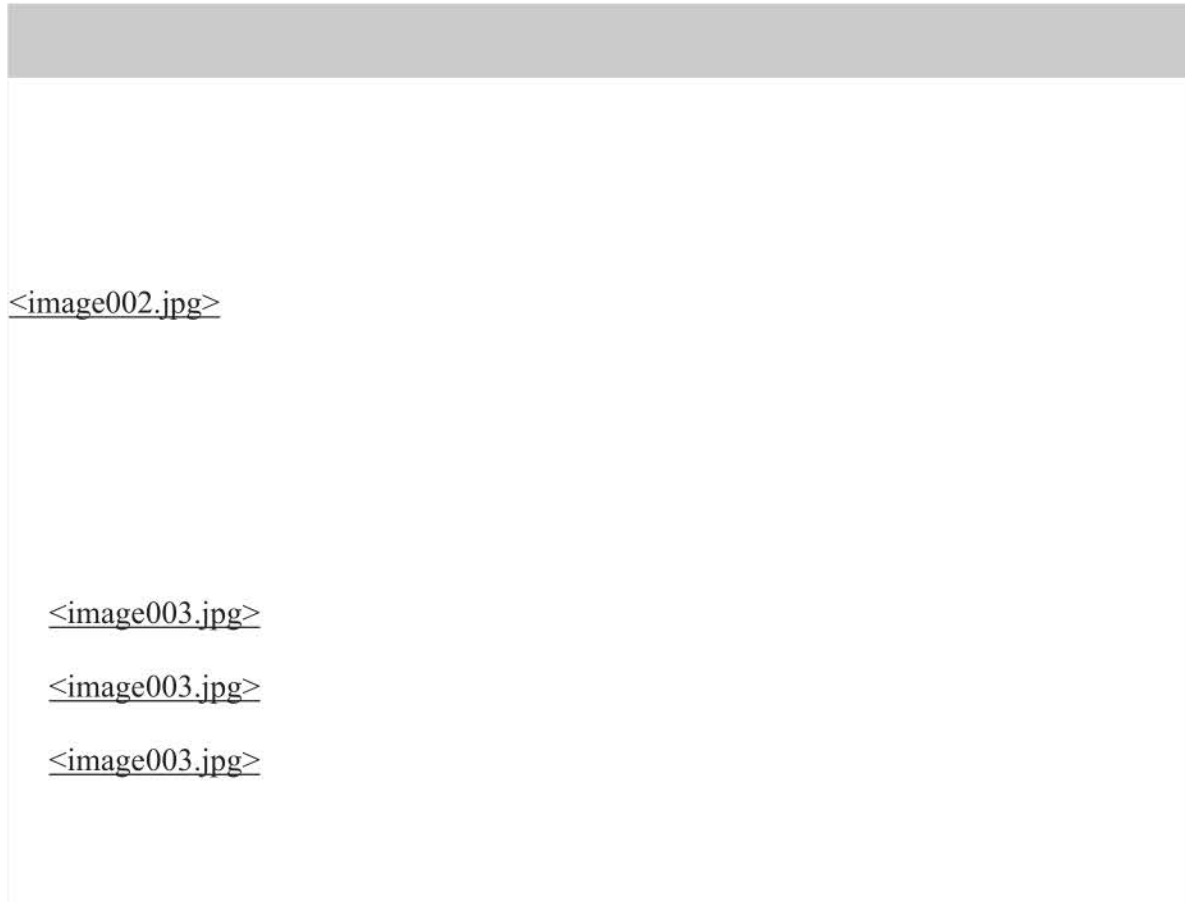
I am reaching out to you to let you know that we are in urgent need to connect with Medicaid on helping us get funding in to deal with the coronavirus. Perhaps, this is the time to force the implementation of the 1115 Waiver for Illinois which was intended to expand coverage for community

based state licensed behavioral healthcare services and let's include the cost of residential care. In the meantime, we are adding protocols and expanding bed space to accommodate any surge in our bed needs for the homeless and poverty stricken populations. The pandemic affecting the homeless as you will agree would be catastrophic to all of us

Please let me know if you would like to set up a call to discuss. I am eager to help and serve as a resource for you and your team. Let me know.

Thank you! – Neli Vazquez Rowland, President & Co-Founder – A Safe Haven Foundation

<image001.jpg>



<image002.jpg>

<image003.jpg>

<image003.jpg>

<image003.jpg>

SPECIAL UPDATE: Helping the Homeless During Coronavirus Pandemic

Neli Vazquez Rowland, President of A Safe Haven Joins The JAM Show on WCIU with Jon Hanson, Diana Gutierrez and Amy Rutledge to Talk About the Homeless and COVID-19!

<image004.jpg><image005.jpg>

<image006.jpg><image007.jpg>

<image008.jpg>

Dear A Safe Haven Family and Friends,

Hopefully, like our own family, everyone got in all of their shopping and we are all fully stocked up with groceries, anti-bacterial and flu supplies and we got a chance to spend our time at home getting caught up with our families and friends playing board games, card games, watching movies and cooking fabulous meals! Whether we are taking the time to prepare for work or school online from home or we are going into work tomorrow the need for all of us to come together to help the homeless

is dire and imperative and we need your help!

At A Safe Haven, we are a 24/7 operation. Our main HQ in Chicago and transitional housing facility we house over 500 people including homeless residents and staff, daily. We also house thousands more low income and poverty stricken populations throughout our network and system on a daily basis at our related supportive, affordable, **senior and veteran** housing locations.

Like all emergency first responders, who work as safety nets on the front lines helping our most vulnerable populations, we are busy making sure everyone is safely housed, getting a healthy meal and keeping up with best hygiene practices. At A Safe Haven we do not have the option to close our doors to help flatten the curve and rate of spreading the disease like most businesses, schools, sporting events, concerts and churches. We are preparing for the worst case scenario. We are also expecting major workforce shortages due to the closure of schools and as a result of any potential quarantines. Finally we are also bracing ourselves as so many people are only one pay check away from being homeless, that with your support we can be ready to rally to do our part to help them.

In addition to strengthening our policies, conducting even more deep cleaning at all locations and training our staff, we are investing heavily in purchasing necessary items and in creating additional space for shelter and in expanding our capacity so that we can serve another 75-100 more people perhaps as a segregated quarantine area, if the need arises.

It's a moment of truth, and a lot of things are about to change about the way we live our lives because of the coronavirus, in the best case scenario, I hope that our leaders and all of us finally realize not only the urgency of helping the homeless as the right thing to do for our fellow man, but also that we recognize the huge public health risk and threat it poses to all of us, if we don't. It is crucial that we learn to give differently and in a way that help us focus on getting them under the proper type of transitional housing, and to engage in the type of individualized wrap around services so that they need to help them get back on their feet to support themselves and those that can't we find a way to accommodate them in the most humane way, as well.

In the meantime, on a happy note, we have not yet cancelled our signature 5k RUN/WALK To End Homelessness, if you would like to think positive and want your brand, and/or you and your team to plan to be there with us to help us do more for the homeless and help celebrate our **10th Annual 5K RUN/WALK To End Homelessness**, we are grateful some sponsors have even called to increase their sponsorship levels, especially, after they learned about the coronavirus and it's impact on the homeless. Angels do exist! You can find sponsorship and registration information online: <https://protect2.fireeye.com/url?k=17c6180c-4b93111f-17c62933-0cc47adb5650-cf487a3a4436be67&u=https://protect2.fireeye.com/url?k=9cf0f9d3-c0a4d0f8-9cf0c8ec-0cc47a6d17cc-c4fc6b84bc7aaa64&u=http://www.runtoendhomelessness.org/> (Registration rates go up 3/31)

Thank you and Please Stay Healthy!

Love & God Bless, Neli

ALL SCHEDULED GROUP VOLUNTEER ACTIVITIES TEMPORARILY SUSPENDED

**We Apologize that In An Abundance of Caution to Protect the Public and The Homeless, we are Cancelling and Rescheduling All Group Volunteer Projects until Further Notice. This decision also puts a tremendous burden on our trained professional Staff.
No Worries, You Can Still Help!**

<image009.jpg>

Protecting the Health of the Homeless is Key to Overall...

Neli Vazquez Rowland, President & Co-Founder of A Save Haven As we are learning more about the global Coronavirus pandemic and in an abundance of caution financially cost life-saving decisions are being made every day. Airlines are reducing ...

[Read more](#)
[negociosnow.com](#)

How You Can Help Protect The Homeless Against the Coronavirus, Now?

PLEASE Donate the Following Items:

- Anti-Bacterial Hand Sanitizers
- Face Masks

• Non Perishable Food* Items:

Fresh Produce, Frozen Vegetables, Dairy, Meats, Cereal, Oatmeal, Rice, Beans, Water bottles

- Hand & Body Soap
- Laundry Detergent
- Deep Cleaning Items & Clorox Wipes

**All food items must be new, unopened and not past expiration date or spoiled. They can be delivered to 2750 West Roosevelt Road, Chicago, IL. They will all be used directly to help the homeless and low income populations residing at all of our locations and will be distributed to the community through our food pantry.*

<image006.jpg>

URGENT CALL TO ACTION!

To Date, With the Passage of Billions of Federal Dollars and State Disaster and Pandemic Emergency Funds Being Distributed, Unfortunately, To Our Knowledge Homeless Programs And The Last Line of Defense for the Homeless, Have Not Yet Been Included in Any of the Government Essential Plans to Fund Homeless Programs To Help Us Tackle the Coronavirus! We Cannot Leave the Homeless Providers Out In the Cold with The Homeless, Again, by Not Prioritizing and Providing Sufficient Funding!

We Need Your Advocacy and We Need Your Help To Help The Homeless Right From Your Own Home!

You Can Help By

Sharing This Newsletter On Your Social Media or With Your Friends, By Giving ONLINE and/or Mailing A Check, Today!

Please Donate \$10, \$100 or \$1,000 or More It All Helps!

DONATE TODAY!

Mail Checks To: A Safe Haven Foundation 2750 West Roosevelt Road, Chicago, IL
60608
Attn: Development Department

Thank YOU for Helping & For Helping Us Spread the Word!

<image010.jpg>

<image010.jpg>

<image010.jpg>

<image010.jpg>

A Safe Haven Foundation | 2750 West Roosevelt Road, Chicago, IL 60608

[Unsubscribe neli@asafehaven.com](mailto:neli@asafehaven.com)

[Update Profile](#) | [About Constant Contact](#)

Sent by neli@asafehaven.org in collaboration with

<image011.jpg>

[Try email marketing for free today!](#)

Sender:	Neli Rowland <neli@asafehaven.com>
Recipient:	Callahan, Kenneth (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2e1240d1d62d49b3ba2e4e51c0920908-Callahan, K>; Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>; O'brien, Douglas (OS/IEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6cf9c66b3553405f9d64af1857e0198c-Obrien, Dou>
Sent Date:	2020/03/16 18:32:15
Delivered Date:	2020/03/16 18:33:35

From:	Adams, Steven A. (ASPR/SNS) <saa1@cdc.gov>
To:	Jason Pau <jason.jp@alibaba-inc.com>; Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. (FYDIBOHF23SPDLT)/cn=Recipients/cn=7fd31d530b5f47b98300431318734a3d-james.porta>; John Michael <michael.evans@alibaba-inc.com>
CC:	Chris <c.wang@alibaba-inc.com>; J. Michael Evans (b)(6)@gmail.com>; Ryan <laodong.ld@alibaba-inc.com>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	RE: Re:Re: Test Kits Information
Date:	2020/03/16 18:49:22
Priority:	Normal
Type:	Note

Jason, yes, just confirmed that the shipment has safely made it. On behalf of all here at ASPR, our profound thanks.

Steve

From: Jason Pau <jason.jp@alibaba-inc.com>
Sent: Monday, March 16, 2020 5:05 PM
To: Porta, James (ASPR/SNS) <xcr2@cdc.gov>; John Michael <michael.evans@alibaba-inc.com>; Adams, Steven A. (ASPR/SNS) <saa1@cdc.gov>
Cc: Chris <c.wang@alibaba-inc.com>; J. Michael Evans (b)(6)@gmail.com>; Ryan <laodong.ld@alibaba-inc.com>
Subject: Re: Re:Re: Test Kits Information

James,

Can I confirm that all is set and the shipment has made it safely to Metro Logistics warehouse?

Thanks again for everything.

Jason

From: Porta, James (ASPR/SNS) <xcr2@cdc.gov>
Sent At: 2020 Mar. 16 (Mon.) 11:15
To: Jason <jason.jp@alibaba-inc.com>; John Michael <michael.evans@alibaba-inc.com>; "Adams, Steven A. (ASPR/SNS)" <saa1@cdc.gov>
Cc: Chris <c.wang@alibaba-inc.com>; J. Michael Evans (b)(6)@gmail.com>; Ryan <laodong.ld@alibaba-inc.com>
Subject: RE: Re:Re: Test Kits Information

Jason,

Are you aware of an entry number for this flight?

V/R

James P. Porta
Warehouse Coordinator
Logistics Management Specialist, Operational Logistics Branch
Division of Strategic National Stockpile
Office of the Assistant Secretary for Preparedness and Response
U.S. Department of Health and Human Services
University Office Park
Floor 2 Rm 2201 MS: TY-1
404-639-2488 (office)
(b)(6) cell
E mail: xcr2@cdc.gov

"There is no higher honor than to serve free men and women, no greater privilege than to labor in government beneath the Great Seal of the United States and the American flag" - George H.W. Bush



From: Jason Pau <jason.jp@alibaba-inc.com>
Sent: Monday, March 16, 2020 2:13 PM
To: Porta, James (ASPR/SNS) <xcr2@cdc.gov>; John Michael <michael.evans@alibaba-inc.com>; Adams, Steven A. (ASPR/SNS) <saa1@cdc.gov>
Cc: Chris Wang <c.wang@alibaba-inc.com>; J. Michael Evans <(b)(6)@gmail.com>; 劳动 <laodong.ld@alibaba-inc.com>
Subject: Re:Re: Test Kits Information

James,

Looks like it was a successful drop-off in MEM airport. Thanks for the cooperation here.

Do drop us a reply here when the shipment arrives at metro logistics?

Thanks,

Jason

from Alimail iPhone

发件人 : Porta, James (ASPR/SNS) <xcr2@cdc.gov>

日期 : 2020年03月14日 05:52:47

收件人 : EVANS, John Michael(白求恩) <michael.evans@alibaba-inc.com>; Adams, Steven A. (ASPR/SNS) <saa1@cdc.gov>; Jason Pau <jason.jp@alibaba-inc.com>

抄送 : Chris Wang <c.wang@alibaba-inc.com>; J. Michael Evans <(b)(6)@gmail.com>;

劳动 <laodong.ld@alibaba-inc.com>

主题 : Re: Test Kits Information

Jason,

If we could change (b)(3); 42 U.S.C. § 247d-6b(d) we are good with #1 and 2. I am working with my Transportation section now for the EORI number and will have it to you as soon as they get it for me.

V/R

James Porta

Get Outlook for Android

From: Jason Pau <jason.jp@alibaba-inc.com>

Sent: Friday, March 13, 2020 5:18:12 PM

To: Porta, James (ASPR/SNS) <xcr2@cdc.gov>; John Michael <michael.evans@alibaba-inc.com>; Adams, Steven A. (ASPR/SNS) <saa1@cdc.gov>

Cc: Chris <c.wang@alibaba-inc.com>; J. Michael Evans <(b)(6)@gmail.com>; Ryan <laodong.ld@alibaba-inc.com>

Subject: Re: Test Kits Information

James,

Very well received; the letter looks good. Final three items to confirm with you:

1. Recipient Organization Name and Contact Information:

Strategic National Stockpile

U.S. Department of Health and Human Services

Atlanta, GA 30333

Steven A. Adams

(b)(6)

2. Shipping Information and contact:

Metro Foods

10635 Marina Drive

Olive Branch, MS 38654

Blair Sneed

Email: bkx4@cdc.gov

Mobile: (b)(6)

3. Please provide consignee's EOR (export of record) and EORI number

From: Porta, James (ASPR/SNS) <xcr2@cdc.gov>

Sent At: 2020 Mar. 13 (Fri.) 13:43

To: Jason <jason.jp@alibaba-inc.com>; John Michael <michael.evans@alibaba-inc.com>; "Adams, Steven A. (ASPR/SNS)" <saa1@cdc.gov>

Cc: Chris <c.wang@alibaba-inc.com>; J. Michael Evans (b)(6) <[\(b\)\(6\)@gmail.com](mailto:(b)(6)@gmail.com)>; Ryan <laodong.ld@alibaba-inc.com>

Subject: RE: Test Kits Information

Jason,

Attached is the requested form signed by Mr. Adams. Please advise if you require anything additional. Thank you.

V/R

James P. Porta

Warehouse Coordinator

Logistics Management Specialist, Operational Logistics Branch

Division of Strategic National Stockpile

Office of the Assistant Secretary for Preparedness and Response

U.S. Department of Health and Human Services

University Office Park

Floor 2 Rm 2201 MS: TY-1

404-639-2488 (office)

(b)(6) cell)

E mail: xcr2@cdc.gov

"There is no higher honor than to serve free men and women, no greater privilege than to labor in government beneath the Great Seal of the United States and the American flag" - George H.W. Bush



From: Jason Pau <jason.jp@alibaba-inc.com>

Sent: Friday, March 13, 2020 3:26 PM

To: Jason <jason.jp@alibaba-inc.com>; Porta, James (ASPR/SNS) <xcr2@cdc.gov>; John Michael <michael.evans@alibaba-inc.com>; Adams, Steven A. (ASPR/SNS) <saa1@cdc.gov>

Cc: Chris <c.wang@alibaba-inc.com>; J. Michael Evans <(b)(6)@gmail.com>; Ryan <laodong.ld@alibaba-inc.com>

Subject: Re: Test Kits Information

James,

One final items I missed for paperwork. We will also require for paperwork:
- Consignee's EOR (export of record) and EORI number

Thanks,

Jason

From: Jason <jason.jp@alibaba-inc.com>
Sent At: 2020 Mar. 13 (Fri.) 12:21
To: "Porta, James (CDC/SNS/DSNS)" <xcr2@cdc.gov>; John Michael <michael.evans@alibaba-inc.com>; "Adams, Steven A. (CDC/SNS/DSNS)" <saa1@cdc.gov>
Cc: Chris <c.wang@alibaba-inc.com>; J. Michael Evans <(b)(6)@gmail.com>; Ryan <laodong.ld@alibaba-inc.com>
Subject: Re: Test Kits Information

James and team:

Great to speak earlier today and to share the positive news that we have secured a flight from PVG to MEM arriving 0100 March 17. Please find below specifics regarding the shipment as well as critical and urgent information required on our side to clear China customs. It will be important for us to confirm all details and to receive a letter of intent (see below and attached) by end of your day.

I'll also give you a ring in about 30 minutes to confirm your receipt and answer any questions.

A. Flight Information

March 16, 2020 Dep 0940 Shanghai PVG via CK227 1755ANC1855

March 17, 2020 0100 MEM arrival

B. Shipment Information

(b)(3):42 U.S.C. § 247d-6b(d)

C. Urgent Required Information

1. Recipient Organization Name and Contact Information (strong preference for this to be a government agency, non profit institution or NGO to allow China Customs export as a donation.)
2. Recipient Signed letter of intent to the General Administration of Customs of China (see template word document - this item is URGENT to receive)
3. Shipping Information and contact (please confirm):
Metro Foods
10635 Marina Drive
Olive Branch, MS 38654
Blair Sneed
Email: bkx4@cdc.gov
Mobile: (b)(6)
4. Confirmation that the products sent will be able to clear US customs and any approvals regarding FDA can be handled by your side.

From: Porta, James (CDC/SNS/DSNS) <xcr2@cdc.gov>
Sent At: 2020 Mar. 12 (Thu.) 15:35
To: John Michael <michael.evans@alibaba-inc.com>; "Adams, Steven A. (CDC/SNS/DSNS)" <saa1@cdc.gov>; Jason <jason.jp@alibaba-inc.com>
Cc: Chris <c.wang@alibaba-inc.com>; J. Michael Evans <(b)(6)@gmail.com>; Ryan <laodong.ld@alibaba-inc.com>
Subject: Re: Test Kits Information

Jason,

Nice to meet you as well. I am available 24/7 at this time. My number is (b)(6)

V/R

James Porta

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From: Jason Pau <jason.jp@alibaba-inc.com>
Sent: Thursday, March 12, 2020 6:27:42 PM
To: John Michael <michael.evans@alibaba-inc.com>; Adams, Steven A. (CDC/SNS/DSNS) <saa1@cdc.gov>
Cc: Chris <c.wang@alibaba-inc.com>; J. Michael Evans <(b)(6)@gmail.com>; Porta, James (CDC/SNS/DSNS) <xcr2@cdc.gov>; Ryan <laodong.ld@alibaba-inc.com>
Subject: Re: Test Kits Information

Thanks Michael.

James, pleased to meet over email. As Michael mentioned I will be the POC to handle all logistics, shipment and related issues. Let me know if I can ring you

today; i'm generally flexible and on PST time. Copying Laodong on my team as well.

We are eager to get the donation out as soon as possible.

Jason

From: John Michael <michael.evans@alibaba-inc.com>
Sent At: 2020 Mar. 12 (Thu.) 15:20
To: "Adams, Steven A. (CDC/SNS/DSNS)" <saa1@cdc.gov>
Cc: Chris <c.wang@alibaba-inc.com>; J. Michael Evans <(b)(6)@gmail.com>; "Porta, James (CDC/SNS/DSNS)" <xcr2@cdc.gov>; Jason <jason.jp@alibaba-inc.com>
Subject: Re: Test Kits Information

Thanks Steve. Hi James. I am copying Jason Pau on our team (currently based in LA) who will be the central point of contact for all logistics related issues in the US and any coordination required with our China team. Jason and James please connect directly.

Best,
Michael.

Sent from my iPhone

On Mar 12, 2020, at 6:12 PM, Adams, Steven A. (CDC/SNS/DSNS) <saa1@cdc.gov> wrote:

Mike, our logistics POC will be James Porta whom I've looped in.

James Porta

(b)(6)

Sender:	Adams, Steven A. (ASPR/SNS) < saa1@cdc.gov >
Recipient:	Jason Pau < jason.jp@alibaba-inc.com >; Porta, James (ASPR/SNS) </o=ExchangeLabs/ou=Exchange Administrative Group

	(FYDIBOHF23SPDLT)/cn=Recipients/cn=7fd31d530b5f47b98300431318734a3d-james.porta>; John Michael <michael.evans@alibaba-inc.com>; Chris <c.wang@alibaba-inc.com>; J. Michael Evans (b)(6)@gmail.com>; Ryan <laodong.ld@alibaba-inc.com>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Sent Date:	2020/03/16 18:48:50
Delivered Date:	2020/03/16 18:49:22

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=02B15E96DC484DB29682C1D336E63441-DULAIGH, JO>
To:	Sherman, Jennifer (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f30fe7fae664419fa654b20edccb1e78-Sherman, Je>; Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Schwartz, Erica (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=603e84a0e3744a5d8dcdb759f5dcad91-Schwartz, E>; Wright, Janet (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=41f672e2527b4f44891fb4f8e08cdfd-Wright, Jan>; Orsega, Susan (OS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d8171c34a0cd4581a49f33cb8f60f684-Orsega, Sus>
CC:	Heck, Mia (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=70dbe2065d644b8dadbfa56c5d63553d-Heck, Mia>; Broido, Tara (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2c3cd5c5afe049b6a8b48c25324c7465-Broido, Tar>; Migliaccio-Grabill, Kate (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f902e34652a84a61ac85adaa853d80f6-Migliaccio,>; Kotwicki, Lauren (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=54d62ddb3fc4b358ab573ccc13fbbb7-Kotwicki, L>; Channer, Amber (OS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b74c322c69df44669a06155edd78c7fa-Channer, Am>; Anderson-Villaluz, Dennis (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=61dfc265c6ce45f686ad00f9dfd27901-Anderson-Vi>
Subject:	RE: 15 days to slow the spread
Date:	2020/03/16 18:56:02
Priority:	Normal
Type:	Note

NICE!!

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

From: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Sent: Monday, March 16, 2020 6:41 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>; Orsega, Susan (OS/OASH) <Susan.Orsega@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>; Kotwicki, Lauren (HHS/OASH)
<Lauren.Kotwicki@hhs.gov>; Channer, Amber (OS/OASH) <Amber.Channer@hhs.gov>; Anderson-
Villaluz, Dennis (HHS/OASH) <Dennis.Anderson-villaluz@hhs.gov>
Subject: FW: 15 days to slow the spread

FYI – Yesterday’s press briefing backdrop was the “photo of the day” in WH newsletter...Go PHS! Scroll to the bottom to see.

Begin forwarded message:

From: The White House <info@mail.whitehouse.gov>
Date: March 16, 2020 at 6:18:20 PM EDT
Subject: 15 days to slow the spread
Reply-To: The White House <info@mail.whitehouse.gov>



1600 Daily

The White House • March 16, 2020

15 days to slow the spread

This afternoon, President Trump and the White House Coronavirus Task Force issued new guidelines to help protect Americans during the global Coronavirus outbreak.

□ **President Trump:** Taking action now will keep America ahead of the curve

The new recommendations are simple to follow but will have a resounding impact on public health. While the President leads a nationwide response, bringing together

government resources and private-sector ingenuity, every American can help slow the virus' spread and keep our most high-risk populations safe:

1. • Listen to and follow the directions of your **state and local authorities**.
2. • **If you feel sick, stay home**. Do not go to work. Contact your medical provider.
3. • **If your children are sick**, keep them at home. Contact your medical provider.
4. • If someone in your household **has tested positive for the Coronavirus**, keep the entire household at home.
5. • **If you are an older American**, stay home and away from other people.
6. • If you are a person with a **serious underlying health condition**—such as a significant heart or lung disease—stay home and away from other people.

Today's guidelines build on the CDC's recommendations to help prevent spread of the virus. Americans should continue practicing strict personal hygiene, including washing hands regularly for at least 20 seconds at a time and wiping down surfaces in the home regularly.

Even if you are young and otherwise healthy, you are at risk—and your activities can increase the risk of contracting the Coronavirus for others. Everyone can do their part.

There's no better way to protect your family and your community than by arming yourself with accurate, up-to-date information.

A massive, unprecedented nationwide response

President Trump declared a National Emergency in response to the Coronavirus on Friday, freeing up more than \$42 billion in resources for states and localities.

The emergency declaration will give healthcare providers on the front lines of this pandemic the flexibility they need to respond. President Trump continues to cut through every piece of unnecessary Washington red tape that may hinder response efforts, and he is continuing to make every Federal resource available to those who need it.

“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,” Vice President Mike Pence said yesterday.

“We also want to express great appreciation to the American people. Not surprisingly, it is inspiring to see the way tens of millions of Americans are responding with compassion [and] with common sense.”

Kay Coles James: President Trump’s declaration helps mobilize our nation

□ **VP Pence: No higher priority than the health of the American people**

Photo of the Day



President Trump, joined by Vice President Pence and members of the White House Coronavirus Task Force, delivers remarks at a Coronavirus briefing | March 15, 2020

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FYI. Sir, you are quoted from one of your interviews this morning.

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To: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Subject: Trump scrambles to send stern message on coronavirus

Trump scrambles to send stern message on coronavirus

By Adam Cancryn

03/16/2020 07:07 PM EDT

The Trump administration is rushing to clarify how Americans should keep their distance to guard against the coronavirus, after vague guidelines left many Americans telecommuting by day and bar-hopping by night.

And it couldn't come sooner: Public health experts warn that without further dramatic steps, the United States could look like Italy by the end of the month, with hospitals swamped by sick patients and hundreds of thousands of infected people not showing symptoms freely circulating.

A day after the Centers for Disease Control and Prevention issued its most aggressive social distancing recommendations yet — calling for the suspension of gatherings over 50 people — top health officials on Monday advised avoiding gatherings of more than 10 people for the next 15 days and steering clear of bars, restaurants and food courts, and working or attending school from home whenever possible.

“We’d much rather be ahead of the curve than behind it,” President Donald Trump said, later adding that the virus is “not under control for any place in the world.”

The increasingly stringent guidelines mark a milestone in the administration’s response, after days spent largely standing by as state and local authorities imposed a patchwork of emergency

rules and restrictions meant to limit transmission. That led to mixed messages and confusion about just how severely Americans should alter their lives.

“These CDC guidelines are absolutely critical,” said Howard Koh, a professor at the Harvard T.H. Chan School of Public Health and former Obama administration health official. “Social distancing is the only public health innovation we have” to immediately combat the virus’ spread.

Yet the new guidance represents perhaps the most crucial challenge to date for an administration that’s struggled to coordinate basic communications with the public and manage a president who has consistently contradicted his own public health experts.

The CDC’s urgent messages were sandwiched between Trump’s message on Sunday that people should “relax” and the pandemic would pass, and White House economic adviser Larry Kudlow’s prediction Monday that the outbreak amounts to a short-term challenge — “a matter of weeks and months.”

Hours after Kudlow’s remarks, Trump allowed that the situation is “bad — it’s bad” and said the outbreak could persist through August, as administration officials pointed to new predictive modeling showing a need for more stringent distancing measures.

“What had the biggest impact in the model is social distancing, small group,” said Deborah Birx, the White House’s coronavirus response coordinator. “If everybody does what we’ve asked for in the next 15 days, we will see a dramatic difference.”

States like Maryland and New York, lacking clear federal guidance until Sunday, have taken increasingly drastic action to restrict public life, closing businesses and imposing new limits on bars and restaurants. Tens of thousands of schools have closed nationwide, and several states are already days into bans on mass gatherings.

The administration’s rush to fill the void has “a little bit of a feeling like it’s all or nothing,” said Marcus Plescia, chief medical officer of the Association of State and Territorial Health Officials, who has served as a liaison to CDC on the response for the last several weeks. “Everybody’s going to have to do their part now.”

The case for aggressive social distancing is clear. A coronavirus vaccine is at least a year away, and the acceleration of the outbreak within the U.S. has put the it on track with some of the world’s hardest-hit nations.

In Italy, a jump from just 1,700 cases two weeks ago to more than 27,000 today has overwhelmed its health care system, offering a glimpse into what public health experts say the U.S. could face within the next 10 days.

There are more than 4,000 confirmed cases in the U.S., according to figures compiled by Johns Hopkins University, a number that’s likely to jump as nationwide test capacity ramps up in the aftermath of early delays in distribution of test kits.

“When you look at the projections, there’s every chance that we could be Italy,” Surgeon

General Jerome Adams said Monday on Fox News.

Hospital systems have already raised alarms over a lack of beds and medical supplies to handle the crush of anticipated patients. Some are beginning to postpone certain elective procedures in an effort to free up space and medical personnel.

Three major provider organizations are seeking at least \$1 billion in financial aid from Congress to help ramp up staffing and supplies, according to a letter sent Monday by the American Hospital Association, American Medical Association and American Nurses Association.

And the administration is now scrambling to put its full weight behind convincing people to do something that's simple and yet unnatural: Stay home.

"Young people have to realize that they are the knife of contamination," said Ken Davis, the CEO of Mt. Sinai Health System in New York. "They may be minimally symptomatic — but they can pass it on to someone at high risk."

Public health experts there's still much work ahead to sell Americans on such an abrupt change in habits — and rebuild its credibility after weeks of mixed messages.

Trump on Monday refused to criticize Republican allies like Rep. Devin Nunes (R-Calif.) who downplayed the outbreak and encouraged people to go out to restaurants.

The president also gave his administration's rollout a perfect score. Asked whether he was ultimately responsible for the outcome of the government's efforts, Trump said "Yeah, normally. But this has never been done before in this country."

"As a whole, the federal government has been inconsistent in its communications," said Joshua Sharfstein, a professor at Johns Hopkins Bloomberg School of Public Health, one of several public health experts in recent days to advise that the administration appoint a single health official to relay advice to the public. "It's not just the message, it's the messenger."

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The White House

Office of the Press Secretary

FOR IMMEDIATE RELEASE

March 16, 2020

REMARKS BY PRESIDENT TRUMP,
VICE PRESIDENT PENCE,
AND MEMBERS OF THE CORONAVIRUS TASK FORCE
IN PRESS BRIEFING

James S. Brady Press Briefing Room

3:21 P.M. EDT

THE PRESIDENT: Thank you very much. Thank you. So, I'm glad to see that you're practicing social distancing. That looks very nice. It's very good.

I want to thank everybody for being here today. This morning I spoke with the leaders of the G7 -- G7 nations -- and they really had a good meeting. I think it was a very, very productive meeting. I also spoke with our nation's governors.

This afternoon, we're announcing new guidelines for every American to follow over the next 15 days as we combat the virus. Each and every one of us has a critical role to play in stopping the spread and transmission of the virus. We did this today, and this was done by a lot of very talented people, some of whom are standing with me. And that's available. And Dr. Birx will be speaking about that in just a few minutes.

It's important for the young and healthy people to understand that while they may experience milder symptoms, they can easily spread this virus, and they will spread it indeed, putting countless others in harm's way. We especially worry about our senior

citizens.

The White House Task Force meets every day and continually updates guidelines based on the fast-evolving situation that this has become all over the world. It's all over the world. It's incredible what's happened in such a short period of time.

On the guidelines of the task force, the new modeling conducted by Dr. Birx, and our consultation with governors, we've made the decision to further toughen the guidelines and blunt the infection now. We'd much rather be ahead of the curve than behind it, and that's what we are. Therefore, my administration is recommending that all Americans, including the young and healthy, work to engage in schooling from home when possible. Avoid gathering in groups of more than 10 people. Avoid discretionary travel. And avoid eating and drinking at bars, restaurants, and public food courts.

If everyone makes this change or these critical changes and sacrifices now, we will rally together as one nation and we will defeat the virus. And we're going to have a big celebration all together.

With several weeks of focused action, we can turn the corner and turn it quickly. A lot of progress has been made. I'm also pleased to report today that a vaccine candidate has begun the phase one clinical trial. This is one of the fastest vaccine development launches in history. Not even close. We're also racing to develop antiviral therapies and other treatments. And we've had some promising results -- early results, but promising -- to reduce the severity and the duration of the synd- -- of the symptoms.

And I have to say that our government is prepared to do whatever it takes. Whatever it takes, we're doing. We're doing it in every way.

And with that, I'd like to just introduce Dr. Birx, who's going to discuss some of the things that we strongly recommend.

Thank you.

DR. BIRX: Thank you, Mr. President. I think you know, over the last months, we've taken very bold action to stop the virus from coming to our shores. And because of that, we gained time to really get together and understand the progress across the globe of what has worked and what hasn't worked.

We now need to appeal to every single American so that they can have their role in stopping the spread of this virus. We've talked about things before, about washing your hands, but we really want to focus on: If you are sick, no matter who you are, please stay home. If someone in your household is diagnosed with this virus, the entire household should quarantine in the house to prevent spread of the virus to others.

The reason we're taking these strong and bold steps is because we know there is virus spread before you develop symptoms, and then we know that there's a large group -- we don't know the precise percent yet -- that actually is asymptomatic or has such mild cases that they continue to spread the virus. If your children are sick, please keep them home.

Now, to our older population or those with preexisting medical

conditions, everyone in the household needs to focus on protecting them. Everyone in the household.

I want to speak particularly to our largest generation now: our millennials. I have -- I'm the mom of two wonderful millennial young women who are bright and hardworking, and I will tell you what I told to them: They are the core group that will stop this virus. They're the group that communicates successfully, independent of picking up a phone. They intuitively know how to contact each others without being in large social gatherings.

We're asking all of them to hold their gatherings to under 10 people, not just in bars and restaurants, but in homes. We really want people to be separated at this time, to be able to address this virus comprehensively that we cannot see, for which we don't have a vaccine or a therapeutic. The only thing we have right now is the amazing ingenuity and compassion of the American people.

We're appealing to all Americans to take these steps to protect each other and to ensure that the virus doesn't spread. These guidelines are very specific. They're very detailed. They will only work if every American takes this together to heart and responds as one nation and one people to stop the spread of this virus.

Thank you.

DR. FAUCI: Thank you very much, Dr. Birx. So just to connect with what I mentioned to you in previous discussions in this room -- and Dr. Birx said it very well -- that in order to be able to contain and curtail this epidemic to not reach its maximum capability, we have a two-pillar approach, one of which I believe

has been very effective in preventing the substantial seeding, and namely the travel restrictions that we've discussed many times in this room.

The other, equally, if not more important, is when you have infection in your own country, which we do. And you know I could read the numbers, but they're really, essentially, what we've seen yesterday: incremental increases, both globally as well as in the United States, with the curve doing that. So therefore, the kinds of things that we do are containment and mitigation.

This -- what we're mentioning now -- the guidelines, when you look at them carefully, I believe if the people in the United States take them seriously, because they were based on some rather serious consideration back and forth, some may look at them and say they're going to be really inconvenient for people. Some will look and say, well, maybe we've gone a little bit too far. They were well thought out.

And the thing that I want to reemphasize, and I'll say it over and over again: When you're dealing with an emerging infectious diseases outbreak, you are always behind where you think you are if you think that today reflects where you really are. That's not word speak. It means: If you think you're here, you're really here because you're only getting the results; therefore, it will always seem that the best way to address it were to be doing something that looks like it might be an overreaction. It isn't an overreaction. It's a reaction that we feel is commensurate, which is actually going on in reality.

So take a look at the guidelines. Read them carefully. And we hope that the people of the United States will take them very

seriously, because they will fail if people don't adhere to them. We have to have, as a whole country, cooperate and collaborate to make sure these get done.

Thank you.

THE PRESIDENT: Okay, go ahead.

Q Mr. President, a lot of people are concerned about how long all of this might last. Do you have any kind of estimate that if Americans really were to band together and do what the White House is suggesting, how quickly you can turn this corner?

THE PRESIDENT: My favorite question; I ask it all the time. How many times, Anthony, I think I ask him that question. Every day. And I speak to Deborah; I speak to a lot of them. I get the opinion.

So it seems to me that if we do a really good job, we'll not only hold the death down to a level that is much lower than the other way had we not done a good job. But people are talking about July, August, something like that. So it could be right in that period of time where it, I say, wash -- it washes through. Other people don't like that term. But where it washes through.

Q So is this the new normal until either the summer?

THE PRESIDENT: We'll see what happens. But they think August. Could be July. Could be longer than that. But I've asked that question many, many times.

Yes.

Q With that being said, Mr. President, Americans today, and looking forward, are living with so much anxiety and so much fear facing uncertainty right now. I'm curious, how are you talking to your own family about this? How are you talking to your youngest son? Do you empathize with this sense of anxiety? People are really scared.

THE PRESIDENT: Yeah. No, I think they are very scared. They see that we're doing a very professional job. We've been working with the governors and the -- frankly, the mayors, local government at every level. We have FEMA totally involved. FEMA has been -- you know, usually we see FEMA for the hurricanes and the tornados. Now we have FEMA involved in this. They've been doing a fantastic job locally working with people that they know because they work -- like, as an example, in California, in the State of Washington, they work with them a lot on other things, and they're very familiar. So they're working on it.

What you can do and all you can do is -- professional, totally competent. We have the best people in the world. We have, really, the greatest experts in the world. And someday soon, hopefully, it'll end and we'll be back to where it was.

But this came up -- it came up so suddenly. Look, he was surprised; we were all surprised. We heard about it. We heard about reports from China that something was happening and all of a sudden -- we did make a good decision; we closed our borders to China very quickly, very rapidly. That was a -- that was a -- otherwise, we'd be in a very -- as Tony has said numerous times, we'd be in a very bad position, much worse than we would be right now. You look at what's happening in other countries: Italy is

having a very hard time.

Q But have you spoken to your family?

THE PRESIDENT: But I think that -- I think that what we do -- and I've spoken actually with my son. He says, "How bad is this?" It's bad. It's bad. But we're going to -- we're going to be, hopefully, a best case, not a worst case. And that's what we're working for.

Yes.

Q Mr. President, I'm hoping you can clear up some confusion on two key fronts. One is about your own test; the other is about containment efforts. Is the administration considering more aggressive containment options, like a quarantine, a national curfew, restricting domestic air travel?

THE PRESIDENT: Well, we have that very much. Yeah, we have that very much. And we are -- we've been pretty aggressive. We were early with Europe, but we were very, very early with China and other places. And, fortunately, we were.

And as far as containment here, we are. We're coming out with strong suggestions. And, you know, it's becoming a little bit automatic. If you look at people, they're not doing certain things. For instance, there's obviously not -- I wouldn't say the restaurant business is booming, and bars and grills and all. People are self-containing for -- to a large extent.

We look forward to the day where we can get back to normal.

Q But to be specific --

THE PRESIDENT: Go ahead. What's your second question?

Q Are you considering instituting a nationwide lockdown, a nationwide quarantine? The NSC knocked that down, but there's still some questions about how it all came to be.

THE PRESIDENT: At this point not nationwide, but -- well, there are some -- you know, some places in our nation that are not very affected at all. But we may -- we may look at certain areas, certain -- certain hotspots, as they call them. We'll be looking at that. But at this moment, no, we're not.

Q The second question is, you said you had -- you had your coronavirus test Friday night. The White House doctor's office put out a statement around midnight Friday, saying that --

THE PRESIDENT: Yeah.

Q -- no test was indicated. So when exactly was your test administered, sir?

THE PRESIDENT: Well, I had my test -- it was late Friday night. And the reason I did it was because the -- I had no symptoms whatsoever, so the doctor said, "You have no symptoms, so we don't see any reason."

But when I did the press conference on Friday, everybody was going crazy. "Did you do the test? Did you do the test?" So, very late on Friday night, I did the test. And he may have put out -- or the doctor may have put out something at a -- I don't know what time the letter went out, maybe it was put out by somebody else, but

the results came back, I believe, the following day. And we tested negative.

Q But the question is, how could the White House doctor's office say a test wasn't indicated, implying that you hadn't had one when, in fact, you had?

THE PRESIDENT: Well, I told them that -- and I went totally by what they said -- the doctors, more than one. They said, "You don't have any of the symptoms." They checked what you're supposed to check and that I didn't have symptoms. But I did it -- I did a test late on Friday night. And it came back probably 24 hours later or something. They sent it to the labs; it came back later.

Yeah, please.

Q Mr. President, you had a teleconference with the nation's governors today --

THE PRESIDENT: Yeah.

Q -- and in that teleconference, you told them if they need things like respirators or masks, to try to get it on their own. What did you mean by that? And what will the federal government do to help?

THE PRESIDENT: If they can get them faster by getting them on their own -- in other words, go through a supply chain that they may have. Because the governors -- you know, during normal times, the governors buy a lot of things not necessarily through federal government.

If they're able to get ventilators, respirators, if they're able to get certain things without having to go through the longer process of federal government -- we have stockpiles now and we're ordering tremendous numbers of ventilators, respirators, masks. And they're ordered, and they're coming, and we have quite a few at this point. I think, Mike, we have a lot.

Q When will they arrive?

THE PRESIDENT: But if they can -- if they can get them directly -- it's always going to be faster if they can get them directly, if they need them. And I've given them authorization to order directly

Go ahead, please.

Q Mr. President, one of the big weaknesses in our healthcare system is surge capacity for medical facilities. And I wanted --

THE PRESIDENT: That's right.

Q -- to ask: What precautions, what plan is being done to get -- China was able to build hospitals in a matter of days. Are you prepared to use the Corps of Engineers or FEMA to start building surge capacity that we may need in a couple weeks?

THE PRESIDENT: Well, first of all, we hope we don't get there. And that's what we're doing, and that's why we're taking a very strict look at this. But we also are looking at areas -- and not only looking; we're expanding certain areas. We're taking over buildings that aren't used. We're doing a lot in that regard. We hope we don't have to get there, but we are doing a lot in that

regard.

Q Mr. President, could you clarify something? These guidelines say, "Stay home if you're sick." Yesterday, the Vice President said no one should worry about losing a paycheck if they stay home and they're sick. But the House bill exempts companies of 500 employees or more from the paid sick leave --

THE PRESIDENT: Yeah.

Q -- requirement, and that's 54 percent of the American workplace. Why is it a good idea to only require small businesses to provide paid sick leave?

THE PRESIDENT: Well, we're looking at that. And we may be expanding that. We are looking at that.

Q Do you want the Senate to add --

THE PRESIDENT: We want fairness.

Q -- big companies?

THE PRESIDENT: We want it for everybody.

No, we're looking at that through the Senate, because as you know, the Senate is now digesting that bill.

Q Right. Do you want the Senate to add big companies?

THE PRESIDENT: So we may very well be adding something on that. Okay? Good question.

Q Two questions for you, Mr. President. One, going off of what he was asking: How many ventilators and how many ICU beds do we have right now? And will it be enough?

THE PRESIDENT: I can get back to you with that number. We've ordered a lot. We have quite a few, but it may not be enough. And if it's not enough, we will have it by the time we need it. Hopefully, we won't need them.

Q And you'll give us the exact number? Because --

THE PRESIDENT: Yeah, we'll be able to give you --

Q -- so far, they have not given us an exact number.

THE PRESIDENT: Well, we'll give you. We can give you a number. If it's important, we'll give you a number. Go ahead.

Q Okay. And yesterday, you said that this was "under tremendous control." Do you want to revisit that statement if we are going to be experiencing this until July or August -- five more months ahead of where we are now?

THE PRESIDENT: Well, when I'm talking about control, I'm saying we are doing a very good job within the confines of what we're dealing with. We're doing a very good job. There's been a -- there's been a tremendous amount of the way they're working together. They're working hand-in-hand. I think they're doing, really, a great job. And from that standpoint, that's what I was referring to.

Yeah, Steve, go ahead.

Q But you're not saying "it's" under control, right?

THE PRESIDENT: I'm not referring to "it," meaning the -

Q Coronavirus.

THE PRESIDENT: Yeah, if you're talking about the virus --

Q Yeah.

THE PRESIDENT: No, that's not under control for any place in the world. I think I read --

Q Okay. Yesterday you had said it was, so I just --

THE PRESIDENT: I think I read --

Q -- wanted to clarify.

THE PRESIDENT: No, I didn't. I was talking about what we're doing is under control. But I'm not talking about the virus.

Yes, please.

Q The stock market took another hit today. Is the U.S. economy heading into a recession?

THE PRESIDENT: Well, it may be. We're not thinking in terms of recession, we're thinking in terms of the virus. Once we stop -- I think there's a tremendous pent-up demand, both in terms of the

stock market and in terms of the economy. And once this goes away, once it goes through and we're done with it, I think you're going to see a tremendous -- a tremendous surge.

Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. I know that's been on the table before, but is that firming up at all?

THE PRESIDENT: We're not really. We hope we don't have to, Steve. We think that hopefully we won't have to do that. But it's certainly something that we talk about every day. We haven't made that decision.

Q Mr. President, can I ask you: Doctors and nurses in this country are telling us across the board that they're terrified of this virus, of the fact that they could get it, of the fact that they might take it home to their families. What can you say to assure healthcare providers in this country that the federal government is doing something today to ensure that they get personal protective equipment to protect themselves and their family?

THE PRESIDENT: Yeah, well, I think the federal government is doing everything that we can possibly do. We made some very good early decisions by keeping people out, by keeping bor- -- countries out -- certain countries where the infection was very immense. I noticed a lot of people are talking about South Korea because they've done a good job on one side, but on the other side, tremendous problems at the beginning. They had tremendous problems and great numbers of death.

I think that we've done a fantastic job from just about every

standpoint. With that being said, you look -- no matter where you look, this is something -- it's an invisible enemy. And -- but we are speaking all the time, not only with the people, but also the professional people -- the nurses, the doctors. They have been doing a fantastic job.

We are also working very much on getting them the kind of equipment that they need. And for the most part, they're either -- they either have it or they will be getting it.

But remember this: we want the governors, we want the mayors, we want them locally -- from a local standpoint, because it can go quicker -- we want them to work. And we had a great talk with the governors today. I think it was a really great talk. There's a tremendous coordination. There's a tremendous spirit that we have together with the governors. And that's pretty much, for the most part, bipartisan.

Yeah.

Q Mr. President, you just -- you told John that you think this could wash through, as you said, July, August. You just told Steve when he asked you about a possibility of recession, you said "it may be." I'm curious, if there is a recession, when do you think that might hit?

THE PRESIDENT: Well, I don't -- I don't, number one, determine recession. I just say this: We have an invisible enemy. We have a problem that a month ago nobody ever thought about. Nobody in the -- you know, I've read about it. I read about -- many years ago, 1917, 1918. I've seen all of the different -- the different problems similar to this that we've had.

This is a bad one. This is a very bad one. This is bad in the sense that it's so contagious. It's just so contagious. Sort of, record-setting-type contagion. And the good part is the young people are -- they do very well. And healthy people do very well. Very, very bad for older people, especially older people with problems.

My focus is really on getting rid of this problem -- this virus problem. Once we do that, everything else is going to fall into place.

Yes, please.

Q Mr. President, a lot of rumors last night -- a lot of rumors last night that you were going to put in a national curfew --

THE PRESIDENT: Yeah.

Q -- or some kind of --

THE PRESIDENT: I've been reading -- I've been watching.

Q Right. Exactly. Me too. Your people were saying this is a foreign disinformation campaign. Is that what's going on? Are people messing with us on the Internet?

THE PRESIDENT: Well, I don't know. I mean, that I can't tell you, if they are or not. I think a lot of the media actually has been very fair. I think people are pulling together on this. I really think the media has been very fair.

I think it could be that you have some foreign groups that are playing games. But it doesn't matter. We haven't really determined to do that at all. And hopefully, we won't have to. That's a very big step. It's a step we can take, but we have not decided to do it.

Jennifer, go.

Q Mr. President, two things on -- one on airlines and one on Jeff Bezos.

THE PRESIDENT: Yes.

Q Can you talk a little bit, specifically, about what you'd like to do to help the airlines, first of all?

And then, second of all, we heard that Jeff Bezos has been in contact with the White House daily. Can you say what he's been asking for or proposing to do?

THE PRESIDENT: Well, I've heard that's true. I don't know that for a fact. But I know that some of my people have, as I understand it, been dealing with them or with him. And that's nice. We've had tremendous support from a lot of people that can help, and I believe he was one of them.

As far as the airlines are concerned, the airlines -- we're going to back the airlines 100 percent. It's not their fault. It's nobody's fault, unless you go to the original source. But it's nobody's fault. And we're going to be in a position to help the airlines very much. We've told the airlines we're going to help them.

Q They want \$25 billion.

THE PRESIDENT: Well, we're going to be helping. We're going to be backstopping the airlines. We're going to be helping them very much, John. It's very important.

Q Mr. President, what will you do about the stock market, sir?

Q But can you -- can you fulfill their request for \$25 billion for the passenger carriers and \$4 billion for cargo?

THE PRESIDENT: We're going to be looking at it very strongly. We have to back the airlines. It's not their fault. In fact, they were having a record season -- everybody was. They were having record seasons, and then this came out. And it came out from nowhere. So, not their fault, but we're going to be backing the airline. Yeah.

Q Mr. President, stocks continue to fall today. Would the White House support negative rates?

THE PRESIDENT: The best thing I can do for the stock market is we have to get through this crisis. That's what I can do. That's the best thing we can do. That's what I think about. Once -- once this virus is gone, I think you're going to have a stock market like nobody has ever seen before.

(Cross-talk from reporters.)

DR. FAUCI: He'll be back in a sec. He'll be back in a second. I think the question that I think maybe John asked about -- until

July: The guidelines are a 15-day trial guideline to be reconsidering. It isn't that these guidelines are now going to be in effect until July.

What the President was saying is that the trajectory of the outbreak may go until then. Make sure we don't think that these are solid in stone until July.

THE PRESIDENT: Yeah. That would be the outside number. Yeah.

Q Mr. President --

Q Mr. President, you've been criticized --

THE PRESIDENT: Hold on one second. Please, go ahead.

Q To follow up, Senate Republicans -- do you want Senate Republicans to change the package that passed the House last week, even though you already signed off on it?

THE PRESIDENT: I think they may make it even better. Look, they're working together very well with the House. They're working very much in unison, like the question before. They're working to only enhance it and make it better, and make it fair for everybody. And that's what we're looking to do. So, we may go back and forth with the House a little bit, but both will be in a very positive fashion.

Please.

Q Yeah. Mr. President, these new guidelines say avoid social gatherings and groups of more than 10 people, but CDC's

recommendations yesterday were for people to avoid gatherings of more than 50 people. What's evolved in you and your team's thinking in just the past 24 hours? And also, what exactly do you need to see in a stimulus bill?

THE PRESIDENT: Well, let me just have the professionals answer that. Would you like to do that? Please.

DR. BIRX: Great. Thank you. And thank you for that question. So, we have been working on models, day and night, around the globe, to really predict, because some countries are in a very early stage, like the United States. We've been working with groups in the United Kingdom.

So, we had new information coming out from a model, and what had the biggest impact in the model is social distancing, small groups, not going in public in large groups. But the most important thing was if one person in the household became infected, the whole household self-quarantined for 14 days. Because that stops 100 percent of the transmission outside of the household. And as we talked about early on, it's silent.

We had another silent epidemic: HIV. And I just want to recognize the HIV epidemic was solved by the community: the HIV advocates, and activists who stood up when no one was listening and got everyone's attention.

We're asking that same sense of community to come together and stand up against this virus. And if they -- if everybody in America does what we ask for over the next 15 days, we will see a dramatic difference, and we won't have to worry about the ventilators, and we won't have to worry about the ICU beds,

because we won't have our elderly and our people at the greatest risk having to be hospitalized.

Q And on PPE, Dr. Birx, can we ask you to comment on the equipment, Doctor?

THE PRESIDENT: Go ahead.

THE VICE PRESIDENT: I can address that, if you like, Mr. President.

THE PRESIDENT: Go ahead. Yes, Mike. Please.

THE VICE PRESIDENT: Thank you, Mr. President. A very productive call today with governors. We talked about the new rollout of testing that we described yesterday and then drive-thru and community-based testing.

And I know how grateful the President is for the -- the efforts that governors are making. And now with the Admiral and the United States Public Health Service, as well as FEMA, we've made great progress today in coordinating those efforts.

But the other issue that was raised with the President today was personal protective equipment. And the reason I mention testing is because one of the recommendations that we have for states is that these remote testing sites make a priority of two groups. One would be people over the age of 65 that have symptoms. We don't want them to go to hospitals or emergency rooms. We want them to go to a remote site in a parking lot or at a isolated community location.

But the other category is our healthcare workers. We want to make sure that our healthcare workers have the opportunity to be tested. And using that new high-throughput test that the President arranged with our major commercial labs, we'll be able to do that much more expeditiously.

So we're putting a real priority on our extraordinary healthcare workers that are -- that are, at this very hour, coming alongside people that are struggling with the coronavirus and people that are concerned that they may have been exposed.

The other piece is, we're grateful that the legislation passed by the House of Representatives includes liability protection for N95 masks produced by companies like 3M in Minnesota, by Honeywell. Literally, tens of millions of masks are produced every year for industrial purposes, for construction.

But the health experts say they can be used just as readily to protect healthcare workers from respiratory ailments. 3M and other companies were not able to sell those to hospitals, but the President negotiated with the Democratic leadership of the House and Senate. We've added a provision to the bill that will literally, from one company alone, add another 30 million masks per month back to the marketplace.

We're strengthening the supply chain. And healthcare workers around America can be absolutely certain that the President and our entire team are going to continue to put the health of America first and put first our healthcare workers across this country that are meeting the needs of the people of our country.

Q Mr. Vice President, how many test kits have been sent out? And

how many people can actually be tested?

THE PRESIDENT: I think the Admiral can answer that. And you might want to talk about the roving, also.

ADMIRAL GIROIR: So, thank you very much for that. As we talked about yesterday, we're really entering a new phase of testing. At first, we were at the initial phase where the CDC-developed test was only available in public health laboratories and the CDC. It works very well for a few thousand tests per day after it gets running.

We're now moving into a phase that the big commercial laboratories with high-throughput screening have availability. So, as we talked about last week -- because of the historic efforts of the FDA -- a Roche test and, as the President predicted, a Thermo Fisher test were both produced last week, under an emergency use authorization. 1.9 million of those tests will be sequentially into the ecosystem this week.

From the information we have right now, 1 million tests are available with all the reagents, everything ready to go, primarily at the reference labs called Quest, LabCorp, and a couple others. Now, it doesn't matter if they are not in your neighborhood, because every day when people get tests, a little white box goes out in front. It gets shipped by an incredible distribution system, the test result, and it's electronically reported. So these are available to people nationwide.

We expect more and more than 1 million coming on board this week as the reagents come up and as people with the testing capacity validate that in their own hospitals and other -- and other

places. And in the future, we expect at least 2 million next week and at least 5 million the week thereafter.

There are also a whole growth of what's called laboratory determined testing or laboratory derived testing, where individual laboratories, because of the regulatory deregulation of the FDA, can develop their own tests and start using them. So if you're a CLIA-certified lab with complexity, you can do that.

So the point is, testing is now entering, sort of, what we normally do in the healthcare system, where big labs, in a high-throughput basis, receive these through normal channels. So that part of it is really underway.

Q But do you know how many Americans have actually been tested? Do you have a number?

ADMIRAL GIROIR: There is a number. I don't have that number because I've been working on setting up this distribution system.

So, this is where we are. The state and public health laboratories in the CDC are published every day on the CDC website. The CDC gets feeds from LabCorp and Quest and they get that on a daily basis. What is not being received right now, and Ambassador Birx is fixing, is that these homegrown tests in highly complex labs don't necessarily get reported in the system.

However, as we move forward, particularly in the high -- in the commercial phase of where we are right now, we expect about 80 to 85 percent of the tests to flow right into the CDC. We know them. That's not good enough for Ambassador Birx. She wants 100, and we'll work on that.

THE PRESIDENT: So I think just to put it a different way: A lot of -- a lot of testing has been going on. And I don't believe anybody has been able to do what we're doing and what we will be doing.

ADMIRAR GIROIR: And let me just say that we talked about the drive-thru testing yesterday. I wanted to be clear to everybody: This is just another tool for states and local public health systems and healthcare systems to use. It's not replacing testing that goes on in the doctor's office or in a hospital, or if you go to your doctor and wants to get tested in that office. This is just another tool that we're helping the states to have.

And again, as we talked about, this is modeled on the FEMA-based points-of-distribution system optimized for testing. We expect this week -- we now have gear, people, being shipped right now, today, that will be in over 12 states with multiple sites, many of -- many of states having multiple sites to start augmenting the local capacity and really providing the state and the local people what they need as another way for people to get tested.

THE PRESIDENT: So this has never been done before. That's never been done, and certainly not on a level like that. And I will say that -- I think I can speak for the professionals, that if you don't have the symptoms, if your doctor doesn't think you need it, don't get the test. Don't get the test. I think it's very important. Not everybody should run out and get the test. But we're able to handle tremendous numbers of people.

John?

Q Mr. President, earlier today, Governor Cuomo of New York said

that he believes that hospital capacity soon will be overwhelmed, and implored you to call on the Army Corps of Engineers to build temporary facilities to house patients. Is that something you would consider?

THE PRESIDENT: We're looking into it. We've heard that. We've heard it from, really, two places. There are two places that have -- specifically, New York being one. And we are looking into it very strongly.

Yeah. Steve go ahead, please.

Q Sir, how have you changed your own behavior to take account of this virus? Are you washing your hands more or --

THE PRESIDENT: I've always washed my hands a lot. I wash my hands a lot, probably -- maybe, if anything, more. Certainly not less.

Q What was it like taking the test?

THE PRESIDENT: Not -- not something I want to do every day, I can tell you that. It's -- you know, it's a little bit of a -- it's a little bit of -- of good doctors in the White House. But it's a test. It's a test. It's a medical test. Nothing pleasant about it.

Q You said that -- in a tweet -- that Governor Cuomo should be doing more. What specific --

THE PRESIDENT: Well, I think he can do more.

Q What specifically should he be doing? And --

THE PRESIDENT: But I think -- I think he can do more. And, you know, it's an area of the country that's very hot right now. I think New Rochelle -- and a place I know very well; I grew up right near New Rochelle -- I think it's a very --

Q You seem to be criticizing --

THE PRESIDENT: No, I think it's an area that has to be tamped down even more because it's a hotbed. There's no question about it. So I think they can look at doing it.

But we're getting along very well. We've had a very -- in fact, I noticed he made some statements just now that the relationship with the federal government has been good. The federal government has done everything they've wanted us to do. But we can -- I think -- I think it's very important that all of the governors get along very well with us and that we get along with the governors, and I think that's happening.

Q The Defense Secretary and the Assistant Defense Secretary have decided to separate and be in a bubble to avoid the spread of the disease and to protect the chain of command. Is that something you and the Vice President should be doing? And has there been any talk about having to have a 25th Amendment procedure in place?

THE PRESIDENT: Well, we haven't thought of it, but, you know, I will say this: That it's -- we're very careful. We're very careful with, you know, being together. Even the people behind me are very -- they've been very strongly tested. I've been very strongly tested. And we have to be very careful, but everybody should be. Vigilant. We have to be vigilant.

Q Mr. President, two simple questions for you, Mr. President.

(Cross-talk.)

Go ahead, please.

Q Two simple questions for you, Mr. President.

Hold it. Hold it. Hold it. Before you.

Q Okay, I don't know if this is a question for you or for Dr. Birx. But Dr. Birx said that it is the millennials who are going to lead us through this and that now is the time to look out for the older people in our home. Older might be a state of mind, not necessarily in age. So for those millennials of us who have parents who are in their 50s, 60s, 70s, what is older? What should we tell them at this point?

DR. BIRX: Well, if I was Dr. Fauci, I would tell you there's a physiologic age and a numerical age. So, older people with preexisting conditions. And what do we mean by that? You know, significant heart disease, significant kidney disease, significant lung disease, any immunosuppression, any recent treatment for cancer. Any of those pieces in any household.

Now, why do I think the millennials are the key? Because they're the ones that are out and about, and they're the most likely to be in social gatherings, and they're the most likely to be the least symptomatic. And I think we've always heard about the "Greatest Generation." We're protecting the "Greatest Generation" right now and the children of the "Greatest Generation."

And I think the millennials can help us tremendously by having -- plus, they need to communicate with each other. Public health people, like myself, don't always come out with compelling and exciting messages that a 25- to 35-year-old may find interesting and something they will take to heart. But millennials can speak to one another about how important it is, in this moment, to protect all of the people.

Now, you could be 40 and have a significant medical condition and be at substantial risk. You could be 30 and having come through Hodgkin's disease or non-Hodgkin's lymphoma and be at a significant risk. So there are risk groups in every age group, but the age -- there's more millennials now than any other cohort, and they can help us at this moment.

Q Mr. President, thank you very much. Thank you very much, Mr. President.

Q Mr. President --

Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. you said that you were not responsible for the testing shortfall. A very simple question: Does the buck stop with you? And on a scale of 1 to 10, how would you rate your response to this crisis?

THE PRESIDENT: I'd rate it a 10. I think we've done a great job. And it started with the fact that we kept a very highly infected country -- despite all of the -- even the professionals saying, "No, it's too early to do that." We were very, very, early with respect to China. And we would have a whole different situation in this country if we didn't do that.

I would rate it a very, very -- I would rate ourselves and the professionals -- I think the professionals have done a fantastic job.

As far as the testing -- you heard the Admiral -- I think the testing that we've done, we really took over an obsolete system or, put it maybe in a different way, a system that wasn't meant to do anything like this -- we took it over. And we're doing something that's never been done in this country. And I think that we are doing very well.

We took the system, we worked with the system we had, and we broke down the system, purposely. We broke it down in order to do what we're doing now. And within a short period of time -- and even now -- we're testing tremendous numbers of people. And ultimately, you're saying it will be what? It will be up to -- how many people will be -- we'll be able to test?

ADMIRAL GIROIR: We certainly expect, with the high-throughput testing, that that's no longer a barrier. The barrier is actually doing the test on a person. And I'm sure, as the President will -- would inform you, in order to do the test, a healthcare provider needs to dress in full personal protective equipment. Full personal protective equipment. And there's a swab that's put in the back of the nose, all the way to the back of the throat -- it's called a nasal pharyngeal swab -- which is then put in media.

The next person who has to get tested -- that healthcare provider has to change all the personal protective equipment. When you put that in, it's highly likely a person coughs or sneezes, so you're

at risk.

So that's what we're trying to fix now by the mobile platforms, by all the things we're doing, is to enable sort of high-throughput of this swabbing. And we're doing some technological things too that might be breakthroughs to make it much -- much faster.

But we certainly expect that, from thousands of people per day, we will -- we will be at the tens of thousands of people per day, this week, according to those who are (inaudible).

Q Does the buck stop with you, Mr. President? Does the Buck stop with you?

THE PRESIDENT: Yeah, normally. But I think when you hear the -- you know, this has never been done before in this country. If you look back -- you know, take a look at some of the things that took place in '09 or '11, or whatever it may have been. They never did -- nobody has ever done anything like what we're doing.

Now, I will also say -- Admiral, I think we can say that we're also getting this ready for the future so that when we have a future problem -- if and when, and hopefully we don't have anything like this -- but if there is, we're going to be very -- we're going to be starting off from a much higher plateau. Because we were at a very, very low base.

We had a system that was not meant for this. It was a smaller system. It was meant for a much different purpose. And for that purpose, it was fine, but not for this purpose. So we broke down the system, and now we have something that's going to be -- and is -- very special, and is ready for future problems. And I think we

can say that very strongly.

Yeah. Go ahead, please.

Q Thank you, Mr. President. How close are you to shutting down America's northern border with Canada? And could you also speak to the fact about the elections that are supposed to be taking place tomorrow? Is it your advice that those states postpone those elections?

THE PRESIDENT: Well, I'd leave that up to the states. It's a big thing postponing an election. I think, to me, that really goes to the heart of what we're all about. I think postponing an election is a very tough thing. I know they're doing -- because they've been in touch with us -- they're doing it very carefully. They're spreading people out very -- at great distances, as you can see. And I think they'll do it very safely. I hope they do it very safely.

But I think postponing elections is a very -- it's not a very good thing. They have lots of room in a lot of the electoral places, and I think that they will do it very well. But I think postponing is unnecessary.

Q And on the northern border, sir, how close are you to shutting down?

THE PRESIDENT: We think about it. We think about it. If we don't have to do it, that'll be good. We have very strong emergency powers when it comes to something like this, both on the southern and the northern borders. And we -- we are talking about different things, but we'll see. Right now we have not decided to do that.

Steve?

Q Can we get Dr. Fauci to talk about the vaccine file today and whether the timetable for a vaccine has -- is it possible to accelerate it, or is it still 12 to 18 months?

DR. FAUCI: So, thank you for that question. The vaccine candidate that was given the first injections for the first person took place today. You might recall, when we first started, I said it would be two to three months. And if we did that, that would be the fastest we've ever gone from obtaining the sequence to being able to do a phase one trial. This has been now 65 days, which I believe is the record.

What it is, is the trial of 45 normal individuals between the ages of 18 and 55. The trial is taking place in Seattle. There will be two injections: one at zero day -- first one; then 28 days, there will be three separate doses: 25 milligrams, 100 milligrams, 250 milligrams. And the individuals will be followed for one year -- both for safety and whether it induces the kind of response that we predict would be protective. And that's exactly what I've been telling this group over and over again. So it's happened; the first injection was today.

(Cross-talk.)

THE PRESIDENT: Go ahead, please.

Q Is there a -- thank you.

THE PRESIDENT: To Dr. Fauci.

Q Dr. Fauci, is there guidance for someone who may have felt sick but then feels better so you had symptoms but you no longer do? Your fever has gone away. How long would you stay home after that point? That's not clear from the government.

DR. FAUCI: Well, if you were -- if you are positive for the infection, if you have coronavirus, it is less how you feel than whether or not you're still shedding the virus. So the general issue about letting people out of a facility who, for example, in a hospital or whatever, who have been infected, you need two negative cultures -- the same way that was just described -- 24 hours apart.

Q The market just closed. It's down 13 percent. (Inaudible.)

THE PRESIDENT: Yeah, no. The market -- the market will take care of itself. The market will be very strong, as soon as we get rid of the virus. Yes.

Q Mr. President, could you clarify about pregnant women? Is that an underlying -- because the UK said today that pregnancy was one of those underlying conditions. Do we say that too?

DR. BIRX: There's very little data in pregnant women. I think, about a week ago, I said that reports that came in from China, from the Chinese CDC, of the nine women who were documented to be pregnant and have coronavirus in their last tri-semester, delivered healthy children and they themselves were healthy and recovered. That is our total sample size, and we will be getting more data from countries.

While countries are in the midst of this crisis, like Italy, I try not to bother them frequently to get us their data. We try to get it just weekly from the countries that are in the midst of responding to the epidemic so that their focus is on their individuals in their country.

Q Mr. President, any comment on what people like Devin Nunes and the governor of Oklahoma have been saying, encouraging people to go out to restaurants, which goes directly against what this advice and your guidelines says?

THE PRESIDENT: No, I haven't heard that. I haven't heard that from Devin or anybody else. Haven't heard it.

Q Should they stop saying that?

THE PRESIDENT: Haven't heard it.

Q Should they stop saying that?

THE PRESIDENT: Well, I have to see what they said. But --

Q They encouraged people to go to restaurants, if they felt okay, with their families.

THE PRESIDENT: Well, I would disagree with it. But right now, we don't have an order, one way or the other. We don't have an order. But I think it's probably better that you don't, especially in certain areas. Oklahoma doesn't have a tremendous problem. Oklaho- -- you said the governor of -- the governor of Oklahoma?

Q The governor of Oklahoma. Devin Nunes was another --

THE PRESIDENT: And Devin. Yeah. Well, I hadn't heard that.

Q So should they be doing that or should they not be doing that in Oklahoma?

THE PRESIDENT: Well, it's adverse to what the professionals are saying. That's, you know --

Q And what you're saying in your guidelines, that people shouldn't be going to restaurants.

THE PRESIDENT: Yeah. No, it's adverse. But I'll take a look at it. Absolutely.

Q I don't know who would be best to answer this question, maybe Secretary Azar or Dr. Fauci. Schools -- school districts across the country are closing down; yet, for the most part, daycare centers remain open. And considering that children can sometimes be asymptomatic carriers --

THE PRESIDENT: Yeah.

Q -- and go home to older individuals, are there any recommendations about daycare centers?

SECRETARY AZAR: I'd prefer if one of our medical --

THE PRESIDENT: Oh, please.

SECRETARY AZAR: -- professionals discussed that --

THE PRESIDENT: Please.

SECRETARY AZAR: -- given that's a clinical recommendation.

DR. FAUCI: That's a good question, John. In the original guidelines, as they were -- they were presented, it was schools, not daycare. And I think it's very important we should -- probably, if we have not discussed that, go back and discuss that in some detail about whether or not that's equivalent to school. That's a good question.

Q The question about the, sort of, underlying public health strategy behind some of these guidelines, telling people to avoid restaurants and bars is a different thing than saying that bars and restaurants should shut down over the next 15 days. So why was it seen as being imprudent or not necessary to take that additional step, offer that additional guidance?

THE PRESIDENT: Do you want to answer that?

DR. BIRX: Well, I think we have to say, the data that has been coming out -- and I'm sure you're all up to the data -- up to date on how long the virus lives on hard surfaces. And that has been our concern over the last two weeks.

DR. FAUCI: No, I'm sorry. Go ahead.

DR. BIRX: Okay.

DR. FAUCI: Go ahead. I just wanted to read -- there's a -- there's an answer to this.

DR. BIRX: Oh, yeah. Go ahead, Tony. (Laughter.) He was mentor, so I'm going to have to let him speak. (Laughter.)

DR. FAUCI: The small print here -- it's really small print: "In states with evidence of community transmission, bars, restaurants, food courts, gyms, and other indoor and outdoor venues where groups of people congregate, should be closed."

Q So, Mr. President, are you telling -- Mr. President, are you telling governors in those states, then, to close all their restaurants and bars?

THE PRESIDENT: Well, we haven't said that yet.

Q Why not?

THE PRESIDENT: We're recommending, but -- we're recommending things.

Q But if you think this could work?

THE PRESIDENT: No, we haven't gone to that step yet. That could happen, but we haven't gone there yet. Please.

Q Mr. President, on the election, you're saying it's a bad thing to postpone it. But if you got the 10-person maximum, you know, guideline, in a practical sense, can you have rallies? Can you -- primaries surely gather more than 10 people.

THE PRESIDENT: Well, hopefully this will --

Q So how is it going to work?

THE PRESIDENT: -- pass through and hopefully that we'll have -- everybody will be going to restaurants and flying and being on cruise ships and all of these different things that we do. And it will very, very hopefully be in a fairly quick period of time. But we're taking a tough stance. We may make certain other decisions. We may enhance those decisions. We're going to find out.

As per the question that you were asking, some of those decisions may be enhanced.

How about one more? Jennifer?

Q On the cyberattack on HHS --

THE PRESIDENT: Yeah.

Q -- is there any reason to believe that they were trying to hack into the system and gather information from the system?

THE PRESIDENT: Go ahead. Please.

Q And also, is there any reason -- so were they trying to hack to get information? And also, do you have any reason to think that it could have been Iran, Russia? Do you have any reason to believe it was a foreign actor?

SECRETARY AZAR: So in the previous 24 hours, we saw a great deal of enhanced activity with relation to the HHS -- HHS computer systems and website. Fortunately, we have extremely strong

barriers. We had no penetration into our networks. We had no degradation of the functioning of our networks. We had no limitation of our capacity for people to telework. We've taken very strong defensive actions.

The source of this enhanced activity remains under investigation, so I wouldn't want to speculate on the source of it. But there was no data breach or no degradation in terms of our ability to function and serve our important mission here. Thank you.

Q Mr. Vice President, have you been tested yet?

Q Mr. President, what are you looking for in another stimulus package, sir? Could you speak to that?

THE PRESIDENT: One thing Mike just said, it's very important to get out that this is for the next -- what we're talking about -- much of what we're talking about is for the next 15 days.

Mike, go ahead.

Q Mr. Vice President have you been tested?

THE VICE PRESIDENT: I have not been tested yet. I'm in regular consultation with the White House physician, and he said I've not been exposed to anyone for any period of time that had the coronavirus, and that my wife and I have no symptoms. But we're checking our temperature regularly, every day, and we'll continue to follow guidance, which I think may be a good -- a good place to land at the end of the day, and that is: As we expand testing rapidly around the country, through the new public-private partnership that the President facilitated, we want the test to be

available for people who have symptoms, people that -- who have symptoms and are in vulnerable populations, and our healthcare workers to make sure that they can have the peace of mind that they're doing their jobs and they're properly protected.

And so our best counsel -- the counsel of the experts is: If you have a question, call your doctor, call your healthcare provider. Ask whether or not you should be tested. And that's what my family is doing as well.

Let me just emphasize one more point if I can. The President asked the task force to continuously review the data and the information that we have not only in this country, but from around the world, to give the best guidance to state leadership and local healthcare leadership and all of the American people about how to keep themselves, their family, and their community safe.

This guidance, for the next 15 days, is what our experts say is the best opportunity we have to lower the infection rate over the entire course of the coronavirus. Just as the President did by suspending travel from China; just as he did with travel advisories and screening from Italy and South Korea; and just as we've done with Europe, and at midnight tonight, with the UK and Ireland, we'll continue to take very decisive steps to lower the spread of the coronavirus.

But we want every American to know, and we would ask all of -- all of you in the media to spread the word to the American people that this is advice, on behalf of the President of the United States, to every American what you can do over the next 15 days to prevent the spread of the coronavirus. And we're calling on every American to do your part because, together, we'll get through this and

we'll find our way forward.

THE PRESIDENT: Just one more. Steve, go ahead. Please.

Q You had that G7 video conference today.

THE PRESIDENT: Yeah, we had a G7 --

Q What was the upshot of that? And are you still --

THE PRESIDENT: It was a --

Q -- going to be able to meet at Camp David? I think it's --

THE PRESIDENT: Well, it looks like it. We're --

Q And are you confident in their responses as you are with your own?

THE PRESIDENT: I've very confident. They're in a position that -- some of them are in a rough position, if you look at a couple of them. And some are heading toward pretty rough territory.

We had a very good conference; it was a teleconference. Everybody was on the phone -- every leader. And almost 100 percent was devoted to the subject that we're talking about today. And they are working very hard. And they're -- you know, they're very concerned, obviously, but they're working very hard.

But I would say just about all of it was -- Steve, all of it was devoted to what we're talking about.

Q But will you still be able to hold that summit at Camp David?

THE PRESIDENT: I think so. I mean, so far, it seems. We haven't -- we didn't even discuss that. It's still a ways off. But it was a very good discussion. And they have -- there's a great camaraderie. There's a great togetherness. I think it was -- I think I can say that very, very strongly.

Thank you all very much. Thank you. Thank you very much.

END

4:15 P.M. EDT

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Date:	2020/03/16 19:37:08
Priority:	Normal
Type:	Note

An Ohio judge denied a late push by the state's governor, its top election official and voters to delay Tuesday's primary amid the coronavirus pandemic.

Ohio Gov. Mike DeWine announced earlier today that the state would support a lawsuit to delay voting. But Judge Richard Frye ruled in the evening that it was too late to move back the primary. It's unclear if there is enough time to appeal the ruling.

"We're here at 7 o'clock, 12 hours before the election. I don't believe the plaintiffs have proceeded in a timely manner," Frye said. "And for that matter, I don't believe the secretary of state has proceeded in a timely manner himself."

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Subject:	FW: Update COVID-19
Date:	2020/03/16 19:40:03
Priority:	Normal
Type:	Note

From: Jennifer Young <jyoung@tdyllc.com>

Sent: Monday, March 16, 2020 6:53 PM

To: Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>

Subject: Fwd: Update COVID-19

I wanted to share the message below from the CEO of Lincare related to the vent capacity and how they can help meet national needs. Not sure if there is someone coordinating that on your end? Also, they are bumping into significant PPE supply needs and would be grateful for any help in servicing the respiratory patients who will be among the most vulnerable to infection.

They want to be helpful - thank you for your time,
Jennifer

Jennifer

The most important question in neglected to stick into this – we are estimating that we will be out of PPE kits and disinfectants by the end of March or early April under the assumption of same usage patterns as historically (which is most likely overestimating supply – hence the worry about the supplies).

Tahnks

From: Teufel, Crispin (CTeufel)

Sent: Monday, March 16, 2020 5:59 PM

To: 'Jennifer Young' <jyoung@tdyllc.com>
Cc: Pedersen, Jenna (jpederse) <JPederse@lincare.com>
Subject: Update COVID-19

Jennifer

Sorry for the late response after our call this morning – I got caught up with the craziness of the day and was waiting for some better information from my folks. Here are some of the things we discussed:

1. • We are taking care of 1.6m patients in total of which about 1m are respiratory patients that are the most vulnerable patients in this crisis
2. • As mentioned today, we are getting to an end regarding some of the PPE (Personal Protection Equipment, such as gowns, masks, gloves) as well as respirators and disinfectants (hand sanitizers and general cleaners) which was one of the asks for help that I mentioned to you
3. • Also, driven by the crisis, there are various measures that we should have a discussion with CMS and the government with especially on documentation requirements:
 - a. • For 'normal' respiratory patients
 - i. Relax Proof of Delivery Requirements to avoid unnecessary contact with our most vulnerable patients
 - ii. Relax documentation requirements on Chart Notes and F2F so that we can limit the amount of time physicians and especially hospitals have to spend on paperwork gathering or risking the infection of our patients to comply with the current rules and rather focus on the crisis
 - iii. Relax rules on implementation of Competitive Bidding to allow for more time of the DME industry to focus on solving the crisis and to enable the capacity needed for patients instead of compressing capacity through CPB
 - b. • For COVID-19 diagnosed patients
 - i. Allow for the provision of short term oxygen and clarify that COVID19 is a qualifying diagnosis for short term oxygen
 - ii. Clarify the paperwork needed for such patients (CMN should be sufficient in this situation and requirements such as O2 saturation as well as CN not necessarily needed) so that a quicker discharge from the hospitals can be ensured
 - c. • More generally we have also been asking for telehealth requirements by physicians which would go along the lines of relaxing the F2F requirements (either or)
4. • Question on inventory on hand and support Lincare can provide
 - a. • We currently already serve 22k non-invasive ventilator patients as well as about 1k of invasive ventilator patients
 - b. • We are operating ventilation wings as part of a hospital or nursing home in 5 locations already and are well equipped to expanding doing so
 - c. • We keep a running inventory of about 1k non-invasive ventilators and 500 invasive ventilators to maintain our existing patient base as well as take new patients
 - d. • We are in the process of expanding our vent inventory to ensure we have sufficient capacity during this crisis to enable quick discharges from hospitals

It would be great if somebody in the administration could help us on the PPE equipment as well as disinfectants as well as respirators to ensure we can continue serving one of the most vulnerable patient populations in the country. At the same time we are more than happy to explain to the administration

the benefit of the DME industry and serving respiratory patients in their homes to help support in this crisis.

Lincare with its 13,000 employees in 850 locations across the country is certainly in an excellent position to do so and we are working very hard to keep our operations going during these times and proving quality respiratory care for our patients. I should also let you know that we have made contact to Marty Obst – VP Pence’s Senior Political Advisor and shared this story and the capabilities fo the DME industry as well.

Happy to discuss more in detail and give me a call if you would like to discuss

Thanks
Crispin

Crispin Teufel

Crispin Teufel
Chief Executive Officer



Lincare
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McClatchy // Michael Wilner

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McClatchy // Michael Wilner

Sender:	Dareshori, Zack (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A4E07B941ED04118AB39D2F6E3F2392C-DARESHORI,>
Recipient:	IOS Nightly Update </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ac603d3712a448338b70d3ad0ea131c9-IOS Nightly>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>
Sent Date:	2020/03/16 19:49:16
Delivered Date:	2020/03/16 19:49:18

From:	Dareshori, Zack (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A4E07B941ED04118AB39D2F6E3F2392C-DARESHORI,>
To:	AMA2 (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c145629cc8ac4858bf1f0ce5dd0461dc-AMA2!>
CC:	EDH (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=393ceddbc5fa4d44a9734e20f54c8146-EDH6886>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>
Subject:	Secretary's Nightly Update
Date:	2020/03/16 19:50:57
Priority:	Normal
Type:	Note

Sent to White House (Night Note):

- FDA Updates Guidance to Provide More Regulatory Relief & Expedite Availability of Diagnostics COVID-19 During Outbreak**
 Tomorrow, the agency updated a policy issued on Feb. 29 on diagnostic testing for COVID-19 in order to achieve more rapid testing capacity in the U.S. The unprecedented policy set forth in this updated guidance, which addresses laboratories and commercial manufacturers, will help expand the number and variety of diagnostic tests, as well as available testing capabilities in healthcare settings, and reference and commercial laboratories.
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- Dr. Fauci will participate in the following interviews:
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 - *Hugh Hewitt @ 7:30AM ET*
 - *David Webb Show @ 11:45AM ET*
- Administrator Verma will participate in the following interviews:
 - [TBC] *Hannity @ 9:00PM TONIGHT*
 - *Dr. Oz @ TBD Tomorrow or Wednesday*
- ONC Director Rucker will be interviewed by Heather Landi, Fierce Healthcare, on the Cures Final Rule
- ASPA will update the HHS.gov homepage incorporating design standards outlined in the 21st Century Integrated Digital Experience Act
- FDA will send the release, "Coronavirus (COVID-19) Update: FDA Provides More Regulatory Relief During Outbreak, Updates Feb. 29 Policy to Help Expedite Availability of Diagnostics"

From Today:

- (NIH) [NIH clinical trial of investigational vaccine for COVID-19 begins](#)
- (SAMHSA) [The Disaster Distress Helpline 1-800-985-5990 provides immediate crisis counseling to people affected by Sunday night's shootings in Missouri](#)

Notable Coverage:

[They're treating uninsured Americans. But as coronavirus ramps up, money is running out.](#)
NBC News // Phil McCausland

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Sender:	Dareshori, Zack (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A4E07B941ED04118AB39D2F6E3F2392C-DARESHORI,>
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Sent Date:	2020/03/16 19:50:57
Message Flags:	Unread

From:	Dareshori, Zack (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A4E07B941ED04118AB39D2F6E3F2392C-DARESHORI,>
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Subject:	Fwd: EUA granted for Hologic's Panther Fusion® SARS-CoV-2 Assay
Date:	2020/03/16 19:52:14
Priority:	Normal
Type:	Note

HHS press opportunity

Sent from my iPhone

Begin forwarded message:

From: "Bright, Rick (OS/ASPR/BARDA)" <Rick.Bright@hhs.gov>
Date: March 16, 2020 at 7:50:02 PM EDT
To: "Giroir, Brett (HHS/OASH)" <Brett.Giroir@hhs.gov>
Cc: "Haigwood, Patricia (HHS/OASH)" <Patricia.Haigwood@hhs.gov>, "Disbrow, Gary (OS/ASPR/BARDA)" <Gary.Disbrow@hhs.gov>, "Wallace, Rodney (OS/ASPR/BARDA)" <Rodney.Wallace@hhs.gov>, "Kadlec, Robert (OS/ASPR/IO)" <Robert.Kadlec@hhs.gov>
Subject: FW: EUA granted for Hologic's Panther Fusion® SARS-CoV-2 Assay

ADM Giroir,

We wanted to ensure that you were aware of the progress made today in SARS-CoV-2 testing arena.

Hologic is developing a diagnostic assay supported by BARDA. We were able to set a speed record to get a contract in place with Hologic in only 12 days.

Hologic submitted their EUA pkg to FDA on 3/14 and the EUA was approved 3/16.

This, combined with Roche and Thermo Fisher EUAs, significantly expands our national testing capacity.

We have a few other testing options running the bases and hope to touch home plate over the next 1-3 weeks.

Some comments below, you might find interesting and helpful in your broader talking points. I've also copied our Dx director, Rodney Wallace, who can clarify any concepts for your talking points.

A LOT of important work in this area. Thank you for leading us through this challenge.

Rick

Between the Roche and Thermo Fisher EUA's last week and now the Hologic EUA today they are 3 of the 4 large machine COVID-19 tests we expect. The only other large machine EUA that is expected is the Cepheid Infinity system, which we are working to get a real estimate on when that will happen, but it is expected to be a while. It is really a bunch of small machines put into a big box, so it takes longer. The big machines almost always get clearance first, because the complexity of the machine allows simplifications in the assay chemistry and the consumables. This is why, even though everyone wants a small handheld solution in every PHE, DDDI always funds the big machines too. They always become available first and provide a huge throughput.

Next wave in our current portfolio will be a couple of medium throughput machines (Qiagen and DiaSorin), expected end of month or early April.

Rick, Gary, Robert:

Hologic's EUA was just granted. Some helpful information is in the email below from Stephanie.

Please join me in congratulating Stephanie and the entire group of people involved in making this accomplishment possible, many of whom are copied on this email.

This is a huge increase in Dx testing capacity for the US.

Hologic was just granted an EUA for their new Panther Fusion® SARS-CoV-2 assay. This assay is intended for the qualitative detection of SARS-CoV-2 in human nasopharyngeal and oropharyngeal swab samples from individuals meeting CDC SARS-CoV-2 criteria for SARS-CoV-2 testing.

The SARS-CoV-2 diagnostic developed by Hologic will increase testing capacity and expand access to testing in the U.S. to more rapidly identify, isolate, and treat those with COVID-19; thereby limiting transmission of the virus and spread of the outbreak.

A few facts:

- Panther Fusion® molecular diagnostics system is a fully automated, sample-to-result platform that can provide results in less than three hours and process up to 1,150 coronavirus tests in a 24-hour period.
- Panther systems can be found in hospitals, public health labs, and reference labs. More than 1,800 Panther systems have been installed around the world, including about 200 Panther Fusion systems.
- Hologic expects to provide its laboratory customers with tens of thousands of SARS-CoV-2 tests this month as it ramps up production capacity.
- This contract is a cost-sharing partnership between BARDA and Hologic, Inc. and was awarded through the EZ-BAA.

Sender:	Kadlec, Robert (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A182EDA693D040D3832BAE6EFCF7A255-KADLEC, ROB>
Recipient:	Waters, Cicely (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00e638c4ddf64006bcc009e8032dd700-Waters, Cic>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Murphy, Ryan (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya>
Sent Date:	2020/03/16 19:52:13
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To:	Disbrow, Gary (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0fd5845defda4dc0bb45f8fac629cf09-Disbrow, Ga>; Wallace, Rodney (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b4654f8f0c0f4623b9e47465e9e1037a-Wallace, Ro>; Ottem, Ronald (Ron) (ASPR/SNS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1aedd8f312d94f81b2449b3d9ceb4add-Ottem, Rona>
CC:	Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>
Subject:	Fwd: Contact
Date:	2020/03/16 20:02:22
Priority:	Normal
Type:	Note

Sent from my iPhone

Begin forwarded message:

From: Timothy Templet <lttemplet@puritanmedproducts.com>
Date: March 16, 2020 at 6:24:18 PM EDT
To: "Kadlec, Robert (OS/ASPR/IO)" <Robert.Kadlec@hhs.gov>
Cc: "Kang, Roger" <roger.kang@pbmc.com>, Ashley Buttice <albuttice@puritanmedproducts.com>
Subject: RE: Contact

Bob:

Thank you.

We spoke to Roger today and discussed the plan for inventory adjustments with him. As you can suspect they were quite disappointed to learn the news. I believe you offered to discuss this with Roger so I am hopes that takes place in the next day. Rogers's phone number is 212 804 8899.

(b)(4)

(b)(4)

(b)(4)

Today our phones have been ringing off the hook. We are doing our best not to discourage customers who are in desperate need.

I started this email this morning and I apologize it has taken me all day to send it to you.

Regards,



Puritan Medical
Products Co.

Timothy Templet

Executive VP of Global Sales

Puritan Medical Products Co.

MOBILE: (b)(6)

<https://www.stationerycentral.com/images/clear.gif>

OFFICE: 207.876.3311 EXT 3214

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DIRECT: 207.876.1514

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Box 149

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Guilford, ME 04443 USA

PURITANMEDPRODUCTS.COM



From: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Sent: Monday, March 16, 2020 9:48 AM
To: Timothy Templet <tltemplet@puritanmedproducts.com>
Cc: Ottem, Ronald (Ron) (ASPR/SNS) <rco9@cdc.gov>; Adams, Steven A. (ASPR/SNS) <saa1@cdc.gov>
Subject: Contact

Timothy thanks for your assistance. I have copied my stockpile folks and please when you can please share Roger's info when you can and any more insight into your capacity. Thanks Best Bob

Sender:	Kadlec, Robert (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A182EDA693D040D3832BAE6EFCF7A255-KADLEC, ROB>
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Sent Date:	2020/03/16 20:02:21
Delivered Date:	2020/03/16 20:02:22

From:	Kellogg, Rachel (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=897ED8E8D85F4105B2BF0705FC476E32-KELLOGG, RA>
To:	Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Rachael Baitel <rbaitel@usaid.gov>
CC:	Haigwood, Patricia (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6f7552ba649f42369f5d2cce45889841-Haigwood, P>; Disbrow, Gary (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0fd5845defda4dc0bb45f8fac629cf09-Disbrow, Ga>; Wallace, Rodney (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b4654f8f0c0f4623b9e47465e9e1037a-Wallace, Ro>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	RE: EUA granted for Hologic's Panther Fusion® SARS-CoV-2 Assay
Date:	2020/03/16 20:06:05
Priority:	Normal
Type:	Note

Disregard. I read PM as AM (my lack of sleep is showing). Sorry!!

From: Kellogg, Rachel (HHS/OASH)
Sent: Monday, March 16, 2020 8:05 PM
To: Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Bright, Rick (OS/ASPR/BARDA) <Rick.Bright@hhs.gov>; Rachael Baitel <rbaitel@usaid.gov>
Cc: Haigwood, Patricia (HHS/OASH) <Patricia.Haigwood@hhs.gov>; Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>; Wallace, Rodney (OS/ASPR/BARDA) <Rodney.Wallace@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Subject: RE: EUA granted for Hologic's Panther Fusion® SARS-CoV-2 Assay

Hi team ASPR,

Circling back on this. Could we get a contact at Hologic? Thank you!

Rachel

From: Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>
Sent: Monday, March 16, 2020 8:02 PM
To: Bright, Rick (OS/ASPR/BARDA) <Rick.Bright@hhs.gov>; Kellogg, Rachel (HHS/OASH) <Rachel.Kellogg@hhs.gov>; Rachael Baitel <rbaitel@usaid.gov>
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Subject: RE: EUA granted for Hologic's Panther Fusion® SARS-CoV-2 Assay

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Brett P. Giroir, MD

ADM, US Public Health Service

Assistant Secretary for Health (ASH)

200 Independence Avenue, SW

Washington, DC 20201

Office Phone: 202-690-7694

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Subject:	New York Times: Inside the Coronavirus Response: A Case Study in the White House Under Trump
Date:	2020/03/16 20:15:13
Priority:	Normal
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Inside the Coronavirus Response: A Case Study in the White House Under Trump
New York Times // Maggie Haberman and Noah Weiland

Infighting, turf wars and a president more concerned with the stock market and media coverage than policy have defined the Trump White House. They have also defined how it has handled a pandemic.

Senior aides battling one another for turf, and advisers protecting their own standing. A president racked by indecision and quick to blame others who views events through the lens of how the news media covers them. A pervasive distrust of career government professionals, and disregard for their recommendations. And a powerful son-in-law whom aides fear crossing, but who is among the few people the president trusts.

The culture that President Trump has fostered and abided by for more than three years in the White House has shaped his administration's response to a deadly pandemic that is upending his presidency and the rest of the country, with dramatic changes to how Americans live their daily lives.

It explains how Mr. Trump could announce he was dismissing his acting chief of staff as the crisis grew more severe, creating even less clarity in an already fractured chain of command. And it was a major factor in the president's reluctance to even acknowledge a looming crisis, for fear of rattling the financial markets that serve as his political weather vane.

"What begins every kind of mobilized response by the president — clear assignments and some sense that this is an absolute priority — none of that seemed to be a part of the president's discussion," said Kathleen Sebelius, who served as the health and human services secretary under President Barack Obama. "The agencies were kind of left to their own devices."

Crises are treated as day-to-day public relations problems by Mr. Trump, who thinks ahead in short increments of time and early on in his presidency told aides to consider each day as an episode in a television show. The type of long-term planning required for an unpredictable crisis like a pandemic has brought into stark relief the difficulties that Mr. Trump was bound to face in a real crisis.

Mr. Trump has refused repeated warnings to rely on experts, or to neutralize some of the power held by his son-in-law, Jared Kushner, in favor of a traditional staff structure. He has rarely fully empowered people in the jobs they hold.

John F. Kelly, the second White House chief of staff under Mr. Trump, tried to change the president's habits, limiting who could reach him and how many people he could solicit fringe information from. But Mr. Trump found ways to get around Mr. Kelly's edicts, calling people on his cellphone and issuing orders he did not tell Mr. Kelly about.

"Part of this is President Trump being Donald J. Trump, the same guy he's always been, and part of it is a government he has now molded in his image, rather than having a government as it has traditionally been, to serve the chief executive, and to serve the job of governing the country," said David Lapan, a former spokesman for the Department of Homeland Security and the Pentagon, and a former aide of Mr. Kelly.

To his critics, it was only a matter of time before the president's approach to governing would have severe consequences not only for him but also for the country at a time of crisis.

"In some ways, Trump has been one of the luckiest presidents in history, because that crisis didn't come till his fourth year," said Ron Klain, an adviser to former Vice President Joseph R. Biden Jr. and the so-called czar handling the response to the Ebola outbreak under President Barack Obama. "But it was inevitable, sadly, that it would come, and here it is."

Without the dedicated pandemic team on the White House's National Security Council, which was disbanded in 2018, the management of the government's vast coronavirus response fell to Alex M. Azar II, a former drug executive and Mr. Trump's health and human services secretary.

But almost as a matter of course Mr. Trump did not want to highlight the virus as a public health threat when it was developing in China in January. Concerned about rattling financial markets, he signaled to advisers that he wanted to play it down, seizing on a health expert's belief that the coronavirus might follow traditional influenza patterns and weaken after April. He told members of his private club, Mar-a-Lago, and said publicly that any danger would pass by April 1.

As the threat of the coronavirus accelerated, Mr. Azar and a small group of health officials with decades of government experience, including Dr. Robert R. Redfield, the director of the Centers for Disease Control and Prevention, Dr. Robert Kadlec, the assistant health secretary for preparedness and response, and Dr. Anthony S. Fauci, the director of the National Institute of Allergy and Infectious Diseases, began daily meetings on the sixth floor of health and human services' Washington headquarters.

The group, was officially designated as a 12-person "task force" in late January by the departing chief of staff, Mick Mulvaney, but personal disputes quickly sprang up as pressure grew from other agencies and departments to be involved.

Among the members of the task force, Dr. Fauci, an infectious disease expert who first became prominent explaining the AIDS epidemic to President Ronald Reagan, emerged as an effective spokesman who did not shrink from contradicting Mr. Trump.

But senior administration officials have criticized Mr. Azar for what they believe was a decision to leave key health figures off the task force early on, particularly Dr. Stephen Hahn, the F.D.A. commissioner and an accomplished oncologist, and Seema Verma, the administrator of the Centers for Medicare and Medicaid Services, the agency in charge of health care for tens of millions of older and poor Americans, absences the officials attributed to petty turf wars.

A health and human services official defended Mr. Azar, saying that the department included the Medicare agency and the F.D.A. in coronavirus meetings well before the two joined the task force.

Ms. Verma, who has feuded so intensely with Mr. Azar that it led to an intervention from Mr. Trump, was a top Indiana health official during Mr. Pence's time as governor in the state, as was Dr. Jerome Adams, the surgeon general, another new member of the task force.

Joe Grogan, the White House Domestic Policy Council director who has feuded with Mr. Azar over drug policy, and Larry Kudlow, the president's top economic adviser, have irritated some health officials over comments they made about the potential economic impacts of virus containment.

At one point early in the crisis, while the president was at the World Economic Forum in Davos, Switzerland, Mr. Grogan tried to consolidate coronavirus work within the Domestic Policy Council, which the National Security Council had taken the lead on at the White House, irking health officials.

At times the internal tensions have broken out in the open. In an Oval Office meeting last week, Mr. Trump was told that Dr. Redfield had told Politico reporters about a looming shortage in materials the C.D.C. uses to extract genetic material from patient samples.

After Mr. Trump asked about the supply problem, Mr. Azar turned to his C.D.C. chief and asked whether he was going to answer the president, according to three senior administration officials who heard about the testy exchange.

In an implicit rebuke of Dr. Redfield's testing oversight, Mr. Azar announced on Friday that the assistant secretary for health, Adm. Brett P. Giroir, would oversee the federal government's revived testing efforts, with Dr. Redfield and Dr. Hahn reporting up to him.

But Mr. Azar has hardly escaped Mr. Trump's criticism. The president has complained about Mr. Azar's television appearances, and prefers to see Ms. Verma, who has been jostling for a more prominent position on the task force, giving interviews, people familiar with the discussions said.

As the threat to the United States from the coronavirus became more acute, congressional Republicans urged Mr. Trump for a more aggressive response. Mr. Trump considered Chris Christie, the former governor of New Jersey, and Scott Gottlieb, the former commissioner of the F.D.A., for a role as "czar," but he turned to Mr. Pence.

The choice was initially denounced by the president's critics, who thought Mr. Pence would simply affirm the president's desire to play down the looming threat. But some of those critics and several governors grappling with virus outbreaks have changed their mind about Mr. Pence, who has given near-daily briefings and, they said, has become a reassuring presence even as Mr. Trump has intermittently tried to retake the stage.

Still, Mr. Pence has his own critics: At least one White House adviser privately urged people outside the administration to go on television and criticize Mr. Pence and his aides. But Mr. Pence tried to navigate the internal dynamics. And then Mr. Kushner stepped in.

Mr. Kushner's early involvement with dealing with the virus was in advising the president that the media's coverage exaggerated the threat. But when Mr. Pence's chief of staff asked him to help merge the Pence and Trump communications operations because the two-person shop in the vice president's office found itself overwhelmed and trying to keep up, Mr. Kushner, long critical of the White House communications shop, tried to supplement the vice president's team

with other aides. One of them was Hope Hicks, the former White House communications director, who recently rejoined the administration as Mr. Kushner's aide.

But Mr. Kushner also sought to take on a more expansive role for himself despite his lack of knowledge on the topic and without talking to most of the task force members or public health experts.

Mr. Kushner's involvement has also introduced a new but familiar face at the Department of Health and Human Services: Adam Boehler, a close friend of Mr. Kushner, a former Centers for Medicare and Medicaid Services employee and the head of the U.S. International Development Finance Corporation. Mr. Kushner dispatched Mr. Boehler to work with the department in its renewed efforts to increase testing, a move that Mr. Azar told associates he welcomed.

Mr. Kushner's influence was immediately felt. He urged his father-in-law to go ahead with a ban on some travel from Europe and to declare a national emergency, after Mr. Trump had dithered and second-guessed himself for agreeing to it. He got executives at several pharmaceutical corporations to agree to help with mobilized testing efforts, and has pushed for an increase in medical supplies to hospitals.

But after Mr. Trump delivered an error-ridden Oval Office address last week, the president followed it with an appearance Friday in the Rose Garden in which he said Google had developed a coronavirus testing website that did not exist. Mr. Kushner was deeply involved in both efforts, and had sold his father-in-law on the website as a smart concept.

By Sunday evening, Mr. Trump was raging to aides that the press coverage was terrible after the promised national website failed to materialize. And on Monday, after Mr. Pence had been praised for his calm demeanor, Mr. Trump decided to answer questions from reporters himself. "They're working hand in hand," Mr. Trump said in a White House news conference, flanked by members of the task force. "I think they're doing really a great job."

As for his own performance during the crisis? "I'd rate it a 10," Mr. Trump said.

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Subject:	RE: EUA granted for Hologic's Panther Fusion® SARS-CoV-2 Assay
Date:	2020/03/16 20:15:31
Priority:	Normal
Type:	Note

Dr Girior: The Hologic SARS-CoV-2 test runs on the Panther Fusion system and is RT-PCR, as you suspected. These instrument are placed in high complexity CLIA labs and blood screening centers, but this test is only for the CLIA labs. There are just under 100 panther fusion systems in US CLIA labs, but 1000 panther systems that some could be upgraded to panther fusions if needed. Attached is the contact information for Maurice Exner, CSO, who is the best contact I have for Hologic. He can likely answer your questions, but if not he will know who could.

Happy to answer any other questions, if needed.

Regards,

Rodney L. Wallace

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

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

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Subject:	Gila River Indian Community Supply Request - COVID-19
Date:	2020/03/16 20:19:28
Priority:	Normal
Type:	Note

Assistant Secretary Kadler,

The Indian Health Service (IHS), Phoenix Area (PHX) also received the attached supply request addressed to you from Governor Lewis, Gila River Indian Community. Through the PHX IHS office, I will be responding to Governor Lewis' request with the following information received from our Phoenix Area, IHS, Incident Command Structure team:

- Gila River should be receiving 177 cases of N95 from the National Supply Service Center (NSSC) (120 masks/case) with an ETA of this Wednesday, March 18, 2020.

Please let me know if this response follows protocol of your office and how we can assist with a reply. Thank you, I look forward to collaborating with the ASPR team.

Respectfully,

Hope Johnson
 Director, Office of Self-Determination/Tribal Liaison
 Agency Lead Negotiator
 Indian Health Service, Phoenix Area
 40 North Central Avenue, Suite 608
 Phoenix, Arizona 85004-4424
 p. 602-364-5354

Our Mission... to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

Sender:	Johnson, Hope (IHS/PHX) <Hope.Johnson@ihs.gov>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Reidhead, Ty (IHS/PHX) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb041848815a446788cbd4e6844b3b08-ty.reidhead>
Sent Date:	2020/03/16 20:19:13
Delivered Date:	2020/03/16 20:19:28
Message Flags:	Unread

From:	Giroir, Brett (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A56FCE4755704C4CA031D621B46FD6F7-GIRORI, BRE>
To:	Wallace, Rodney (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b4654f8f0c0f4623b9e47465e9e1037a-Wallace, Ro>; Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Kellogg, Rachel (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=897ed8e8d85f4105b2bf0705fc476e32-Kellogg, Ra>; Rachael Baitel <rbaitel@usaid.gov>
CC:	Haigwood, Patricia (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6f7552ba649f42369f5d2cce45889841-Haigwood, P>; Disbrow, Gary (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0fd5845defda4dc0bb45f8fac629cf09-Disbrow, Ga>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	RE: EUA granted for Hologic's Panther Fusion® SARS-CoV-2 Assay
Date:	2020/03/16 20:28:30
Priority:	Normal
Type:	Note

Thanks

I need the contact please.

How many tests are they shipping?

To whom?

Are all reagents including extraction in the kit and in high throughput format?

Validated for all types of swabs? NP? How about nasal?

These are all critical and key questions

Best

Brett

Brett P. Giroir, MD

ADM, US Public Health Service

Assistant Secretary for Health (ASH)

200 Independence Avenue, SW

Washington, DC 20201

Office Phone: 202-690-7694

From: Wallace, Rodney (OS/ASPR/BARDA) <Rodney.Wallace@hhs.gov>

Sent: Monday, March 16, 2020 8:16 PM

To: Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Bright, Rick (OS/ASPR/BARDA) <Rick.Bright@hhs.gov>; Kellogg, Rachel (HHS/OASH) <Rachel.Kellogg@hhs.gov>; Rachael Baitel

<rbaitel@usaid.gov>

Cc: Haigwood, Patricia (HHS/OASH) <Patricia.Haigwood@hhs.gov>; Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>

Subject: RE: EUA granted for Hologic's Panther Fusion® SARS-CoV-2 Assay

Dr Girior: The Hologic SARS-CoV-2 test runs on the Panther Fusion system and is RT-PCR, as you suspected. These instrument are placed in high complexity CLIA labs and blood screening centers, but this test is only for the CLIA labs. There are just under 100 panther fusion systems in US CLIA labs, but 1000 panther systems that some could be upgraded to panther fusions if needed. Attached is the contact information for Maurice Exner, CSO, who is the best contact I have for Hologic. He can likely answer your questions, but if not he will know who could. << File: Maurice Exner.vcf >>
Happy to answer any other questions, if needed.

Regards,

Rodney L. Wallace

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

Mailing Address:

330 Independence Avenue, SW, Room G644

Washington, DC 20201

Office: +1-202-205-3983

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Email: rodney.wallace@hhs.gov

Website: <https://MedicalCountermeasures.gov>

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

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contractor must disregard that portion of the communication and contact the Contracting Officer for direction

From: Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>
Sent: Monday, March 16, 2020 8:02 PM
To: Bright, Rick (OS/ASPR/BARDA) <Rick.Bright@hhs.gov>; Kellogg, Rachel (HHS/OASH) <Rachel.Kellogg@hhs.gov>; Rachael Baitel <rbaitel@usaid.gov>
Cc: Haigwood, Patricia (HHS/OASH) <Patricia.Haigwood@hhs.gov>; Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>; Wallace, Rodney (OS/ASPR/BARDA) <Rodney.Wallace@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Subject: RE: EUA granted for Hologic's Panther Fusion® SARS-CoV-2 Assay

Fantastic

Can I get a contact at Hologic to understand the tests they are putting in the system, and what kind of labs have their system.

I assume this is RT-PCR based?

BG

Brett P. Giroir, MD
ADM, US Public Health Service
Assistant Secretary for Health (ASH)
200 Independence Avenue, SW
Washington, DC 20201
Office Phone: 202-690-7694

From: Bright, Rick (OS/ASPR/BARDA) <Rick.Bright@hhs.gov>
Sent: Monday, March 16, 2020 7:50 PM
To: Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>
Cc: Haigwood, Patricia (HHS/OASH) <Patricia.Haigwood@hhs.gov>; Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>; Wallace, Rodney (OS/ASPR/BARDA) <Rodney.Wallace@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Subject: FW: EUA granted for Hologic's Panther Fusion® SARS-CoV-2 Assay

ADM Giroir,

We wanted to ensure that you were aware of the progress made today in SARS-CoV-2 testing arena.

Hologic is developing a diagnostic assay supported by BARDA. We were able to set a speed record to get a contract in place with Hologic in only 12 days.

Hologic submitted their EUA pkg to FDA on 3/14 and the EUA was approved 3/16.

This, combined with Roche and Thermo Fisher EUAs, significantly expands our national testing capacity.

We have a few other testing options running the bases and hope to touch home plate over the next 1-3 weeks.

Some comments below, you might find interesting and helpful in your broader talking points. I've also copied our Dx director, Rodney Wallace, who can clarify any concepts for your talking points.

A LOT of important work in this area. Thank you for leading us through this challenge.

Rick

Between the Roche and Thermo Fisher EUA's last week and now the Hologic EUA today they are 3 of the 4 large machine COVID-19 tests we expect. The only other large machine EUA that is expected is the Cepheid Infinity system, which we are working to get a real estimate on when that will happen, but it is expected to be a while. It is really a bunch of small machines put into a big box, so it takes longer. The big machines almost always get clearance first, because the complexity of the machine allows simplifications in the assay chemistry and the consumables. This is why, even though everyone wants a small handheld solution in every PHE, DDDI always funds the big machines too. They always become available first and provide a huge throughput.

Next wave in our current portfolio will be a couple of medium throughput machines (Qiagen and DiaSorin) , expected end of month or early April.

Rick, Gary, Robert:

Hologic's EUA was just granted. Some helpful information is in the email below from Stephanie.

Please join me in congratulating Stephanie and the entire group of people involved in making this accomplishment possible, many of whom are copied on this email.

This is a huge increase in Dx testing capacity for the US.

Hologic was just granted an EUA for their new Panther Fusion[®] SARS-CoV-2 assay. This assay is intended for the qualitative detection of SARS-CoV-2 in human nasopharyngeal and oropharyngeal swab samples from individuals meeting CDC SARS-CoV-2 criteria for SARS-CoV-2 testing.

The SARS-CoV-2 diagnostic developed by Hologic will increase testing capacity and expand access to testing in the U.S. to more rapidly identify, isolate, and treat those with COVID-19; thereby limiting transmission of the virus and spread of the outbreak.

A few facts:

- Panther Fusion[®] molecular diagnostics system is a fully automated, sample-to-result platform that can provide results in less than three hours and process up to 1,150 coronavirus tests in a 24-hour period.
- Panther systems can be found in hospitals, public health labs, and reference labs. More than 1,800 Panther systems have been installed around the world, including about 200 Panther Fusion systems.
- Hologic expects to provide its laboratory customers with tens of thousands of SARS-CoV-2 tests this month as it ramps up production capacity.
- This contract is a cost-sharing partnership between BARDA and Hologic, Inc. and was awarded through the EZ-BAA.

Sender:	Giroir, Brett (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A56FCE4755704C4CA031D621B46FD6F7-GIRORI, BRE>
Recipient:	Wallace, Rodney (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b4654f8f0c0f4623b9e47465e9e1037a-Wallace, Ro>; Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Kellogg, Rachel (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=897ed8e8d85f4105b2bf0705fc476e32-Kellogg, Ra>; Rachael Baitel <rbaitel@usaid.gov>; Haigwood, Patricia (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6f7552ba649f42369f5d2cce45889841-Haigwood, P>; Disbrow, Gary (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0fd5845defda4dc0bb45f8fac629cf09-Disbrow, Ga>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Sent Date:	2020/03/16 20:28:28
Delivered Date:	2020/03/16 20:28:30

From:	Pam Schweitzer (b)(6)@gmail.com>
To:	Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Schwartz, Erica (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=603e84a0e3744a5d8dcdb759f5dcad91-Schwartz, E>
Subject:	Independent Community Pharmacists - Testing
Date:	2020/03/16 20:38:46
Priority:	Normal
Type:	Note

ADM Giroir, VADM Adams and RADM Schwartz,

We (community pharmacy) have been following the news and see all the great work you are doing and look forward to the time when we can contribute more. The independent community pharmacists are primed and ready to assist.

1. Just a reminder that there are 21,000 community pharmacies nationwide (independent and small regional chains, **pharmacist-owned or privately held businesses**), located in all U.S. states and territories. **Note, the independent community pharmacists represent more pharmacies than any individual national chain.** It should also be noted that many independent pharmacies are in rural communities with pharmacists sometimes the only health professionals serving area residents. It would be so appreciated if HHS/WH Task Force would recognize these independent pharmacies instead of only mentioning the retail chain stores. The independent community pharmacy leadership is in daily communication.

2. Training/Supplies - At some point community pharmacies are hoping to be part of front-line efforts related to COVID-19 (testing, immunizations, monitoring).

a. Will USPHS Commissioned Corps be assisting with training or should we be working to develop training?

b. As you probably have discovered, there is a shortage of supplies and PPE. Until the supply chains have caught up, will the government provide more direction on obtaining supplies, including PPE for healthcare providers (pharmacists/nurses)?

3. Getting ready to transition COVID-19 testing to the community: If you are in regular conversations with the retail chains, can I recommend one or two people to be part of the discussion - to represent the independents? One of the independent networks has 10,000 pharmacies, which is larger than some of the chain stores.

4. Is there anything we can be doing now to prepare for any of the next phases?

5. Summary - I attached a high level summary of what the independents are working on.

So proud of all of you! Please let me know how I can help. I'm home-bound and have bandwidth.

Pam

RADM (ret) Pamela Schweitzer, Pharm.D.

Former Assistant Surgeon General

10th Chief Pharmacist Officer, USPHS Commissioned Corps

e-mail: (b)(6)@gmail.com

(m) (b)(6)

Sender:	Pam Schweitzer (b)(6)@gmail.com>
Recipient:	Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Schwartz, Erica (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=603e84a0e3744a5d8dcdb759f5dcad91-Schwartz, E>
Sent Date:	2020/03/16 20:38:09
Delivered Date:	2020/03/16 20:38:46
Message Flags:	Unread

From:	POLITICO Pro Health Care <politicoemail@politicopro.com>
To:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	White House deploys SWAT teams of technocrats in attempt to fix testing
Date:	2020/03/16 20:53:01
Priority:	Normal
Type:	Note

White House deploys SWAT teams of technocrats in attempt to fix testing

By Dan Diamond

03/16/2020 08:51 PM EDT

As hospitals grapple with more coughing and feverish emergency-room visitors than they can test, the White House has deployed a SWAT team of fixers and technocrats to ramp up coronavirus testing, in an implicit acknowledgment that the Trump administration's response has continued to fall short of what is needed.

About 100 staffers and outside advisers, split between the health department and the White House, are currently working on teams to rapidly increase supplies of test kits and cope with shortages across the country, said four people with knowledge of the strategy.

"This is the A-team of people who get shit done," said one official, who's worked with some of the staffers leading the effort. "We've got to show the American people that we can deliver on the testing promises" after weeks of President Donald Trump vowing that "anybody who needs a test can get a test" — a claim that doesn't match the growing number of doctors, hospitals and patients who have said they're still waiting for access and results.

The lack of testing remains — despite Vice President Mike Pence's assurance that drive-thru testing centers should be operative later this week — the greatest immediate danger to the U.S. response to the crisis, public health experts have warned.

While Johns Hopkins University on Monday reported more than 4,287 confirmed cases of coronavirus across the United States, the true number could easily be more than 10 times higher at this point. That's complicated medical professionals' efforts to focus their resources and hurt public health officials' effort to marshal a response.

"We are far behind where we need to be," tweeted Ashish Jha, director of Harvard's Global Health Institute, who changed his Twitter name to read "Ashish 'We super duper need testing for COVID' Jha." While the Harvard expert this weekend guessed that at least 40,000 people may be infected, "we can't know without testing" how big the problem is, he added.

The SWAT-team effort is being overseen by Brett Giroir, the HHS official who was tapped as the nation's testing coordinator on Friday, and Adam Boehler, a former HHS official who was

drawn in to the coronavirus response last week. Brad Smith, a health-industry entrepreneur who only joined the administration in January, is serving as the operational leader.

Outside experts in health care delivery and technology, like Flatiron Health CEO Nat Turner, also have been brought in as advisers.

The officials have spent the past five days in round-the-clock war rooms and strategy sessions, gaming out ways to deploy drive-thru testing as Pence and Trump have promised this week. The initial testing centers will prioritize health workers and vulnerable populations, like people over 65, with a focus on the states that are hardest hit by the coronavirus.

The new SWAT-team approach is similar to the emergency effort to repair HealthCare.gov in 2013, three officials said, although drew distinctions between the Obama-era recovery strategy — to fix the rollout of a long-scheduled website — and the frantic response to a once-in-a-lifetime pandemic.

“This shit hasn’t happened before,” said one senior administration official. “It’s not like we planned for coronavirus, and six months later we had a coronavirus.”

Tapping officials like Giroir and Boehler, who have steered multiple administration priorities like President Donald Trump’s HIV/AIDS strategy and kidney-care overhaul, and a technocrat like Smith, is a tacit acknowledgment of management failures with the existing strategy, said two individuals, with the Trump administration cycling through multiple leaders and tactics — and officials trading blame for why testing has run so far behind.

Much of the Trump administration’s initial strategy rested on coronavirus tests distributed by the Centers for Disease Control, which turned out to have manufacturing problems. CDC Director Robert Redfield has been widely faulted inside the administration for problems with his agency’s tests and miscommunicating to senior officials when replacement tests would be ready.

HHS Secretary Alex Azar, who led the initial response, is frustrated with Redfield, said two people familiar with the situation, and dispatched Giroir earlier this month to the CDC to quietly investigate the problems within the agency, said three individuals briefed on the effort. The health secretary also elevated Giroir and another official, emergency-preparedness chief Robert Kadlec, to take over the department’s coronavirus response.

Meanwhile, two officials blamed Azar himself for not doing more to coordinate the overall response across January and February, leaving the administration well short on the number of necessary tests. Some of the strategies taken in recent days, like working with private labs to ramp up tests, could have been pursued nearly two months ago under Azar’s leadership, the officials said.

Vice President Mike Pence took over the response from Azar about three weeks ago, amid frustrations about the state of the effort and whether Azar’s public health deputies had been too alarmist in their messages. But Pence has focused on coordinating the larger message and his office has lacked operational support to execute on specific initiatives, said two individuals.

The new SWAT team is also a reflection of the growing involvement of White House senior

adviser Jared Kushner, Trump's son-in-law, in the administration's coronavirus response. Kushner is a longtime friend of Boehler, who led the Medicare innovation center until taking a new role as chief of U.S. international development finance chief last fall, and is viewed as an apolitical Silicon Valley veteran. Meanwhile, Smith is a Boehler ally who inherited his job at the Medicare innovation center before being pulled in to coordinate the SWAT team response.

Asked about the shifting roles and responsibilities, an HHS spokesperson touted the decision to bring on more operational experts like Giroir.

“The Trump Administration has activated a whole of government response to COVID-19 and all of our leaders bring highly valuable experience and expertise to this effort,” the spokesperson said. “The American people should know that the entire government is working around the clock to prepare for and protect against COVID-19.”

The White House also defended the CDC’s role and response, despite problems with the agency’s tests that led to weeks of limited information about the spread of coronavirus.

“CDC is doing what they could, given their tools and resources,” said Katie Miller, a spokesperson for Pence. “Given the increased demand, the administration is doing as much as to add additional capacity in an expedited manner.”

The nation’s inadequate coronavirus testing has meant that the true scope of the problem is unknown.

One doctor involved in the coronavirus response at a New York City-area hospital, who asked for confidentiality because the doctor did not have permission to speak to the media, said the facility has seen its coronavirus cases jump from just a handful of confirmed patients a week ago to more than a dozen as of Sunday, as more testing has come online. But the true scope of the outbreak still can't be measured, the doctor added, because patients who aren't sick enough to be hospitalized aren't getting tested, and the facility has been turning away dozens of less critically ill people who present with coronavirus symptoms, creating a “big gap” between official numbers and the disease’s likely spread.

Crystal Lucas, a former state legislature candidate in Florida, told POLITICO that her 61-year-old mother-in-law went to the emergency room of Palms West Hospital in Palm Beach, Fla., on Friday with a 102-degree fever and respiratory problems. Four hours later, she was admitted.

“The nurse told us she hadn’t been tested because they didn’t have any test kits,” Lucas said. “She had an infectious disease doctor on her team when she was still in a regular hospital room. She was obviously suspected to have an infectious disease.”

Palms West’s communications office did not respond to requests for comment.

The patient, Vickie Schafer, is now in critical condition, Lucas said. She finally got a coronavirus test on Sunday evening and is awaiting the results.

“Everything points to COVID and they treated it as if it wasn’t even on their radar,” said Lucas. “If we have this going on and this woman presents all the symptoms, why would we not act as if

she is already positive?”

If Schafer tests positive, it could indicate the virus has spread in Loxahatchee, the area of Palm Beach County where she lives. As of Monday evening, there were eight cases in the county, according to the state Department of Health’s website.

In addition to worrying about her mother-in-law, Lucas said she worries about the doctors and nurses Schafer might have been exposed to the coronavirus between Friday and Sunday. And she worries about the patients those people might have come into contact with.

Some hospital officials have said they would have developed their own coronavirus tests weeks ago but were told to stand down by officials at CDC and the Food and Drug Administration.

“We were told two things,” said Alan Wells, medical director of the University of Pittsburgh Medical Center’s clinical laboratories. “One, that they were developing the testing and that CDC and states would be able to handle this. Two, that they were exercising authority to regulate which testing was approved.” Combined with other factors, including limited supplies, Wells’ team decided to shelve their potential coronavirus testing plan six weeks ago, but resumed work as the situation worsened and finally unveiled the tests on Saturday.

Public health leaders, doctors and even Wall Street investors, are growing worried about the lack of transparency around the inadequate response.

“Testing is getting there but with the virus doubling right now at minimum every seven days, each day of testing lost is a day that more people get sick,” Financial services firm Raymond James warned investors on Sunday night.

Alexandra Glorioso contributed to this report.

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Subject:	White House deploys SWAT teams of technocrats in attempt to fix testing
Date:	2020/03/16 20:53:02
Priority:	Normal
Type:	Note

White House deploys SWAT teams of technocrats in attempt to fix testing

By Dan Diamond

03/16/2020 08:51 PM EDT

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"This is the A-team of people who get shit done," said one official, who's worked with some of the staffers leading the effort. "We've got to show the American people that we can deliver on the testing promises" after weeks of President Donald Trump vowing that "anybody who needs a test can get a test" — a claim that doesn't match the growing number of doctors, hospitals and patients who have said they're still waiting for access and results.

The lack of testing remains — despite Vice President Mike Pence's assurance that drive-thru testing centers should be operative later this week — the greatest immediate danger to the U.S. response to the crisis, public health experts have warned.

While Johns Hopkins University on Monday reported more than 4,287 confirmed cases of coronavirus across the United States, the true number could easily be more than 10 times higher at this point. That's complicated medical professionals' efforts to focus their resources and hurt public health officials' effort to marshal a response.

"We are far behind where we need to be," tweeted Ashish Jha, director of Harvard's Global Health Institute, who changed his Twitter name to read "Ashish 'We super duper need testing for COVID' Jha." While the Harvard expert this weekend guessed that at least 40,000 people may be infected, "we can't know without testing" how big the problem is, he added.

The SWAT-team effort is being overseen by Brett Giroir, the HHS official who was tapped as the nation's testing coordinator on Friday, and Adam Boehler, a former HHS official who was

drawn in to the coronavirus response last week. Brad Smith, a health-industry entrepreneur who only joined the administration in January, is serving as the operational leader.

Outside experts in health care delivery and technology, like Flatiron Health CEO Nat Turner, also have been brought in as advisers.

The officials have spent the past five days in round-the-clock war rooms and strategy sessions, gaming out ways to deploy drive-thru testing as Pence and Trump have promised this week. The initial testing centers will prioritize health workers and vulnerable populations, like people over 65, with a focus on the states that are hardest hit by the coronavirus.

The new SWAT-team approach is similar to the emergency effort to repair HealthCare.gov in 2013, three officials said, although drew distinctions between the Obama-era recovery strategy — to fix the rollout of a long-scheduled website — and the frantic response to a once-in-a-lifetime pandemic.

“This shit hasn’t happened before,” said one senior administration official. “It’s not like we planned for coronavirus, and six months later we had a coronavirus.”

Tapping officials like Giroir and Boehler, who have steered multiple administration priorities like President Donald Trump’s HIV/AIDS strategy and kidney-care overhaul, and a technocrat like Smith, is a tacit acknowledgment of management failures with the existing strategy, said two individuals, with the Trump administration cycling through multiple leaders and tactics — and officials trading blame for why testing has run so far behind.

Much of the Trump administration’s initial strategy rested on coronavirus tests distributed by the Centers for Disease Control, which turned out to have manufacturing problems. CDC Director Robert Redfield has been widely faulted inside the administration for problems with his agency’s tests and miscommunicating to senior officials when replacement tests would be ready.

HHS Secretary Alex Azar, who led the initial response, is frustrated with Redfield, said two people familiar with the situation, and dispatched Giroir earlier this month to the CDC to quietly investigate the problems within the agency, said three individuals briefed on the effort. The health secretary also elevated Giroir and another official, emergency-preparedness chief Robert Kadlec, to take over the department’s coronavirus response.

Meanwhile, two officials blamed Azar himself for not doing more to coordinate the overall response across January and February, leaving the administration well short on the number of necessary tests. Some of the strategies taken in recent days, like working with private labs to ramp up tests, could have been pursued nearly two months ago under Azar’s leadership, the officials said.

Vice President Mike Pence took over the response from Azar about three weeks ago, amid frustrations about the state of the effort and whether Azar’s public health deputies had been too alarmist in their messages. But Pence has focused on coordinating the larger message and his office has lacked operational support to execute on specific initiatives, said two individuals.

The new SWAT team is also a reflection of the growing involvement of White House senior

adviser Jared Kushner, Trump's son-in-law, in the administration's coronavirus response. Kushner is a longtime friend of Boehler, who led the Medicare innovation center until taking a new role as chief of U.S. international development finance chief last fall, and is viewed as an apolitical Silicon Valley veteran. Meanwhile, Smith is a Boehler ally who inherited his job at the Medicare innovation center before being pulled in to coordinate the SWAT team response.

Asked about the shifting roles and responsibilities, an HHS spokesperson touted the decision to bring on more operational experts like Giroir.

“The Trump Administration has activated a whole of government response to COVID-19 and all of our leaders bring highly valuable experience and expertise to this effort,” the spokesperson said. “The American people should know that the entire government is working around the clock to prepare for and protect against COVID-19.”

The White House also defended the CDC’s role and response, despite problems with the agency’s tests that led to weeks of limited information about the spread of coronavirus.

“CDC is doing what they could, given their tools and resources,” said Katie Miller, a spokesperson for Pence. “Given the increased demand, the administration is doing as much as to add additional capacity in an expedited manner.”

The nation’s inadequate coronavirus testing has meant that the true scope of the problem is unknown.

One doctor involved in the coronavirus response at a New York City-area hospital, who asked for confidentiality because the doctor did not have permission to speak to the media, said the facility has seen its coronavirus cases jump from just a handful of confirmed patients a week ago to more than a dozen as of Sunday, as more testing has come online. But the true scope of the outbreak still can’t be measured, the doctor added, because patients who aren’t sick enough to be hospitalized aren’t getting tested, and the facility has been turning away dozens of less critically ill people who present with coronavirus symptoms, creating a “big gap” between official numbers and the disease’s likely spread.

Crystal Lucas, a former state legislature candidate in Florida, told POLITICO that her 61-year-old mother-in-law went to the emergency room of Palms West Hospital in Palm Beach, Fla., on Friday with a 102-degree fever and respiratory problems. Four hours later, she was admitted.

“The nurse told us she hadn’t been tested because they didn’t have any test kits,” Lucas said. “She had an infectious disease doctor on her team when she was still in a regular hospital room. She was obviously suspected to have an infectious disease.”

Palms West’s communications office did not respond to requests for comment.

The patient, Vickie Schafer, is now in critical condition, Lucas said. She finally got a coronavirus test on Sunday evening and is awaiting the results.

“Everything points to COVID and they treated it as if it wasn’t even on their radar,” said Lucas. “If we have this going on and this woman presents all the symptoms, why would we not act as if

she is already positive?”

If Schafer tests positive, it could indicate the virus has spread in Loxahatchee, the area of Palm Beach County where she lives. As of Monday evening, there were eight cases in the county, according to the state Department of Health’s website.

In addition to worrying about her mother-in-law, Lucas said she worries about the doctors and nurses Schafer might have been exposed to the coronavirus between Friday and Sunday. And she worries about the patients those people might have come into contact with.

Some hospital officials have said they would have developed their own coronavirus tests weeks ago but were told to stand down by officials at CDC and the Food and Drug Administration.

“We were told two things,” said Alan Wells, medical director of the University of Pittsburgh Medical Center’s clinical laboratories. “One, that they were developing the testing and that CDC and states would be able to handle this. Two, that they were exercising authority to regulate which testing was approved.” Combined with other factors, including limited supplies, Wells’ team decided to shelve their potential coronavirus testing plan six weeks ago, but resumed work as the situation worsened and finally unveiled the tests on Saturday.

Public health leaders, doctors and even Wall Street investors, are growing worried about the lack of transparency around the inadequate response.

“Testing is getting there but with the virus doubling right now at minimum every seven days, each day of testing lost is a day that more people get sick,” Financial services firm Raymond James warned investors on Sunday night.

Alexandra Glorioso contributed to this report.

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CC:	Haigwood, Patricia (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6f7552ba649f42369f5d2cce45889841-Haigwood, P>; Disbrow, Gary (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0fd5845defda4dc0bb45f8fac629cf09-Disbrow, Ga>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	RE: EUA granted for Hologic's Panther Fusion® SARS-CoV-2 Assay
Date:	2020/03/16 20:53:19
Priority:	Normal
Type:	Note

Glad you found it. The test is sample to answer, they start shipping tests tomorrow, latest Wednesday. Maurice had mentioned that ARUP was using their test as an RUO kit for ARUP's LDT, as an example of their customers.

The Panther is one of the big workhorse molecular lab instrument in CLIA labs.

Attached is the IFU for the test. Has answers to a lot of your questions. Also below is a picture of the instrument. The RT PCR process path is the "Fusion" section as labeled in the picture.

Hologic will have to give you placement information though.

Happy to provide more if needed,

Rodney L. Wallace

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

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

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From: Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>

Sent: Monday, March 16, 2020 8:29 PM

To: Wallace, Rodney (OS/ASPR/BARDA) <Rodney.Wallace@hhs.gov>; Bright, Rick (OS/ASPR/BARDA) <Rick.Bright@hhs.gov>; Kellogg, Rachel (HHS/OASH) <Rachel.Kellogg@hhs.gov>; Rachael Baitel <rbaitel@usaid.gov>

Cc: Haigwood, Patricia (HHS/OASH) <Patricia.Haigwood@hhs.gov>; Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>

Subject: RE: EUA granted for Hologic's Panther Fusion® SARS-CoV-2 Assay

Oh

I see the card

I will go there

Brett P. Giroir, MD

ADM, US Public Health Service

Assistant Secretary for Health (ASH)

200 Independence Avenue, SW

Washington, DC 20201

Office Phone: 202-690-7694

From: Wallace, Rodney (OS/ASPR/BARDA) <Rodney.Wallace@hhs.gov>
Sent: Monday, March 16, 2020 8:16 PM
To: Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Bright, Rick (OS/ASPR/BARDA) <Rick.Bright@hhs.gov>; Kellogg, Rachel (HHS/OASH) <Rachel.Kellogg@hhs.gov>; Rachael Baitel <rbaitel@usaid.gov>
Cc: Haigwood, Patricia (HHS/OASH) <Patricia.Haigwood@hhs.gov>; Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Subject: RE: EUA granted for Hologic's Panther Fusion® SARS-CoV-2 Assay

Dr Giroir: The Hologic SARS-CoV-2 test runs on the Panther Fusion system and is RT-PCR, as you suspected. These instrument are placed in high complexity CLIA labs and blood screening centers, but this test is only for the CLIA labs. There are just under 100 panther fusion systems in US CLIA labs, but 1000 panther systems that some could be upgraded to panther fusions if needed. Attached is the contact information for Maurice Exner, CSO, who is the best contact I have for Hologic. He can likely answer your questions, but if not he will know who could. << File: Maurice Exner.vcf >>
Happy to answer any other questions, if needed.

Regards,

Rodney L. Wallace

Director, Detection, Diagnostics, & Devices Infrastructure Division (DDDI)
Biomedical Advanced Research and Development Authority (BARDA)
Office of the Assistant Secretary for Preparedness and Response (ASPR)
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Sent: Monday, March 16, 2020 8:02 PM
To: Bright, Rick (OS/ASPR/BARDA) <Rick.Bright@hhs.gov>; Kellogg, Rachel (HHS/OASH) <Rachel.Kellogg@hhs.gov>; Rachael Baitel <rbaitel@usaid.gov>
Cc: Haigwood, Patricia (HHS/OASH) <Patricia.Haigwood@hhs.gov>; Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>; Wallace, Rodney (OS/ASPR/BARDA) <Rodney.Wallace@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Subject: RE: EUA granted for Hologic's Panther Fusion® SARS-CoV-2 Assay

Fantastic

Can I get a contact at Hologic to understand the tests they are putting in the system, and what kind of labs have their system.

I assume this is RT-PCR based?

BG

Brett P. Giroir, MD
ADM, US Public Health Service
Assistant Secretary for Health (ASH)
200 Independence Avenue, SW
Washington, DC 20201
Office Phone: 202-690-7694

From: Bright, Rick (OS/ASPR/BARDA) <Rick.Bright@hhs.gov>
Sent: Monday, March 16, 2020 7:50 PM
To: Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>
Cc: Haigwood, Patricia (HHS/OASH) <Patricia.Haigwood@hhs.gov>; Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>; Wallace, Rodney (OS/ASPR/BARDA) <Rodney.Wallace@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Subject: FW: EUA granted for Hologic's Panther Fusion® SARS-CoV-2 Assay

ADM Giroir,

We wanted to ensure that you were aware of the progress made today in SARS-CoV-2 testing arena.

Hologic is developing a diagnostic assay supported by BARDA. We were able to set a speed record to get a contract in place with Hologic in only 12 days.

Hologic submitted their EUA pkg to FDA on 3/14 and the EUA was approved 3/16.

This, combined with Roche and Thermo Fisher EUAs, significantly expands our national testing capacity.

We have a few other testing options running the bases and hope to touch home plate over the next 1-3 weeks.

Some comments below, you might find interesting and helpful in your broader talking points. I've also copied our Dx director, Rodney Wallace, who can clarify any concepts for your talking points.

A LOT of important work in this area. Thank you for leading us through this challenge.

Rick

Between the Roche and Thermo Fisher EUA's last week and now the Hologic EUA today they are 3 of the 4 large machine COVID-19 tests we expect. The only other large machine EUA that is expected is the Cepheid Infinity system, which we are working to get a real estimate on when that will happen, but it is expected to be a while. It is really a bunch of small machines put into a big box, so it takes longer. The big machines almost always get clearance first, because the complexity of the machine allows simplifications in the assay chemistry and the consumables. This is why, even though everyone wants a small handheld solution in every PHE, DDDI always funds the big machines too. They always become available first and provide a huge throughput.

Next wave in our current portfolio will be a couple of medium throughput machines (Qiagen and DiaSorin) , expected end of month or early April.

Rick, Gary, Robert:

Hologic's EUA was just granted. Some helpful information is in the email below from Stephanie.

Please join me in congratulating Stephanie and the entire group of people involved in making this accomplishment possible, many of whom are copied on this email.

This is a huge increase in Dx testing capacity for the US.

Hologic was just granted an EUA for their new Panther Fusion[®] SARS-CoV-2 assay. This assay is intended for the qualitative detection of SARS-CoV-2 in human nasopharyngeal and oropharyngeal swab samples from individuals meeting CDC SARS-CoV-2 criteria for SARS-CoV-2 testing.

The SARS-CoV-2 diagnostic developed by Hologic will increase testing capacity and expand access to testing in the U.S. to more rapidly identify, isolate, and treat those with COVID-19; thereby limiting transmission of the virus and spread of the outbreak.

A few facts:

- Panther Fusion[®] molecular diagnostics system is a fully automated, sample-to-result platform that can provide results in less than three hours and process up to 1,150 coronavirus tests in a 24-hour period.
- Panther systems can be found in hospitals, public health labs, and reference labs. More than 1,800 Panther systems have been installed around the world, including about 200 Panther Fusion systems.
- Hologic expects to provide its laboratory customers with tens of thousands of SARS-CoV-2 tests this month as it ramps up production capacity.
- This contract is a cost-sharing partnership between BARDA and Hologic, Inc. and was awarded through the EZ-BAA.

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