



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

January 9, 2023

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

Dear Mr. Evers:

This letter is the twentieth 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
---------------------	---------------------

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

~~viii. Isolation~~

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

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

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

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

~~xiii. Containment~~

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

- i. Disease
- ii. Virus

The Department processed **401 pages** of potentially responsive records captured in the agency's search for FOIA request 2020-00717-FOIA-OS. After a careful review of these pages, I have determined to release **285 pages** to you in their entirety and I am further releasing in part **81 pages**, with portions redacted, pursuant to Exemptions (b) (4), (b)(5), and (b)(6) of the FOIA (5 U.S.C. §552 (b)(5) and (b)(6)). Furthermore, I have determined that **35 pages** should be sent for consultation to others and returned to this Department for final disposition.

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

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

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

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

Sincerely yours,



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

Enclosures: 366 pages

From:	Oakley, Caitlin B. (OS/ASPA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=E5EE4C35534C4AF9BDAC46789C034790-OAKLEY, CAI>
To:	McKeogh, Katherine (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c652f2c415b44dff8369dd7f4596f030-McKeogh, Ka>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Murphy, Ryan (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya>
CC:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	RE: White House deploys SWAT teams of technocrats in attempt to fix testing
Date:	2020/03/16 21:00:53
Priority:	Normal
Type:	Note

+ Brian

From: McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>
Sent: Monday, March 16, 2020 8:54 PM
To: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Subject: FW: White House deploys SWAT teams of technocrats in attempt to fix testing

From: POLITICO Pro Health Care <politicoemail@politicopro.com>
Sent: Monday, March 16, 2020 8:53 PM
To: McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>
Subject: White House deploys SWAT teams of technocrats in attempt to fix testing

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.

To view online:

<https://protect2.fireeye.com/url?k=f28d36c2-aed91fe9-f28d07fd-0cc47a6d17cc-dd136d224b21c906&u=https://subscriber.politicopro.com/health-care/article/2020/03/white-house-deploys-swat-teams-of-technocrats-in-attempt-to-fix-testing-1895760>

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USA

Sender:	Oakley, Caitlin B. (OS/ASPA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=E5EE4C35534C4AF9BDAC46789C034790-OAKLEY, CAI>
Recipient:	McKeogh, Katherine (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c652f2c415b44dff8369dd7f4596f030-McKeogh, Ka>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Murphy, Ryan (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Sent Date:	2020/03/16 21:00:50
Delivered Date:	2020/03/16 21:00:53

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.OUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F30FE7FAE664419FA654B20EDCCB1E78-SHERMAN, JE>
To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Schwartz, Erica (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=603e84a0e3744a5d8dcbd759f5dcad91-Schwartz, E>; Wright, Janet (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=41f672e2527b4f44891fb4fbe08cdfd-Wright, Jan>; Dulaigh, Joel (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02b15e96dc484db29682c1d336e63441-Dulaigh, Jo>; Kotwicki, Lauren (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=54d62ddb3fc4b358ab573ccc13fbbb7-Kotwicki, L>
Subject:	Fwd: White House deploys SWAT teams of technocrats in attempt to fix testing
Date:	2020/03/16 21:08:40
Priority:	Normal
Type:	Note

FYI

Sent from my iPhone

Begin forwarded message:

From: "POLITICO Pro Health Care" <politicoemail@politicopro.com>
Date: March 16, 2020 at 8:53:11 PM EDT
To: <jennifer.sherman@hhs.gov>
Subject: White House deploys SWAT teams of technocrats in attempt to fix testing
Reply-To: "POLITICO subscriptions" <reply-fe971c727160017c75-553241_HTML-911090403-1376319-315327@politicoemail.com>

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.

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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](https://www.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.

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tests and miscommunicating to senior officials when replacement tests would be ready.

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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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FYI—from the White House press briefing today...

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.

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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.

Q Are you looking at any domestic travel restrictions? 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 --

Q You are already talked. Mr. President, the other day, 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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Recipient:	Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Murphy, Ryan (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Rowell, Scott (OS/ASA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c03a4628049a421e875ddb3479bf3609-Rowell, Sco>; Arrieta, Jose (OS/ASA/OCIO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9c743d9c90534e8c9052b8bdd60a0e2e-Arrieta, Jo>; Bird, Catherine (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb9d9180497c49c4a06a0dd1f6043dc7-Bird, Cathe>; Arbes, Sarah (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=106db0ac70a241a8b1323647c093d9bf-Arbes, Sara>; Morse, Sara (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=eb3a04f7dbde41049bfd10f490d3e178-Morse, Sara>; Stimson, Brian (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=338aa495176d4c92bb314f8f3f51d118-Stimson, Br>; Hall, Bill (HHS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02b39f27f3b4469a960054b23545cc24-Hall, Bill>; McKeogh, Katherine (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c652f2c415b44dff8369dd7f4596f030-McKeogh, Ka>

Sent Date:	2020/03/16 21:35:37
Delivered Date:	2020/03/16 21:35:39

From:	Robert Levitt <(b)(6)>
To:	Robert Levitt <(b)(6)>
Subject:	Dr. Levitt's COVID-19 Update Focused on Task Force Guidelines 16 March 2020
Date:	2020/03/16 21:40:38
Priority:	Normal
Type:	Note

Dear All,

A roller-coaster day for the Nation these last 24 hours. This morning Governor Cuomo issued his TriState rules which were sent to you this morning. This afternoon the President and his Coronavirus Task Force issued federal guidelines, which are much less stringent than the TriState rules. See:

<https://www.foxnews.com/politics/here-are-the-coronavirus-guidelines-released-by-the-white-house>

Note that the federal guidelines on page 1 of 2 have a normal sized font. Page 2 of 2 has a small font and lower down on the page a very small font. **If you read the small font and very small font on page 2 of 2**, you will see that the TriState rules are all mentioned but in very casual language. No declaration. No enforcement. The federal guidelines limit gatherings to 10 persons, rather than the higher numbers in the States.

That will change tomorrow after another great loss in the Stock Market. The Market wants real action: a federal mandate which matches the TriState agreement and uses federal powers to enforce the mandate. I hope quarantines, domestic travel restriction, self-isolation for >70 y.o. are included this time.

Several important notes from the Coronavirus Task Force TV coverage:

First, daycare and pre-school closings were inadvertently left out of the earlier CDC rules for school closings (Dr. Fauci acknowledged this fact).

Second, Dr Fauci gave a startled look at Dr. Birx when the **President stated he expected the epidemic to last until July or August**. I believe that fact was to be kept within the Task Force membership and not released to the public.

Third, after a positive patient has self-isolated for 14 days, **he/she need two negative SARS-CoV-2 cultures (not tests) before he/she is released from self-isolation**. This is because patients can shed virus after symptoms have abated, and no one yet knows if these shed viruses can infect others.

Fourth, **Dr. Birx is using U.K. modeling for her estimates of number of cases in U.S. and hospital beds needed, ICU beds needed, etc.** I wish she would not use U.K. for anything. The U.K. wanted to use 'herd immunity' to immunize their population which essentially meant to 'let the pensioners die'. **Dr. Birx should turn to Trevor Bradford at Fred Hutch as her modeling expert.**

Several good science articles on COVID-19 appeared today in journals and online. I will report on those articles tomorrow.

We can win this war against this miserable virus. But we need to mount a war response to its spread to win. I expect the Task Force will do that later this week as the Stock Market enters Recession range and continues downward. I do not believe the Millenials will stay home tomorrow Saint Patrick's Day.

Be well,
RGL, M.D.

If you wish to unsubscribe to this email service, please contact Dr. Robert Levitt at (b)(6) and include in the subject line: Unsubscribe.

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Sender:	Robert Levitt (b)(6)
Recipient:	Robert Levitt (b)(6)
Sent Date:	2020/03/16 21:40:27
Delivered Date:	2020/03/16 21:40:38
Message Flags:	Unread

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To:	Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>
Subject:	Fwd: Coronavirus test NOT Allowed despite Admiral Brett P. Giroir, assistant secretary of health Advice
Date:	2020/03/16 22:09:27
Priority:	Normal
Type:	Note

Sent from my iPhone

Begin forwarded message:

From: "Yeskey, Kevin (OS/ASPR/IO)" <Kevin.Yeskey@hhs.gov>
Date: March 16, 2020 at 9:51:10 PM EDT
To: "Kadlec, Robert (OS/ASPR/IO)" <Robert.Kadlec@hhs.gov>
Subject: Re: Coronavirus test NOT Allowed despite Admiral Brett P. Giroir, assistant secretary of health Advice

Done

Sent from my iPhone

On Mar 16, 2020, at 9:01 PM, Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>wrote:

Can we address this legitimate request ASAP.

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Begin forwarded message:

From: "Giroir, Brett (HHS/OASH)" <Brett.Giroir@hhs.gov>
Date: March 16, 2020 at 8:32:42 PM EDT
To: "Yeskey, Kevin (OS/ASPR/IO)" <Kevin.Yeskey@hhs.gov>
Cc: "Kadlec, Robert (OS/ASPR/IO)" <Robert.Kadlec@hhs.gov>
Subject: FW: Coronavirus test NOT Allowed despite Admiral Brett P. Giroir, assistant secretary of health Advice

You need to take this.

Brett P. Giroir, MD
ADM, US Public Health Service

Assistant Secretary for Health (ASH)
200 Independence Avenue, SW
Washington, DC 20201
Office Phone: 202-690-7694

From: carle b (b)(6)
Sent: Monday, March 16, 2020 7:17 PM
To: Yeskey, Kevin (OS/ASPR/IO) <Kevin.Yeskey@hhs.gov>; Collins, Christine (OS/ASPR/EMMO) <Christine.Collins@hhs.gov>
Cc: Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>
Subject: Coronavirus test NOT Allowed despite Admiral Brett P. Giroir, assistant secretary of health Advice

Dr Yeskey and CPT Collins,

I asked for a CV test before going home on March 17t I am 70 year old nurse on DMAT for 23 years and left 14 day deployment at Pt Magu and came directly to Miramar and completed 4 day deployment . I had direct contact with PPE on properly taking care of 4 positive patients in hotel at Miramar.

Despite explaining why I wanted test to Kathryn the safety officer over phone and to Pam Evans who delivered a RTW letter saying I was a lo risk. I received the same letter after working 14 days at PT Magu with little interaction with a healthy guest. Today at the White House an update was given by the Administration and the following was stated by Admiral Giroir:

Admiral Brett P. Giroir, assistant secretary of health at the Department of Health and Human Services, said gear and federal health care workers were being shipping out

Monday. Health officials said they were focusing those tests on two groups: **Healthcare workers and first responders**, as well as those who are 65 and older with a symptoms of respiratory problems and a fever of at least 99.6 degrees. The officials implored Americans to help prioritize those two groups.

I am de mobbing tomorrow and still want a test before I leave because of the 4 patients with positives and my age. I told Pam Evans that was wrong to deny me a test . I would like to know if you , Dr Yeskey can approve a swab before I leave San Diego tomorrow.

Respectfully,

Carle

Carle Brunochelli

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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 orders polling places closed
Date:	2020/03/16 22:51:59
Priority:	Normal
Type:	Note

Ohio Gov. Mike DeWine said late tonight the state's health department will order all polling places not to open for Tuesday's primary elections to protect voters and poll workers from contracting the coronavirus.

DeWine's announcement came after a judge denied a last-minute attempt to postpone the election until later this year. It also raised questions about whether voters will be able to participate in the still-scheduled primary with polling places shuttered, though DeWine said the secretary of state would petition the courts "to extend voting options."

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Subject:	POLITICO Pro Breaking News: Ohio governor orders polling places closed
Date:	2020/03/16 22:51:58
Priority:	Normal
Type:	Note

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To:	Keckler, Charles (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bf9c9faeacbb49478b622f5dead1da46-Keckler, Ch>
Subject:	Fwd: Secretary's Nightly Update
Date:	2020/03/16 23:26:09
Priority:	Normal
Type:	Note

Sent from my iPhone

Begin forwarded message:

From: "Dareshori, Zack (HHS/IOS)" <Zachary.Dareshori@hhs.gov>
Date: March 16, 2020 at 7:50:57 PM EDT
To: "AMA2 (OS/IOS)" <(b)(6)>
Cc: "EDH (OS/IOS)" <EDH6886@HHS.GOV>, "Harrison, Brian (HHS/IOS)" <Brian.Harrison@hhs.gov>, "Stecker, Judy (OS/IOS)" <Judy.Stecker@hhs.gov>, "Mango, Paul (HHS/IOS)" <Paul.Mango@hhs.gov>
Subject: Secretary's Nightly Update

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.

- **FDA to issue final rule requiring new health warnings on cigarette packages and ads**

Tomorrow, FDA is announcing a final rule to require new health warnings on cigarette packages and in advertisements. The warnings feature photo-realistic color images depicting some of the lesser-known, but serious health risks of cigarette smoking, including impact to fetal growth, cardiac disease, diabetes and more.

- **CDC to tentatively release *Morbidity and Mortality Weekly Report* on COVID-19 transmission during quarantine**

Tomorrow, CDC is expected to tentatively release online (media pre-release embargoed until 1:00 pm) a *Morbidity and Mortality Weekly Report* entitled "Initial investigation of transmission of COVID-19 among crew members during quarantine of a cruise ship — Yokohama, Japan, February 2020." Because the first detected cases occurred among passengers who became symptomatic on

January 22 and 23, COVID-19 was likely transmitted first from passengers to crew members and subsequently spread among the crew, especially among food service workers who congregated in the same crew dining area. This investigation underscores the need for swift epidemiologic investigation as soon as a COVID-19 case is detected in an area or group where a large number of persons gather in a closed or crowded setting (e.g., cruise ship, music club, sports arena, market, or shopping center).

- **CDC to host clinician outreach call on COVID-19 and information for long-term care facilities**

Tomorrow, CDC is expected to host a [Clinician Outreach and Communication Activity \(COCA\) Call](#) on COVID-19. During this COCA Call, presenters will focus on current information about COVID-19 as it relates to long-term care facilities, including nursing homes, with topics including infection prevention and control guidance, steps facilities should take to prepare, and available resources.

- **CDC among the authors to publish article on transgender youth experiences with HIV preventative services**

Tomorrow, CDC will be among the authors expected to publish "Transgender Youth's Experiences and Perspectives Related to HIV Preventive Services" in *Pediatrics*. The qualitative analysis revealed four themes: (1) barriers to self-efficacy in sexual decision-making; (2) safety concerns, fear, and other challenges in forming romantic/sexual relationships; (3) need for support and education; and (4) desire for affirmative and culturally competent experiences and interactions (e.g., home, school, and healthcare).

Other Newsworthy Items:

- Saturday, Surgeon General Adams will participate in a taped interview with Univision
- Dr. Fauci will participate in the following interviews:
 - ABC Prime Time with David Muir [Taping TONIGHT]
 - *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

Shortage of life-saving ventilators in coronavirus crisis has White House scrambling
McClatchy // Michael Wilner

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Subject:	RE: Coronavirus test NOT Allowed despite Admiral Brett P. Giroir, assistant secretary of health Advice
Date:	2020/03/16 23:37:22
Priority:	Normal
Type:	Note

Sirs, we should discuss this one on the phone. Kevin and I can do tomorrow.

But I have to say: I don't believe she should have a test on the way out the door. What if it WERE positive? Then we, USG, just put a positive person on a plane. That's the reason not to do it.

John

From: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Sent: Monday, March 16, 2020 9:02 PM
To: Yeskey, Kevin (OS/ASPR/IO) <Kevin.Yeskey@hhs.gov>; Redd, John (OS/ASPR/SPPR) <John.Redd@hhs.gov>
Subject: Fwd: Coronavirus test NOT Allowed despite Admiral Brett P. Giroir, assistant secretary of health Advice

Can we address this legitimate request ASAP.

Sent from my iPhone

Begin forwarded message:

From: "Giroir, Brett (HHS/OASH)" <Brett.Giroir@hhs.gov>
Date: March 16, 2020 at 8:32:42 PM EDT
To: "Yeskey, Kevin (OS/ASPR/IO)" <Kevin.Yeskey@hhs.gov>
Cc: "Kadlec, Robert (OS/ASPR/IO)" <Robert.Kadlec@hhs.gov>
Subject: FW: Coronavirus test NOT Allowed despite Admiral Brett P. Giroir, assistant secretary of health Advice

You need to take this.

Brett P. Giroir, MD
 ADM, US Public Health Service
 Assistant Secretary for Health (ASH)
 200 Independence Avenue, SW

Washington, DC 20201
Office Phone: 202-690-7694

From: carle b (b)(6)
Sent: Monday, March 16, 2020 7:17 PM
To: Yeskey, Kevin (OS/ASPR/IO) <Kevin.Yeskey@hhs.gov>; Collins, Christine (OS/ASPR/EMMO) <Christine.Collins@hhs.gov>
Cc: Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>
Subject: Coronavirus test NOT Allowed despite Admiral Brett P. Giroir, assistant secretary of health Advice

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Carle

Carle Brunochelli

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Delivered Date:	2020/03/16 23:37:22

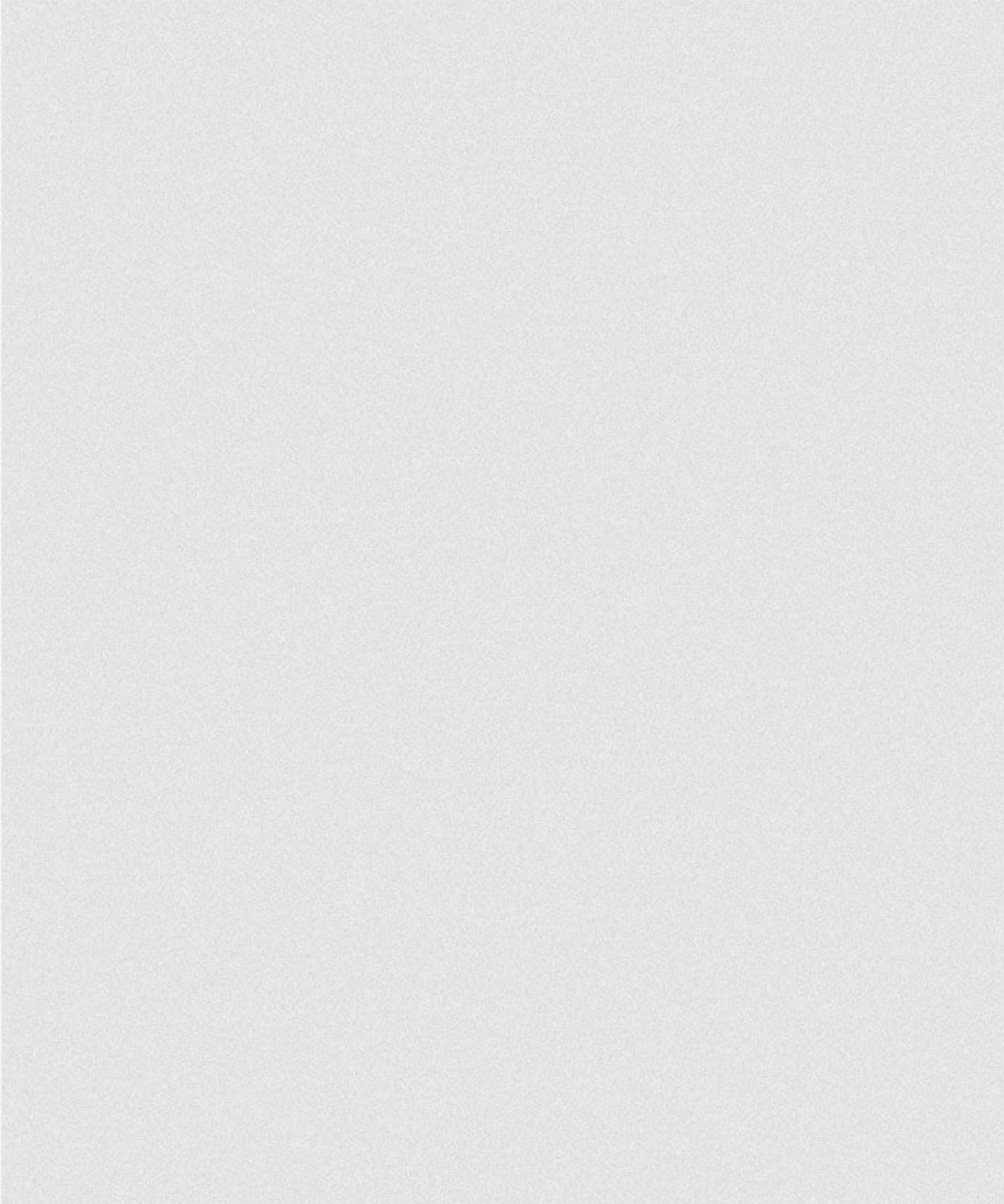
From:	Mike Allen <mike@axios.com>
To:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	Axios AM: Mike's Great 8 — A new era of public pain — 1 smile to share
Date:	2020/03/17 06:33:23
Priority:	Normal
Type:	Note



♣️☐ **Good Tuesday morning.** I hope this St. Patrick's Day brings health and safety to you and

- • ***Today's Smart Brevity™ count:*** 1,157 words ... 4½ minutes.
- • **If this email** was forwarded to you, please *sign up here*.

1 big thing: A new era of public pain



Sender:	Mike Allen <mike@axios.com>
Recipient:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Sent Date:	2020/03/17 06:33:12
Delivered Date:	2020/03/17 06:33:23

From:	OS Secretarys Operations Center </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=32B1F28D808B43B6903C00083291303E-SECRETARYS>
To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
CC:	SOC Executive Summary </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e696febfa8ac403ca2ef72ac304c3cea-HHS SOC Exe>
Subject:	HHS Executive Summary: 17Mar20
Date:	2020/03/17 06:51:15
Priority:	Normal
Type:	Note

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HHS Executive Summary: Tuesday, 17Mar20

1. HHS

Today's Noteworthy Topics:

COVID-19 (Novel Coronavirus)

As of 16Mar20, 0300ET, the CDC has confirmed that presumptive positive U.S. cases of COVID-19 have reached 3,675 across 50 states and D.C. with 68 deaths. Combined CDC and WHO reported global cases: 175,250; global deaths: 6,706; Countries with cases: 155. The city of San Francisco and surrounding counties issued a shelter in place order for residents except for essential needs. Demand for food, hand sanitizer, cleaning supplies, and other daily staples continue to strain domestic supply chains; grocers are rationing high-demand products but acute stock-outages continue to occur.

Daily Operational Schedule:

0815 – COVID-19 Operational Update Brief
0830 – FEMA Daily Operations Brief
0900 – White House Coronavirus Sub Task Force
1100 – Grand Princess Update Call
1200 – IMD Sync Call for COVID-19 and Repatriation
1230 – HHS Interagency VTC COVID-19
1400 – COVID-19 Resource Coordination Call
1500 – NBEOC Cross Sector Coordination Call
1600 – Grand Princess Planning Coordination Call
1600 – White House COVID-19 Task Force Call

Public Health Emergency of National Significance:

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

HHS Response Status Summary:

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

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

Emergency Support Function (ESF) Activation:

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

Recovery Support Function (RSF) Activation:

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

HHS Deployments: (Total = 1,552)

ASPR: 1,206 – (9) Earthquake Puerto Rico, (1,183) COVID-19, (5) Irma/Maria Recovery, (3) Irma, (2) FY Funded Training Q1, (2) FY Non-Funded Training Q1, (1) California Wildfires, (1) California Wildfires Recovery

CDC: 346 – (1) Puerto Rico, (281) COVID-19, (33) Polio, (31) Ebola

FMS Status:

- 32 (250 Bed) FMS sets are deployable
- 9 (50 Bed) FMS sets are deployable

New Mission Assignments (MA): NSTR

Active Situations (7):

- Influenza Season
- Irma/Maria, Puerto Rico, &USVI (Recovery)
- Ebola in Eastern Democratic Republic of the Congo
- California Wildfires (Recovery)
- Novel Coronavirus (COVID-19)
- Bravo Response
- Earthquake, Puerto Rico

U.S. International Health Regulation National Focal Point Status: NSTR

2. FEMA:

Interagency Response Status Summary:

NWC: Monitoring

NRCC: Level II

National IMATs: Red – Fully Mission Capable, DC; Blue – Fully Mission Capable; Gold – Fully Mission Capable

Regional IMATs: Region IV-2, TN

Significant National Weather:

A powerful "Kona" low pressure system continues to produce widespread heavy rain and thunderstorms across the Hawaiian Islands, with flash flood watches remaining in effect. Meanwhile, a two-day stretch of severe thunderstorms and heavy rain with flooding is possible across the Southern Plains. These storms will be capable of producing large hail, damaging wind gusts and a tornado or two.

3. OPDIV/STAFFDIV Overnight Reports:

CDC:

- COVID-19 – 119 Locations (including countries, territories, and areas) - Update
- Guillain Barre Syndrome (GBS) – Peru – Update
- Polio (Wild Type) – Pakistan – Update
- Polio (Vaccine-derived) – Angola – Update
- Polio (Vaccine-derived) – Congo, Democratic Republic of – Update
- Polio (Vaccine-derived) – Ghana – Update

FDA: NSTR

Prepared by:

Secretary's Operations Center

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



cid:image001.png@01D5F637.9AFA0B50

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Recipient:	OS Secretaries Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>; SOC Executive Summary </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e696febfa8ac403ca2ef72ac304c3cea-HHS SOC Exe>
Sent Date:	2020/03/17 06:49:44
Delivered Date:	2020/03/17 06:51:15

From:	OS Secretarys Operations Center </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=32B1F28D808B43B6903C00083291303E-SECRETARYS>
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CC:	SOC Executive Summary </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e696febfa8ac403ca2ef72ac304c3cea-HHS SOC Exe>
Subject:	HHS Executive Summary: 17Mar20
Date:	2020/03/17 06:50:37
Priority:	Normal
Type:	Note

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FDA: NSTR

Prepared by:

Secretary's Operations Center

U.S. Department of Health and Human Services (HHS)
Assistant Secretary for Preparedness and Response (ASPR)
200 Independence Ave., S.W.
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Office: (202) 619 – 7800
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Recipient:	OS Secretaries Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>; SOC Executive Summary </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e696febfa8ac403ca2ef72ac304c3cea-HHS SOC Exe>
Sent Date:	2020/03/17 06:49:44
Delivered Date:	2020/03/17 06:50:37

From:	Redfield, Robert R. (CDC/OD) <olx1@cdc.gov>
To:	AMA2 (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c145629cc8ac4858bf1f0ce5dd0461dc-AMA2!>
Subject:	Fwd: HCW Exposure and Work Guidance
Date:	2020/03/17 07:49:51
Priority:	Normal
Type:	Note

Also cdc through irr sent requested testing kits 1kit on 2/9 , 2kits 3/4 , 2 kits 3/10 according to our records

Get [Outlook for iOS](#)

From: Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <dbj0@cdc.gov>

Sent: Tuesday, March 17, 2020 7:43:06 AM

To: Redfield, Robert R. (CDC/OD) <olx1@cdc.gov>

Subject: HCW Exposure and Work Guidance

Dr Redfield:

Recs are here: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>

HCWs with exposure are categorized by their exposures into “High”, “Medium” and “Low”. Those with High and Medium exposures (i.e., not wearing any PPE, or minimal PPE while patient wearing a surgical mask see website) get excluded from work for 14 days after last exposure. Low get no exclusion and are asked to undergo self monitoring and can continue to work. In some settings in high transmission areas with significant HCW shortage (Seattle and California), medium and high exposure HCW are allowing workers to work until symptomatic, see Additional considerations below. This will likely become more common as HCW shortages and community exposures occur.

Dan.

III. Recommendations for Monitoring Based on COVID-19 Exposure Risk

HCP in any of the risk exposure categories who develop signs or symptoms compatible with COVID-19 must contact their established point of contact (public health authorities or their facility’s occupational health program) for medical evaluation prior to returning to work

1. • **High- and Medium-risk Exposure Category**

HCP in the high- or medium-risk category should undergo active monitoring, including restriction from work in any healthcare setting until 14 days after their last exposure. If they develop any fever (measured temperature $> 100.0^{\circ}\text{F}$ or subjective fever) OR respiratory symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat): they should immediately self-isolate (separate themselves from others) and notify their local or state public health authority and healthcare facility promptly so that they can coordinate consultation and referral to a healthcare provider for further evaluation.

2. • **Low-risk Exposure Category**

HCP in the low-risk category should perform self-monitoring with delegated supervision until 14 days after the last potential exposure. Asymptomatic HCP in this category are not restricted from work. They should check their temperature twice daily and remain alert for respiratory symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat). They should ensure they are afebrile and asymptomatic before leaving home and reporting for work. If they do not have fever or respiratory symptoms they may report to work. If they develop fever (measured temperature $\geq 100.0^{\circ}\text{F}$ or subjective fever) OR respiratory symptoms they should immediately self-isolate (separate themselves from others) and notify their local or state public health authority or healthcare facility promptly so that they can coordinate consultation and referral to a healthcare provider for further evaluation. On days HCP are scheduled to work, healthcare facilities could consider measuring temperature and assessing symptoms prior to starting work. Alternatively, facilities could consider having HCP report temperature and symptoms to occupational health prior to starting work. Modes of communication may include telephone calls or any electronic or internet-based means of communication.

3. • **HCP who Adhere to All Recommended Infection Prevention and Control Practices**

Proper adherence to currently recommended infection control practices, including all recommended PPE, should protect HCP having prolonged close contact with patients infected with COVID-19. However, to account for any inconsistencies in use or adherence that could result in

unrecognized exposures, HCP should still perform self-monitoring with delegated supervision as described under the low-risk exposure category.

4. • **No Identifiable risk Exposure Category**

HCP in the *no identifiable risk* category do not require monitoring or restriction from work.

5. • **Community or travel-associated exposures**

HCP with potential exposures to COVID-19 in community settings, should have their exposure risk assessed according to [CDC guidance](#). HCP should inform their facility's occupational health program that they have had a community or travel-associated exposure. HCP who have a community or travel-associated exposure should undergo monitoring as defined by that guidance. Those who fall into the *high-* or *medium-* risk category described there should be excluded from work in a healthcare setting until 14 days after their exposure. HCP who develop signs or symptoms compatible with COVID-19 should contact their established point of contact (public health authorities or their facility's occupational health program) for medical evaluation prior to returning to work.

Additional Considerations and Recommendations:

While contact tracing and risk assessment, with appropriate implementation of HCP work restrictions, of potentially exposed HCP remains the recommended strategy for identifying and reducing the risk of transmission of COVID-19 to HCP, patients, and others, it is not practical or achievable in all situations. Community transmission of COVID-19 in the United States has been reported in multiple areas. This development means some recommended actions (e.g., contact tracing and risk assessment of all potentially exposed HCP) are impractical for implementation by healthcare facilities. In the setting of community transmission, all HCP are at some risk for exposure to COVID-19, whether in the workplace or in the community. Devoting resources to contact tracing and retrospective risk assessment could divert resources from other important infection prevention and control activities. Facilities should shift emphasis to more routine practices, which include asking HCP to report recognized exposures, regularly monitor themselves for fever and symptoms of respiratory infection and not report to work when ill. Facilities should develop a plan for how they will screen for symptoms and evaluate

ill HCP. This could include having HCP report absence of fever and symptoms prior to starting work each day.

Facilities could consider allowing asymptomatic HCP who have had an exposure to a COVID-19 patient to continue to work after options to improve staffing have been exhausted and in consultation with their occupational health program. These HCP should still report temperature and absence of symptoms each day prior to starting work. Facilities could have exposed HCP wear a facemask while at work for the 14 days after the exposure event if there is a sufficient supply of facemasks. If HCP develop even mild symptoms consistent with COVID-19, they must cease patient care activities, don a facemask (if not already wearing), and notify their supervisor or occupational health services prior to leaving work.

Sender:	Redfield, Robert R. (CDC/OD) <olx1@cdc.gov>
Recipient:	AMA2 (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c145629cc8ac4858bf1f0ce5dd0461dc-AMA2!>
Sent Date:	2020/03/17 07:49:35
Delivered Date:	2020/03/17 07:49:51

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.P (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=96D2C1602DFA45E5A5E21452A098B96D-HAMEL, JOSE>
To:	Marston, Hilary (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=93be476c17024bbcb5b44add01fe6a8-hilary.mars>
CC:	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:	Re: Building and rapidly deploying ventilators for respiratory management of Covid-19 infections
Date:	2020/03/17 07:51:54
Priority:	Normal
Type:	Note

Hilary,

If interested, the manufacturer of the automated ventilator is automedx- www.automedx.biz. The CEO is Jim Evans. His number is (b)(6) They're also made in the US (TX). They spawned from a DARPA program and it's literally a one button operation.

Best,
Joe

Strategic Innovation and Emerging Technology Manager
Assistant Secretary for Preparedness and Response
Office: 202-969-3852
Cell: (b)(6)

On Mar 16, 2020, at 10:55 PM, Hamel, Joseph (OS/ASPR/IO) <Joseph.Hamel@hhs.gov> wrote:

Up to the TF

Strategic Innovation and Emerging Technology Manager
Assistant Secretary for Preparedness and Response
Office: 202-969-3852
Cell: (b)(6)

On Mar 16, 2020, at 10:52 PM, Marston, Hilary (NIH/NIAID) [E] <hilary.marston@nih.gov> wrote:

So are we buying a bunch now?

From: "Hamel, Joseph (OS/ASPR/IO)" <Joseph.Hamel@hhs.gov>
Date: Monday, March 16, 2020 at 10:51 PM
To: Hilary Marston <hilary.marston@nih.gov>

Subject: Re: Building and rapidly deploying ventilators for respiratory management of Covid-19 infections

2K each and developed by DARPA. Minimal medical intervention and great transition if we can make it happen.

Best,
Joe

Strategic Innovation and Emerging Technology Manager
Assistant Secretary for Preparedness and Response
Office: 202-969-3852
Cell: (b)(6)

On Mar 16, 2020, at 10:47 PM, Marston, Hilary (NIH/NIAID) [E] <hilary.marston@nih.gov>wrote:

A bargain.

From: "Hamel, Joseph (OS/ASPR/IO)" <Joseph.Hamel@hhs.gov>
Date: Monday, March 16, 2020 at 10:46 PM
To: Hilary Marston <hilary.marston@nih.gov>
Subject: Re: Building and rapidly deploying ventilators for respiratory management of Covid-19 infections

Great. Happy to help however we can.

Check this one out in the interim:

<https://protect2.fireeye.com/url?k=8e27d1b5-d273f89e-8e27e08a-0cc47a6d17cc-d86ffcfff216c0c9&u=https://protect2.fireeye.com/url?k=50a96763-0cfd7e1f-50a9565c-0cc47adc5fa2-e0cd7c193f7610c5&u=https://combatmedical.com/product/save-ii/>

Strategic Innovation and Emerging Technology Manager
Assistant Secretary for Preparedness and Response
Office: 202-969-3852
Cell: (b)(6)

On Mar 16, 2020, at 10:40 PM, Marston, Hilary (NIH/NIAID) [E] <hilary.marston@nih.gov>wrote:

Thanks! I think francis is going to send to the bosses as well (Kadlec, shuy, bright)

From: "Hamel, Joseph (OS/ASPR/IO)" <Joseph.Hamel@hhs.gov>
Date: Monday, March 16, 2020 at 10:22 PM
To: Hilary Marston <hilary.marston@nih.gov>
Cc: Robert Johnson <Robert.Johnson@hhs.gov>
Subject: Re: Building and rapidly deploying ventilators for respiratory management of Covid-19 infections

Hilary,

Of course. Happy to help however we can.

Best,
Joe

Strategic Innovation and Emerging Technology Manager
Assistant Secretary for Preparedness and Response
Office: 202-969-3852
Cell: (b)(6)

On Mar 16, 2020, at 8:58 PM, Marston, Hilary (NIH/NIAID) [E] <hilary.marston@nih.gov> wrote:

Joe, may I send Dr. Collins your name to triage this novel vent approach?

Begin forwarded message:

From: "Collins, Francis (NIH/OD) [E]" <collinsf@od.nih.gov>
Date: March 16, 2020 at 6:38:50 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" <afauci@niaid.nih.gov>
Cc: "Marston, Hilary (NIH/NIAID) [E]" <hilary.marston@nih.gov>
Subject: FW: Building and rapidly deploying ventilators for respiratory management of Covid-19 infections

Hi Tony,

I'm not sure how best to triage this one – advice? MIT's Emery Brown and Ed Boyden are incredibly effective and productive innovators, so their offer ought to be taken seriously.

Francis

From: Emery N. Brown <(b)(6)>
Sent: Monday, March 16, 2020 2:02 PM
To: Collins, Francis (NIH/OD) [E] <collinsf@od.nih.gov>

Cc: Ed Boyden (b)(6)

Subject: Building and rapidly deploying ventilators for respiratory management of Covid-19 infections

Dear Dr. Collins,

Ed Boyden and I have been in touch with faculty at MIT and Mass General Hospital along with students at MIT who would like to assist with the Covid-19 pandemic by building and deploying low cost ventilators to assist with respiratory and ventilatory management of patients in the acute phase of Covid-19 infections.

We wanted to ask you if there is a formal effort at the national level to coordinate the development, approval (by FDA), production and deployment of low-cost ventilators. If so we would like to tie into this larger effort.

What would you suggest that we proceed?

Thanks very much.

Sincerely,
Emery and Ed

--

Emery N. Brown, M.D., Ph.D.
Edward Hood Taplin Professor of Medical Engineering
Institute for Medical Engineering and Science
Professor of Computational Neuroscience
Picower Institute for Learning and Memory
Department of Brain and Cognitive Sciences
Massachusetts Institute of Technology
77 Massachusetts Avenue, 46-6079
Cambridge, MA 02139
tel: 617 324 1879
fax: 617 324 1884
email (b)(6)

Warren M. Zapol Professor of Anaesthesia
Harvard Medical School
Department of Anesthesia, Critical Care and Pain Medicine
Massachusetts General Hospital
55 Fruit Street, Gray-Bigelow 444
Boston, MA 02114
tel: 617 726 7487
fax: 617 726 8410

Sender:	Hamel, Joseph (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=96D2C1602DFA45E5A5E21452A098B96D-HAMEL, JOSE>
Recipient:	Marston, Hilary (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=93be476c17024bbcbc5b44add01fe6a8-hilary.mars>;

	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>
Sent Date:	2020/03/17 07:51:53
Delivered Date:	2020/03/17 07:51:54

From:	Besser, Richard <rbesser@rwjf.org>
To:	Jennifer Ashton (b)(6) (b)(6)
CC:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Subject:	Surgeon General
Date:	2020/03/17 08:18:13
Priority:	Normal
Type:	Note

Hi Jen:

I wanted to connect you with Surgeon General Jerome Adams. He and I have become friends. He wanted me to reach out and give you his contact information and to let you know, he'd welcome the chance for an off the record conversation about the coronavirus response.. His email is above and here is his personal cell phone. (b)(6)

Best,

Rich

Richard E. Besser, MD, President and CEO
Office 609 627-6246 | rbesser@rwjf.org
[@DrRichardBesser](#)

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Building a Culture of Health in America. Learn more at rwjf.org.
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.....
Please note: In light of the request made by New Jersey Governor Phil Murphy for increased social distancing we have made the decision to close all three RWJF campuses in New Jersey, New York, and Washington, until further notice. All RWJF employees will now work remotely, and all in-person meetings are either cancelled or will be conducted virtually. For accurate information on what to do to prepare and respond to COVID-19, visit [CDC.gov](https://www.cdc.gov/coronavirus/2019-nCoV/index.html) (<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>) and your state health department website.

Sender:	Besser, Richard <rbesser@rwjf.org>
Recipient:	Jennifer Ashton (b)(6) (b)(6) (b)(6); Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Sent Date:	2020/03/17 08:18:04
Delivered Date:	2020/03/17 08:18:13
Message Flags:	Unread

From:	Sokol, Lisa Y. (CMS/OC) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=088CED9A3AE044B794D9FE255BAEEB51-S1MF>
To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Aldana, Karen (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7d0464fed64d4ec9b8872aa4f78f5370-ASYX>; Brookes, Brady (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7a794d62ee454992a4268ae71690f3c1-BDI7>; Ceballos, Kelly L. (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3fbfa09c7c634a7db7f1ead6ebca82d1-CQRF>; CMS SV1 </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7e612386f0cc4e1584c203e2d6d8c943-VJWC>; Corry, Thomas (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b74db456173743369c53eb2ee724fa77-CUI7>; Fauci, Anthony (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau>; Kanellis, Elaine (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0c5dbba7921544b88c2ff99929aa0737-KP9D>; Monroe, Johnathan (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bac3634f930043efbc5ab5628376201f-MSGM>
CC:	Fortin-Garcia, Carolina (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b46a19129d3d480da4774ea17bed85fb-F395>; Good-Cohn, Meredith (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fa33f1c0abb54bf9acc798ae7f60d746-GAX8>; Harper, Bernice J. (CMS/OEDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=88de875a29fa4341ad5d03f6d2b78a06-H4SG>; Joy-Bush, Keya A. (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=55ada7c5cd1a4072b1e23fda9b6cfd63-j167>; Marcos, Nicole (CMS/OL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=77393f89c04f4418a476c75e37955154-MPMG>; Perez-Rivera, Diana (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=PT53>; Sokol, Lisa Y. (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=088ced9a3ae044b794d9fe255baeeb51-s1mf>
Subject:	Washington Post article: As Washington nursing home assumed it faced influenza outbreak, opportunities to control coronavirus exposure passed
Date:	2020/03/17 08:26:01
Priority:	Normal
Type:	Note

As Washington nursing home assumed it faced influenza outbreak, opportunities to control coronavirus exposure passed

https://www.washingtonpost.com/investigations/nursing-home-with-the-biggest-cluster-of-covid-19-deaths-to-date-in-the-us-thought-it-was-facing-an-influenza-outbreak-a-spokesman-says/2020/03/16/c256b0ee-6460-11ea-845d-e35b0234b136_story.html

Washington Post // By [Jon Swaine](#) and [Maria Sacchetti](#) // March 16, 2020 at 12:36 p.m. EDT

A nasty respiratory illness had been spreading through the Life Care Center nursing home in Kirkland, Wash., for at least nine days when a sick resident was taken to a hospital on Feb. 19.

The resident, and another hospitalized Feb. 24, were later diagnosed with covid-19, the illness caused by the [coronavirus](#), according to the facility. They were two of the earliest cases in the country's deadliest cluster to date in the pandemic.

But the home's managers had believed since early February that they were facing a surge of influenza, which was common for the facility, said a spokesman for the Life Care Center.

Their focus on flu had persisted even though their region had been on high alert since the Jan. 21 announcement of the first U.S. case of the coronavirus in a neighboring county. The assumption of flu had held as the managers introduced a policy on Feb. 10 discouraging visitors due to the spike in illness.

And it had continued after a senior state health official, in a Feb. 21 letter, urged all nursing homes to prepare for the coronavirus by checking hygiene and infection controls, according to a copy of the letter obtained by The Washington Post.

Records, interviews and a close examination of information released by the nursing home and authorities point to a series of missed opportunities to limit exposure to the spreading coronavirus at the Kirkland home.

Life Care was legally required to report any suspected flu outbreak to county authorities within 24 hours. King County said it received notice of an "increase in respiratory illness," with few details from the home, late on Feb. 27. At that point, 17 days had passed since visits to the facility had been discouraged by managers.

On Feb. 29, Life Care received word of two coronavirus cases, believed at the time to be the home's first. A bar to visitors was implemented that day, according to Life Care, but some relatives said in interviews they were still allowed inside for several days afterward.

As of Monday, 29 covid-19 deaths had been associated with the home, according to the county. Life Care said Monday that 30 of the 43 remaining residents, and 46 of the home's 180 employees, had tested positive.

The coronavirus outbreak at the home unfolded under a facility leader newly licensed in Washington state, licensing records show.

Confirmation of the first coronavirus case was met with a disjointed response inside, according to emergency calls released under a public records act request from The Post. A 911 operator trying to confirm arrangements for an ambulance crew to pick up a sick resident had to make repeated calls to the home.

Even as the assumption of ongoing influenza cases persisted at the facility, new patients were admitted and events were held, including a Mardi Gras party where residents sat "wheelchair to wheelchair," said Cheri Chandler, 58, whose parents attended.

Some who visited now say that Life Care Centers of America, the Cleveland, Tenn.-based company that owns the home, should have been quicker to suspect the coronavirus was inside — and to properly lock down the home once the virus was confirmed.

"Everybody just moved too slow to recognize this virus," said Mike Weatherill, whose 85-year-old mother, Louise, died March 4 of hypoxia, pneumonia and "epidemic covid-19 exposure," according to a county record.

Tim Killian, a public liaison for the Life Care Center, said in an interview that the home's staff did the best they could with the information available to them at the time, and that the response by public authorities was slow and inadequate.

"I can't say everything was done perfectly, but I can say it was done within a range of normal operating procedure," Killian said.

Novel coronavirus takes hold

On Jan. 21, as concerns grew globally about the spread of the coronavirus from Wuhan, China, authorities said that a 35-year-old man who had traveled from the region to Snohomish County, Wash., was the first known case in the United States. He has since recovered.

Officials in neighboring King County activated an emergency command and began briefing health care facilities, they told county political leaders.

Containment was the priority, state health secretary John Wiesman said at an event in King County on Jan. 29, "and the way that we contain this is to identify folks who may have symptoms, get them tested."

Killian, the Life Care center spokesman, said a respiratory illness took hold from "early February," flaring badly enough to prompt staff to discourage visits starting on Feb. 10. He said staff mentioned the illness to visitors when they arrived and that signs were placed on walls under what he called a "soft discourage" policy.

Staff had a "heightened awareness, of course" of the coronavirus, according to Killian, but they presumed they were up against influenza, which has similar symptoms and has afflicted the home several times in recent years.

"They didn't see any medical difference" between what they observed in sick residents and past flu cases, he said.

Washington state law requires nursing homes to report "outbreaks or suspected outbreaks" of influenza to their county. King County requires the report within 24 hours if two residents have "acute febrile respiratory illness" in one week.

Killian said Life Care reported an outbreak to a state health department official in a voice mail on Feb. 26, and left two more messages the following day, before eventually sending a fax that they confirmed was received.

Washington's two state health agencies said they had no record of this, and that they would expect any such report to go to the county.

King County did receive a "standard notice" late on Feb. 27 with "no details about the number of people ill or the status of illness," Brent Champaco, a county spokesman, said in an email. "There was nothing in the original notice from Life Care that this was an unusual type of illness, or unusual in any way or manner."

When county officials called Life Care the following morning, Champaco said, they “learned that approximately 20 residents were ill, and that their flu tests were coming back negative. Investigation ensued.”

Killian said Life Care was “not saying that it’s not possible that we should have called sooner.” But he said the “relatively slow” response by authorities deserved more attention.

“Even once we report it, it’s not like they marched out a team over to the facility,” he said.

Life Care Centers of America is the nation’s largest privately owned nursing home firm, with about 40,000 employees and more than 200 facilities across 28 states, according to Forbes, which estimates the company’s annual revenue at \$3.2 billion.

In the spring of 2019, the Kirkland home was found to have problems with hygiene measures that government inspectors said “placed residents at risk for harm and transmitting/acquiring infections.” Some residents told the inspectors they were not being bathed as frequently as they were supposed to be.

By June, inspectors had returned and reported that Life Care had fixed its shortcomings. The home currently has a five-star rating for overall care from federal regulators and an “average” rating for health inspections.

As the respiratory illness at the Kirkland home gained a grip in February, Life Care continued holding communal events involving outsiders.

On Feb. 17, residents gathered to pet rabbits and guinea pigs from Animal Encounters, an Issaquah, Wash.-based company that brings animals to classrooms, centers for the elderly and birthday parties. John Connolly, who co-owns the firm, said the employee and animals involved had not visited other clients since then and no one at the firm was sick.

“The shocking thing for us is that you’re the first person who’s contacted us,” Connolly told The Post.

Killian said the home did not have enough staff to alert past visitors to the outbreak.

On Feb. 19, a sick resident was hospitalized. Life Care now says this was its first known coronavirus case, and that it was told only of the diagnosis more than 10 days after the hospitalization. Killian said Life Care did not know the current health of the resident.

Just as with social visitors, first responders called out for the home’s ill were also unknowingly exposed to the coronavirus. The city of Kirkland said on March 10 that a firefighter had tested positive. Five remain quarantined.

New residents continued being admitted even as visits were being gently discouraged. Chuck Sedlacek, who needed rehabilitation after breaking an ankle, entered on Feb. 20, his family said. Sedlacek, 86, has since tested positive for covid-19. So has his 64-year-old son, Scott.

“If they were so concerned about this respiratory outbreak, why were they taking new patients?” Sedlacek’s daughter, Seri, asked as she stood outside the facility. After confirmation of the coronavirus outbreak, “no other rehab center will take him,” she said.

Scott Sedlacek, who was wearing a face mask, said he has since recovered. “We had just the horrid luck of being in the wrong place at the wrong time,” he said.

In a Feb. 21 letter, Washington’s director of residential care services urged the state’s nursing homes to prepare for the coronavirus by reviewing emergency plans and checking infection and hygiene controls.

Killian said he did not know whether Life Care received that letter but said: “Was there an awareness of an alert? Sure.”

On Feb. 24, singer-organist Gary Lee Hood played an hour-long set of old favorites for two dozen residents enjoying a tea party. “I didn’t notice any precautions going on,” Hood said. “Nobody was wearing a mask.” Hood said he always cleaned his hands with sanitizer after shows and has not become ill.

A few days later, residents at Life Care gathered for a long-planned Mardi Gras party on Feb. 26. Hot hors d’oeuvres and cake were passed as a local swing band played. The band’s leader declined to discuss the event or band members’ health.

“I wish we had canceled that, but we only could make the decision on the information we had,” Killian said of the party.

Nursing students and staff from Kirkland’s Lake Washington Institute of Technology were also at the home that day and the next. The college said March 4 they were quarantining for 14 days from their visit. It said one staffer tested positive for covid-19 but did not say if this was linked to the Kirkland home. It closed the college until March 20.

Two recent residents of Life Care — an 86-year-old woman and a man in his mid-50s who were no longer at the Kirkland facility — died Feb. 26 from covid-19, according to a March 3 announcement from the county.

Authorities announced on Feb. 28 what was then King County’s first known coronavirus case — a woman in her 50s, who had traveled from South Korea. No link has been established between that woman and Life Care.

How the virus entered the home has still not been established, Killian said.

From inside, calls to 911

Washington regulators issued a nursing home administrator’s license to Ellie Basham, the new executive director of Kirkland Life Care, on Feb. 28, according to state records. Basham had arrived in January from a home in Augusta, Ga.

Washington allows administrators arriving in the state to transfer existing licenses issued by states that it deems to have comparable requirements. Georgia is not one of them, according to the state health department's guide for applicants.

Basham referred a request for comment to Life Care.

Killian said Basham was classified as an "administrator in training" between joining the home and gaining her license. He said this had no impact on the home's handling of the outbreak.

A profile for Basham that had been accessible until Saturday on LinkedIn, the professional networking site, said she had a nursing degree from the University of Phoenix and an MBA from Grand Canyon University.

Also on Feb. 28, Carmen Gray visited her mother, Susan Hailey, at Life Care. Hailey, 76, was there after knee-replacement surgery and had been expected to leave weeks earlier but broke an ankle in a fall at the home, her daughter said.

Hailey tested positive for covid-19 last week. Her family said she was experiencing shortness of breath and a cough.

"It angers me. This shouldn't be happening," Gray said of her ill mother. "There's no excuse for this. She should have been home in January."

Gray said she noticed a warning sign about the respiratory illness during the visit, but said she was told by a staff member that it was not coronavirus. So she sat with her mother in her room, and they watched a Glenn Close movie.

The following day, [county officials announced](#) what were then the first known coronavirus cases tied to Life Care — a health-care worker in her 40s and a resident in her 70s. Killian said Life Care was told early Feb. 29 that the resident had tested positive.

The full extent of the problem at the nursing home was becoming clear.

"Over 50 individuals associated with [Life Care] are reportedly ill with respiratory symptoms or hospitalized with pneumonia or other respiratory conditions of unknown cause and are being tested for covid-19," the county announcement detailed. "Additional positive cases are expected."

Life Care was abruptly thrust to the center of the coronavirus crisis within the United States. Recordings of 911 calls on Feb. 29 from the nursing home, obtained by The Post under a public records law, point to a disjointed early response inside the facility.

That afternoon, a nurse called to report a female resident in her 70s previously diagnosed with pneumonia who had a high temperature and tested negative for flu.

"We think she might . . . this is the place that sent the coronavirus, you know, to Evergreen Hospital," the nurse told the 911 operator, who said a crew would head out.

But the operator had to phone back three times to try to get a message to staff that the patient needed to be moved outdoors and have on a mask to reduce the risks to the responding emergency personnel.

The 911 operator's three return calls lasted nine minutes in all, the recordings show.

A Life Care phone receptionist first directed the operator's return call to another staffer's voice mail, then repeatedly placed the operator on hold, then transferred her to a different nurse.

When the audibly frustrated operator reached the Life Center receptionist a third time and explained that the operator needed to reach the nurse to pass along instructions for preparing the patient, the receptionist told her to hold on. "No, not 'hold on'!" an unidentified person at the call center was heard exclaiming in the background.

That day, the home implemented a firm ban on visitors, according to Killian. Yet relatives of two residents who had not been diagnosed with covid-19 said that during the days that followed, they were allowed inside the home.

Colleen Mallory said that although she knew visitors were not supposed to be admitted, she visited her 89-year-old mother, who has severe dementia, on March 2.

"I went to the door, and they did let me in," she told reporters at a press briefing. "It was very eerie in there."

Mallory's sister-in-law, Annissa Walsh, said they had been self-quarantining at home and were not sick.

Mallory said she learned that her mother's roommate, who days earlier had been suffering pneumonia-like symptoms and receiving oxygen, had been removed from the room, but that staff declined to explain why, citing privacy rules.

Killian said Life Care lacked legal authority to fully block relatives entering or residents leaving and had provided protective clothing to visitors. "We're not a jail or a prison," he said.

Following the Kirkland outbreak, the Trump administration issued tougher guidance limiting visits to facilities where the coronavirus has been detected.

Anxious families await news

As the death toll rose, the response from Life Care Centers and the authorities underwhelmed the anxious families of residents still inside. Life Care Centers dispatched Todd Fletcher, head of its northwestern operations, to take charge. Fletcher had worked 18-hour days since then to lead the response, Killian said, adding: "I count the staff as heroes."

Killian said Life Care was unable for a week to obtain coronavirus tests for residents and staff, amid a shortage noted nationwide.

Debbie de los Angeles, whose mother Twilla Morin died on March 4, said she appreciated Life Care's nurses, but wondered how the virus was allowed to spread. A medical examiner said her mother, who would have turned 85 in June, tested positive for covid-19, she said.

“When things were really getting out of hand in the beginning and so many people were sick, and they were dying by the day in there, why didn’t they get more help?” de los Angeles said to The Post, then paused. “I guess I don’t know if it really would have helped. Just like my mom, it went fast.”

Speaking to reporters March 5, Kevin Connolly, whose father-in-law Jerry Wall is a resident, complained that the nursing home still was not properly secured.

“There is no quarantine here,” Connolly said. “This disease is running rampant.”

That day, Life Care’s president, Beecher Hunter, issued a statement expressing sympathy for the relatives of those who died and thanking staff.

“We grieve with the families who have lost loved ones,” Hunter said.

By the end of that week, a “strike team” of doctors and nurses from the U.S. Public Health Service Commissioned Corps, which reports to the Surgeon General, had arrived to help tackle the outbreak.

On Sunday, more than two weeks after coronavirus was confirmed at the home, Killian said the government response was deficient.

“We’re still under triage, and we’re still asking for help, and still feel like the amount of help we’re getting is inadequate,” he said.

Nate Jones, Julie Tate, Dalton Bennett and Jay Greene contributed to this report.

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Sender:	Sokol, Lisa Y. (CMS/OC) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=088CED9A3AE044B794D9FE255BAEEB51-S1MF>
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Sent Date:	2020/03/17 08:26:00
Delivered Date:	2020/03/17 08:26:01

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From:	Ltd.(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=184FE51F7350400B8A99DABD65AC0DB5-ADAMS, JERO>
To:	Jon LaPook <jon@lapook.com>
BCC:	Besser, Richard <rbesser@rwjf.org>
Subject:	Re: Connecting you with the Surgeon General
Date:	2020/03/17 08:48:52
Priority:	Normal
Type:	Note

Moving Rich to bcc. Will call later. Thanks to both of you- we need as many spokes people out there as possible sharing the facts, and I want you to our view me as non-partisan and transparent. Talk soon.
Jerome

VADM Jerome Adams
20th US Surgeon General

On Mar 17, 2020, at 8:23 AM, Jon LaPook <jon@lapook.com>wrote:

Thanks so much, Rich.
Jerome, I would very much like to touch base with you.
My cell is (b)(6) When would be a good time to talk?

Best,
Jon

From: Besser, Richard <rbesser@rwjf.org>
Sent: Tuesday, March 17, 2020 8:20 AM
To: Jon LaPook <jon@lapook.com>
Cc: jerome.adams@hhs.gov
Subject: Connecting you with the Surgeon General

Hi Jon:

I hope you are doing well. I wanted to connect you with Surgeon General Jerome Adams. He and I have become friends. He wanted me to reach out and give you his contact information and to let you know, he'd welcome the chance for an off the record conversation about the coronavirus response.. His email is above and here is his personal cell phone. (b)(6)

Best,

Rich

Richard E. Besser, MD, President and CEO
Office 609 627-6246 | rbesser@rwjf.org
@DrRichardBesser

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Please note: In light of the request made by New Jersey Governor Phil Murphy for increased social distancing we have made the decision to close all three RWJF campuses in New Jersey, New York, and Washington, until further notice. All RWJF employees will now work remotely, and all in-person meetings are either cancelled or will be conducted virtually. For accurate information on what to do to prepare and respond to COVID-19, visit [CDC.gov](https://www.cdc.gov/coronavirus/2019-nCoV/index.html) (<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>) and your state health department website.

Sender:	Adams, Jerome (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=184FE51F7350400B8A99DABD65AC0DB5-ADAMS, JERO>
Recipient:	Besser, Richard < rbesser@rwjf.org >; Jon LaPook < jon@lapook.com >
Sent Date:	2020/03/17 08:48:51
Delivered Date:	2020/03/17 08:48:52

From:	POLITICO Pro <politicoemail@politicopro.com>
To:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	VA health system can give states coronavirus backup, but only on HHS orders
Date:	2020/03/17 09:37:19
Priority:	Normal
Type:	Note

VA health system can give states coronavirus backup, but only on HHS orders

By Susannah Luthi

03/17/2020 09:36 AM EDT

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Subject:	VA health system can give states coronavirus backup, but only on HHS orders
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Subject:	FW: VA health system can give states coronavirus backup, but only on HHS orders
Date:	2020/03/17 09:38:49
Priority:	Normal
Type:	Note

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From: POLITICO Pro <politicoemail@politicopro.com>
Sent: Tuesday, March 17, 2020 9:37 AM
To: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Subject: VA health system can give states coronavirus backup, but only on HHS orders

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To:	Oakley, Caitlin B. (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e5ee4c35534c4af9bdac46789c034790-Oakley, Cai>; Murphy, Ryan (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya>; 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>
Subject:	FW: VA health system can give states coronavirus backup, but only on HHS orders
Date:	2020/03/17 09:39:42
Priority:	Normal
Type:	Note

From: POLITICO Pro <politicoemail@politicopro.com>

Sent: Tuesday, March 17, 2020 9:37 AM

To: McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>

Subject: VA health system can give states coronavirus backup, but only on HHS orders

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03/17/2020 09:36 AM EDT

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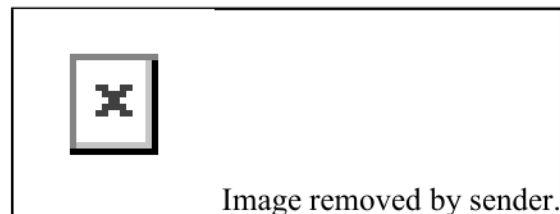
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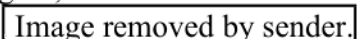
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To:	'Tara.Engel@pernod-ricard.com' <Tara.Engel@pernod-ricard.com>
CC:	'zachery.mcentee@treasury.gov' <zachery.mcentee@treasury.gov>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; 'andrew.hughes@hud.gov' <andrew.hughes@hud.gov>; 'Ann Mukherjee' <Ann.Mukherjee@pernod-ricard.com>; 'Tara Engel' <Tara.Engel@pernod-ricard.com>
Subject:	FW: Public/Private Partnership with Pernod Ricard USA re: manufacturing HAND SANITIZER on behalf of Ann Mukherjee, CEO Pernod Ricard NA
Date:	2020/03/17 09:42:20
Priority:	Normal
Type:	Note



Good Morning,

Thank you for reaching out to Vice President Pence. We greatly appreciate your generous offer to increase production of hand sanitizer. Your message has been received and directed to the Coronavirus Task Force or appropriate Federal Agency for follow up. Someone from the relevant entity will be in touch with you within 48 hours.

Please know that the Executive Office of the President values your input and generosity, and we look forward to getting you engaged as we all work together to combat this virus.

Thank you,

The White House

From: Tara Engel <Tara.Engel@pernod-ricard.com>

Sent: Sunday, March 15, 2020 8:59 PM

To: Short, Marc T. EOP/OVP (b)(6)

Cc: zachery.mcentee@treasury.gov; brian.harrison@hhs.gov; andrew.hughes@hud.gov; Ann Mukherjee <Ann.Mukherjee@pernod-ricard.com>; Tara Engel <Tara.Engel@pernod-ricard.com>

Subject: [EXTERNAL] Public/Private Partnership with Pernod Ricard USA re: manufacturing HAND SANITIZER on behalf of Ann Mukherjee, CEO Pernod Ricard NA



The Vice President of the United States
The White House
1600 Pennsylvania Avenue, NW
Washington, D.C. 20500

March 15, 2020

Dear Vice President Pence,

We wish to step up at this time of national emergency, Pernod Ricard USA can provide a fast solution from our American manufacturing plant in Ft. Smith Arkansas and our Rabbit Hole Distillery in Louisville, Kentucky. Our American facilities on a normal day produce some of our fine beverage alcohol products such as Rabbit Hole bourbon. Pernod Ricard production capability places us in a unique position to create a public/private partnership to provide a solution addressing the shortage on hand sanitizer. Pernod's facilities have in stock the base ethanol and are currently sourcing the other ingredients of glycerol and hydrogen peroxide. As well as local American made PET bottles and closures. We are not looking to make a profit off this partnership but do what is right to help our nation in this time of crisis.

Our local Arkansas and Kentucky teams are more than capable of blending and bottling the hand sanitizer. We will provide an exact timeline for production and quantities by Tuesday, March 17, 2020.

We have identified three issues we will need government assistance with:

- TTB: Waive FET on ethanol used in sanitizer
- FDA: Approval of WHO label for bottles or other label
- CDC/ and or other Government direction: Coordination of distribution of sanitizer

These public/private partnerships based on American ingenuity and allow us to overcome challenges and continue to Make America Great. We stand at your service.

Sincerely,



A picture containing object Description automatically generated

Ann Mukherjee
Chairman and CEO

Pernod Ricard North America

cc: Secretary Steven Mnuchin, Department of Treasury
Secretary Alex Azar, Department Health and Human Services
Secretary Ben Carson, Department of Housing and Urban Development



Tara Engel

Vice President, Public & National Affairs | Office: +1 202 644 4912 | Mobile: (b)(6)

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From:	Americans for Limited Government <media@limitgov.org>
To:	Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>
Subject:	With teleworking in place, GOP state governors should modernize their governments and deal with public sector unions
Date:	2020/03/17 09:43:32
Priority:	Normal
Type:	Note



6

March 17, 2020

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With teleworking in place, GOP state governors should modernize their governments and deal with public sector unions

State and local government agencies are shutting down or having workers telecommute in response to the Chinese coronavirus, and now it is the time for GOP governors and legislatures to modernize their governmental operations, not just survive. It should be a good time to assess which departments and employees are vital, and which are not. Once those assessments are made, appropriate cuts should be made. Of course, public sector unions will vigorously oppose any efforts to rightsize the bureaucracy, and that is why Republican lawmakers should also move to curb the excessive power of government employee unions.

Cartoon: Bash and Crab

Joe Biden has a plan.

Video: How bad will the Chinese coronavirus be for the U.S. economy as Congress considers paid sick leave?

How can we make certain that businesses laying off employees today in response to the coronavirus outbreak rehire them after the crisis is over? How about a rehiring tax credit?

Stimulus legislation should be temporary, targeted and focused

Americans for Limited Government President Rick Manning: "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."

Gohmert on Request to Read Revisions in Families First Coronavirus Response Act

"Last night some of the elected members of Congress heard that substantial changes were being made to H.R. 6201, the "Families First Coronavirus Response Act" that the House passed in the wee hours Saturday morning without being afforded the luxury of time to read the final bill before we voted. I read the 9pm version but was given no time to read or compare the midnight version. Once again, because the Saturday morning bill was rushed so hysterically to passage, it requires more pages of changes, supposedly about 46 pages of 'technical corrections,' some of which are truly substantive and not just "technical" corrections to a bill that was 110 pages long. The last draft of the 'technical changes' I saw was 87 pages long. The Democrats are writing the so-called 'corrections' as we speak. Having someone here in DC prepared to object forces the Democrat leadership to at least have the law changes drafted before they are approved by a Unanimous Consent vote. I cannot in good conscience give my consent to something that has not been finished or made available to Members of Congress before it is up for a vote. This coronavirus is doing enough damage to people without Congress compounding the problem to rush through a bill and another corrected bill just to say we did something. We should be

attempting to minimize the damage, not piling on. My constituents did not elect the California delegation to represent them, they elected me—and that's what I am trying to do. I will not give my consent without first reading these very serious changes that will hopefully minimize bankruptcies caused by the virus rather than causing more. The final draft has still not been finished. I have spoken with Kevin McCarthy and the President who both understand my concerns. Its easy to talk to the President when we completely share the same driving desire to make America even greater."

With teleworking in place, GOP state governors should modernize their governments and deal with public sector unions

 6

By Richard McCarty

State and local government agencies are shutting down or having workers telecommute in response to the Chinese coronavirus, and now it is the time for GOP governors and legislatures to modernize their governmental operations, not just survive. It should be a good time to assess which departments and employees are vital, and which are not. Once those assessments are made, appropriate cuts should be made.

Of course, public sector unions will vigorously oppose any efforts to rightsize the bureaucracy, and that is why Republican lawmakers should also move to curb the excessive power of government employee unions.

With his signature on Act 10, former Gov. Scott Walker (R-Wis.) transformed public employee unions — and politics — in Wisconsin. Among other things, Act 10 limits most labor negotiations to wages; and any wage increases above the consumer price index must be authorized by a public referendum. The act requires annual elections to determine whether members wish to keep their union; it also directs government agencies to stop collecting union dues. By standing up to the public sector unions,

Walker saved taxpayers a fortune. Furthermore, as a result of Act 10, public employee union membership declined in Wisconsin; and it is quite likely that the legislation helped President Trump win the state in 2016.

Decades ago, public employee union members only accounted for a small fraction of all union members; but now, they account for nearly half. According to the U.S. Bureau of Labor Statistics, there were 7.1 million public sector union members and 7.5 million private sector union members last year. This translates into a union membership rate of 33.6 percent in the public sector and a rate of 6.2 percent in the private sector.

While the net benefit of most private sector unions in the modern workplace is debatable as nationwide membership continues to drop, most public sector unions are detrimental. If a private sector union gets too greedy demanding unsustainable wages and benefits and protects too many lazy employees, the employer will be forced to take drastic action, such as replace workers with robots, or eventually go bankrupt.

On the other hand, if a public sector union is able to elect its cronies to office and negotiate sweetheart labor contracts, taxpayers may be stuck with the bills for decades. One need look no further than Connecticut, Illinois, or New Jersey, to see what happens when powerful public employee unions get their way: taxpayers pay, and pay, and pay, and it is still not enough.

Of course, even when public sector unions are not demanding higher pay and lavish benefits, they are often supporting liberal causes and candidates. So which unions are some of the largest public employee unions, and how are they working to advance the Left's agenda?

- The American Federation of Government Employees (AFGE), which has over 300,000 members, opposes conservative judges and gave money to the liberal Democracy Alliance.
- The American Federation of State, County and Municipal Employees (AFSCME), which has over 1.3 million members, supports illegal immigration and abortion and gives money to liberal organizations, such as the American Bridge 21st Century, the Center for American Progress, the Democracy Alliance, the Democratic Governors Association, Demos, the League of Conservation Voters, MoveOn.org, and the National Democratic Redistricting Committee.

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Cartoon: Bash and Crab



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toohotnottonote5.PNG

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"I will not give my consent without first reading these very serious changes that will hopefully minimize bankruptcies caused by the virus rather than causing more. The final draft has still not been finished. I have spoken with Kevin McCarthy and the President who both understand my concerns. Its easy to talk to the President when we completely share the same driving desire to make America even greater."

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Recipient:	Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>
Sent Date:	2020/03/17 09:43:21
Delivered Date:	2020/03/17 09:43:32

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:	With teleworking in place, GOP state governors should modernize their governments and deal with public sector unions
Date:	2020/03/17 09:43:36
Priority:	Normal
Type:	Note



6

March 17, 2020

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With teleworking in place, GOP state governors should modernize their governments and deal with public sector unions

State and local government agencies are shutting down or having workers telecommute in response to the Chinese coronavirus, and now it is the time for GOP governors and legislatures to modernize their governmental operations, not just survive. It should be a good time to assess which departments and employees are vital, and which are not. Once those assessments are made, appropriate cuts should be made. Of course, public sector unions will vigorously oppose any efforts to rightsize the bureaucracy, and that is why Republican lawmakers should also move to curb the excessive power of government employee unions.

Cartoon: Bash and Crab

Joe Biden has a plan.

Video: How bad will the Chinese coronavirus be for the U.S. economy as Congress considers paid sick leave?

How can we make certain that businesses laying off employees today in response to the coronavirus outbreak rehire them after the crisis is over? How about a rehiring tax credit?

Stimulus legislation should be temporary, targeted and focused

Americans for Limited Government President Rick Manning: "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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With teleworking in place, GOP state governors should modernize their governments and deal with public sector unions

 6

By Richard McCarty

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Of course, public sector unions will vigorously oppose any efforts to rightsize the bureaucracy, and that is why Republican lawmakers should also move to curb the excessive power of government employee unions.

With his signature on Act 10, former Gov. Scott Walker (R-Wis.) transformed public employee unions — and politics — in Wisconsin. Among other things, Act 10 limits most labor negotiations to wages; and any wage increases above the consumer price index must be authorized by a public referendum. The act requires annual elections to determine whether members wish to keep their union; it also directs government agencies to stop collecting union dues. By standing up to the public sector unions,

Walker saved taxpayers a fortune. Furthermore, as a result of Act 10, public employee union membership declined in Wisconsin; and it is quite likely that the legislation helped President Trump win the state in 2016.

Decades ago, public employee union members only accounted for a small fraction of all union members; but now, they account for nearly half. According to the U.S. Bureau of Labor Statistics, there were 7.1 million public sector union members and 7.5 million private sector union members last year. This translates into a union membership rate of 33.6 percent in the public sector and a rate of 6.2 percent in the private sector.

While the net benefit of most private sector unions in the modern workplace is debatable as nationwide membership continues to drop, most public sector unions are detrimental. If a private sector union gets too greedy demanding unsustainable wages and benefits and protects too many lazy employees, the employer will be forced to take drastic action, such as replace workers with robots, or eventually go bankrupt.

On the other hand, if a public sector union is able to elect its cronies to office and negotiate sweetheart labor contracts, taxpayers may be stuck with the bills for decades. One need look no further than Connecticut, Illinois, or New Jersey, to see what happens when powerful public employee unions get their way: taxpayers pay, and pay, and pay, and it is still not enough.

Of course, even when public sector unions are not demanding higher pay and lavish benefits, they are often supporting liberal causes and candidates. So which unions are some of the largest public employee unions, and how are they working to advance the Left's agenda?

- The American Federation of Government Employees (AFGE), which has over 300,000 members, opposes conservative judges and gave money to the liberal Democracy Alliance.
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Sender:	Americans for Limited Government <media@limitgov.org>
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Sent Date:	2020/03/17 09:43:21
Delivered Date:	2020/03/17 09:43:36

From:	Victoria Rubinova (b)(6)
To:	<Rachel@msnbc.com>; <community@cnn.com>
Subject:	Urgent!
Date:	2020/03/17 09:56:21
Priority:	Normal
Type:	Note

Why are we not concentrating our efforts on protecting the most vulnerable???

We, as a nation, already have the most vulnerable population "separated", in the form of long term care facilities!

Instead of going back and forth on whether national lockdown is the best option now, WHY HAVE WE NOT "LOCKED DOWN" THESE FACILITIES? (At least)

How do we not even have ANY mandate to "temp check at the door" of EVERY LTC facility... at the very least?!

The CDC recommendations are good but if they are just THAT, and not mandated/enforced, then really what good are they???

Prioritising the active protection of residents in LTH facilities is our BEST strategy on so many levels:

1. To get ahead of "the curve"!

Think about it... hospitals are going to be overwhelmed based on 2 primary functions: triaging and ICU capacity. If we start aggressively protecting these facilities NOW, that's a major (arguably majority) segment of population who will be averted from, and thereby [greatly] lessen the burden on, hospitals. THESE are exactly the one's, who WE KNOW, will need intensive care (if/when infected). Look at it as the first steps of "triaging" already done for us, they (the elderly with comorbidities) are already identified AND separated in the community! Use this valuable and quickly passing timeframe, to make this circumstance work for them, instead of leaving them so vulnerable to have it work against!

2. To ACTUALLY have an affect on morbidity and mortality rate!

What are individuals ACTUALLY dying from? Respiratory failure... yes, but it's like saying they died when they stopped breathing. Duh! It's actually from sepsis progression, which CAN be mitigated, if early detection and intervention is possible. NOW is the opportunity to put in place the resources to do just that! If we can reach these people early enough and intervene appropriately, we can (I believe) drastically change the outcome. After all, sepsis CAN be treated, and I have a suspicion it may (at least in part) be caused by SECONDARY INFECTION(S). Bacterial sepsis is treated, very successfully [when intervention is early], by broad spectrum Abs. Several antiviral meds are now available for viral sepsis to try as well. What is vitally needed, is competent and highly trained medical professionals to monitor and

intervene, as appropriate, early on! This intervention may singularly decrease need for ventilation (and therefore ventilators) by most significant amount!

3. To do something proactively that makes a difference, instead of consistently being a step behind!

Making recommendations is not the same as putting policies in place. PLEASE make the recommendations into mandates!!! And actively enforce them!

In addition to implementing CDC recommendations, I would propose adding the following if at all feasible:

- All staff and residents should get priority testing.
- Assign MDs to each facility (whether onsite or by video) to be readily available for staff to contact with any COVID19 question/suspicion/concern/advice/etc.
- Increase mass awareness of early SHOCK signs and symptoms, as well as expand nursing staff training and tools (like qSOFA assessments).
- Assemble Statewide "rapid response" teams/faskforces which can be immediately deployed to any potential outbreak (FEMAlite structured).

Please someone hear me on this!!!

We can all agree, in fact, it's the ONLY thing we really know [for sure] about THIS virus ... that it disproportionately kills elderly, frail, and those with comorbidities! How can we justify leaving these most vulnerable and susceptible places completely unprotected, deprioritized, and frankly left to fend for themselves.

Sender:	Victoria Rubinova (b)(6)
Recipient:	<Rachel@msnbc.com>; <community@cn.com>
Sent Date:	2020/03/17 09:55:56
Delivered Date:	2020/03/17 09:56:21

From:	Timothy Templet <ttemplet@puritanmedproducts.com>
To:	Susan Sharp <susan.sharp@copanusa.net>; Patrick Murray <patrick_murray@bd.com>; <Dmitriy.kosarikov@roche.com>; <bob.setterquist@thermofisher.com>; Norman Sharples <norman.sharples@copanusa.net>; Jaimie Augustine <jaimie.augustine@copanusa.net>; <darshna.tanna@roche.com>; Mehdi Karamchi <mkaramchi@puritanmedproducts.com>
CC:	Ashley Buttice <albuttice@puritanmedproducts.com>; David Perkins <drperkins@puritanmedproducts.com>; Laurie Smith <lasmith@puritanmedproducts.com>; Megan Templet <metemplet@puritanmedproducts.com>
Subject:	RE: Literature review
Date:	2020/03/17 10:34:19
Priority:	Normal
Type:	Note

To All,

Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.confusion, we suggest not referencing brand names as it relates to developing the validation protocol. UTM should be referred to as universal transport medium and as noted below, flock swabs is the correct general term for this type of tip material and the correct term for woven polyester is a spun polyester. (A woven polyester is a different type of swab tip material not intended for this purpose).

Thank you and we look forward to the call this afternoon.

Best regards,



Puritan Medical
Products Co.

Timothy Templet

Executive VP of Global Sales

Puritan Medical Products Co.

MOBILE: (b)(6)

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From: Susan Sharp <susan.sharp@copanusa.net>
Sent: Tuesday, March 17, 2020 9:36 AM
To: Patrick Murray <patrick_murray@bd.com>; Dmitriy.kosarikov@roche.com;
bob.setterquist@thermofisher.com; Timothy Templet <ttemplet@puritanmedproducts.com>; Norman
Sharples <norman.sharples@copanusa.net>; Jaimie Augustine <jaimie.augustine@copanusa.net>;
darshna.tanna@roche.com
Subject: Re: Literature review

On the other hand, We should think about all alternatives. (b)(4) If
we can do this contrived (?) we should test all three options.

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From: Susan Sharp <susan.sharp@copanusa.net>
Sent: Tuesday, March 17, 2020 9:04 AM
To: Patrick Murray; Dmitriy.kosarikov@roche.com; bob.setterquist@thermofisher.com;
Timothy Templet; Norman Sharples; Jaimie Augustine; darshna.tanna@roche.com
Subject: Re: Literature review

I agree with D with a few changes. (b)(4)

(b)(4)

Many thanks everyone.
Susie

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From: Patrick Murray <patrick_murray@bd.com>
Sent: Tuesday, March 17, 2020 8:57:04 AM
To: Dmitriy.kosarikov@roche.com <Dmitriy.kosarikov@roche.com>; Susan Sharp

<susan.sharp@copanusa.net>; bob.setterquist@thermofisher.com
<bob.setterquist@thermofisher.com>; Timothy Templet <tltemplet@puritanmedproducts.com>;
Norman Sharples <norman.sharples@copanusa.net>; Jaimie Augustine
<jaimie.augustine@copanusa.net>; darshna.tanna@roche.com <darshna.tanna@roche.com>

Subject: FW: Literature review

All – There is a great deal of pressure (both political and clinical need) to agree on a protocol and start doing the validation work. My hope is we can reach a consensus on the protocol thru emails and then finalize it on the call. So with that in mind and working from what Dmitriy shared (below), let me add comments –

(b)(4)

Pat



cid:image001.jpg@01D40166.95481C50

Patrick R Murray, PhD
VP, WW Scientific Affairs
BD Life Sciences

Patrick.Murray@bd.com

US

t: +1.410.316.4477

c: (b)(6)

bd.com

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From: **Kosarikov, Dmitriy** <dmitriy.kosarikov@roche.com>

Date: Mon, Mar 16, 2020 at 9:01 PM

Subject: Re: Literature review

To: Patrick Murray (b)(6), <susan.sharp@copanusa.net>, <norman.sharpley@companuse.net>, <jaimie.augustine@copanusa.net>, <bob.setterquist@thermofisher.com>, Darshna Tanna <darshna.tanna@roche.com>

Dear all,

Thank you for a very productive conversation earlier today.

Please see a high level overview of the sample equivalency study Roche conducted for EUA of cobas SARS-COV-2 test. The last paragraph summarizes the results



image.png

The way this design would be applicable to what we're trying to achieve would be as follows:

1. Three swabs are collected from subjects with signs and symptoms of upper respiratory infection
 - • one nasopharyngeal with FLOQSwab into UTM (current format in EUA device) –one nasal with flocked swab from the manufacturer into a medium of choice by the manufacturer
 - • one nasal with ~~woven~~ spun polyester swab into a medium of choice by the manufacturer
2. All samples are tested with manufacturer's test
3. Results from testing of two nasal swab samples in manufacturer's medium are compared to results from testing nasopharyngeal FLOQSwab in UTM –

We've kept saline out in order to streamline the design and focus on media types that are already available from manufacturers.

Our teams in CA and in Switzerland (where we have the appropriate facilities to handle cultured SARS-COV-2) are in the process of assessing the timeline and logistics of the study including sample acquisition which will likely be the rate limiting step. Again, keeping saline out of picture (at least for now) would help with that aspect.

In the meantime, just to make sure my understanding of the path forward is correct and we plan to do the following:

- • Agree on the design of this matrix equivalency study
- • Conduct literature search showing that nasal swab is adequate or equivalent in clinical settings (already started by Patrick, thanks!)

Approach FDA with this plan to get their buy-in on using the totality of the literature analysis and data from matrix equivalency to amend the existing EUA

- • Execute the studies independently by each manufacturer and amend EUAs

Thank you
Dmitriy

On Mon, Mar 16, 2020 at 9:03 AM Patrick Murray <(b)(6)> wrote:

----- Forwarded message -----

From: **Patrick Murray** <(b)(6)>
Date: Mon, Mar 16, 2020 at 11:53 AM
Subject: Literature review
To: <celine_roger-Dalbert@bd.com>, <susan.sharp@copanusa.net>,
<norman.sharples@companuse.net>, <jaimie.augustine@copanusa.net>,
<bob.setterquist@thermofisher.com>, <darshna.tanna@roche.com>

Attached is a quick literature review I did this morning which may guide our discussion at noon.
Pat

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Franklin Lakes, NJ 07417 U.S.A.

Sender:	Timothy Templet <ttemplet@puritanmedproducts.com>
Recipient:	Susan Sharp <susan.sharp@copanusa.net>; Patrick Murray <patrick_murray@bd.com>; <Dmitriy.kosarikov@roche.com>; <bob.setterquist@thermofisher.com>;

	Norman Sharples <norman.sharples@copanusa.net>; Jaimie Augustine <jaimie.augustine@copanusa.net>; <darshna.tanna@roche.com>; Mehdi Karamchi <mkaramchi@puritanmedproducts.com>; Ashley Buttice <albuttice@puritanmedproducts.com>; David Perkins <drperkins@puritanmedproducts.com>; Laurie Smith <lasmith@puritanmedproducts.com>; Megan Templet <metemplet@puritanmedproducts.com>
Sent Date:	2020/03/17 10:19:19
Delivered Date:	2020/03/17 10:34:19

From:	Collins, Francis (NIH/OD) [E] <collinsf@od.nih.gov>
To:	(b)(6) Emery Brown (b)(6)
CC:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. (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>; Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Marston, Hilary (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=93be476c17024bbcb5b44add01fe6a8-hilary.mars>; Fauci, Anthony (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau>
Subject:	RE: Building and rapidly deploying ventilators for respiratory management of Covid-19 infections
Date:	2020/03/17 10:34:12
Priority:	Normal
Type:	Note

Dear Ed and Emery,

Thanks for reaching out with this potentially exciting idea to rapidly produce low cost ventilators. The best points of contact to explore this will be Bob Kadlec, Bryan Shuy, and Rick Bright of ASPR/BARDA. I'm ccing your message to them.

Francis

From: Ed Boyden (b)(6)
Sent: Tuesday, March 17, 2020 9:27 AM
To: Emery Brown (b)(6)
Cc: Collins, Francis (NIH/OD) [E] <collinsf@od.nih.gov>
Subject: Re: Building and rapidly deploying ventilators for respiratory management of Covid-19 infections

Yes, would be exciting to harness the energy of so many talented science and engineering students -- eager to help, but of course there is much more to it than the engineering, if it is to have impact! Eager to help if we can.

Grateful for your time and consideration.

Best,
Ed

On Mon, Mar 16, 2020 at 2:02 PM Emery N. Brown (b)(6) wrote:
Dear Dr. Collins,

Ed Boyden and I have been in touch with faculty at MIT and Mass General Hospital along with students at MIT who would like to assist with the Covid-19 pandemic by building and deploying low cost ventilators to assist with respiratory and ventilatory management of patients in the acute phase of Covid-19 infections.

We wanted to ask you if there is a formal effort at the national level to coordinate the development, approval (by FDA), production and deployment of low-cost ventilators. If so we would like to tie into this larger effort.

What would you suggest that we proceed?

Thanks very much.

Sincerely,
Emery and Ed

--

Emery N. Brown, M.D., Ph.D.
Edward Hood Taplin Professor of Medical Engineering
Institute for Medical Engineering and Science
Professor of Computational Neuroscience
Picower Institute for Learning and Memory
Department of Brain and Cognitive Sciences
Massachusetts Institute of Technology
77 Massachusetts Avenue, 46-6079
Cambridge, MA 02139
tel: 617 324 1879
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Warren M. Zapol Professor of Anaesthesia
Harvard Medical School
Department of Anesthesia, Critical Care and Pain Medicine
Massachusetts General Hospital
55 Fruit Street, Gray-Bigelow 444
Boston, MA 02114
tel: 617 726 7487
fax: 617 726 8410

--

Ed Boyden, Ph. D.
Y. Eva Tan Professor in Neurotechnology at MIT
Leader, Synthetic Neurobiology Group
Professor, Departments of Biological Engineering and Brain and Cognitive Sciences, Media Lab and McGovern Institute

Co-Director, MIT Center for Neurobiological Engineering
 Member, MIT Center for Environmental Health Sciences, Computational and
 Systems Biology Initiative, and Koch Institute
 Massachusetts Institute of Technology
 Building 46: 46-2171C, 43 Vassar Street, Cambridge, MA 02139
 Building E15: E15-485, 20 Ames St., Cambridge, MA 02139 (mailing address)
 email - (b)(6)
 phone - (617) 324-3085
 cell - (b)(6)
 Google Hangout (b)(6)
 skype - eboyden3
 web - <https://protect2.fireeye.com/url?k=15db568e-498f7fa5-15db67b1-0cc47a6d17cc-ea4dac60ae55e20d&u=http://synthneuro.org/>
 twitter - <http://twitter.com/eboyden3>

Sender:	Collins, Francis (NIH/OD) [E] <collinsf@od.nih.gov>
Recipient:	<eboyden3@gmail.com>; Emery Brown <enb@neurostat.mit.edu>; 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>; Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Marston, Hilary (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=93be476c17024bbcb5b44add01fe6a8-hilary.mars>; Fauci, Anthony (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau>
Sent Date:	2020/03/17 10:28:44
Delivered Date:	2020/03/17 10:34:12

From:	Emery N. Brown (b)(6)
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.roup (FYDIBOHF23SPDLT)/cn=Recipients/cn=4bd4f570bdc43f2800bf986fa40d75f-francis.col>
CC:	(b)(6) 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>; Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Marston, Hilary (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=93be476c17024bbcbc5b44add01fe6a8-hilary.mars>; Fauci, Anthony (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau>
Subject:	Re: Building and rapidly deploying ventilators for respiratory management of Covid-19 infections
Date:	2020/03/17 10:44:58
Priority:	Normal
Type:	Note

Thanks Francis!! We will follow through. Emery

On Tue, Mar 17, 2020 at 10:28 AM Collins, Francis (NIH/OD) [E] <collinsf@od.nih.gov>wrote:

Dear Ed and Emery,

Thanks for reaching out with this potentially exciting idea to rapidly produce low cost ventilators. The best points of contact to explore this will be Bob Kadlec, Bryan Shuy, and Rick Bright of ASPR/BARDA. I'm ccing your message to them.

Francis

From: Ed Boyden (b)(6)
Sent: Tuesday, March 17, 2020 9:27 AM
To: Emery Brown (b)(6)
Cc: Collins, Francis (NIH/OD) [E] <collinsf@od.nih.gov>
Subject: Re: Building and rapidly deploying ventilators for respiratory management of Covid-19 infections

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Ed

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What would you suggest that we proceed?

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Emery and Ed

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Emery N. Brown, M.D., Ph.D.

Edward Hood Taplin Professor of Medical Engineering
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--

Ed Boyden, Ph. D.
Y. Eva Tan Professor in Neurotechnology at MIT
Leader, Synthetic Neurobiology Group
Professor, Departments of Biological Engineering and Brain and Cognitive Sciences, Media Lab
and McGovern Institute
Co-Director, MIT Center for Neurobiological Engineering
Member, MIT Center for Environmental Health Sciences, Computational and
Systems Biology Initiative, and Koch Institute
Massachusetts Institute of Technology
Building 46: 46-2171C, 43 Vassar Street, Cambridge, MA 02139
Building E15: E15-485, 20 Ames St., Cambridge, MA 02139 (mailing address)
email: (b)(6)
phone - (617) 324-3085

cell - (b)(6)
Google Hangout - (b)(6)
skype - eboyden3
web - <https://protect2.fireeye.com/url?k=f9b8eea6-a5ede776-f9b8df99-0cc47a6a52de-bdcf46b1f373f075&u=http://synthneuro.org/>
twitter - <http://twitter.com/eboyden3>

--

Emery N. Brown, M.D., Ph.D.
Edward Hood Taplin Professor of Medical Engineering
Institute for Medical Engineering and Science
Professor of Computational Neuroscience
Picower Institute for Learning and Memory
Department of Brain and Cognitive Sciences
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Harvard Medical School
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tel: 617 726 7487
fax: 617 726 8410

Sender:	Emery N. Brown (b)(6)
Recipient:	Collins, Francis (NIH/OD) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4bd4f570bdc43f2800bf986fa40d75f-francis.col>; (b)(6) 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>; Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Marston, Hilary (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=93be476c17024bbcb5b44add01fe6a8-hilary.mars>; Fauci, Anthony (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau>
Sent Date:	2020/03/17 10:31:04
Delivered Date:	2020/03/17 10:44:58
Message Flags:	Unread

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:	Senate wise to take time to get Wuhan virus bill right
Date:	2020/03/17 10:34:33
Priority:	Normal
Type:	Note



6

For Immediate Release

Contact: Robert Romano

March 17, 202

Phone: 703-383-0880 ext. 1

Senate wise to take time to get Wuhan virus bill right

March 17, 2020, Fairfax, Va.—Americans for Limited Government President Rick Manning today issued the following statement on Senate consideration of the coronavirus spending bill:

"It is a good thing that the U.S. Senate is taking some time to review the House coronavirus spending proposal. It is important that Congress get this right so that necessary resources can be put in place in the event of a worst case scenario, and that when this is all over, everyone gets back to work rapidly. It is also important that House and Senate appropriators significantly adjust secular and mandatory spending plans for the 2021 fiscal year. It is likely that the government costs of the coronavirus outbreak will exceed \$1 trillion new spending, which additional hundreds of billions of dollars in lost tax revenue. It would irresponsible in the months ahead for Congress to ignore this obvious reality by not taking similar drastic action to mitigate against this disastrous fiscal situation.

"The coronavirus spending is a necessary and temporary preparation and hopefully much of it will not be needed, and the price tag decreases. But we should make certain not to forget the long-term fiscal straits that our nation faces due to an overly bloated federal government."

To view online: <https://protect2.fireeye.com/url?k=967b31cd-ca2e38de-967b00f2-0cc47adb5650-d30c21d9c28613b0&u=https://getliberty.org/2020/03/senate-wise-to-take-time-to-get-wuhan-virus-bill-right/>

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

###

Americans for Limited Government is dedicated to fighting for the survival of America by restoring constitutionally limited government, allowing individuals to pursue life, liberty and happiness. For more information on ALG please visit our website at <https://protect2.fireeye.com/url?k=df0f0acc-835a03df-df0f3bf3-0cc47adb5650-ed14873da3928696&u=http://www.getliberty.org/> and <https://protect2.fireeye.com/url?k=3345da2e-6f10d33d-3345eb11-0cc47adb5650-0f48bbbc985206b0&u=http://www.dailytorch.com/>.

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

This email is intended for Alex.Azar@hhs.gov.
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Sender:	Americans for Limited Government < media@limitgov.org >
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/17 10:34:05
Delivered Date:	2020/03/17 10:34:33
Message Flags:	Unread

From:	Americans for Limited Government <media@limitgov.org>
To:	Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>
Subject:	Senate wise to take time to get Wuhan virus bill right
Date:	2020/03/17 10:34:33
Priority:	Normal
Type:	Note



6

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March 17, 202

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

This email is intended for eric.hargan@hhs.gov.
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Sender:	Americans for Limited Government < media@limitgov.org >
Recipient:	Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>
Sent Date:	2020/03/17 10:34:05
Delivered Date:	2020/03/17 10:34:33

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.DIBOHF23SPDLT)/CN=RECIPIENTS/CN=EB3A04F7DBDE41049BFD10F490D3E178-MORSE, SARA>
To:	Oakley, Caitlin B. (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e5ee4c35534c4af9bdac46789c034790-Oakley, Cai>; Dareshori, Zack (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a4e07b941ed04118ab39d2f6e3f2392c-Dareshori,>; Shuy, Caitrin (HHS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1f12cde7b4764f1aad8b20c0dceae0a7-Shuy, Caitr>; Arbes, Sarah (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=106db0ac70a241a8b1323647c093d9bf-Arbes, Sara>
CC:	Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; McKeogh, Katherine (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c652f2c415b44dff8369dd7f4596f030-McKeogh, Ka>; Murphy, Ryan (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Pence, Laura (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d1027e80d2334093870fdb436c5576cd-Pence, Laur>; Moughalian, Jen (HHS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a1ec840c6a2d4adbbc91e420a23c7eaf-Moughalian,>; Bird, Catherine (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb9d9180497c49c4a06a0dd1f6043dc7-Bird, Cathe>; Armstrong, Rebekah (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=77ef5bf94d434250a362f9f2f07df748-Armstrong,>
Subject:	RE: VA health system can give states coronavirus backup, but only on HHS orders
Date:	2020/03/17 10:41:39
Priority:	Normal
Type:	Note

ASL too please. Who is HHS lead on this?

From: Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Sent: Tuesday, March 17, 2020 10:40 AM
To: Dareshori, Zack (HHS/IOS) <Zachary.Dareshori@hhs.gov>; Shuy, Caitrin (HHS/ASFR) <Caitrin.Shuy@hhs.gov>; Morse, Sara (HHS/ASL) <Sara.Morse@hhs.gov>; Arbes, Sarah (HHS/ASL) <Sarah.Arbes@hhs.gov>
Cc: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Pence, Laura (HHS/ASL) <Laura.Pence@hhs.gov>; Moughalian, Jen (HHS/ASFR) <Jen.Moughalian@hhs.gov>; Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>; Armstrong, Rebekah (HHS/ASL) <Rebekah.Armstrong@hhs.gov>
Subject: RE: VA health system can give states coronavirus backup, but only on HHS orders

Can ASPA please included? Hard to get answers on this one, thanks.

Caitlin B. Oakley
Deputy Assistant Secretary, National Spokesperson
Office of the Assistant Secretary for Public Affairs
U.S. Department of Health and Human Services

caitlin.oakley@hhs.gov

From: Dareshori, Zack (HHS/IOS) <Zachary.Dareshori@hhs.gov>
Sent: Tuesday, March 17, 2020 10:17 AM
To: Shuy, Caitrin (HHS/ASFR) <Caitrin.Shuy@hhs.gov>; Morse, Sara (HHS/ASL) <Sara.Morse@hhs.gov>; Arbes, Sarah (HHS/ASL) <Sarah.Arbes@hhs.gov>
Cc: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Pence, Laura (HHS/ASL) <Laura.Pence@hhs.gov>; Moughalian, Jen (HHS/ASFR) <Jen.Moughalian@hhs.gov>; Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>; Armstrong, Rebekah (HHS/ASL) <Rebekah.Armstrong@hhs.gov>
Subject: RE: VA health system can give states coronavirus backup, but only on HHS orders

We are working with VA to schedule a call for this afternoon

From: Shuy, Caitrin (HHS/ASFR) <Caitrin.Shuy@hhs.gov>
Sent: Tuesday, March 17, 2020 10:00 AM
To: Morse, Sara (HHS/ASL) <Sara.Morse@hhs.gov>; Arbes, Sarah (HHS/ASL) <Sarah.Arbes@hhs.gov>
Cc: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Pence, Laura (HHS/ASL) <Laura.Pence@hhs.gov>; Moughalian, Jen (HHS/ASFR) <Jen.Moughalian@hhs.gov>; Dareshori, Zack (HHS/IOS) <Zachary.Dareshori@hhs.gov>; Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>; Armstrong, Rebekah (HHS/ASL) <Rebekah.Armstrong@hhs.gov>
Subject: RE: VA health system can give states coronavirus backup, but only on HHS orders

The Labor H approps committee has also inquired about this in terms of what potential costs could be.

From: Morse, Sara (HHS/ASL) <Sara.Morse@hhs.gov>
Sent: Tuesday, March 17, 2020 9:57 AM
To: Arbes, Sarah (HHS/ASL) <Sarah.Arbes@hhs.gov>
Cc: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Pence, Laura (HHS/ASL) <Laura.Pence@hhs.gov>; Moughalian, Jen (HHS/ASFR) <Jen.Moughalian@hhs.gov>; Shuy, Caitrin (HHS/ASFR) <Caitrin.Shuy@hhs.gov>; Dareshori, Zack (HHS/IOS) <Zachary.Dareshori@hhs.gov>; Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>; Armstrong, Rebekah (HHS/ASL) <Rebekah.Armstrong@hhs.gov>
Subject: Re: VA health system can give states coronavirus backup, but only on HHS orders

Actually they also have follow up questions. Who is best person to answer them?

Sent from my iPhone

On Mar 17, 2020, at 9:55 AM, Arbes, Sarah (HHS/ASL) <Sarah.Arbes@hhs.gov>wrote:

Senator Cassidy inquired about this and we are arranging a call w/Paul Mango.

From: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>
Sent: Tuesday, March 17, 2020 9:52 AM
To: McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>
Cc: Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Arbes, Sarah (HHS/ASL) <Sarah.Arbes@hhs.gov>; Pence, Laura (HHS/ASL) <Laura.Pence@hhs.gov>; Moughalian, Jen (HHS/ASFR) <Jen.Moughalian@hhs.gov>; Shuy, Caitrin (HHS/ASFR) <Caitrin.Shuy@hhs.gov>; Dareshori, Zack (HHS/IOS) <Zachary.Dareshori@hhs.gov>; Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>
Subject: Re: VA health system can give states coronavirus backup, but only on HHS orders

Did we get asked for comment? Discussions in this are ongoing.

Zack I believe was arranging a meeting.

Sent from my iPhone

On Mar 17, 2020, at 9:39 AM, McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov> wrote:

From: POLITICO Pro <politicoemail@politicopro.com>
Sent: Tuesday, March 17, 2020 9:37 AM
To: McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>
Subject: VA health system can give states coronavirus backup, but only on HHS orders

VA health system can give states coronavirus backup, but only on HHS orders

By Susannah Luthi

03/17/2020 09:36 AM EDT

The Department of Veterans Affairs is preparing to offer states assistance in handling an influx of Covid-19 cases, according to a memo to congressional staff obtained by POLITICO.

The VA has spent weeks prepping for its so-called "Fourth Mission" of emergency response — where its nationwide network of hospitals and health centers could start accepting coronavirus patients should other hospitals get overwhelmed. It plans to instruct states and territories on how to alert HHS and request assistance. But only HHS Secretary Alex Azar can give the green light for the VA to step in.

Under HHS' direction, the VA could then send supplies or other back up help to hospitals, or open up its own facilities for civilian patients — as long as it doesn't hinder veterans' access. It's

not clear when Azar might issue the order: the White House didn't weigh in and HHS didn't immediately respond.

As of Friday, VA had 13,000 acute care beds, and 1,800 of them are ICU — although the exact availability changes depending on daily caseload. A department spokesperson said VA facilities are fully stocked with "essential items and supplies" to handle a potential surge of cases and started preparing its emergency response before the U.S. had its first confirmed case.

The Trump administration's potential reliance on the VA's health system comes as a major White House-led policy has started shifting more VA dollars into private hospitals. The VA Mission Act, a priority of President Donald Trump that he signed into law in 2018, lets veterans opt for a private-sector doctor or hospital based on their drive time or wait time for a VA appointment.

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<https://protect2.fireeye.com/url?k=74435238-28177b13-74436307-0cc47a6d17cc-9aa55b3878dce7be&u=https://subscriber.politicopro.com/health-care/whiteboard/2020/03/va-health-system-can-give-states-coronavirus-backup-but-only-on-hhs-orders-3977931>

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Recipient:	Oakley, Caitlin B. (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e5ee4c35534c4af9bdac46789c034790-Oakley, Cai>; Dareshori, Zack (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a4e07b941ed04118ab39d2f6e3f2392c-Dareshori,>;

	Shuy, Caitrin (HHS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1f12cde7b4764f1aad8b20c0dceae0a7-Shuy, Caitr>; Arbes, Sarah (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=106db0ac70a241a8b1323647c093d9bf-Arbes, Sara>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; McKeogh, Katherine (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c652f2c415b44dff8369dd7f4596f030-McKeogh, Ka>; Murphy, Ryan (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Pence, Laura (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d1027e80d2334093870fdb436c5576cd-Pence, Laur>; Moughalian, Jen (HHS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a1ec840c6a2d4adbbc91e420a23c7eaf-Moughalian,>; Bird, Catherine (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb9d9180497c49c4a06a0dd1f6043dc7-Bird, Cathe>; Armstrong, Rebekah (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=77ef5bf94d434250a362f9f2f07df748-Armstrong,>
Sent Date:	2020/03/17 10:41:37
Delivered Date:	2020/03/17 10:41:39

From:	Banner, Gregory (OS/ASPR/EMMO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=USER0373EA4D>
To:	Field Operations and Response Division </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c982b5811dce4a9ca3e4c454ece0d74a-ASPR.DFOR>; DHHS-HPP-FPO </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=77f8e1aa31cd4e1fa48e8aba85cf5457-DHHS-HPP-FP>; ASPRPAO </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1c71d65e4f064e75a4602d75d1f2672d-ASPR-PAO>; IMTNAT GROUP </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4e355ebc6b674692bcb1c12460281b81-IMTNAT.GROUP>; n-nc.peterson.n-nccmd.mbx.hhs-lno-omb (mail.mil) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=083db29093504702b5a49659b58f3eb3-n-nc.peters>; ASPR Medical Operations - Field Ops <ASPR_MO_FIELDOPS@LIST.NIH.GOV>
Subject:	COVID-19 Web resource compendium
Date:	2020/03/17 10:41:46
Priority:	Normal
Type:	Note

Latest update of attempt to track the key web resource links for COVID-19 information. Several of these (most notably CDC for US consumers) list multiple internal resources which need to be searched by specific topic; so attempt is to list only main sites in a manageable master list.
Best to all.

Gregory T Banner
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Regional Emergency Coordinator
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MAPS AND STATISTICS

US DHHS CDC Global COVID-19 Map
<https://www.cdc.gov/coronavirus/2019-ncov/locations-confirmed-cases.html#map>

US DHHS CDC US Outbreak Statistics
<https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>

COVID-19 Outbreak Tracker. Kaiser Family Foundation
<https://www.kff.org/global-health-policy/fact-sheet/coronavirus-tracker/>

US Dpt of State Travel Advisories
<https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/>

DEFINITIONS, BACKGROUND, PLANS, LEGAL AUTHORITIES

US DHHS Public Health Emergency Declaration

<https://www.phe.gov/emergency/news/healthactions/phe/Pages/2019-nCoV.aspx>

Flu Types, definitions, and naming conventions. US DHHS CDC

<http://www.cdc.gov/flu/about/viruses/types.htm>

Definitions and Risk Assessments, US DHHS CDC (Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 (COVID-19) Exposure in Travel-associated or Community Settings)

<https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>

National Pandemic Strategy Page, US DHHS CDC

<https://www.cdc.gov/flu/pandemic-resources/national-strategy/index.html>

Network for Public Health Law. Coronavirus Primer. Authorities, etc...

<https://www.networkforphl.org/resources/emergency-legal-preparedness-wuhan-coronavirus/>

Pandemic Intervals Framework, US DHHS CDC

<https://www.cdc.gov/flu/pandemic-resources/national-strategy/intervals-framework.html>

Pandemic Phases, World Health Organization (2009 H1N1)

<https://www.who.int/csr/disease/swineflu/phase/en/>

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<https://www.federalregister.gov/documents/2020/03/17/2020-05484/declaration-under-the-public-readiness-and-emergency-preparedness-act-for-medical-countermeasures>

US Government Accountability Office. GAO Report "Science & Tech Spotlight: Coronaviruses" (GAO-20-472SP) on March 3, 2020.

<https://www.gao.gov/assets/710/705075.pdf>

INTERNATIONAL SITES

World Health Organization (WHO)

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

EU European Centre for Disease Prevention and Control. COVID-19 site

<https://www.ecdc.europa.eu/en/novel-coronavirus-china>

UK Government COVID-19 Publications

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

Canada Government COVID-19 Info Page

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/canadas-reponse.html>

Mexico Government Dpt of Health COVID-19 Page

<https://www.gob.mx/salud/documentos/nuevo-coronavirus-2019-ncov-comunicado-tecnico-diario?idiom=es>

Australian Government. Dpt of Health COVID-19 Resource page

<https://www.health.gov.au/resources/collections/novel-coronavirus-2019-ncov-resources>
<https://www.health.gov.au/resources/collections/coronavirus-covid-19-resources-for-health-professionals-including-aged-care-providers-pathology-providers-and-healthcare-managers>

US GOVERNMENT SITES

US DHHS Office of the Assistant Secretary for Preparedness and Response (ASPR) COVID-19 page (PHE.GOV)

<https://www.phe.gov/Preparedness/COVID19/Pages/default.aspx>

US DHHS ASPR TRACIE.

<https://asprtracie.hhs.gov/technical-resources/44/SARS-MERS/44>

US DHHS National Institutes of Health (NIH)

<https://www.nih.gov/health-information/coronavirus>

US DHHS NIH National Library of Medicine (NLM)

https://www.nlm.nih.gov/index.html#Novel_Coronavirus

US DHHS CDC

<https://www.cdc.gov/coronavirus/2019-ncov/>

US DHHS CDC Travel Health Notices

https://wwwnc.cdc.gov/travel/notices?deliveryName=USCDC_1150-DM20414

US DHHS CDC Weekly COVID-19 newsletter updates

<https://tools.cdc.gov/CampaignProxyService/subscriptions.aspx>

US DHHS CDC NIOSH

https://www.cdc.gov/niosh/emres/2019_ncov.html

Respirator Information

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html>

US DHHS Centers for Medicare and Medicaid Services (

<https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf>
<https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Influenza-Viruses>
<https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Resources/Waivers-and-flexibilities>
<https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/emergency-medical-treatment-and-labor-act-emptala-requirements-and-implications-related-coronavirus>

US DHHS Food and Drug Administration.

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

COVID-19 Emergency Use Authorizations (FDA)

<https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations#coronavirus2019>

US DHS Cybersecurity and Infrastructure Security Agency (CISA)

<https://www.cisa.gov/coronavirus>

US Dpt of Labor OSHA

<https://www.osha.gov/SLTC/covid-19/>

<https://www.osha.gov/Publications/OSHA3990.pdf>

<https://www.osha.gov/memos/2020-03-14/temporary-enforcement-guidance-healthcare-respiratory-protection-annual-fit>

US Dpt of State. Overseas Security Advisory Council.

<https://www.osac.gov/Content/Announcement/fee23fa6-8c30-44ae-985f-180e3ce9635e>

US Dpt of Transportation FAA. Interim Aircrew Guidance for COVID-19

https://www.faa.gov/other_visit/aviation_industry/airline_operators/airline_safety/safo/all_safos/media/2020/SAFO20001.pdf

US Environmental Protection Agency. EPA's Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2, the Cause of COVID-19

https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list_03-03-2020.pdf

US Small Business Administration

<https://www.sba.gov/disaster-assistance/coronavirus-covid-19>

USA GOV International Traveler Issues for Americans

<https://www.usa.gov/americans-abroad#item-214568>

US National Governors Association. COVID-19 Site
<https://www.nga.org/coronavirus/>

PROFESSIONAL, ORGANIZATION, PRIVATE AND ACADEMIC SITES

American College of Emergency Physicians. COVID-19 Resource page
<https://www.acep.org/by-medical-focus/infectious-diseases/coronavirus/>

American College Health Association
https://acha.org/acha/resources/topics/2019_novel_coronavirus_2019-ncov.aspx

American Hospital Association
<https://www.aha.org/2020-01-22-updates-and-resources-novel-coronavirus-2019-cov>

Health Industry Distributors Association
<https://www.hida.org/distribution/advocacy/industry-issues/Coronavirus-resource-center.aspx>

International Air Transport Association. Air Transport and Communicable Diseases Page
<https://www.iata.org/en/programs/safety/health/diseases>

National Ebola Training and Education Center. (Search under COVID-19 Resources)
<https://netec.org/>

University of Minnesota. Center for Infectious Disease Research and Policy. COVID-19 page.
<http://www.cidrap.umn.edu/infectious-disease-topics/covid-19>

Massachusetts General Hospital. 2019 Novel Coronavirus Toolkit
<https://www.massgeneral.org/disaster-medicine/tools/>

Sender:	Banner, Gregory (OS/ASPR/EMMO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=USER0373EA4D>
Recipient:	Field Operations and Response Division </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c982b5811dce4a9ca3e4c454ece0d74a-ASPR.DFOR>; DHHS-HPP-FPO </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=77f6e1aa31cd4e1fa48e8aba85cf5457-DHHS-HPP-FP>; ASPRPAO </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1c71d65e4f064e75a4602d75d1f2672d-ASPR-PAO>; IMTNAT GROUP </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4e355ebcdb674692bcb1c12460281b81-IMTNAT.GROU>; n-nc.peterson.n-nccmd.mbx.hhs-lno-omb (mail.mil) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=083db29093504702b5a49659b58f3eb3-n-nc.peters>; ASPR Medical Operations - Field Ops <ASPR_MO_FIELDOPS@LIST.NIH.GOV>
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To:	Field Operations and Response Division </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c982b5811dce4a9ca3e4c454ece0d74a-ASPR.DFOR>; DHHS-HPP-FPO </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=77f8e1aa31cd4e1fa48e8aba85cf5457-DHHS-HPP-FP>; ASPRPAO </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1c71d65e4f064e75a4602d75d1f2672d-ASPR-PAO>; IMTNAT GROUP </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4e355ebc6b674692bcb1c12460281b81-IMTNAT.GROUP>; n-nc.peterson.n-nccmd.mbx.hhs-lno-omb (mail.mil) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=083db29093504702b5a49659b58f3eb3-n-nc.peters>; ASPR Medical Operations - Field Ops <ASPR_MO_FIELDOPS@LIST.NIH.GOV>
Subject:	COVID-19 Web resource compendium
Date:	2020/03/17 10:41:45
Priority:	Normal
Type:	Note

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US DHHS CDC US Outbreak Statistics
<https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>

COVID-19 Outbreak Tracker. Kaiser Family Foundation
<https://www.kff.org/global-health-policy/fact-sheet/coronavirus-tracker/>

US Dpt of State Travel Advisories
<https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/>

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National Pandemic Strategy Page, US DHHS CDC

<https://www.cdc.gov/flu/pandemic-resources/national-strategy/index.html>

Network for Public Health Law. Coronavirus Primer. Authorities, etc...

<https://www.networkforphl.org/resources/emergency-legal-preparedness-wuhan-coronavirus/>

Pandemic Intervals Framework, US DHHS CDC

<https://www.cdc.gov/flu/pandemic-resources/national-strategy/intervals-framework.html>

Pandemic Phases, World Health Organization (2009 H1N1)

<https://www.who.int/csr/disease/swineflu/phase/en/>

PREP Act Legal Liability Protection

<https://www.federalregister.gov/documents/2020/03/17/2020-05484/declaration-under-the-public-readiness-and-emergency-preparedness-act-for-medical-countermeasures>

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<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

EU European Centre for Disease Prevention and Control. COVID-19 site

<https://www.ecdc.europa.eu/en/novel-coronavirus-china>

UK Government COVID-19 Publications

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

Canada Government COVID-19 Info Page

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/canadas-reponse.html>

Mexico Government Dpt of Health COVID-19 Page

<https://www.gob.mx/salud/documentos/nuevo-coronavirus-2019-ncov-comunicado-tecnico-diario?idiom=es>

Australian Government. Dpt of Health COVID-19 Resource page

<https://www.health.gov.au/resources/collections/novel-coronavirus-2019-ncov-resources>
<https://www.health.gov.au/resources/collections/coronavirus-covid-19-resources-for-health-professionals-including-aged-care-providers-pathology-providers-and-healthcare-managers>

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<https://www.phe.gov/Preparedness/COVID19/Pages/default.aspx>

US DHHS ASPR TRACIE.

<https://asprtracie.hhs.gov/technical-resources/44/SARS-MERS/44>

US DHHS National Institutes of Health (NIH)

<https://www.nih.gov/health-information/coronavirus>

US DHHS NIH National Library of Medicine (NLM)

https://www.nlm.nih.gov/index.html#Novel_Coronavirus

US DHHS CDC

<https://www.cdc.gov/coronavirus/2019-ncov/>

US DHHS CDC Travel Health Notices

https://wwwnc.cdc.gov/travel/notices?deliveryName=USCDC_1150-DM20414

US DHHS CDC Weekly COVID-19 newsletter updates

<https://tools.cdc.gov/CampaignProxyService/subscriptions.aspx>

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https://www.cdc.gov/niosh/emres/2019_ncov.html

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US DHHS Centers for Medicare and Medicaid Services (

<https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf>
<https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Influenza-Viruses>
<https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Resources/Waivers-and-flexibilities>
<https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/emergency-medical-treatment-and-labor-act-emptala-requirements-and-implications-related-coronavirus>

US DHHS Food and Drug Administration.

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

COVID-19 Emergency Use Authorizations (FDA)

<https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations#coronavirus2019>

US DHS Cybersecurity and Infrastructure Security Agency (CISA)

<https://www.cisa.gov/coronavirus>

US Dpt of Labor OSHA

<https://www.osha.gov/SLTC/covid-19/>

<https://www.osha.gov/Publications/OSHA3990.pdf>

<https://www.osha.gov/memos/2020-03-14/temporary-enforcement-guidance-healthcare-respiratory-protection-annual-fit>

US Dpt of State. Overseas Security Advisory Council.

<https://www.osac.gov/Content/Announcement/fee23fa6-8c30-44ae-985f-180e3ce9635e>

US Dpt of Transportation FAA. Interim Aircrew Guidance for COVID-19

https://www.faa.gov/other_visit/aviation_industry/airline_operators/airline_safety/safo/all_safos/medi a/2020/SAFO20001.pdf

US Environmental Protection Agency. EPA's Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2, the Cause of COVID-19

https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list_03-03-2020.pdf

US Small Business Administration

<https://www.sba.gov/disaster-assistance/coronavirus-covid-19>

USA GOV International Traveler Issues for Americans

<https://www.usa.gov/americans-abroad#item-214568>

US National Governors Association. COVID-19 Site
<https://www.nga.org/coronavirus/>

PROFESSIONAL, ORGANIZATION, PRIVATE AND ACADEMIC SITES

American College of Emergency Physicians. COVID-19 Resource page
<https://www.acep.org/by-medical-focus/infectious-diseases/coronavirus/>

American College Health Association
https://acha.org/acha/resources/topics/2019_novel_coronavirus_2019-ncov.aspx

American Hospital Association
<https://www.aha.org/2020-01-22-updates-and-resources-novel-coronavirus-2019-cov>

Health Industry Distributors Association
<https://www.hida.org/distribution/advocacy/industry-issues/Coronavirus-resource-center.aspx>

International Air Transport Association. Air Transport and Communicable Diseases Page
<https://www.iata.org/en/programs/safety/health/diseases>

National Ebola Training and Education Center. (Search under COVID-19 Resources)
<https://netec.org/>

University of Minnesota. Center for Infectious Disease Research and Policy. COVID-19 page.
<http://www.cidrap.umn.edu/infectious-disease-topics/covid-19>

Massachusetts General Hospital. 2019 Novel Coronavirus Toolkit
<https://www.massgeneral.org/disaster-medicine/tools/>

Sender:	Banner, Gregory (OS/ASPR/EMMO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=USER0373EA4D>
Recipient:	Field Operations and Response Division </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c982b5811dce4a9ca3e4c454ece0d74a-ASPR.DFOR>; DHHS-HPP-FPO </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=77f6e1aa31cd4e1fa48e8aba85cf5457-DHHS-HPP-FP>; ASPRPAO </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1c71d65e4f064e75a4602d75d1f2672d-ASPR-PAO>; IMTNAT GROUP </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4e355ebcdb674692bcb1c12460281b81-IMTNAT.GROU>; n-nc.peterson.n-nccmd.mbx.hhs-lno-omb (mail.mil) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=083db29093504702b5a49659b58f3eb3-n-nc.peters>; ASPR Medical Operations - Field Ops <ASPR_MO_FIELDOPS@LIST.NIH.GOV>
Sent Date:	2020/03/17 10:41:43
Delivered Date:	2020/03/17 10:41:45
Message Flags:	Unread

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=1F12CDE7B4764F1AAD8B20C0DCEAE0A7-SHUY, CAITR>
To:	Dareshori, Zack (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a4e07b941ed04118ab39d2f6e3f2392c-Dareshori,>; Oakley, Caitlin B. (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e5ee4c35534c4af9bdac46789c034790-Oakley, Cai>; Morse, Sara (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=eb3a04f7dbde41049bfd10f490d3e178-Morse, Sara>; Arbes, Sarah (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=106db0ac70a241a8b1323647c093d9bf-Arbes, Sara>
CC:	Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; McKeogh, Katherine (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c652f2c415b44dff8369dd7f4596f030-McKeogh, Ka>; Murphy, Ryan (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Pence, Laura (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d1027e80d2334093870fdb436c5576cd-Pence, Laur>; Moughalian, Jen (HHS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a1ec840c6a2d4adbbc91e420a23c7eaf-Moughalian,>; Bird, Catherine (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb9d9180497c49c4a06a0dd1f6043dc7-Bird, Cathe>; Armstrong, Rebekah (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=77ef5bf94d434250a362f9f2f07df748-Armstrong,>
Subject:	RE: VA health system can give states coronavirus backup, but only on HHS orders
Date:	2020/03/17 10:45:05
Priority:	Normal
Type:	Note

I would like to also stay in the loop since there has been appropriations interest.

From: Dareshori, Zack (HHS/IOS) <Zachary.Dareshori@hhs.gov>
Sent: Tuesday, March 17, 2020 10:44 AM
To: Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>; Shuy, Caitrin (HHS/ASFR) <Caitrin.Shuy@hhs.gov>; Morse, Sara (HHS/ASL) <Sara.Morse@hhs.gov>; Arbes, Sarah (HHS/ASL) <Sarah.Arbes@hhs.gov>
Cc: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Pence, Laura (HHS/ASL) <Laura.Pence@hhs.gov>; Moughalian, Jen (HHS/ASFR) <Jen.Moughalian@hhs.gov>; Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>; Armstrong, Rebekah (HHS/ASL) <Rebekah.Armstrong@hhs.gov>
Subject: RE: VA health system can give states coronavirus backup, but only on HHS orders

Yes I can include ASL and ASPA as well. We're looking at 11:30 or 12pm. I think ASPR is lead

From: Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Sent: Tuesday, March 17, 2020 10:40 AM
To: Dareshori, Zack (HHS/IOS) <Zachary.Dareshori@hhs.gov>; Shuy, Caitrin (HHS/ASFR)

<Caitrin.Shuy@hhs.gov>; Morse, Sara (HHS/ASL) <Sara.Morse@hhs.gov>; Arbes, Sarah (HHS/ASL) <Sarah.Arbes@hhs.gov>

Cc: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Pence, Laura (HHS/ASL) <Laura.Pence@hhs.gov>; Moughalian, Jen (HHS/ASFR) <Jen.Moughalian@hhs.gov>; Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>; Armstrong, Rebekah (HHS/ASL) <Rebekah.Armstrong@hhs.gov>

Subject: RE: VA health system can give states coronavirus backup, but only on HHS orders

Can ASPA please included? Hard to get answers on this one, thanks.

Caitlin B. Oakley

Deputy Assistant Secretary, National Spokesperson
Office of the Assistant Secretary for Public Affairs
U.S. Department of Health and Human Services
caitlin.oakley@hhs.gov

From: Dareshori, Zack (HHS/IOS) <Zachary.Dareshori@hhs.gov>

Sent: Tuesday, March 17, 2020 10:17 AM

To: Shuy, Caitrin (HHS/ASFR) <Caitrin.Shuy@hhs.gov>; Morse, Sara (HHS/ASL) <Sara.Morse@hhs.gov>; Arbes, Sarah (HHS/ASL) <Sarah.Arbes@hhs.gov>

Cc: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Pence, Laura (HHS/ASL) <Laura.Pence@hhs.gov>; Moughalian, Jen (HHS/ASFR) <Jen.Moughalian@hhs.gov>; Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>; Armstrong, Rebekah (HHS/ASL) <Rebekah.Armstrong@hhs.gov>

Subject: RE: VA health system can give states coronavirus backup, but only on HHS orders

We are working with VA to schedule a call for this afternoon

From: Shuy, Caitrin (HHS/ASFR) <Caitrin.Shuy@hhs.gov>

Sent: Tuesday, March 17, 2020 10:00 AM

To: Morse, Sara (HHS/ASL) <Sara.Morse@hhs.gov>; Arbes, Sarah (HHS/ASL) <Sarah.Arbes@hhs.gov>

Cc: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Pence, Laura (HHS/ASL) <Laura.Pence@hhs.gov>; Moughalian, Jen (HHS/ASFR) <Jen.Moughalian@hhs.gov>; Dareshori, Zack (HHS/IOS) <Zachary.Dareshori@hhs.gov>; Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>; Armstrong, Rebekah (HHS/ASL) <Rebekah.Armstrong@hhs.gov>

Subject: RE: VA health system can give states coronavirus backup, but only on HHS orders

The Labor H approps committee has also inquired about this in terms of what potential costs could be.

From: Morse, Sara (HHS/ASL) <Sara.Morse@hhs.gov>

Sent: Tuesday, March 17, 2020 9:57 AM

To: Arbes, Sarah (HHS/ASL) <Sarah.Arbes@hhs.gov>

Cc: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Pence, Laura (HHS/ASL) <Laura.Pence@hhs.gov>; Moughalian, Jen (HHS/ASFR) <Jen.Moughalian@hhs.gov>; Shuy, Caitrin (HHS/ASFR) <Caitrin.Shuy@hhs.gov>; Dareshori, Zack (HHS/IOS) <Zachary.Dareshori@hhs.gov>; Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>; Armstrong, Rebekah (HHS/ASL) <Rebekah.Armstrong@hhs.gov>
Subject: Re: VA health system can give states coronavirus backup, but only on HHS orders

Actually they also have follow up questions. Who is best person to answer them?

Sent from my iPhone

On Mar 17, 2020, at 9:55 AM, Arbes, Sarah (HHS/ASL) <Sarah.Arbes@hhs.gov>wrote:

Senator Cassidy inquired about this and we are arranging a call w/Paul Mango.

From: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>
Sent: Tuesday, March 17, 2020 9:52 AM
To: McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>
Cc: Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Arbes, Sarah (HHS/ASL) <Sarah.Arbes@hhs.gov>; Pence, Laura (HHS/ASL) <Laura.Pence@hhs.gov>; Moughalian, Jen (HHS/ASFR) <Jen.Moughalian@hhs.gov>; Shuy, Caitrin (HHS/ASFR) <Caitrin.Shuy@hhs.gov>; Dareshori, Zack (HHS/IOS) <Zachary.Dareshori@hhs.gov>; Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>
Subject: Re: VA health system can give states coronavirus backup, but only on HHS orders

Did we get asked for comment? Discussions in this are ongoing.

Zack I believe was arranging a meeting.

Sent from my iPhone

On Mar 17, 2020, at 9:39 AM, McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>wrote:

From: POLITICO Pro <politicoemail@politicopro.com>
Sent: Tuesday, March 17, 2020 9:37 AM
To: McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>
Subject: VA health system can give states coronavirus backup, but only on HHS orders

VA health system can give states coronavirus backup, but only on HHS orders

By Susannah Luthi

03/17/2020 09:36 AM EDT

The Department of Veterans Affairs is preparing to offer states assistance in handling an influx of Covid-19 cases, according to a memo to congressional staff obtained by POLITICO.

The VA has spent weeks prepping for its so-called "Fourth Mission" of emergency response — where its nationwide network of hospitals and health centers could start accepting coronavirus patients should other hospitals get overwhelmed. It plans to instruct states and territories on how to alert HHS and request assistance. But only HHS Secretary Alex Azar can give the green light for the VA to step in.

Under HHS' direction, the VA could then send supplies or other back up help to hospitals, or open up its own facilities for civilian patients — as long as it doesn't hinder veterans' access. It's not clear when Azar might issue the order: the White House didn't weigh in and HHS didn't immediately respond.

As of Friday, VA had 13,000 acute care beds, and 1,800 of them are ICU — although the exact availability changes depending on daily caseload. A department spokesperson said VA facilities are fully stocked with "essential items and supplies" to handle a potential surge of cases and started preparing its emergency response before the U.S. had its first confirmed case.

The Trump administration's potential reliance on the VA's health system comes as a major White House-led policy has started shifting more VA dollars into private hospitals. The VA Mission Act, a priority of President Donald Trump that he signed into law in 2018, lets veterans opt for a private-sector doctor or hospital based on their drive time or wait time for a VA appointment.

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<https://protect2.fireeye.com/url?k=74435238-28177b13-74436307-0cc47a6d17cc-9aa55b3878dce7be&u=https://subscriber.politicopro.com/health-care/whiteboard/2020/03/va-health-system-can-give-states-coronavirus-backup-but-only-on-hhs-orders-3977931>

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<~WRD156.jpg>

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Sender:	Shuy, Caitrin (HHS/ASFR) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=1F12CDE7B4764F1AAD8B20C0DCEAE0A7-SHUY, CAITR>
Recipient:	Dareshori, Zack (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a4e07b941ed04118ab39d2f6e3f2392c-Dareshori,>; Oakley, Caitlin B. (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e5ee4c35534c4af9bdac46789c034790-Oakley, Cai>; Morse, Sara (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=eb3a04f7dbde41049bfd10f490d3e178-Morse, Sara>; Arbes, Sarah (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=106db0ac70a241a8b1323647c093d9bf-Arbes, Sara>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; McKeogh, Katherine (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c652f2c415b44dff8369dd7f4596f030-McKeogh, Ka>; Murphy, Ryan (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Pence, Laura (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d1027e80d2334093870fdb436c5576cd-Pence, Laur>; Moughalian, Jen (HHS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a1ec840c6a2d4adbbc91e420a23c7eaf-Moughalian,>; Bird, Catherine (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb9d9180497c49c4a06a0dd1f6043dc7-Bird, Cathe>; Armstrong, Rebekah (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=77ef5bf94d434250a362f9f2f07df748-Armstrong,>
Sent Date:	2020/03/17 10:45:05

From:	Hamel, Joseph (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=96D2C1602DFA45E5A5E21452A098B96D-HAMEL, JOSE>
To:	Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>
CC:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	RE: Chloroquine for COVID19
Date:	2020/03/17 10:56:31
Priority:	Normal
Type:	Note

OK. (b)(5)

(b)(5)

Strategic Innovation and Emerging Technology Manager
Assistant Secretary for Preparedness and Response
Office: 202-969-3852
Cell: (b)(6)

From: Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>
Sent: Tuesday, March 17, 2020 10:54 AM
To: Hamel, Joseph (OS/ASPR/IO) <Joseph.Hamel@hhs.gov>
Cc: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Subject: RE: Chloroquine for COVID19

Yes, they wrote to me. We need to spin up quick, but make sure legal is aware

From: Hamel, Joseph (OS/ASPR/IO) <Joseph.Hamel@hhs.gov>
Sent: Tuesday, March 17, 2020 10:17 AM
To: Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>
Cc: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Subject: Chloroquine for COVID19

Bryan,

Bayer is willing to give this away, and we can activate our current partnerships to get this out the door at every major retailer/hospital system.

Need to help with the EUA for this, but this is circulating through critical care channels and has now hit me from multiple fronts. Definitely some there, there on this effort, and a HUGE win we can push at no cost to USG. More pubs coming on this quickly and one to track...

<< File: Chloroquine for COvid19 Touret 2020 (002).pdf >>

Strategic Innovation and Emerging Technology Manager

Assistant Secretary for Preparedness and Response

Office: 202-969-3852

Cell: (b)(6)

Sender:	Hamel, Joseph (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=96D2C1602DFA45E5A5E21452A098B96D-HAMEL, JOSE>
Recipient:	Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Sent Date:	2020/03/17 10:56:31

From:	Sherman, Jennifer (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F30FE7FAE664419FA654B20EDCCB1E78-SHERMAN, JE>
To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Schwartz, Erica (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=603e84a0e3744a5d8dcbd759f5dcad91-Schwartz, E>; Wright, Janet (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=41f672e2527b4f44891fb4fbe08cdfd-Wright, Jan>; Dulaigh, Joel (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02b15e96dc484db29682c1d336e63441-Dulaigh, Jo>; Kotwicki, Lauren (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=54d62ddb3fc4b358ab573ccc13fbbb7-Kotwicki, L>
Subject:	FW: FDA Commissioner Stephen Hahn: "Be Wary of Anyone Claiming They Can Cure COVID-19. Talk to Your Doctor."
Date:	2020/03/17 11:30:08
Priority:	Normal
Type:	Note

FYI. We will amplify on SG social

From: White House Press Office <info@mail.whitehouse.gov>
Sent: Tuesday, March 17, 2020 11:15 AM
To: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Subject: FDA Commissioner Stephen Hahn: "Be Wary of Anyone Claiming They Can Cure COVID-19. Talk to Your Doctor."



The White House

Office of the Press Secretary

FOR IMMEDIATE RELEASE

March 17, 2020

**FOOD AND DRUG ADMINISTRATION COMMISSIONER STEPHEN HAHN:
 "BE WARY OF ANYONE CLAIMING THEY CAN CURE COVID-19. TALK TO
 YOUR DOCTOR."**

"The FDA, in conjunction with our federal and international partners, will

continue to help advance response efforts to combat the COVID-19 outbreak, and that includes warning consumers against becoming victims of health fraud and taking action to stop health scams.”

Be wary of anyone claiming they can cure COVID-19. Talk to your doctor.

By Dr. Stephen Hahn

USA Today

March 17, 2020

...

Part of the FDA’s mission is to protect Americans from health fraud. This includes warning about the dangers of purchasing and using medical products or devices that have not been proven safe and/or effective for the uses they claim. Health fraud scams can cause delays in proper diagnoses and treatment and may even lead to more serious injuries or death, all the while wasting American consumers’ hard-earned dollars.

The FDA and the Federal Trade Commission have already issued warning letters to seven companies for selling fraudulent COVID-19 products. The products cited — teas, essential oils, tinctures and colloidal silver — are unapproved drugs that pose significant risks to patient health and violate federal law.

...

The FDA has dedicated staff closely monitoring for the sale of products making false claims related to COVID-19. The products we are seeing range from herbal products and ayurvedic medicines to protective masks and hand sanitizers. Some are offered for sale in the United States, while others are marketed outside the country to U.S. consumers.

As part of our effort to combat deceptive activity, we are working closely with major retailers who are monitoring their online marketplaces for fraudulent products with novel coronavirus and other pathogen claims. To date, the FDA has received reports of

more than 90 products marketed with unapproved claims to prevent, treat or cure COVID-19. The agency has found 50 products marketed on popular online marketplaces with similar, unproven claims. All of these listings have been removed by their respective marketplaces.

We are also monitoring retail stores, websites that appear to be legitimate pharmacies and social media platforms. The FDA will take action against unscrupulous actors who are marketing unlawful products related to this outbreak. Companies that fail to take corrective action immediately may be subject to federal enforcement action, such as seizure or injunction.

...

[Read the full op-ed here.](#)

###

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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>; Kotwicki, Lauren (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=54d62ddb3fc4b358ab573ccc13fbbb7-Kotwicki, L>
Sent Date:	2020/03/17 11:30:07
Delivered Date:	2020/03/17 11:30:08

From:	Murphy, Ryan (OS/ASPA) </o=EXCHANGELABS/ou=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=314E69C69A844B47BDD9F74BC60A8D44-MURPHY, RYA>
To:	Arbes, Sarah (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=106db0ac70a241a8b1323647c093d9bf-Arbes, Sara>; Chang, William (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3cf70c842da144ab9bee61f353d932a0-Chang, Will>; 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>; Bird, Catherine (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb9d9180497c49c4a06a0dd1f6043dc7-Bird, Cathe>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>; Hall, Bill (HHS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02b39f27f3b4469a960054b23545cc24-Hall, Bill>
CC:	Charrow, Robert (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00531138af454ce3ac0b5885bead345f-Charrow, Ro>
Subject:	RE: [CORONAVIRUS] FW: **VERY URGENT** TRACS NO. 20-09876
Date:	2020/03/17 11:52:34
Priority:	Normal
Type:	Note

+ Bill

From: Arbes, Sarah (HHS/ASL) <Sarah.Arbes@hhs.gov>
Sent: Tuesday, March 17, 2020 10:36 AM
To: Chang, William (HHS/OGC) <William.Chang@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>; Mango, Paul (HHS/IOS) <Paul.Mango@hhs.gov>
Cc: Charrow, Robert (HHS/OGC) <Robert.Charrow@hhs.gov>
Subject: RE: [CORONAVIRUS] FW: **VERY URGENT** TRACS NO. 20-09876

Concur. The statement that ASPA gave to CNN is more on target.

That said, given there is a new workstream on this issue, should we ask ASPR to just hold on the release altogether?

From: Chang, William (HHS/OGC) <William.Chang@hhs.gov>
Sent: Tuesday, March 17, 2020 10:08 AM
To: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Arbes, Sarah (HHS/ASL) <Sarah.Arbes@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>; Mango, Paul (HHS/IOS) <Paul.Mango@hhs.gov>
Cc: Charrow, Robert (HHS/OGC) <Robert.Charrow@hhs.gov>
Subject: FW: [CORONAVIRUS] FW: **VERY URGENT** TRACS NO. 20-09876

Copying for awareness given last night's traffic about consistent PPE messaging.

Office of the General Counsel
U.S. Department of Health and Human Services
202-690-7741 (o)

(b)(6)

From: Chang, William (HHS/OGC)
Sent: Tuesday, March 17, 2020 10:03 AM
To: OS OGC-IO ControlDesk (HHS/OS/OGC) <ControlDesk.OCGIO@hhs.gov>
Cc: White, Caroline (HHS/OGC) <Caroline.White@hhs.gov>; Strom, John (HHS/OGC) <John.Strom@hhs.gov>; Hecht, Jonah (HHS/OGC) <Jonah.Hecht@hhs.gov>; Barry, Daniel J (HHS/OGC) <daniel.barry@hhs.gov>; Roberts, Kristen (OS/OGC) <Kristen.Roberts@hhs.gov>; Charrow, Robert (HHS/OGC) <Robert.Charrow@hhs.gov>
Subject: RE: [CORONAVIRUS] FW: **VERY URGENT** TRACS NO. 20-09876

IO does **not** clear.

Copying Mr. Charrow.

(b)(5)

Please do not release until we have checked with Dr. Kadlec.

Thank you.

Office of the General Counsel
U.S. Department of Health and Human Services
202-690-7741 (o)

(b)(6)

From: OS OGC-IO ControlDesk (HHS/OS/OGC) <ControlDesk.OCGIO@hhs.gov>
Sent: Tuesday, March 17, 2020 9:52 AM
To: Chang, William (HHS/OGC) <William.Chang@hhs.gov>
Cc: OS OGC-IO ControlDesk (HHS/OS/OGC) <ControlDesk.OCGIO@hhs.gov>; White, Caroline (HHS/OGC) <Caroline.White@hhs.gov>; Strom, John (HHS/OGC) <John.Strom@hhs.gov>; Hecht, Jonah (HHS/OGC) <Jonah.Hecht@hhs.gov>; Barry, Daniel J (HHS/OGC) <daniel.barry@hhs.gov>; Roberts, Kristen (OS/OGC) <Kristen.Roberts@hhs.gov>
Subject: [CORONAVIRUS] FW: **VERY URGENT** TRACS NO. 20-09876
Importance: High

Will,

For your review DUE 12PM TODAY.

Thank you,

Kristen J. Roberts

U.S. Department of Health and Human Services
Office of The General Counsel
Office of Legal Resources
200 Independence Avenue, S.W., Room 737F.16
Washington, DC 20201
Office: 202-260-6134
Cell: (b)(6)
Email: kristen.roberts@hhs.gov

From: Sherman, Susan (HHS/OGC) <Susan.Sherman@HHS.GOV>
Sent: Tuesday, March 17, 2020 9:43 AM
To: OS OGC-IO ControlDesk (HHS/OS/OGC) <ControlDesk.OCGIO@hhs.gov>
Cc: OS GCPH (HHS/OGC) <phdcontrolledcorrespondence@hhs.gov>; Ray Gorrie, Jennifer (HHS/OGC) <Jennifer.Ray-Gorrie@hhs.gov>
Subject: FW: **VERY URGENT** TRACS NO. 20-09876 [] DUE 3/17 BY 10:30AM
Importance: High

Please see attached markup with non-legal comments.

Reviewer: Susan Sherman
Supervisor: Dave Benor

From: OS GCPH (HHS/OGC) <phdcontrolledcorrespondence@hhs.gov>
Sent: Tuesday, March 17, 2020 9:19 AM
To: Sherman, Susan (HHS/OGC) <Susan.Sherman@HHS.GOV>; Ray Gorrie, Jennifer (HHS/OGC) <Jennifer.Ray-Gorrie@hhs.gov>
Subject: FW: **VERY URGENT** TRACS NO. 20-09876 [] DUE 3/17 BY 10:30AM
Importance: High

Assigned to PHD. DUE: 03/17 @ 10:30AM.

Thank you,

Deborah A. Robinson
Legal Technician
DHHS/OS/OGC/PHD
301-443-0093 (phone)
301-443-2639 (fax)

Deborah.robinson@hhs.gov

From: OS OGC-IO ControlDesk (HHS/OS/OGC) <ControlDesk.OCGIO@hhs.gov>
Sent: Tuesday, March 17, 2020 9:17 AM
To: OS GCPH (HHS/OGC) <phdcontrolledcorrespondence@hhs.gov>
Cc: OS OGC-IO ControlDesk (HHS/OS/OGC) <ControlDesk.OCGIO@hhs.gov>
Subject: **VERY URGENT** TRACS NO. 20-09876 [] DUE 3/17 BY 10:30AM
Importance: High

CLEARANCE_0264: ASPR: HHS Continues to Deploy Personal Protective Equipment Nationwide and Acquire More

From: OS HHSPress (HHS/ASPA) <HHSPress@hhs.gov>
Sent: Monday, March 16, 2020 8:35 PM
To: OS - ASPA - Clearance <OS.ASPA-Clearance@hhs.gov>; OS - ASPA - Public Health Clearance <OS.ASPA-PublicHealthClearance@hhs.gov>
Cc: Michael, Gretchen (OS/ASPR/OEA) <Gretchen.Michael@hhs.gov>; Kane, Elleen (OS/ASPR/OEA) <Elleen.Kane@hhs.gov>; OS HHSPress (HHS/ASPA) <HHSPress@hhs.gov>
Subject: CLEARANCE_0264: ASPR: HHS Continues to Deploy Personal Protective Equipment Nationwide and Acquire More

Agency/Office: ASPR

Subject (or headline): HHS Continues to Deploy Personal Protective Equipment Nationwide and Acquire More

Materials: Press release

Deadline for comments: Tuesday, March 17 @ 12:00 p.m.

Planned release date: Tuesday, March 17

Driving Event: Response to media coverage

V/R,

Naweed Lemar
U.S. Department of Health and Human Services
Direct: 202-260-6962
Mobile: (b)(6)
Email: naweed.lemar@hhs.gov

Sender:	Murphy, Ryan (OS/ASPA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=314E69C69A844B47BDD9F74BC60A8D44-MURPHY, RYA>
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Recipient:	Arbes, Sarah (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=106db0ac70a241a8b1323647c093d9bf-Arbes, Sara>; Chang, William (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3cf70c842da144ab9bee61f353d932a0-Chang, Will>; 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>; Bird, Catherine (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb9d9180497c49c4a06a0dd1f6043dc7-Bird, Cathe>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>; Hall, Bill (HHS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02b39f27f3b4469a960054b23545cc24-Hall, Bill>; Charrow, Robert (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00531138af454ce3ac0b5885bead345f-Charrow, Ro>
Sent Date:	2020/03/17 11:52:33
Delivered Date:	2020/03/17 11:52:34
Message Flags:	Unread

From:	CyberScoop <news@cyberscoop.com>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	Why DOJ dropped a disinformation case
Date:	2020/03/17 12:18:36
Priority:	Normal
Type:	Note

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TUESDAY, MARCH 17, 2020



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The Justice Department dropped charges against the Russian firm funding disinformation in 2016. William Barr prioritizes prosecution of coronavirus scammers. And the Pentagon prepares to go remote. CyberScoop for Tuesday, March 17.



DOJ weighs charges vs. exposing U.S. secrets

U.S. prosecutors said on Monday they would drop criminal charges against two Russian firms ahead of the 2016 election, amid concerns that the companies would weaponize evidence. The U.S. charged Concord Management and Concord Consulting in 2018 as part of Robert Mueller's investigation into the 2016 presidential election. With a trial set to begin April 6, though, prosecutors filed a motion to drop the charges. U.S. attorneys had complained they would need to provide the defendants with some details about the FBI's methods for its national security investigation. Justice Department officials had expressed t

release or somehow use details about its intelligence-collection for the defendants' own gain.

FedScoop's Gov Actually Podcast, Ep. 37

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

DOJ hunting down coronavirus scam scumbags

Scammers who have been taking advantage of the coronavirus pandemic by spreading COVID-19-themed spearphishing emails that contain malware have caught the attention of Attorney General William Barr, and he is putting the DOJ on alert. In a memo sent to federal attorneys Monday, Barr urged prioritizing hunting down cybercriminals seeking to exploit fears about the pandemic moving forward. "The coronavirus pandemic is dangerous enough without wrongdoers seeking to capitalize from public panic and this sort of conduct cannot be tolerated," Barr said in the memo. The DOJ's Civil Division's Consumer Protection Branch and Fraud Section, as well as the Antitrust Division's Consumer Program, will be on the case. **Shannon Vavra has the memo.**

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Using network modeling for better cyber hygiene and security

When out-of-date configuration rules lurk on organization networks, attackers essentially have a back door to walk into. However, new network modeling platforms capable of integrating into existing network infrastructure help IT departments identify and manage cyber risks and accelerate essential hygiene practices. A new report shows how dynamic network modeling tools simulate past, present and future network connections and rules. **[Here's the full report.](#)**

FedScoop's Gov Actually Podcast, Ep. 37

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

The Pentagon's response to network strains

As more Defense Department employees start telecommuting and adversaries are ramping up attacks, an IT official said during a town hall event Monday. The DOD's network is under "unprecedented" demand as the federal government goes

to maximum telework capacity. Much of that strain is coming from remote workers streaming music and videos, prompting the department to suspend access to YouTube and encourage everyone to avoid streaming music. The CIO's office has the need for teleworkers: those who need access just to their emails; those who need access to their files; and those who need full "office-like experience" to carry on their job. Currently, the office is working with IT managers across the department to manage network access. Many officials whose work is related to classified information or national security cannot telework. **Jackson has more at FedScoop.**

Uzbekistan spyware campaign ramps up

Activists and journalists in Uzbekistan, whom researchers claimed are victims of intrusive surveillance, are facing a spyware campaign, according to new findings from Amnesty International. Last year, a Canadian nonprofit revealed that a group of unidentified attackers has targeted journalists and human rights defenders in Uzbekistan with spearphishing emails since 2016. In June, the campaign escalated, and it now involves trying to leverage spyware on hundreds of people, Amnesty said in research published February 2020. The attackers leverage Adobe Flash Player and Telegram Desktop installers to deliver malware that can monitor location, records, and video, and more. **Shannon has the story.**

App security company Checkmarx has a new owner. Again.

The private equity firm Insight Partners said on Monday it has acquired Checkmarx to Hellman & Friedman, another private equity firm, at a valuation of \$1.15 billion. Insight has owned Checkmarx since June 2015, when investors injected \$84 million into the Israeli startup. Founded in 2006, Checkmarx says it mitigates enterprise security risks by helping developers find vulnerabilities, then fix them. The company is perhaps best known for discovering a number of bugs in smart home devices, like Google and Samsung voice assistants. Its researchers also have uncovered issues in the Amazon Echo, and South Korea's Naver, among other big name services. **Jeff has more.**

As government offices empty, CISOs get busy

Tens of thousands of employees in multiple states have been allowed to work remotely so they can work remotely to avoid spreading the coronavirus. State governors expected to grant those permissions this week.

surge in the number of government workers reporting from almost guaranteed to strain IT resources, and will require think strategically about how operations will continue as close to normal as possible, said John Evans, a former chief information security officer for the state of Maryland. "You typically don't have there's going to be 100 percent of your workforce that's going to be teleworking for an extended period of time," said Evans, now a technology adviser at IT services integrator World Wide Technology. "You don't think about something at this scale and for this duration."

StateScoop's Benjamin Freed is monitoring developments

Utilizing the human element

Chief Evangelist and Strategy Officer for KnowBe4 Perry Carpenter talks with CyberScoop Editor-in-Chief Greg Otto about the changes that have been made to security awareness training. "The most significant thing that I think the industry is doing is realizing that human behavior and human psychology are critical to the problem that we have to start to address," Carpenter told Otto at the 2020 CyberScoop Conference. **Watch here.**

Tweet of the Day



Alex Rice
@senorarroz

My #COVID19 testing story.

March 7th: 103 fever, aches, elevated heart rate
mask, and head to Urgent Care.

Negative for flu, strep, and a few other tests.

Dr starts calling for covid-19 screening. After mu
phone calls she's increasingly annoyed. (Thread

Image

Click through to learn about Alex's experience after RSA. Stay :

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Sent Date:	2020/03/17 12:17:42
Delivered Date:	2020/03/17 12:18:36
Message Flags:	Unread

From:	Wallace, Rodney (OS/ASPR/BARDA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=B4654F8F0C0F4623B9E47465E9E1037A-WALLACE, RO>
To:	Hinrichs, Steven H <(b)(6)>
CC:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	RE: Connecting
Date:	2020/03/17 12:26:16
Priority:	Normal
Type:	Note

Steven: Ok, I cannot imagine it being possible for any lab in the United States to be higher priority to receive Kits from Roche to inform the care of COVID-19 patients than your Lab. I will happily talk with anyone that is trying to block a delivery to your lab or deprioritize your delivery. I am copying Dr. Kadlec back into this discussion so he is aware also. Contact info for anyone needed to hear this directly from me is below. I will try to discover who is setting these priorities!

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
Mobile: (b)(6)

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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Note to contractors: nothing in this e-mail is intended to constitute contractual direction or to impact cost, price, or schedule contained in the contract. If the contractor believes there is an impact, the contractor must disregard that portion of the communication and contact the Contracting Officer for direction

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

From: Hinrichs, Steven H <(b)(6)>
Sent: Tuesday, March 17, 2020 12:08 PM
To: Wallace, Rodney (OS/ASPR/BARDA) <Rodney.Wallace@hhs.gov>
Subject: Re: Connecting

That's correct, we are the group performing testing in support of the Nebraska treatment center.

Our Roche rep said they were coordinating with CDC on how to allocate their next batch of 200,000 test kits. They indicated they would be sending them out in the next day or so and would not have additional kits until they were manufactured. Does this sound correct.

Steve

Steven H. Hinrichs, M.D.
Professor and Chair
402-559-7255

On 3/17/20, 11:05 AM, "Wallace, Rodney (OS/ASPR/BARDA)" <Rodney.Wallace@hhs.gov> wrote:

Non-UNMC email

At this time, I am not aware of any government allocation process. Ill verify. You guys are informing care of COVID-ID patients in the Nebraska treatment center, correct?

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
Mobile: (b)(6)

Email: rodney.wallace@hhs.gov

Website: [https://urldefense.com/v3/__https://MedicalCountermeasures.gov__;!!JkUDQA!ZKXZ68A04wDOZ8_OH-5PdEHZ02V9S4847dTYa0IOPVMYVr49RAU8fQchUe6FSMY\\$](https://urldefense.com/v3/__https://MedicalCountermeasures.gov__;!!JkUDQA!ZKXZ68A04wDOZ8_OH-5PdEHZ02V9S4847dTYa0IOPVMYVr49RAU8fQchUe6FSMY$)

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Note to contractors: nothing in this e-mail is intended to constitute contractual direction or to impact cost, price, or schedule contained in the contract. If the contractor believes there is an impact, the contractor must disregard that portion of the communication and contact the Contracting Officer for direction

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

From: Hinrichs, Steven H <(b)(6)>
Sent: Tuesday, March 17, 2020 11:59 AM
To: Kratochvil, Christopher J <ckratoch@unmc.edu>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Wallace, Rodney (OS/ASPR/BARDA) <Rodney.Wallace@hhs.gov>
Cc: Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>
Subject: Re: Connecting

Rodney,

Thank you so much for engaging on this issue. I am available to talk by phone or we can connect by email. Yes, we have the Roche 8500 in house, ready to go. We have our Roche representative ready to proceed as well but he wanted to know the government would endorse this allocation.

Steve

Steven H. Hinrichs, M.D.
Professor and Chair
402-559-7255

On 3/17/20, 10:45 AM, "Kratochvil, Christopher J" (b)(6) wrote:

Thank you Bob, and hello Rodney! I am including Steve Hinrichs as well who is the Chair of Pathology/Microbiology, oversees Nebraska Public Health Lab, and clinical lab at Nebraska Medicine.

This is an urgent issue so Steve and I will be immediately available as convenient for you Rodney.

Thanks!

Chris

Christopher J. Kratochvil, M.D.
Associate Vice Chancellor for Clinical Research, UNMC
Vice President for Research, Nebraska Medicine
Chief Medical Officer, UNeHealth

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

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

Sent: Tuesday, March 17, 2020 10:21 AM

To: Kratochvil, Christopher J (b)(6); Wallace, Rodney (OS/ASPR/BARDA) <Rodney.Wallace@hhs.gov>

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

Subject: Connecting

Non-UNMC email

Chris meet Rodney from BARDA who knows a guy at Roche who will hook you up. Best. Bob

Sent from my iPhone

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Sender:	Wallace, Rodney (OS/ASPR/BARDA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=B4654F8F0C0F4623B9E47465E9E1037A-WALLACE, RO>
Recipient:	Hinrichs, Steven H (b)(6) Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Sent Date:	2020/03/17 12:26:14
Delivered Date:	2020/03/17 12:26:16

From:	HHS Office of Public Affairs <hhsopa@hhs.gov>
To:	Brooks, John (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=646c7a34da9148189df0d76a885388b9-Brooks, Joh>
Subject:	HHS Secretary Azar Announces Historic Expansion of Telehealth Access to Combat COVID-19
Date:	2020/03/17 12:47:53
Priority:	Normal
Type:	Note



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See OCR's guidance: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

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Sent Date:	2020/03/17 12:43:58
Delivered Date:	2020/03/17 12:47:53
Message Flags:	Unread

From:	HHS Office of Public Affairs <hhsopa@hhs.gov>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	HHS Secretary Azar Announces Historic Expansion of Telehealth Access to Combat COVID-19
Date:	2020/03/17 12:47:07
Priority:	Normal
Type:	Note



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Sent Date:	2020/03/17 12:44:03
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Message Flags:	Unread

From:	HHS Office of Public Affairs <hhsopa@hhs.gov>
To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Subject:	HHS Secretary Azar Announces Historic Expansion of Telehealth Access to Combat COVID-19
Date:	2020/03/17 12:48:04
Priority:	Normal
Type:	Note



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Message Flags:	Unread

From:	HHS Office of Public Affairs <hhsopa@hhs.gov>
To:	Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>
Subject:	HHS Secretary Azar Announces Historic Expansion of Telehealth Access to Combat COVID-19
Date:	2020/03/17 12:47:09
Priority:	Normal
Type:	Note



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From:	HHS Office of Public Affairs <hhsopa@hhs.gov>
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Sent Date:	2020/03/17 12:44:04
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From:	HHS Office of Public Affairs <hhsopa@hhs.gov>
To:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	HHS Secretary Azar Announces Historic Expansion of Telehealth Access to Combat COVID-19
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Sent Date:	2020/03/17 12:44:04
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From:	Weir, Charles (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=USER24F49DA6>
To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>; SOC ASPR SLT </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=462b691cb8a743c6870dbb5626596c94-SOC ASPR SL>; Field Operations and Response Division </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c982b5811dce4a9ca3e4c454ece0d74a-ASPR.DFOR>; OS - ASPR - PDAS - EMMO - Readiness - HPP </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f60f5b3f68f241d3b60300245eaf8b3-OS-ASPR-PDA>
Subject:	FW: President's Coronavirus Guidelines For America: 15 Days to Slow the Spread
Date:	2020/03/17 12:46:02
Priority:	Normal
Type:	Note

From: State and Local Readiness (CDC) <preparedness@cdc.gov>
Sent: Tuesday, March 17, 2020 12:21 PM
Subject: President's Coronavirus Guidelines For America: 15 Days to Slow the Spread



Dear Colleagues:

Yesterday, President Donald. J. Trump announced new guidelines to address COVID-19. Below, please find additional information on ***The President's Coronavirus Guidelines for America: 15 Days to Slow the Spread***. Please feel free to share broadly.

As a reminder, the CDC's official Coronavirus website – <https://protect2.fireeye.com/url?k=de2c00b3-82790963-de2c318c-0cc47a6a52de-oabo24ebabd4f415&u=http://www.coronavirus.gov/> – is the best source for up-to-date information and guidance.

The President's Coronavirus Guidelines for America: 15 Days to Slow the Spread

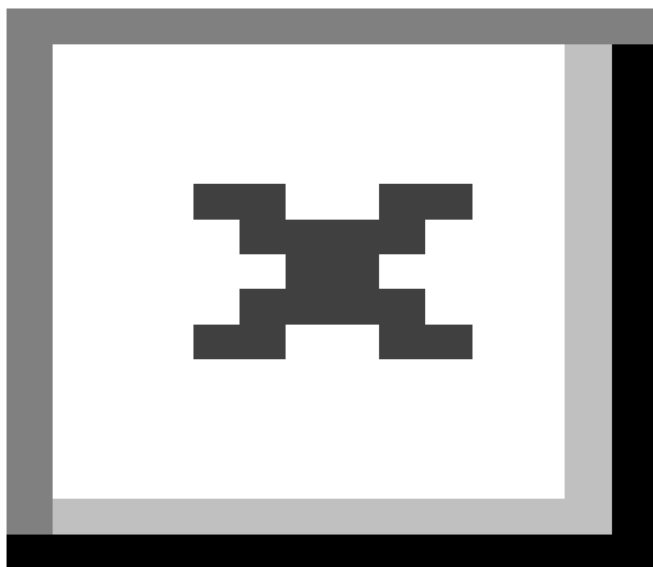
1. • Listen to and follow the directions of your state and local authorities.

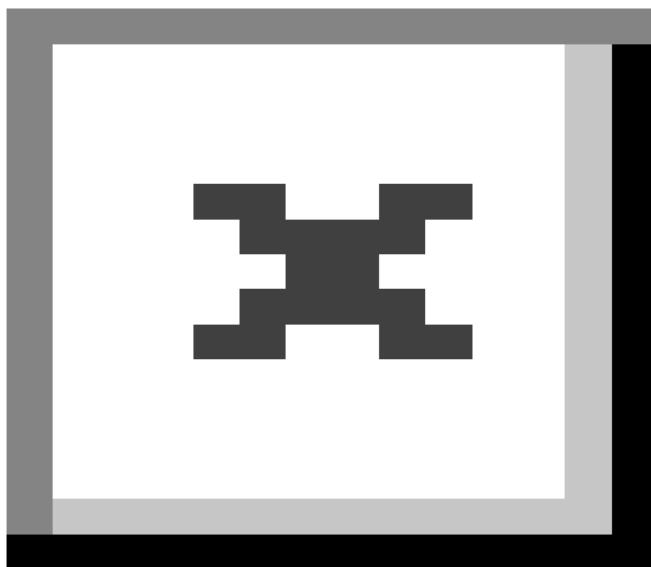
2. • If you feel sick, stay home. Do not go to work. Contact your medical provider.
3. • If your children are sick, keep them at home. Do not send them to school. Contact your medical provider.
4. • If someone in your household has tested positive for the coronavirus, keep the entire household at home. Do not go to work. Do not go to school. Contact your medical provider.
5. • If you are an older person, stay home and away from other people.
6. • If you are a person with a serious underlying health condition that can put you at increased risk (for example, a condition that impairs your lung or heart function or weakens your immune system), stay home and away from other people.
7. • Even if you are young, or otherwise healthy, you are at risk and your activities can increase the risk for others. It is critical that you do your part to stop the spread of the coronavirus:
 - a. • Work or engage in schooling from home whenever possible.
 - b. • If you work in a critical infrastructure industry, as defined by the Department of Homeland Security, such as healthcare services and pharmaceutical and food supply, you have a special responsibility to maintain your normal work schedule. You and your employers should follow CDC guidance to protect your health at work.
 - c. • Avoid social gatherings in groups of more than 10 people.
 - d. • Avoid eating or drinking in bars, restaurants, and food courts – use drive-thru, pickup, or delivery options.
 - e. • Avoid discretionary travel, shopping trips, and social visits.
 - f. • Do not visit nursing homes or retirement or long-term care facilities unless to provide critical assistance.
8. • Practice good hygiene:
 - a. • Wash your hands, especially after touching any frequently used item or surface.
 - b. • Avoid touching your face.
 - c. • Sneeze or cough into a tissue, or the inside of your elbow.
 - d. • Disinfect frequently used items and surfaces as much as possible.

* School operations can accelerate the spread of the coronavirus. Governors of states with evidence of community transmission should close schools in affected and surrounding areas. Governors should close schools in communities that are near areas of community transmission, even if those areas are in neighboring states. In addition, state and local officials should close schools where coronavirus has been identified in the population associated with the school. States and localities that close schools need to address childcare needs of critical responders, as well as the nutritional needs of children.

** Older people are particularly at risk from the coronavirus. All states should follow Federal guidance and halt social visits to nursing homes and retirement and long-term care facilities.

*** 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.





Kind Regards,

State Coordination Task Force

(Sent by BCC to PHEP directors, state epidemiologists, state health officials, public health laboratory directors, BCHC, and national and federal partners)

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Recipient:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>; SOC ASPR SLT </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=462b691cb8a743c6870dbb5626596c94-SOC ASPR SL>; Field Operations and Response Division </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c982b5811dce4a9ca3e4c454ece0d74a-ASPR.DFOR>; OS - ASPR - PDAS - EMMO - Readiness - HPP </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f60f5b3f68f241d3b60300245eaf8b3-OS-ASPR-PDA>
Sent Date:	2020/03/17 12:45:59

Delivered Date:	2020/03/17 12:46:02
Message Flags:	Unread

From:	Sherman, Jennifer (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F30FE7FAE664419FA654B20EDCCB1E78-SHERMAN, JE>
To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Subject:	FW: Cuomo says FEMA, Army Corps to help expand New York hospital surge capacity
Date:	2020/03/17 12:54:35
Priority:	Normal
Type:	Note

FYI

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

Sent: Tuesday, March 17, 2020 12:52 PM

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

Subject: Cuomo says FEMA, Army Corps to help expand New York hospital surge capacity

Cuomo says FEMA, Army Corps to help expand New York hospital surge capacity

By Shannon Young

03/17/2020 12:51 PM EDT

ALBANY, N.Y. — Gov. Andrew Cuomo said Tuesday that President Donald Trump has agreed to help New York build up its health care capacity to meet the number of coronavirus-related hospitalizations expected as the virus reaches its peak in the state.

Trump confirmed his commitment at a White House news briefing a short time later.

Cuomo told reporters that Trump agreed to his request for FEMA and the U.S. Army Corps of Engineers to help New York construct temporary hospital facilities for the expected surge.

"We spoke about the entirety of the federal response, I told him what I was looking for. He said he wanted to be as cooperative as possible. I have been speaking with members of his team, again, late last night, early this morning," Cuomo said. "I believe him when he said he will be as cooperative as possible. I believe him when he said he's aware of our situation and our numbers. ... He said, 'I'll work with you, what do you need?' I said, 'I need the Army Corps of Engineers and I need FEMA,' and he said, 'OK.'"

Trump said that he and Cuomo had a "great talk" and that "we're working very closely together."

"We're also getting FEMA very much involved," Trump said. "They've been involved, but now we're getting them to a different level, and we'll have everything ready. We're dealing with the Army Corps of Engineers should that be necessary. We have them working in some cases, on stand-by in other cases."

New York has 53,000 hospital beds, including 3,000 beds in intensive care units which have

ventilators and other equipment needed to treat the coronavirus, the governor said. That capacity, he said, is much lower than the 55,000 to 110,000 hospital beds, and 18,600 to 37,200 ICU beds public health and epidemiological experts estimate New York will need when the virus hits its peak in the state. Estimates suggest that will happen in about 45 days.

Cuomo said 264 of the state's 1,374 coronavirus cases, about 19 percent, required hospitalizations as of Tuesday morning.

"The expected peak is somewhere between 55,000 and 110,000 positive — the low range, 55,000, is a problem because we have people now in 80 percent of the 53,000 hospital beds — it's not like they're vacant," he said. "One hundred and ten thousand is a problem because it's double your capacity, if every bed was empty. The real problem is the ICU beds because that's what people are going to need."

State Health Commissioner Howard Zucker added that New York has around 4,000 ventilators, and hundreds more in a stockpile, which can be deployed in response to the coronavirus outbreak.

To view online:

<https://subscriber.politicopro.com/defense/article/2020/03/cuomo-says-fema-army-corps-to-help-expand-new-york-hospital-surge-capacity-1895938>

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Sent Date:	2020/03/17 12:54:34
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To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.p (FYDIBOHF23SPDLT)/cn=Recipients/cn=38849c1f1ea74f2eb9eff75b531a9544-Steele, Dan>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
CC:	Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>
Subject:	RE: Update COVID-19
Date:	2020/03/17 12:57:47
Priority:	Normal
Type:	Note

Thank you all and Bryan I will follow up on a separate email to save the full group from more email clutter. Thank you all for all you are doing.....

From: Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>
Sent: Tuesday, March 17, 2020 12:25 PM
To: Jennifer Young <jyoung@tdylc.com>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>
Cc: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>
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Danielle Steele

Senior Advisor, Immediate Office of the Secretary
U.S. Department of Health and Human Services
600E | Direct: 202-205-5748 | Cell: (b)(6)

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From: Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>
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To: Jennifer Young <jyoung@tdyllc.com>
Cc: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>
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Thanks, Jennifer – I passed this along to our appropriate folks working this issue.

Regards,

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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

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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
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 - b. • For COVID-19 diagnosed patients
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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 providing 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 for 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

Phone +1.727.431.8215, Fax +1.727.235.6125, Cell (b)(6)
cteufel@lincare.com, <https://protect2.fireeye.com/url?k=0ff7cbce-53a2c2dd-0ff7faf1-0cc47adb5650-68c1dfdd925fdd5&u=https://protect2.fireeye.com/url?k=e54b6139-b91f7845-e54b5006-0cc47adc5fa2-6249c145ff480c3e&u=https://protect2.fireeye.com/url?k=f10578c9-ad5151e2-f10549f6-0cc47a6d17cc-de4a1b262b5fa083&u=http://www.lincare.com/>

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Recipient:	Steele, Danielle (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=38849c1f1ea74f2eb9eff75b531a9544-Steele, Dan>; 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>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>
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CC:	Hayes, Jonathan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8cdfb7232de4428794f2901218bc1360-Hayes, Jona>
Subject:	Re: Update COVID-19
Date:	2020/03/17 13:00:31
Priority:	Normal
Type:	Note

Sorry about that, Jonathan! Will loop you in on all things ASPR going forward!

Danielle Steele
Senior Adviser, IOS, HHS

Sent from my iPhone

On Mar 17, 2020, at 12:57 PM, Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>wrote:

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Recipient:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Hayes, Jonathan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8cdfb7232de4428794f2901218bc1360-Hayes, Jona>
Sent Date:	2020/03/17 13:00:29
Delivered Date:	2020/03/17 13:00:31

From:	HHS Office of Public Affairs <hhsopa@hhs.gov>
To:	Brooks, John (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=646c7a34da9148189df0d76a885388b9-Brooks, Joh>
Subject:	OCR Announces Notification of Enforcement Discretion for telehealth remote communications
Date:	2020/03/17 13:03:36
Priority:	Normal
Type:	Note



U.S. Department of Health and
Human Services

News Release

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

FOR IMMEDIATE RELEASE
Tuesday, March 17, 2020

OCR Announces Notification of Enforcement Discretion for telehealth remote communications during the COVID-19 nationwide public health emergency

Today, the Office for Civil Rights (OCR) at the U.S Department of Health and Human Services (HHS) announced, effective immediately, that it will exercise its enforcement discretion and will waive potential penalties for HIPAA violations against health care providers that serve patients through everyday communications technologies during the COVID-19 nationwide public health emergency.

This exercise of discretion applies to widely available communications apps, such as FaceTime or Skype, when used in good faith for any telehealth treatment or diagnostic purpose, regardless of whether the telehealth service is directly related to COVID-19.

In support of this action, OCR will be providing further guidance explaining how covered health care providers can use remote video communication products and offer telehealth to

patients responsibly.

“We are empowering medical providers to serve patients wherever they are during this national public health emergency,” said Roger Severino, OCR Director. “We are especially concerned about reaching those most at risk, including older persons and persons with disabilities,” Severino added.

The Notification of Enforcement Discretion on telehealth remote communications may be found at: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html>.

For more information on HIPAA and COVID-19, see OCR’s February 2020 Bulletin: <https://www.hhs.gov/sites/default/files/february-2020-hipaa-and-novel-coronavirus.pdf>

###

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Message Flags:	Unread

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To:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	OCR Announces Notification of Enforcement Discretion for telehealth remote communications
Date:	2020/03/17 13:04:16
Priority:	Normal
Type:	Note



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News Release

202-690-6343
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FOR IMMEDIATE RELEASE
 Tuesday, March 17, 2020

OCR Announces Notification of Enforcement Discretion for telehealth remote communications during the COVID-19 nationwide public health emergency

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Subject:	OCR Announces Notification of Enforcement Discretion for telehealth remote communications
Date:	2020/03/17 13:03:42
Priority:	Normal
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Subject:	Skilled Nursing News article: Florida Lands Sweeping Medicaid Waiver for Nursing Homes During COVID-19 Emergency
Date:	2020/03/17 13:09:48
Priority:	Normal
Type:	Note

Florida Lands Sweeping Medicaid Waiver for Nursing Homes During COVID-19 Emergency
<https://skillednursingnews.com/2020/03/florida-lands-sweeping-medicaid-waiver-for-nursing-homes-during-covid-19-emergency/>

Skilled Nursing News // By [Alex Spanko](#) // March 17, 2020

Florida became the first state to land an emergency Medicaid waiver amid the ongoing spread of the novel coronavirus, granting nursing homes in the Sunshine State a variety of exceptions intended to help providers weather the crisis — and more states could soon follow suit.

Under the [Section 1135 waiver approved this week](#) by the Centers for Medicare & Medicaid Services (CMS), nursing facility operators in Florida will not have to perform certain pre-admission screenings for 30 days, while providers can also continue to receive Medicaid reimbursements for services if they must evacuate residents to a building not licensed for nursing home care.

The federal government invited states to apply for the waivers as part of the blanket state of emergency that the president declared last Friday. All states are able to submit applications for similar Section 1135 waivers, CMS administrator Seema Verma reaffirmed Tuesday; Florida Gov. Ron DeSantis was the first to submit a request.

“I want to thank Gov. DeSantis for his leadership in Medicaid and for taking full advantage of federal flexibilities,” Verma said in a statement. “CMS is committed to removing all unnecessary administrative and bureaucratic barriers that may hinder an effective response to this public health emergency, and I have directed my team to expeditiously process these requests.”

Under Florida’s waiver, all pre-authorization requirements will be waived, while nursing homes will also receive a 30-day freeze on pre-admission screening and annual resident review Level I and II assessments.

“Level 1 and Level 2 assessments can be waived for 30 days. All new admissions can be treated like exempted hospital discharges,” CMS wrote in its guidance. “After 30 days, new admissions with mental illness (MI) or intellectual disability (ID) should receive a Resident Review as soon as resources become available.”

In addition, should a nursing facility be forced to evacuate to an alternate site without a current license for nursing care, it will still be reimbursed for the care provided.

“The facility would be responsible for determining how to reimburse the unlicensed facility,” according to CMS. “This arrangement would only be effective for the duration of the Section 1135 waiver.”

After 30 days, should the emergency declaration still be in effect, those non-licensed sites will be required to either receive licenses, or the original nursing facility must find alternate placement for those residents.

Finally, the guidance removes wait periods for beneficiaries to request fair hearings regarding benefit denials by managed care organizations and other insurers.

The waiver process for the Sunshine State took just days, according to the federal government, and similar emergency suspensions of key Medicaid rules could begin rolling in over the coming week.

“While Florida is the first state to apply for this waiver authority, CMS expects more states will also submit similar requests,” the agency noted.

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From: Sokol, Lisa Y. (CMS/OC)

Sent: Tuesday, March 17, 2020 11:19 AM

To: Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>; Aldana, Karen (CMS/OC) <karen.aldana@cms.hhs.gov>; Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>; Ceballos, Kelly L. (CMS/OC) <Kelly.Ceballos@cms.hhs.gov>; CMS SV1 <SV1@cms.hhs.gov>; Corry, Thomas (CMS/OA) <thomas.corry@cms.hhs.gov>; Fauci, Anthony (NIH/NIAID) [E] <AFAUCI@niaid.nih.gov>; Kanellis, Elaine (CMS/OC) <elaine.kanellis@cms.hhs.gov>; Monroe, Johnathan (CMS/OC) <johnathan.monroe1@cms.hhs.gov>

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Subject: HealthLeaders Media article: CMS GRANTS FLORIDA 1135 WAIVER FOR CORONAVIRUS RESPONSE

CMS GRANTS FLORIDA 1135 WAIVER FOR CORONAVIRUS RESPONSE

<https://www.healthleadersmedia.com/innovation/cms-grants-florida-1135-waiver-coronavirus-response>

HealthLeaders Media // BY JOHN COMMINS // MARCH 17, 2020

KEY TAKEAWAYS

- President Donald Trump granted CMS emergency powers to waive some requirements in Medicare, Medicaid, and CHIP under Section 1135 authority.
- The waiver: streamlines provider enrollment processes; allows care to be provided in alternative settings; suspends some nursing home screening requirements; and extends deadlines for appeals.

Florida this week became the first state to be approved for a Section 1135 waiver to respond to the COVID-19 national emergency, the Centers for Medicare & Medicaid Services said.

"Florida is acutely focused on eliminating unnecessary barriers on our healthcare providers who are on the front lines serving our communities most impacted by COVID-19," Florida Governor Ron DeSantis said in a media release.

On Friday, President Donald Trump granted CMS emergency powers to waive some requirements in Medicare, Medicaid, and CHIP under Section 1135 authority, to give state governments more flexibility to respond to the epidemic.

The waiver: streamlines provider enrollment processes; allows care to be provided in alternative settings in unlicensed facilities if a licensed facility is evacuated; waives prior authorization requirements; suspends some nursing home screening requirements to provide necessary administrative relief; and extends deadlines for appeals and state fair hearing requests.

While Florida is the first state to receive the 1135 waiver, CMS said it expects to review waiver requests from other states.

"CMS is committed to removing all unnecessary administrative and bureaucratic barriers that may hinder an effective response to this public health emergency, and I have directed my team to expeditiously process these requests," CMS Administrator Seema Verma said.

"FLORIDA IS ACUTELY FOCUSED ON ELIMINATING UNNECESSARY BARRIERS ON OUR HEALTHCARE PROVIDERS WHO ARE ON THE FRONT LINES SERVING OUR COMMUNITIES MOST IMPACTED BY COVID-19."

FLORIDA GOVERNOR RON DESANTIS

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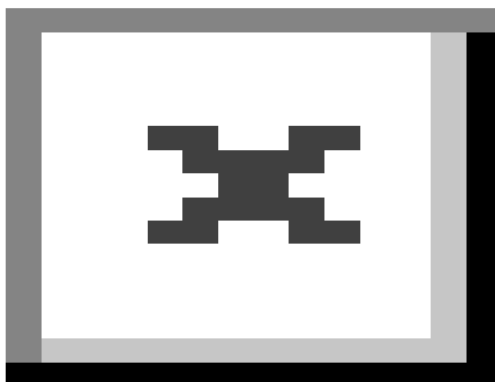
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Subject: Modern Healthcare article: CMS grants Florida emergency Medicaid waiver for COVID-19

CMS grants Florida emergency Medicaid waiver for COVID-19

<https://www.modernhealthcare.com/medicaid/cms-grants-florida-emergency-medicaid-waiver-covid-19>

Modern Healthcare // Michael Brady // March 17, 2020 10:30 AM



https://s3-prod.modernhealthcare.com/s3fs-public/styles/width_792/public/seema_verma_sized_AP_i.jpg
AP | CMS Administrator Seema Verma

The CMS on Tuesday approved Florida's 1135 Medicaid waiver request, [waiving specific Medicaid requirements to accelerate access to critical services](#) in the fight against [COVID-19](#).

Following President Donald Trump's declaration of a national emergency, Florida became the first state to apply for a waiver. The state will be able to fast track provider's Medicaid enrollment, waive some preauthorization requirements, waive pre-admission screening for certain assessments for 30 days, provide care in alternative settings and temporarily delay Medicaid hearings and decisions.

"I have directed my team to expeditiously process these requests," CMS Administrator Seema Verma said in a statement.

[Section 1135 waivers](#) allow HHS to set aside administrative requirements to increase access to medical services when the president declares a national emergency.

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Subject: Bloomberg Law article: Florida Scores Medicaid Waivers for Coronavirus Care

Florida Scores Medicaid Waivers for Coronavirus Care

No web link

Bloomberg Law // By [Warren Rojas](#) // March 17, 2020, 9:15 AM

- Waiver is first granted by health agency
- Medicaid is the joint state-federal government program for low-income people

The government health agency granted Florida's request to expand its Medicaid program to remove barriers to needed services to combat the new coronavirus.

The Centers for Medicare and Medicaid Services Tuesday approved Florida's request to waive requirements that patients get authorization from their insurer before seeking treatment. Prior authorization requirements slow would screening and servicing from health care providers during the Covid-19 outbreak.

The waiver will also allow Florida to streamline provider enrollment processes to ensure access to care for beneficiaries and allow care to be provided in alternative settings in the event a facility is evacuated to an unlicensed facility.

"CMS is committed to removing all unnecessary administrative and bureaucratic barriers that may hinder an effective response to this public health emergency, and I have directed my team to expeditiously process these requests," CMS Administrator Seema Verma said.

The agency provides guidance for any states seeking similar administrative relief via its online Disaster Response Toolkit. "While Florida is the first state to apply for this waiver authority, CMS expects more states will also submit similar requests," the agency wrote in a release.

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Sent Date:	2020/03/17 13:09:46
Delivered Date:	2020/03/17 13:09:48
Message Flags:	Unread

From:	Robert Levitt (b)(6)
To:	Robert Levitt (b)(6)
Subject:	Dr. Levitt's COVID-19 Update for MORNING 17 March 2020/APPLAUD TASK FORCE TODAY/TAKE OVER THERMO FISHER IF NO "PUSH" ORDERS
Date:	2020/03/17 13:12:11
Priority:	Normal
Type:	Note

Dear All,

The Coronavirus Task Force has 'turned the corner' and engaged the President. Every health and economic option to rescue the Nation from this miserable virus is now on the table.

I believe that all of the Treasury actions to be approved by Congress will rescue the Stock Market. The Stock Market climbed 5% as I watched the press conference.

I believe that all CMS actions with telemedicine and Medicare/Medicaid rule relaxations will help seniors with comorbidities get tests when needed and treatment when needed.

I believe that the Nation's morale will be boosted if President Trump stopped using the following words or phrases: 'great', 'greatest', 'fantastic', 'doing a great job', 'incredible', etc. The President has overused these words so they now have no significance; the Stock Market interprets these words as: 'I don't know'.

I believe that **Dr. Birx should use the data available from China in determining need for hospital beds, ICU beds, ventilators, field hospitals, renovation of empty manufacturing plants.** The China data sent to all COVID-19 Contact Group recipients last night are the 'worst possible case' scenario.

React to the China data, and we will be prepared to treat everyone who becomes ill. Remember renovations produce jobs; ventilators never 'expire', field hospitals of >100 patients will be needed somewhere during this epidemic-so build several in hot spots and gain efficiency.

I believe the **President should enact the Defense Production Act, which would solve the Thermo Fisher 'test kits only if you order' situation.** Another alternative is to tax at 100% all Thermo Fisher 48 plants in 27 foreign countries.

Abroad, Dior is now only making hand sanitizer. No perfumes. Do the same with hurting industries in the U.S.: **convert to a war-time economy.**

The President fired people right and left on his reality show on TV. Now he needs to act likewise to those governors who do not follow the Coronavirus Task Force guidelines, and private businesses that hold the Nation hostage, like Thermo Fisher.

Later I will prepare a summary of the scientific articles I have read this day.

RGL, M.D.

If you wish to unsubscribe to this email service, please contact Dr. Robert Levitt at (b)(6) and include in the subject line: Unsubscribe.

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Sent from Outlook

Sender:	Robert Levitt	(b)(6)
Recipient:	Robert Levitt	(b)(6)
Sent Date:	2020/03/17 13:11:30	
Delivered Date:	2020/03/17 13:12:11	
Message Flags:	Unread	

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To:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; <jyoung@tdyllc.com>
CC:	Steele, Danielle (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=38849c1f1ea74f2eb9eff75b531a9544-Steele, Dan>; Bird, Catherine (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb9d9180497c49c4a06a0dd1f6043dc7-Bird, Cathe>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>
Subject:	RE: Update COVID-19
Date:	2020/03/17 13:23:09
Priority:	Normal
Type:	Note

Yes – that is correct.

Requests to the SNS have to come from the State Depts of Health or the Tribal Nations.

We have done a few counties but those are more one-offs.

We do not release directly to hospitals. FYI.

v/r,

Jonathan H. Hayes
Senior Advisor
Assistant Secretary for Preparedness & Response
U.S. Department of Health & Human Services
C: (b)(6)
jonathan.hayes@hhs.gov

From: Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>
Sent: Tuesday, March 17, 2020 12:58 PM
To: Hayes, Jonathan (OS/ASPR/IO) <Jonathan.Hayes@hhs.gov>
Cc: Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>
Subject: FW: Update COVID-19

From: Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>
Sent: Tuesday, March 17, 2020 12:25 PM
To: Jennifer Young <jyoung@tdyllc.com>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>
Cc: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>
Subject: RE: Update COVID-19

Hi Jennifer,

I believe requests related to the SNS for PPE have to come from the state, but looping in Bryan Shuy from ASPR's team to see if they can help at all. I also believe Bryan would be the best point of contact for questions related to ventilators.

Danielle Steele

Senior Advisor, Immediate Office of the Secretary
U.S. Department of Health and Human Services
600E | Direct: 202-205-5748 | Cell: (b)(6)

From: Jennifer Young <jyoung@tdyllc.com>
Sent: Tuesday, March 17, 2020 9:44 AM
To: Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>
Cc: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>
Subject: RE: Update COVID-19

Is there anyone in particular we should follow up with on the PPE issue and to see how we can be helpful re the vents? For example, the non invasive vent capacity could be a useful stand down to free up ICU space...

From: Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>
Sent: Monday, March 16, 2020 7:40 PM
To: Jennifer Young <jyoung@tdyllc.com>
Cc: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>
Subject: RE: Update COVID-19

Thanks, Jennifer – I passed this along to our appropriate folks working this issue.

Regards,

Brian

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 is 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).

Thanks

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 form 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
Phone +1.727.431.8215, Fax +1.727.235.6125, Cell (b)(6)
cteufel@lincare.com, <https://protect2.fireeye.com/url?k=e54b6139-b91f7845-e54b5006-0cc47adc5fa2-6249c145ff480c3e&u=https://protect2.fireeye.com/url?k=f10578c9-ad5151e2-f10549f6-0cc47a6d17cc-de4a1b262b5fa083&u=http://www.lincare.com/>

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Sent Date:	2020/03/17 13:23:08
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CC:	Collins, Francis (NIH/OD) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4bd4f570bdc43f2800bf986fa40d75f-francis.col>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Marston, Hilary (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=93be476c17024bbcb5b44add01fe6a8-hilary.mars>; Fauci, Anthony (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau>; Kemp, Micha (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user134ac085>; Ford-Barnes, Arwenithia (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d533abc24cbe44b79f6fddc6b08737a6-Ford-Barnes>
Subject:	RE: Building and rapidly deploying ventilators for respiratory management of Covid-19 infections
Date:	2020/03/17 14:01:08
Priority:	Normal
Type:	Note

Bryan,

Thank you. We will work on getting a call set up with our technical team quickly.

Best,
Gretta

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

Sent: Tuesday, March 17, 2020 1:43 PM

To: (b)(6); Emery N. Brown (b)(6)

Cc: Collins, Francis (NIH/OD) [E] <collinsf@od.nih.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Bright, Rick (OS/ASPR/BARDA) <Rick.Bright@hhs.gov>; Marston, Hilary (NIH/NIAID) [E] <hilary.marston@nih.gov>; Fauci, Anthony (NIH/NIAID) [E] <afauci@niaid.nih.gov>; Kemp, Micha (OS/ASPR/MFHC) <Micha.Kemp@hhs.gov>; Blatner, Gretta (OS/ASPR/BARDA) <Gretta.Blatner@hhs.gov>; Ford-Barnes, Arwenithia (OS/ASPR/IO) <Arwenithia.FordBarnes@hhs.gov>

Subject: RE: Building and rapidly deploying ventilators for respiratory management of Covid-19 infections

Hi Dr. Boyden,

By way of this e-mail, I'm going to ask the relevant ASPR/BARDA assistants on here to reach out by a separate e-mail to your team to help setup a time to discuss. Given the pace of the response, it may require an evening call, and we apologize for this. But we would absolutely welcome the opportunity to

bring your extremely talented teams to the fight. Thank you for offering and look forward to chatting soon.

Best,
Bryan

Deputy Assistant Secretary and Chief of Staff
Immediate Office, Assistant Secretary for Preparedness and Response (ASPR)
US Dept. Health and Human Services (HHS)
Desk: 202-730-8610
Mobile: (b)(6)
bryan.shuy@hhs.gov

From: Ed Boyden (b)(6)
Sent: Tuesday, March 17, 2020 1:25 PM
To: Emery N. Brown (b)(6)
Cc: Collins, Francis (NIH/OD) [E] <collinsf@od.nih.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Bright, Rick (OS/ASPR/BARDA) <Rick.Bright@hhs.gov>; Marston, Hilary (NIH/NIAID) [E] <hilary.marston@nih.gov>; Fauci, Anthony (NIH/NIAID) [E] <afauci@niaid.nih.gov>
Subject: Re: Building and rapidly deploying ventilators for respiratory management of Covid-19 infections

Thanks so much, Francis -- very much appreciated. Bob, Bryan, Rick -- would it be possible for Emery and I to chat with you a bit, and discuss how our Harvard and MIT teams might be able to could contribute? Eager to bring these clinical, scientific, and engineering teams to help in a constructive way.

Best,
Ed

On Tue, Mar 17, 2020 at 10:31 AM Emery N. Brown (b)(6) wrote:
Thanks Francis!! We will follow through. Emery

On Tue, Mar 17, 2020 at 10:28 AM Collins, Francis (NIH/OD) [E] <collinsf@od.nih.gov> wrote:
Dear Ed and Emery,

Thanks for reaching out with this potentially exciting idea to rapidly produce low cost ventilators. The best points of contact to explore this will be Bob Kadlec, Bryan Shuy, and Rick Bright of ASPR/BARDA. I'm ccing your message to them.

Francis

From: Ed Boyden <(b)(6)>
Sent: Tuesday, March 17, 2020 9:27 AM
To: Emery Brown <(b)(6)>
Cc: Collins, Francis (NIH/OD) [E] <collinsf@od.nih.gov>
Subject: Re: Building and rapidly deploying ventilators for respiratory management of Covid-19 infections

Yes, would be exciting to harness the energy of so many talented science and engineering students -- eager to help, but of course there is much more to it than the engineering, if it is to have impact! Eager to help if we can.

Grateful for your time and consideration.

Best,
Ed

On Mon, Mar 16, 2020 at 2:02 PM Emery N. Brown <(b)(6)> wrote:
Dear Dr. Collins,

Ed Boyden and I have been in touch with faculty at MIT and Mass General Hospital along with students at MIT who would like to assist with the Covid-19 pandemic by building and deploying low cost ventilators to assist with respiratory and ventilatory management of patients in the acute phase of Covid-19 infections.

We wanted to ask you if there is a formal effort at the national level to coordinate the development, approval (by FDA), production and deployment of low-cost ventilators. If so we would like to tie into this larger effort.

What would you suggest that we proceed?

Thanks very much.

Sincerely,
Emery and Ed

--

Emery N. Brown, M.D., Ph.D.
Edward Hood Taplin Professor of Medical Engineering
Institute for Medical Engineering and Science
Professor of Computational Neuroscience
Picower Institute for Learning and Memory
Department of Brain and Cognitive Sciences
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Warren M. Zapol Professor of Anaesthesia

Harvard Medical School

Department of Anesthesia, Critical Care and Pain Medicine

Massachusetts General Hospital

55 Fruit Street, Gray-Bigelow 444

Boston, MA 02114

tel: 617 726 7487

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--

Ed Boyden, Ph. D.

Y. Eva Tan Professor in Neurotechnology at MIT

Leader, Synthetic Neurobiology Group

Professor, Departments of Biological Engineering and Brain and Cognitive Sciences, Media Lab and McGovern Institute

Co-Director, MIT Center for Neurobiological Engineering

Member, MIT Center for Environmental Health Sciences, Computational and Systems Biology Initiative, and Koch Institute

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twitter - <http://twitter.com/eboyden3>

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Co-Director, MIT Center for Neurobiological Engineering
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twitter - <http://twitter.com/eboyden3>

Sender:	Blatner, Gretta (OS/ASPR/BARDA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=623CB123C2324236B1DB6FB9153E0BBF-BLATNER, GR>
Recipient:	Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; <eboyden3@gmail.com>; Emery N. Brown <enb@neurostat.mit.edu>; Collins, Francis (NIH/OD) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4bd4f570bdcb43f2800bf986fa40d75f-francis.col>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group

	(FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Marston, Hilary (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=93be476c17024bbcbc5b44add01fe6a8-hilary.mars>; Fauci, Anthony (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau>; Kemp, Micha (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user134ac085>; Ford-Barnes, Arwenithia (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d533abc24cbe44b79f6fddc6b08737a6-Ford-Barnes>
Sent Date:	2020/03/17 14:01:07
Delivered Date:	2020/03/17 14:01:08
Message Flags:	Unread

From:	Desiderio, Denise <didesiderio@akingump.com>
To:	Johnson, Hope (IHS/PHX) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=151c231169f042839afe11616ac03328-hope.johnso>
CC:	Pongrace, Don <dpongace@AKINGUMP.COM>; Reidhead, Ty (IHS/PHX) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb041848815a446788cbd4e6844b3b08-ty.reidhead>; Linus Everling <Linus.Everling@gric.nsn.us>; Smith, Benjamin P. (IHS/HQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=255261a567fe48ce84a23267a7954190-benjamin.sm>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Jones, Christopher R. (IHS/HQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8a1b02af827145828465615fda0f88a9-christopher>; Hansen, John C (IHS/PHX) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3a80fe815db148b89192f06609a08440-john.hansen>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	RE: Gila River Indian Community - Request for Access to Materials from Strategic National Stockpile - ASPR request form
Date:	2020/03/17 14:26:55
Priority:	Normal
Type:	Note

Ms. Johnson: Thank you for forwarding this form. We will complete and return as soon as possible. We appreciate the agency's partnership during this time and look forward to working with you on this and other health issues as we move forward.

From: Johnson, Hope (IHS/PHX) <Hope.Johnson@ihs.gov>
Sent: Tuesday, March 17, 2020 2:18 PM
To: Desiderio, Denise <didesiderio@akingump.com>
Cc: Pongrace, Don <dpongace@AKINGUMP.COM>; Reidhead, Ty (IHS/PHX) <Ty.Reidhead@ihs.gov>; Linus Everling <Linus.Everling@gric.nsn.us>; Smith, Benjamin P. (IHS/HQ) <Benjamin.Smith@ihs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Jones, Christopher R. (IHS/HQ) <Christopher.Jones@ihs.gov>; Hansen, John C (IHS/PHX) <John.Hansen@ihs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Subject: RE: Gila River Indian Community - Request for Access to Materials from Strategic National Stockpile - ASPR request form

****EXTERNAL Email****

Good Afternoon Ms. Desiderio,

Thank you for the request, and all that you are doing to assist with the COVID-19 pandemic. The Agency has received Governor's Lewis' request, attached is the ASPR PPE request form that being utilized , please coordinate with Mr. Christopher Jones, IHS Lead Liaison HHS/ASPR Emergency Management/Secretary's Operations Center (SOC), if you have any questions.

Also, LCDR John Hansen, Phoenix Area, IHS, can assist with any questions, if needed.

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.

From: Desiderio, Denise <ddesiderio@akingump.com>
Sent: Monday, March 16, 2020 12:25 PM
To: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Cc: Pongrace, Don <dpongace@AKINGUMP.COM>; Reidhead, Ty (IHS/PHX) <Ty.Reidhead@ihs.gov>; Johnson, Hope (IHS/PHX) <Hope.Johnson@ihs.gov>; Linus Everling <Linus.Everling@gric.nsn.us>; Smith, Benjamin P. (IHS/HQ) <Benjamin.Smith@ihs.gov>
Subject: Gila River Indian Community - Request for Access to Materials from Strategic National Stockpile

Good afternoon. Attached please find a letter submitted by Governor Stephen Roe Lewis on behalf of the Gila River Indian Community requesting necessary materials from the Strategic National Stockpile. Please let us know the timing and method of distribution for the supplies as this is a critical and immediate need for the Community to combat the Administration's response to Indian Country during the current health crisis. Please let us know if you have any questions. We are available to discuss via phone if that is helpful to expedite this request.

Denise A. Desiderio | Senior Policy Advisor

AKIN GUMP STRAUSS HAUER & FELD LLP

2001 K Street N.W. | Washington, DC 20006 | USA | Direct: [+1 202.887.4216](tel:+12028874216) | Internal: [24216](tel:+12028874216)

Fax: [+1 202.887.4288](tel:+12028874288) | ddesiderio@akingump.com | akingump.com

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Sender:	Desiderio, Denise < ddesiderio@akingump.com >
Recipient:	Johnson, Hope (IHS/PHX) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=151c231169f042839afe11616ac03328-hope.johnso>; Pongrace, Don < dpongace@AKINGUMP.COM >; Reidhead, Ty (IHS/PHX) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb041848815a446788cbd4e6844b3b08-ty.reidhead>; Linus Everling < Linus.Everling@gric.nsn.us >; Smith, Benjamin P. (IHS/HQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=255261a567fe48ce84a23267a7954190-benjamin.sm>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group

	(FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Jones, Christopher R. (IHS/HQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8a1b02af827145828465615fda0f88a9-christopher>; Hansen, John C (IHS/PHX) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3a80fe815db148b89192f06609a08440-john.hansen>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Sent Date:	2020/03/17 14:26:32
Delivered Date:	2020/03/17 14:26:55

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.YDIBOHF23SPDLT)/CN=RECIPIENTS/CN=314E69C69A844B47BDD9F74BC60A8D44-MURPHY, RYA>
To:	Oakley, Caitlin B. (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e5ee4c35534c4af9bdac46789c034790-Oakley, Cai>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>
CC:	ASPA-Deputies </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=884d75c735db47cca76a4c0fc74a06b8-ASPA-Deputi>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	RE: White House to call on defense contractors to make coronavirus supplies
Date:	2020/03/17 14:54:23
Priority:	Normal
Type:	Note

Aren't those lines from his Sunday show appearances? HOW did they mess that up?

From: Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Sent: Tuesday, March 17, 2020 2:52 PM
To: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>
Cc: ASPA-Deputies <ASPA-Deputies@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>
Subject: RE: White House to call on defense contractors to make coronavirus supplies

I asked them to fix and rebroadcast. They're working on it.

POTUS mentioned this today and then they saw these comments.

Not cool that they didn't check the date on the transcript.

Caitlin B. Oakley

Deputy Assistant Secretary, National Spokesperson
Office of the Assistant Secretary for Public Affairs
U.S. Department of Health and Human Services
caitlin.oakley@hhs.gov

From: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>
Sent: Tuesday, March 17, 2020 2:50 PM
To: Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Cc: ASPA-Deputies <ASPA-Deputies@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>
Subject: Re: White House to call on defense contractors to make coronavirus supplies

Yea I was like um. Thx for fixing.

Sent from my iPhone

On Mar 17, 2020, at 2:48 PM, Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@hhs.gov>wrote:

They used old comments

And thought they were today

I'm working to fix

Caitlin B. Oakley

Deputy Assistant Secretary, National Spokesperson
Office of the Assistant Secretary for Public Affairs
U.S. Department of Health and Human Services
caitlin.oakley@hhs.gov

From: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>

Sent: Tuesday, March 17, 2020 2:47 PM

To: ASPA-Deputies <ASPA-Deputies@hhs.gov>

Subject: Fwd: White House to call on defense contractors to make coronavirus supplies

Sent from my iPhone

Begin forwarded message:

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

Date: March 17, 2020 at 2:44:36 PM EDT

To: "Stecker, Judy (OS/IOS)" <Judy.Stecker@hhs.gov>

Subject: **White House to call on defense contractors to make coronavirus supplies**

Reply-To: "POLITICO subscriptions" <reply-fe971c727160017c75-553241_HTML-880489367-1376319-317737@politicoemail.com>

White House to call on defense contractors to make coronavirus supplies

By Bryan Bender

03/17/2020 02:43 PM EDT

The Trump administration plans to invoke the Defense Production Act to compel the national industrial base to give priority to manufacturing critical supplies needed to combat coronavirus, HHS Secretary Alex Azar told reporters today.

"We will use the Defense Production Act as necessary to enable that our contracts go to the front of the line on contracting," Azar said. "So that is an authority that we have, and we intend to use

it to acquire anything that we need to acquire."

The act, according to the Federal Emergency Management Agency, is designed "to expedite and expand the supply of resources from the U.S. industrial base to support military, energy, space, and homeland security programs."

Azar said he could not specify all the items it will be used to produce but noted, "of course, we've been very clear in the supplemental of the core items that we've got to do, which is personal protective equipment."

That includes protective equipment for health care workers. "We've spoken of procuring at least 300 million N95 masks," Azar said. "We need additional gowns ... as well as gloves. So that kind of personal protective equipment most immediately."

But Azar also stressed that the authorities will be used judiciously. "We won't use it unnecessarily, of course," he said. "We don't want to be disruptive if that's not needed. But if we need to, we will use it. We won't hesitate."

To view online:

<https://subscriber.politicopro.com/defense/whiteboard/2020/03/white-house-to-call-on-defense-contractors-to-make-coronavirus-supplies-3977966>

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Recipient:	Oakley, Caitlin B. (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e5ee4c35534c4af9bdac46789c034790-Oakley, Cai>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group

	(FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; ASPA-Deputies </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=884d75c735db47cca76a4c0fc74a06b8-ASPA-Deputi>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Sent Date:	2020/03/17 14:54:20
Delivered Date:	2020/03/17 14:54:23

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To:	Oakley, Caitlin B. (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e5ee4c35534c4af9bdac46789c034790-Oakley, Cai>
CC:	ASPA-Deputies </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=884d75c735db47cca76a4c0fc74a06b8-ASPA-Deputi>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	Re: White House to call on defense contractors to make coronavirus supplies
Date:	2020/03/17 14:54:36
Priority:	Normal
Type:	Note

We need to take this to the editor. This is beyond irresponsible

Sent from my iPhone

On Mar 17, 2020, at 2:51 PM, Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@hhs.gov>wrote:

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Deputy Assistant Secretary, National Spokesperson
Office of the Assistant Secretary for Public Affairs
U.S. Department of Health and Human Services
caitlin.oakley@hhs.gov

From: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>
Sent: Tuesday, March 17, 2020 2:50 PM
To: Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Cc: ASPA-Deputies <ASPA-Deputies@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>
Subject: Re: White House to call on defense contractors to make coronavirus supplies

Yea I was like um. Thx for fixing.

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On Mar 17, 2020, at 2:48 PM, Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@hhs.gov>wrote:

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I'm working to fix

Caitlin B. Oakley

Deputy Assistant Secretary, National Spokesperson
Office of the Assistant Secretary for Public Affairs
U.S. Department of Health and Human Services
caitlin.oakley@hhs.gov

From: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>
Sent: Tuesday, March 17, 2020 2:47 PM
To: ASPA-Deputies <ASPA-Deputies@hhs.gov>
Subject: Fwd: White House to call on defense contractors to make coronavirus supplies

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Begin forwarded message:

From: POLITICO Pro Defense <politicoemail@politicopro.com>
Date: March 17, 2020 at 2:44:36 PM EDT
To: "Stecker, Judy (OS/IOS)" <Judy.Stecker@hhs.gov>
Subject: **White House to call on defense contractors to make coronavirus supplies**
Reply-To: "POLITICO subscriptions" <reply-fe971c727160017c75-553241_HTML-880489367-1376319-317737@politicoemail.com>

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Recipient:	Oakley, Caitlin B. (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e5ee4c35534c4af9bdac46789c034790-Oakley, Cai>; ASPA-Deputies </o=ExchangeLabs/ou=Exchange Administrative Group

	(FYDIBOHF23SPDLT)/cn=Recipients/cn=884d75c735db47cca76a4c0fc74a06b8-ASPA-Deputi>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Sent Date:	2020/03/17 14:54:34
Delivered Date:	2020/03/17 14:54:36

From:	Amin, Stacy <Stacy.Amin@fda.hhs.gov>
To:	Shah, Anand (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=129795075b3f41c196fd261203d673e2-anand.shah.>; Lenihan, Keagan (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3cd1b7aba9034ddb936017780583af7d-keagan.leni>; Hahn, Stephen <SH1@fda.hhs.gov>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Charrow, Robert (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00531138af454ce3ac0b5885bead345f-Charrow, Ro>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>
CC:	Schifter, Karen (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0f9477cc9c82412fb8074de2ac774b82-karen.schif>; Misrahi, James J. (CDC/OCOO/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cffb74cb10d94a809f9c9bbcc94d4cb1-Misrahi, Ja>; Chang, William (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3cf70c842da144ab9bee61f353d932a0-Chang, Will>
Subject:	WH request on Rx drugs
Date:	2020/03/17 15:03:39
Priority:	Normal
Type:	Note

I just had a call with Paul Ray and May Davis that was supposed to just be providing information but turned into a request.

(b)(5)

Brian, Paul, Bob — pls advise how you'd like us to proceed.

From: Schifter, Karen <Karen.Schifter@fda.hhs.gov>

Date: March 17, 2020 at 2:52:03 PM EDT

To: Amin, Stacy <Stacy.Amin@fda.hhs.gov>

Cc: OCCRequests-COVID19 <OCCRequests-COVID19@fda.hhs.gov>

Subject: Order directing delivery of Rx drugs without requiring signature

Here is the summary you requested.

(b)(5)

Sender:	Amin, Stacy <Stacy.Amin@fda.hhs.gov>
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Delivered Date:	2020/03/17 15:03:39
Message Flags:	Unread

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Subject:	WH request on Rx drugs
Date:	2020/03/17 15:03:39
Priority:	Normal
Type:	Note

I just had a call with Paul Ray and May Davis that was supposed to just be providing information but turned into a request.

(b)(5)

Brian, Paul, Bob — pls advise how you'd like us to proceed.

From: Schifter, Karen <Karen.Schifter@fda.hhs.gov>

Date: March 17, 2020 at 2:52:03 PM EDT

To: Amin, Stacy <Stacy.Amin@fda.hhs.gov>

Cc: OCCRequests-COVID19 <OCCRequests-COVID19@fda.hhs.gov>

Subject: Order directing delivery of Rx drugs without requiring signature

Here is the summary you requested.

The best source of statutory authority appears to be:

- 42 USC 264(a)—“ The Surgeon General, with the approval of the Secretary, is authorized to make and enforce such regulations as in his judgment are necessary to prevent the introduction, transmission, or spread of communicable diseases . . . from one State or possession into any other State or possession.”

- Although the statute confers this authority on the Surgeon General, pursuant to Reorganization Plan No. 3 of 1966, all statutory powers and functions of the Surgeon General were transferred to the Secretary of Health, Education, and Welfare (now Secretary of HHS).

There are two regulations based on this authority that could be relied on:

- 42 CFR § 70.2 Measures in the event of inadequate local control.

Whenever the Director of the Centers for Disease Control and Prevention determines that the measures taken by health authorities of any State or possession (including political subdivisions thereof) are insufficient to prevent the spread of any of the communicable diseases from such State or possession to any other State or possession, he/she may take such measures to prevent such spread of the diseases as he/she deems reasonably necessary, including inspection, fumigation, disinfection, sanitation, pest extermination, and destruction of animals or articles believed to be sources of infection.

- 21 CFR 1240.30 Measures in the event of inadequate local control.

Whenever the Commissioner of Food and Drugs determines that the measures taken by health authorities of any State or possession (including political subdivisions thereof) are insufficient to prevent the spread of any of the communicable diseases from such State or possession to any other State or possession, he may take such measures to prevent such spread of the diseases as he deems reasonably necessary, including inspection, fumigation, disinfection, sanitation, pest extermination, and destruction of animals or articles believed to be sources of infection.

Attached in a 2003 joint FDA/CDC order issued under these authorities.

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Subject:	CMS Expands Telehealth (March 17, 2020) News
Date:	2020/03/17 15:23:49
Priority:	Normal
Type:	Note

Privacy Rules Eased for Hospitals During Coronavirus Emergency

No web link

Bloomberg Law // By [Ayanna Alexander](#) // March 17, 2020, 1:17 PM

- HHS issued emergency situation waivers under health privacy rule
- Waivers allow health authorities to share information, improve care

Hospitals have some leeway to disclose patient information under the federal health privacy rules now that coronavirus is a national emergency.

The Department of Health and Human Services issued a bundle of waivers following President Donald Trump's emergency declaration March 13 allowing entities covered by the Health Insurance Portability and Accountability Act privacy rule to bypass provisions they typically must abide by.

Trump Tuesday also said Medicare programs will expand the use of remote consultations through telehealth, and the government won't enforce HIPAA privacy policies to speed up appointments.

The HHS waivers are aimed at easing the sharing of patient information so health care can be more readily provided during the spread of Covid-19, as the disease caused by the latest coronavirus. The waivers took effect Sunday.

The waivers only allow certain privacy provisions to be lifted for 72 hours from the time a HIPAA-covered entity institutes a disaster protocol.

Under the waivers, hospitals, for instance, are exempt from releasing their privacy practices or acknowledging patients' rights to request confidential communications or privacy restrictions. Hospitals already can share patient information with family and friends involved with the patient's care without patient permission.

Once the emergency declaration ends, HIPAA-covered entities will have to once again comply with all applicable privacy rules, even if it hasn't been 72 hours since the disaster protocol was implemented, according to the announcement.

HHS issued a bulletin in February highlighting the patient information that hospitals and providers can share in an outbreak of infectious disease, such as coronavirus, or other emergency situation.

— With assistance from Vivek Shankar of Bloomberg News

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###

Medicare expands telemedicine coverage over coronavirus fears
<https://www.foxbusiness.com/lifestyle/medicare-telehealth-changes-coronavirus-seniors>
Fox Business // Associated Press // March 17, 2020

WASHINGTON — Medicare coverage for telemedicine will immediately expand nationwide to help seniors with health problems stay home to avoid the coronavirus, federal health officials said Tuesday.

The new option will allow millions of older people to take care of ongoing medical problems as well as new concerns, while heeding public health advice to stay home during the outbreak.

For example, a patient with diabetes wouldn't have to postpone a regular follow-up visit with the doctor to keep safe — he or she could do it via [Skype](#). And people concerned they may have the virus could “see” their doctor or nurse practitioner virtually to find out how to get tested in person.

“It helps us prevent the spread of the virus,” said Medicare administrator Seema Verma.

For seniors who don't navigate technology, relatives or friends can assist.

“If it's your mom, you may need to go over to her house to help her do this,” said Verma.

Risk of serious illness from the coronavirus is greater for older people and those with underlying health problems such as lung conditions, diabetes or heart problems. Many Medicare beneficiaries are managing chronic health issues that put them at heightened risk. The telemedicine expansion is geared directly to this vulnerable group.

Current telehealth coverage under traditional Medicare is limited. It's available in rural areas, and patients need to go to specially-designated sites for their visits. Since last year Medicare has also been paying for brief “virtual check-ins.” Tuesday's announcement goes beyond that, allowing clinicians and hospitals to bill Medicare for visits via telemedicine that previously had to take place in person, at a medical office or facility.

The policy change carries out a waiver of Medicare rules recently authorized by Congress, and set in motion under emergency declarations from the Trump administration. Expanded telemedicine coverage will remain in effect during the outbreak.

Verma said the federal Centers for Medicare and Medicaid Services is also encouraging states to expand the use of telehealth in their Medicaid programs for low-income people. Separately, Medicare Advantage plans offered by private insurers have been allowed to offer telemedicine as a supplemental benefit, like dental coverage or a gym membership, for several years now. The private plans serve about one-third of Medicare's 60 million beneficiaries.

For most people, the coronavirus causes only mild or moderate symptoms, such as fever and cough. For some, especially older adults and people with existing health problems, it can cause more severe illness, including pneumonia. Worldwide, about 185,000 cases have been reported, and while most people recover in weeks, more than 7,300 have died.

Medicare is the government's flagship health insurance program, covering people age 65 and over, as well as younger people who qualify because of a disability. About 40 million people are in traditional Medicare, the government-administered part of the program that was the focus of Tuesday's announcement.

Doctors' groups and hospitals had been urging Medicare to make the move. Under Tuesday's announcement:

1. • Patients and clinicians will need a two-way visual and voice connection that allows real-time interaction. Laptops, tablets and smartphones should work.
2. • Hospitals and a range of clinicians, including doctors, nurse practitioners, clinical psychologists, nutrition professionals, and licensed social workers will be able to offer telehealth.

3. • Standard Medicare copays and deductibles still apply to telemedicine visits. But there's flexibility. Normally, health care providers such copays for telehealth visits. During the coronavirus emergency, health providers will be allowed to waive or reduce cost-sharing for telehealth visits.
4. • Legislation authorizing the waiver required medical offices to have an established relationship with a patient to bill for telehealth services. But Medicare said it will refrain from enforcing that requirement via audits during the coronavirus public health emergency. Verma said that's to allow for circumstances such as a medical practice being forced to close because of the outbreak.

"Providers will be allowed to use everyday technologies to talk to telehealth patients, more telehealth services will be covered ... and providers will be allowed to offer these telehealth benefits to Medicare beneficiaries at a lower cost than traditional services," Health and Human Services Secretary Alex Azar said in a statement.

If telemedicine shows its worth in the coronavirus emergency it could lead to permanent changes making it more widely available to seniors.

Telehealth has grown steadily in recent years. Most mid-size or large employers now offer some way to connect patients and health care providers virtually.

But researchers say patients have been relatively slow to try telemedicine, especially if they are used to in-person visits.

The benefits consultant Mercer found that 88% of companies with 500 or more employees offered telemedicine as part of their health benefits last year. But only about 9% of eligible employees used it.

###

Telehealth benefits expanded during coronavirus crisis

<https://www.healthexec.com/topics/policy/telehealth-benefits-expanded-during-coronavirus-crisis>

Health Exec // Amy Baxter // March 17, 2020

The Trump administration expanded telehealth benefits coverage under Medicare in order to treat patients without traveling to a healthcare facility and risk catching or spreading the new coronavirus, COVID-19. Telehealth has been touted as a means to ensure people have access to their doctors without additional risks during the COVID-19 crisis.

Medicare is temporarily paying clinicians to provide telehealth services for beneficiaries nationwide, as of March 6. CMS is expanding the coverage benefits under the 1135 waiver authority and the Coronavirus Preparedness and Response Supplemental Appropriations Act. Previously, Medicare only covered telehealth care under certain circumstances, such as if the beneficiary lived in a rural area. In these cases, the beneficiary also typically wasn't allowed to receive telehealth in their home, according to CMS.

"These changes allow seniors to communicate with their doctors without having to travel to a healthcare facility so that they can limit risk of exposure and spread of this virus," CMS Administrator

Seema Verma said in a statement. "Clinicians on the frontlines will now have greater flexibility to safely treat our beneficiaries."

Medicare patients are already allowed to have "brief check-ins" with their clinicians through phone, video chat and online patient portals. With expanded coverage, beneficiaries can receive common office visits, mental health counseling and preventive health screenings. Medicare patients who may be at a higher risk of severe illness from COVID-19 can still visit with their physician without leaving home. The benefits also ensure patients can adhere to social distancing recommendations from the CDC to prevent the spread of the virus.

"Providers will be allowed to use everyday technologies to talk to telehealth patients, more telehealth services will be covered for millions more Medicare beneficiaries, and providers will be allowed to offer these telehealth benefits to Medicare beneficiaries at a lower cost than traditional services," HHS Secretary Alex Azar said in a statement.

Clinicians can bill for these services beginning March 6, which is paid under the Physician Fee Schedule at the same rate as in-person services.

At the same time CMS announced expanded telehealth, the agency also announced it approved Florida's request for a Section 1135 Medicaid waiver to increase flexibilities to treat beneficiaries in dealing with the pandemic of COVID-19. Specifically, the approval waives prior authorization requirements to remove barriers to some services, streamline provider enrollment processes, allow care in alternative settings if facilities are evacuated to an unlicensed facility, suspend some nursing home screening requirements and extend appeals deadline and state fair hearing requests, according to CMS.

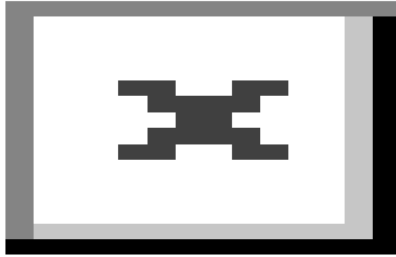
"I want to thank Governor DeSantis for his leadership in Medicaid and for taking full advantage of federal flexibilities," Verma said March 13. "CMS is committed to removing all unnecessary administrative and bureaucratic barriers that may hinder an effective response to this public health emergency, and I have directed my team to expeditiously process these requests."

CMS expects more states to follow Florida's actions to apply for the 1135 waiver.

"Florida is acutely focused on eliminating unnecessary barriers on our healthcare providers who are on the front lines serving our communities most impacted by COVID-19," Florida Governor Ron DeSantis said in a statement. "President Trump recognizes this need and Administrator Seema Verma is providing Florida the critical flexibility for our state's Medicaid program by waiving prior authorization requirements for essential healthcare services and expedited provider enrollment."

###

Trump administration expands Medicare telehealth benefits for COVID-19 fight
<https://www.healthcareitnews.com/news/trump-administration-expands-medicare-telehealth-benefits-covid-19-fight>
Healthcare IT News // By Mike Miliard // March 17, 2020



https://www.healthcareitnews.com/sites/hitn/files/vermaHITNhimss18_0_0.jpg
CMS Administrator Seema Verma

As promised, the Centers for Medicare and Medicaid Services has expanded its Medicare telehealth coverage during the coronavirus crisis, enabling more patients to get virtual care services from their doctors without having to travel to a healthcare facility.

WHY IT MATTERS

Under the expansion, Medicare will temporarily pay clinicians for telehealth services nationwide to help stem the spread of the novel coronavirus.

Physicians, nurse practitioners, clinical psychologists and licensed clinical social workers can now offer telehealth to Medicare beneficiaries in any healthcare facility including a physician's office, hospital, nursing home or rural health clinic, as well as from their homes, according to CMS.

Medicare beneficiaries will be able to receive care including common office visits, mental health counseling and preventive health screenings via remote technology, helping ensure they don't travel to clinics and hospitals where they could put themselves or others at risk of COVID-19.

Clinicians can bill immediately for dates of service starting March 6, 2020, said CMS officials, with telehealth services paid under the Physician Fee Schedule at the same amount as in-person services. Medicare coinsurance and deductibles still apply.

The HHS Office of Inspector General is also adding flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs. Providers can learn more with this [fact sheet](#).

THE LARGER TREND

The Trump Administration announced an emergency declaration on March under the Stafford Act and the National Emergencies Act, broadening CMS' support for telehealth benefits under the 1135 waiver authority and the Coronavirus Preparedness and Response Supplemental Appropriations Act.

Before that, Medicare was only allowed to pay clinicians for telehealth services in certain circumstances, such as for patients in remote locations, and generally did not cover home-based virtual consults.

ON THE RECORD

"The Trump Administration is taking swift and bold action to give patients greater access to care through telehealth during the COVID-19 outbreak," said CMS Administrator Seema Verma in a statement. "These changes allow seniors to communicate with their doctors without having to travel to a healthcare facility so that they can limit risk of exposure and spread of this virus. Clinicians on the frontlines will now have greater flexibility to safely treat our beneficiaries."

###

CMS expands Medicare telehealth services to fight COVID-19

<https://www.modernhealthcare.com/medicare/cms-expands-medicare-telehealth-services-fight-covid-19>

Modern Healthcare // Michael Brady // March 17, 2020 12:49 PM

The Trump administration on Monday announced that it will expand telehealth services for Medicare beneficiaries and cut back on HIPAA enforcement, the latest move to combat the [coronavirus pandemic](#).

Medicare will pay doctors and hospitals for a broad range of telehealth services on a temporary basis, effective March 6. The program will pay for office and hospital telehealth visits and include a wide range of providers including nurse practitioners, clinical psychologists and social workers. Telehealth visits will be reimbursed for the same amount as in-person visits.

"These services can also be provided in a variety of settings, including nursing homes, hospital outpatient departments and more," CMS Administrator Seema Verma said.

HHS will also temporarily relax some HIPAA requirements to allow doctors to provide telehealth services with their personal phones and use enforcement discretion related to copays "so that cost won't be a barrier," Verma said.

The administration is also asking state Medicaid agencies to offer telehealth services since they don't require federal approval.

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CMS expands Medicare telehealth services to fight COVID-19

<https://www.modernhealthcare.com/medicare/cms-expands-medicare-telehealth-services-fight-covid-19>

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The administration is also asking state Medicaid agencies to offer telehealth services since they don't require federal approval.

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To:	Casper, Marc N. <marc.casper@thermofisher.com>
CC:	Fenton, Tim <tim.fenton@thermofisher.com>; Johnson, Robert (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0851e89240324306b78740a4a60745e2-Johnson, Ro>; Sachs, Alan B. <Alan.Sachs@thermofisher.com>; Wallace, Rodney (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b4654f8f0c0f4623b9e47465e9e1037a-Wallace, Ro>
Subject:	RE: Covid-19 serological test development
Date:	2020/03/17 15:31:00
Priority:	Normal
Type:	Note

Yes please reach out to Robert Johnson and Rodney Wallace copied here. Thanks for your interest. Best Bob

From: Casper, Marc N. <marc.casper@thermofisher.com>
Sent: Tuesday, March 17, 2020 3:16 PM
To: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Cc: Fenton, Tim <tim.fenton@thermofisher.com>; Sachs, Alan B. <Alan.Sachs@thermofisher.com>
Subject: Covid-19 serological test development

Dear Bob,

One of the topics that came up in my White House meeting was developing a serological test. Now that we have gotten FDA EUA on the qPCR test, I want to open that discussion. With the substantial undocumented infection rates driving rapid spread, the US really needs a good serology test.

Thermo Fisher Scientific has put together a task force – lead by Alan Sachs, our chief scientist -- on what we might do here. As a company, we have expertise in antibody and lateral flow testing (we have leading market positions in drugs of abuse & allergy testing that use this technology).

Is there a BARDA team we should be collaborating with to put together an OTA agreement to speed up development? We're looking to collaborate, and other companies may also have expertise as well.

I have copied Tim Fenton, VP Government relations and Alan Sachs our Chief Scientific Officer.
 Thanks,
 Marc

Marc N. Casper
 Chairman, President and CEO

Thermo Fisher Scientific
 168 Third Avenue | Waltham, MA 02451

Tel: +1 (781) 622-1105 | Fax: +1 (781) 768-6603
marc.casper@thermofisher.com | www.thermofisher.com

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Delivered Date:	2020/03/17 15:31:00

From:	HHS Region 7 (OS/IEA) <hhsregion7@HHS.GOV>
SentVia:	HHSRegion7_Update <HHSREGION7_UPDATE@LIST.NIH.GOV>
To:	<HHSREGION7_UPDATE@LIST.NIH.GOV>
Subject:	HHS COVID-19 Update- March 17, 2020
Date:	2020/03/17 15:40:47
Priority:	Normal
Type:	Note



Office of the Regional Director

HHSREGION7

Iowa |
Kansas
Missouri
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Dear Stakeholder:

The federal government continues to take aggressive and proactive steps to address the COVID-19 threat as the health and safety of the American people remain a top priority. Please see below for the latest guidance and releases in response to COVID-19.

Secretary Azar Announces Historic Expansion of Telehealth Access to Combat COVID-19: On Tuesday, the Trump Administration and HHS announced unprecedented steps to expand Americans' access to telehealth services during the COVID-19 outbreak. The Centers for Medicare & Medicaid Services (CMS) expanded Medicare coverage for telehealth visits, the HHS Office for Civil Rights (OCR) announced it will waive potential HIPAA penalties for good faith use of telehealth during the emergency, and the HHS Office of Inspector General (OIG) provided flexibility for healthcare providers to reduce or waive beneficiary cost-sharing for telehealth visits paid by federal healthcare programs. For more information see links to the [CMS press release](#), [OCR Guidance](#), and [OIG Policy Statement](#).

FDA Expands Testing Capabilities: On Monday night, FDA Commissioner Hahn [announced](#) that states can set up their own system in which they take responsibility for authorizing such tests and the laboratories will not need to engage with the FDA to conduct COVID-19 testing. The updated guidance also expands the types of labs that can conduct testing and provides recommendations for test developers who are interested in developing a test. The FDA has established 1-888-INFO-FDA, to help labs with any questions they may have about the Emergency Use Authorization process, FDA policies or getting supplies. Similar to approving Roche testing last week, yesterday, the FDA also [issued Emergency Use Authorizations \(EUAs\)](#) to Hologic and LabCorp for their tests.

CMS Guidance for States to Apply for a Section 1135 Emergency Waiver: CMS has provided guidance for states on how to apply for a Section 1135 waiver through the [Medicaid Disaster Response Tool Kit](#). A [factsheet](#) was released that outlines the flexibilities for healthcare providers to combat and contain COVID-19. CMS will soon provide checklists and tools to further expedite requests and approvals for waivers and other commonly requested flexibilities. Yesterday, [Florida](#) was the first state to apply for and receive approval for an 1135 waiver.

Restrictions on Gatherings: On Monday, the White House Task Force released [updated guidance](#) with a 15 day strategy to slow the spread of COVID-19 that recommends restricting gathers to 10 people or less.

CMS Nursing Home Guidance: On Friday, CMS released updated nursing home guidance that further protects nursing home residents by restricting all visitors to nursing homes except in cases of end-of-life care. The memo can be found [here](#).

Guidance for Discontinuation of Home Isolation for Persons with COVID-19: CDC released new guidance with strategies to discontinue home isolation with options including both a time-since-illness-onset and time-since-recovery (non-test-based) strategy as well as a test-based strategy. This guidance will assist healthcare providers and public health officials managing people with COVID-19 under home isolation. Information can be found [here](#).

Considerations in the Investigation of Cases and Clusters of COVID-19: The World Health Organization released [interim guidance](#) on Friday that includes operational guidance to for the rapid investigation of suspected COVID-19 cases after an alert or signal. It is to be used by local, regional, or national health authorities as considerations for investigating cases of COVID-19.

Regulatory Relief for Commercial Vehicles Delivering COVID-19 Supplies: On Friday, the Federal Motor Carrier Safety Administration issued an [Emergency Declaration](#) that provides regulatory relief for vehicles that are transporting medical supplies and equipment to support emergency relief efforts.

As always, please reach out if you have questions.

Best regards,

Wm. Jeff Kahrs

Regional Director

Region VII– IA, KS, MO &NE

Office of the Secretary

Intergovernmental and External Affairs

U.S. Department of Health and Human Services

Kansas City, MO

(816) 426-2925

Jeff.Kahrs@HHS.gov

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Subject:	Fwd: AP: Esper: Pentagon will provide respirators, ventilators to HHS
Date:	2020/03/17 15:50:11
Priority:	Normal
Type:	Note

Sent from my iPhone

Begin forwarded message:

From: "McKeogh, Katherine (OS/ASPA)" <Katherine.McKeogh@hhs.gov>
Date: March 17, 2020 at 3:47:12 PM EDT
To: ASPA-Deputies <ASPA-Deputies@hhs.gov>, "Shuy, Bryan (OS/ASPR/IO)" <Bryan.Shuy@hhs.gov>, "Hayes, Jonathan (OS/ASPR/IO)" <Jonathan.Hayes@hhs.gov>, "Michael, Gretchen (OS/ASPR/OEA)" <Gretchen.Michael@hhs.gov>
Subject: **AP: Esper: Pentagon will provide respirators, ventilators to HHS**

Esper: Pentagon will provide respirators, ventilators to HHS

AP // Robert Burns

U.S. Defense Secretary Mark Esper says the Pentagon will provide 5 million respirators and 2,000 specialized ventilators to federal health authorities to help in the response to the coronavirus pandemic

WASHINGTON -- U.S. Defense Secretary Mark Esper said Tuesday that the Pentagon will provide 5 million respirators and 2,000 specialized ventilators to federal health authorities to help in the response to the coronavirus pandemic.

Esper told Pentagon reporters that the ventilators are designed for use by deployed troops and the military will need to train civilians how to use them. He said some may have "single-use" limitations.

U.S. officials have talked about the shortage of ventilators to help treat patients with the virus.

Katie McKeogh

Press Secretary

Office of the Assistant Secretary for Public Affairs (ASPA)

U.S. Department of Health and Human Services

Katherine.McKeogh@hhs.gov

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Subject:	CORRECTED: Pentagon offers respirator masks, ventilators to HHS to fight coronavirus
Date:	2020/03/17 16:01:15
Priority:	Normal
Type:	Note

CORRECTED: Pentagon offers respirator masks, ventilators to HHS to fight coronavirus

By Bryan Bender

03/17/2020 02:43 PM EDT

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To view online:

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Subject:	CORRECTED: Pentagon offers respirator masks, ventilators to HHS to fight coronavirus
Date:	2020/03/17 16:02:12
Priority:	Normal
Type:	Note

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CC:	Yang, Justin (OS/ASPR/BARDA) <Ge.Yang@hhs.gov>
Subject:	Deploying ventilators for respiratory management of Covid-19 infections
Date:	2020/03/17 16:03:00
Start Date:	2020/03/18 12:30:00
End Date:	2020/03/18 13:00:00
Priority:	Normal
Type:	Appointment
Location:	ASPR Main Conference Room - Tele Conference (b)(6)
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Sent Date:	2020/03/17 16:03:00

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Subject:	FW: CORRECTED: Pentagon offers respirator masks, ventilators to HHS to fight coronavirus
Date:	2020/03/17 16:03:52
Priority:	Normal
Type:	Note

They corrected and re-blasted.

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

Sent: Tuesday, March 17, 2020 4:02 PM

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

Subject: CORRECTED: Pentagon offers respirator masks, ventilators to HHS to fight coronavirus

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03/17/2020 02:43 PM EDT

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Subject:	FW: CORRECTED: Pentagon offers respirator masks, ventilators to HHS to fight coronavirus
Date:	2020/03/17 16:03:51
Priority:	Normal
Type:	Note

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

Sent: Tuesday, March 17, 2020 4:02 PM

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Sent Date:	2020/03/17 16:03:50
Delivered Date:	2020/03/17 16:03:51

From:	Schulze, Matthew <Matthew.Schulze@ascp.org>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>; HHS Secretary (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5e3fce8f00194d8d94fc91094888d811-HHS Secreta>; Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Giori, Bre>; Verma, Seema (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e36583cd19bb453997718e4ca9ac8a93-SeemaVermaP>; Brandt, Kimberly (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d3e40f9c0e604ccfb9acbc4e69f49157-BKCN>; Brookes, Brady (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7a794d62ee454992a4268ae71690f3c1-BDI7>; Kouzoukas, Demetrios (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f4b26cbb0cbd43dd99c01d0862026aa3-KLY4>; Moody-Williams, Jean D. (CMS/CCSQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=38eb9fd8abb947db90d88f324c8a25b1-M2EF>; Blackford, Carol W. (CMS/CM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=63ad10b43706420aa6578a500ad37a59-XL67>; Iwugo, Jeneen (CMS/CCSQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1dc950858cac4522b8bc4b076a2e2fe7-B25Q>; Ling, Shari (CMS/CCSQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=28885d7d82664cdfab76c4e4d0573275-L3JY>; Wright, David R. (CMS/CCSQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=924897ab42a24d8c98ee2ed7c010611c-Gr73>; Rogers, Tennille (CMS/CCSQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8b94c06f49b4403bb554350972c2963e-B6CD>; Dyer, Karen (CMS/CCSQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3dd67bce7e6f42a293fde2a956547551-D35R>
CC:	Jacobs, Jeff <Jeff.Jacobs@ascp.org>; Beck, Lucy <Lucy.Beck@ascp.org>
Subject:	Allow pathologists and laboratory personnel to engage in telepathology
Date:	2020/03/17 16:16:51
Priority:	Normal
Type:	Note

Dear Secretary Azar:

Please find attached a letter from the American Society for Clinical Pathology requesting that the Department's action to allow pathologists and laboratory personnel to review and interpret digital slides and images from remote locations (outside of a CLIA certified laboratory). We note that other specialty physicians, such as radiologists, already provide telemedicine services. Allowing pathologists to perform these activities from home, while under the oversight of a CLIA certified laboratory, would allow them to provide quality pathology services. It could also improve quality with regard to secondary consultations. This should also help improve labs better deal with test capacity issues due to a shortage of qualified laboratory personnel.

Matthew Schulze

American Society for Clinical Pathology

cell: 202.403.9027

email: matthew.schulze@ascp.org

ASCP COVID-19 resource page: [https://protect2.fireeye.com/url?k=52a10353-0ef52a78-52a1326c-0cc47a6d17cc-c486578d90b9a23b&u=https://www.ascp.org/content/get-involved/institute-of-science-technology-policy/coronavirus-2019-\(covid-19\)-resources](https://protect2.fireeye.com/url?k=52a10353-0ef52a78-52a1326c-0cc47a6d17cc-c486578d90b9a23b&u=https://www.ascp.org/content/get-involved/institute-of-science-technology-policy/coronavirus-2019-(covid-19)-resources)

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Sender:	Schulze, Matthew <Matthew.Schulze@ascp.org>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>; HHS Secretary (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5e3fce8f00194d8d94fc91094888d811-HHS Secreta>; Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; Verma, Seema (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e36583cd19bb453997718e4ca9ac8a93-SeemaVermaP>; Brandt, Kimberly (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d3e40f9c0e604ccfb9acbc4e69f49157-BKCN>; Brookes, Brady (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7a794d62ee454992a4268ae71690f3c1-BDI7>; Kouzoukas, Demetrios (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f4b26cbb0cbd43dd99c01d0862026aa3-KLY4>; Moody-Williams, Jean D. (CMS/CCSQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=38eb9fd8abb947db90d88f324c8a25b1-M2EF>; Blackford, Carol W. (CMS/CM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=63ad10b43706420aa6578a500ad37a59-XL67>; Iwugo, Jeneen (CMS/CCSQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1dc950858cac4522b8bc4b076a2e2fe7-B25Q>; Ling, Shari (CMS/CCSQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=28885d7d82664cdfab76c4e4d0573275-L3JY>; Wright, David R. (CMS/CCSQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=924897ab42a24d8c98ee2ed7c010611c-Gr73>; Rogers, Tennille (CMS/CCSQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8b94c06f49b4403bb554350972c2963e-B6CD>; Dyer, Karen (CMS/CCSQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3dd67bce7e6f42a293fde2a956547551-D35R>; Jacobs, Jeff <Jeff.Jacobs@ascp.org>; Beck, Lucy <Lucy.Beck@ascp.org>
Sent Date:	2020/03/17 16:15:17
Delivered Date:	2020/03/17 16:16:51

From:	Torres, DrJohn (NBCUniversal) <DrJohn.Torres@nbcuni.com>
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.(FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Subject:	RE: Connecting with the Surgeon General
Date:	2020/03/17 16:27:56
Priority:	Normal
Type:	Note

The one I have is the same one Rich emailed to me:
(317)250-5681

My cell is (b)(6)

 Description: Description: Description: cid:image003.png@01D1C59B.E99DF120
John Torres, MD
Medical Correspondent
NBC News, MSNBC
30 Rockefeller Plaza, Rm 918W-4
New York, NY 10112
212 664-1912
Drjohn.torres@nbcuni.com

From: Adams, Jerome (HHS/OASH) [mailto:Jerome.Adams@hhs.gov]
Sent: Tuesday, March 17, 2020 12:14 PM
To: Torres, DrJohn (NBCUniversal) <DrJohn.Torres@nbcuni.com>
Subject: [EXTERNAL] Re: Connecting with the Surgeon General

Hey John, so you still have my number from when we met before?

VADM Jerome Adams
20th US Surgeon General

On Mar 17, 2020, at 10:56 AM, Torres, DrJohn (NBCUniversal) <DrJohn.Torres@nbcuni.com>wrote:

Thanks Rich,
Jerome, I'd love to talk with you off the record about all of this. A lot of misinformation and I'm trying to use my platform to get out the right info so would appreciate talking with you.
Can you talk this afternoon or tomorrow? I'm guessing we are both pretty busy right now but let's see if we can connect.
Thanks

<image001.png>

John Torres, MD
Medical Correspondent
NBC News, MSNBC
30 Rockefeller Plaza, Rm 918W-4
New York, NY 10112
212 664-1912
Drjohn.torres@nbcuni.com

From: Besser, Richard [<mailto:rbesser@rwjf.org>]
Sent: Tuesday, March 17, 2020 8:19 AM
To: Torres, DrJohn (NBCUniversal) <DrJohn.Torres@nbcuni.com>
Cc: jerome.adams@hhs.gov
Subject: [EXTERNAL] Connecting with the Surgeon General

Hi John:

I hope you are doing well. I wanted to connect you with Surgeon General Jerome Adams. He and I have become friends. He wanted me to reach out and give you his contact information and to let you know, he'd welcome the chance for an off the record conversation about the coronavirus response.. His email is above and here is his personal cell phone. (b)(6)

Best,

Rich

Richard E. Besser, MD, President and CEO
Office 609 627-6246 | rbesser@rwjf.org
[@DrRichardBesser](#)

Robert Wood Johnson Foundation
Building a Culture of Health in America. Learn more at rwjf.org.
Follow the Foundation [Twitter](#) | [Facebook](#) | [YouTube](#)

.....
Please note: In light of the request made by New Jersey Governor Phil Murphy for increased social distancing we have made the decision to close all three RWJF campuses in New Jersey, New York, and Washington, until further notice. All RWJF employees will now work remotely, and all in-person meetings are either cancelled or will be conducted virtually. For accurate information on what to do to prepare and respond to COVID-19, visit [CDC.gov](https://www.cdc.gov/coronavirus/2019-nCoV/index.html) (<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>) and your state health department website.

Sender:	Torres, DrJohn (NBCUniversal) < DrJohn.Torres@nbcuni.com >
Recipient:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Sent Date:	2020/03/17 16:27:35
Delivered Date:	2020/03/17 16:27:56

From:	Bernard King <(b)(6)>
To:	Adams, Steven A. (ASPR/SNS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f98462fe8d124743a437c7a80b3f60dd-Adams, Stev>
CC:	<henry@radarpictures.com>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	Re: 9500- N95 Surgical Respiratory Masks
Date:	2020/03/17 16:44:53
Priority:	Normal
Type:	Note

Hi Steven and David,

I am wondering if you saw the below email. (b)(4)

(b)(4)

Hi Steven and David,

Following up on the phone call from Saturday, March, 14th regarding a Purchase Order (b)(4)

(b)(4) Please find below the requested information for the PO, the company's name address and Duns Number.

We are a Minority Group, I have attached a MBE Certificate for Protege Media LLC as a certified Minority Supplier. (b)(4)

(b)(4)

Company: Protege Media LLC

Port Saint Lucie, FL, 34986

(b)(4)

Thank you,

DR. Bernard King

(b)(6)

NBA Hall of Famer

(404) 558-7084

Bernard King

(b)(6)

Hall of Famer

Buy my new book now!

Game Face

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

From: Adams, Steven A. (ASPR/SNS) <saa1@cdc.gov>

To: Bernard King (b)(6)

Cc: henry@radarpictures.com <henry@radarpictures.com>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>

Sent: Fri, Mar 13, 2020 6:20 pm

Subject: RE: Call RE: 3M N95 Surgical Respiratory Masks

Bernard, would your team be available for a quick conversation with my team and I this evening or tomorrow morning? (b)(4) and have a few additional questions.

Steve

Steven A. Adams, MPH

Director, Strategic National Stockpile (Acting)

Office of the Assistant Secretary for Preparedness and Response

Department of Health and Human Services

Atlanta, GA 30333,

Tel: 404-639-0692



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From: Bernard King (b)(6)
Sent: Thursday, March 12, 2020 12:46 PM
To: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Adams, Steven A. (CDC/SNS/DSNS) <saa1@cdc.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>
Cc: henry@radarpictures.com
Subject: Re: Call RE: 3M N95 Surgical Respiratory Masks

Hello Dr. Robert Kadlec,

Assistant Secretary of Health and Human Services

Following up on our Wednesday call, I've gone back to my group and discussed (b)(4)

(b)(4)

(b)(4)

Please contact me at your earliest convenience to discuss.

Thank you,

Dr. Bernard King

NBA Hall of Famer

(b)(6)

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

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

To: (b)(6) Adams, Steven A. (CDC/SNS/DSNS) <saa1@cdc.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Callahan, Victoria (OS/ASPR/IO) (CTR) <Victoria.Callahan@hhs.gov>

Sent: Wed, Mar 11, 2020 5:36 pm

Subject: Call RE: 3M N95 Surgical Respiratory Masks

Sender:	Bernard King (b)(6)
Recipient:	Adams, Steven A. (ASPR/SNS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f98462fe8d124743a437c7a80b3f60dd-Adams, Stev>; <henry@radarpictures.com>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Sent Date:	2020/03/17 16:44:32
Delivered Date:	2020/03/17 16:44:53

From:	OS Secretarys Operations Center </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=32B1F28D808B43B6903C00083291303E-SECRETARYS>
To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
CC:	2019 nCoV Senior Leadership </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=353de401d4bb4b88b199db739e56b67e-2019_nCoV_S>; 2019 nCoV Interagency </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=611ff25556cb4f8fbf005f95841ae540-2019_nCoV_I>; 2019 nCoV IMT </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4c487a5b6dbd4637be98fc7d8f7fd23f-2019_nCoV_I>; 2019 nCoV IST </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=80e44074d80e4a8e95e3da696d40137e-2019_nCoV_I>
Subject:	17Mar20 COVID-19 Open Media Report
Date:	2020/03/17 16:46:51
Priority:	Normal
Type:	Note

**UNCLASSIFIED // FOR OFFICIAL USE
ONLY**

Good afternoon all,

Attached is the 17Mar20 COVID-19 Open Media Report.

BLUF: American Red Cross faces possible blood shortages due to fewer donations. Several states delay their primary elections. Retailers continue to close stores or alter services to facilitate social distancing. Amazon announces it will hire more workers to keep up with demand. Facebook is offering small business grants. Surveys indicate large percentages of Americans have faced disruptions from the outbreak.

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

- Traditional media reports over 185,000 cases and more than 7,400 deaths globally.
- Media reports over 41,000 tests given in the U.S. with over 4,000 cases and over 70 deaths.
- A CDC employee tested positive. The employee was not involved in COVID-19 response.

Working/Business:

- Retailers continue to close stores, including Apple and Nike. Others, including Walmart, are reducing hours.
Amazon hiring 100,000 new distribution workers to keep up with demand.

Healthcare System:

- Drive-thru testing centers in Baton Rouge, LA and Cleveland, OH reached capacity shortly after opening and had to turn away patients..

- American Red Cross warns of possible blood shortages, noting 86,000 fewer blood donations..

Public Sentiment:

- There has been a notable increase in concern around healthcare professionals as news outlets report more are getting infected by COVID-19 and some fear infecting their families after work

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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Recipient:	OS Secretaries Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>; 2019 nCoV Senior Leadership </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=353de401d4bb4b88b199db739e56b67e-2019_nCoV_S>; 2019 nCoV Interagency </o=ExchangeLabs/ou=Exchange Administrative Group

	(FYDIBOHF23SPDLT)/cn=Recipients/cn=611ff25556cb4f8fbf005f95841ae540-2019_nCoV_I>; 2019 nCoV IMT </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4c487a5b6dbd4637be98fc7d8f7fd23f-2019_nCoV_I>; 2019 nCoV IST </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=80e44074d80e4a8e95e3da696d40137e-2019_nCoV_I>
Sent Date:	2020/03/17 16:46:44
Delivered Date:	2020/03/17 16:46:51

From:	OS Secretarys Operations Center </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=32B1F28D808B43B6903C00083291303E-SECRETARYS>
To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
CC:	2019 nCoV Senior Leadership </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=353de401d4bb4b88b199db739e56b67e-2019_nCoV_S>; 2019 nCoV Interagency </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=611ff25556cb4f8fbf005f95841ae540-2019_nCoV_I>; 2019 nCoV IMT </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4c487a5b6dbd4637be98fc7d8f7fd23f-2019_nCoV_I>; 2019 nCoV IST </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=80e44074d80e4a8e95e3da696d40137e-2019_nCoV_I>
Subject:	17Mar20 COVID-19 Open Media Report
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Priority:	Normal
Type:	Note

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Prepared by:

Secretary's Operations Center

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



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Sender:	OS Secretarys Operations Center </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=32B1F28D808B43B6903C00083291303E-SECRETARYS>
Recipient:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>; 2019 nCoV Senior Leadership </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=353de401d4bb4b88b199db739e56b67e-2019_nCoV_S>; 2019 nCoV Interagency </o=ExchangeLabs/ou=Exchange Administrative Group

	(FYDIBOHF23SPDLT)/cn=Recipients/cn=611ff25556cb4f8fbf005f95841ae540-2019_nCoV_I>; 2019 nCoV IMT </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4c487a5b6dbd4637be98fc7d8f7fd23f-2019_nCoV_I>; 2019 nCoV IST </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=80e44074d80e4a8e95e3da696d40137e-2019_nCoV_I>
Sent Date:	2020/03/17 16:46:44
Delivered Date:	2020/03/17 16:46:53

From:	OS - Building Operations (HHS/OS) <buildingoperations@hhs.gov>
SentVia:	<owner-hhs-staff-hhh-bldg@list.nih.gov>
To:	<hhs-staff-hhh-bldg@list.nih.gov>
Subject:	Update: HHH Building Operations Services
Date:	2020/03/17 17:05:10
Priority:	Normal
Type:	Note



In response to coronavirus disease 2019 (COVID-19) and per the Office of Management and Budget's recommendation of the maximum use of telework, there will be alterations to the delivery of some Program Support Center (PSC) Hubert H. Humphrey building operations services. Please see below for updated procedures, effective immediately and until further notice.

Facility Operations

- Building systems (HVAC) will remain in normal operation. Operating Engineers will be on-site 24/7
- PSC Building Operations staff will have **staff on-site full time** Monday through Friday **and intermittently on weekends** to ensure proper operation and provide quality assurance
- Building Operations service call line (202) 619-3000 will remain operational between 6:30 a.m. and 6:30 p.m. Requests received by email (buildingoperations@hhs.gov) will also be monitored during normal business hours
- The custodial contractor will remain on-site and services will be unaffected
- The HHH Café will be offering a limited menu and operate under limited hours until further notice. A limited lunch will be offered from 11:30 a.m. to 2 p.m. to include full grill, full deli, salad bar, pizzas, and soup

Fitness Center

Remains open

Health Clinic

Remains open

Intake, Suitability, and Badging

- Office hours are 8 a.m. to 4 p.m., by appointment only
- Follow normal request process to renew or replace badges
- Certificate updates can be performed on the user's laptop
- If any assistance is needed, please contact the PSC Intake, Suitability, and Badging help desk at (833) 884-7749 or at isbshelpdesk@psc.hhs.gov or visit the

self-help portal at <https://protect2.fireeye.com/url?k=e5d60f34-b9821648-e5d63e0b-0cc47adc5fa2-ad60f53c573a375c&u=https://isbs-portal.psc.gov/>

Mail and Publishing Services

Currently, the United States Post Office (USPS) is not experiencing operational impacts as a result of COVID-19. Customers can view the most recent [USPS media statement](#) and find a link to the Centers for Disease Control and Prevention (CDC) guidance. CDC has more information available on its website at <https://protect2.fireeye.com/url?k=4d152e97-114137eb-4d151fa8-0cc47adc5fa2-74b36430ee57e4ab&u=http://www.coronavirus.gov/>.

Below are PSC Mail and Publishing Services guidance:

- • At this time, mail operations are fully operational and using standard protocol. Incoming mail and other package delivery continues to be received, processed, and sorted. Outgoing mail also continues to be processed.
 - • Mail deliveries continue to designated mail stops.
 - • If facilities are closed or personnel is not on-site, PSC Mail and Publishing Services will hold this mail until the employees return to their duty station.
- • Accountable mail is being processed and delivery attempts will be made.
 - • If a signature cannot be obtained, PSC Mail and Publishing Services will sign for the package and hold the mail at PSC Mail and Publishing Services mail facility until the employees return to their duty station for signature.
- • Courier service is fully operational and delivery attempts are being made daily.
 - • If a courier is unable to deliver, due to building closure or if a customer is unavailable, then the mail will be returned and held at PSC mail and publishing facility.

Parking

- • There will be **no on-site** support, only virtual support. Requests may be sent to parking@hhs.gov or call (202) 868-9984 for **temporary** parking requests to support the response to the COVID-19 emergency or to address other parking issues
- • **Temporary** parking requests need to be authorized by the operating division (OpDiv) and staff division (StaffDiv) or through the U.S. Department of Health and Human Services sponsor. The requestor must provide the visitor's full name, dates visiting, vehicle tag number, cell phone number, and OpDiv/StaffDiv sponsor name and phone number
- • The parking office will notify security of approved requests and provide necessary information

- • The parking office will also inform the requestor to pick up their **temporary** permit from the guard upon initial arrival to the garage (guard will review approved list)
- • The requestor will simply display their **temporary** permit upon subsequent visits
- • When appropriate, the parking office and guard staff will begin notifying staff that **temporary** permits are no longer valid

Room Management

- • Normal operations for conference rooms
- • Contact PSC GovSpace reservation and support at GovSpace@psc.hhs.gov or (202) 619-0814

Sender:	OS - Building Operations (HHS/OS) <buildingoperations@hhs.gov>; <owner-hhs-staff-hhh-bldg@list.nih.gov>
Recipient:	<hhs-staff-hhh-bldg@list.nih.gov>
Sent Date:	2020/03/17 17:02:54
Delivered Date:	2020/03/17 17:05:10

From:	OS - Building Operations (HHS/OS) <buildingoperations@hhs.gov>
SentVia:	<owner-hhs-staff-hhh-bldg@list.nih.gov>
To:	<hhs-staff-hhh-bldg@list.nih.gov>
Subject:	Update: HHH Building Operations Services
Date:	2020/03/17 17:05:09
Priority:	Normal
Type:	Note



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Sender:	OS - Building Operations (HHS/OS) <buildingoperations@hhs.gov>; <owner-hhs-staff-hhh-bldg@list.nih.gov>
Recipient:	<hhs-staff-hhh-bldg@list.nih.gov>
Sent Date:	2020/03/17 17:02:54
Delivered Date:	2020/03/17 17:05:09
Message Flags:	Unread

From:	Kang, Roger <roger.kang@pbmc.com>
To:	Jemo Kang <j.kang@pbmc.com>; Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.roup (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Walter Kang <walter.kang@pbmc.com>
CC:	Wallace, Rodney (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b4654f8f0c0f4623b9e47465e9e1037a-Wallace, Ro>
Subject:	Re: FW: Contact
Date:	2020/03/17 17:07:43
Priority:	Normal
Type:	Note

Dr. Kadlec,
Thank you for the introduction.

Rodney,
It's a pleasure to meet you. Our company focuses on developing and manufacturing rapid immunoassays based on the lateral flow testing platform.
We patented this technology back in 1988 and came out with the first one-step pregnancy test. Since then, we have expanded to over 70 FDA 510K cleared assays, including Influenza A&B, Strep A, and have worked with the military in the past to develop a rapid biological warfare detection panel test (including anthrax).

(b)(4)

We are a US manufacturer (New Jersey) (one of only domestic manufacturers) and are currently manufacturing and supplying about 500,000 rapid flu tests per week to healthcare providers across the country.

(b)(4)

Kind regards,
Roger

On Tue, Mar 17, 2020 at 4:03 PM Kadlec, Robert (OS/ASPR/IO)
<Robert.Kadlec@hhs.gov> wrote:

Rodney meet Roger whose company make lateral flow antigen capture rapid tests. His company is interested and capable of making a rapid test for COVID-19. (b)(4)

(b)(4) Thank you Best Bob

From: Kang, Roger <roger.kang@pbmc.com>
Sent: Tuesday, March 17, 2020 3:48 PM
To: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Subject: Re: Contact

Hi Bob,

I tried calling you.

(b)(4)

We know this is an urgent situation so we will take the hit and have to deal with our customers to try to make up the loss in the coming weeks.

Hope all is well with you (as well as things could be).

Kind regards,

Roger

On Tue, Mar 17, 2020 at 12:25 PM Kang, Roger <roger.kang@pbmc.com>wrote:

Hi Bob,

Do you have time for a call today? Let me know a good time and I will call you.

I am free now until 1:30 then free again after 2:30.

Kind regards,

Roger

On Mon, Mar 16, 2020 at 7:08 PM Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>wrote:

Roger great talking to you and look forward to your response in the response. Best. Bob.

Sent from my iPhone

On Mar 16, 2020, at 6:24 PM, Timothy Templet <tltemplet@puritanmedproducts.com>wrote:

Bob:

Thank you.

We spoke to Roger today and discussed the plan for inventory adjustments with him. (b)(4)

(b)(4)

(b)(4)

Rogers's phone number is (b)(6)

(b)(6)

(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)

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OFFICE: 207.876.3311 EXT 3214
<https://www.stationerycentral.com/images/clear.gif>
DIRECT: 207.876.1514

31 School St.
<https://www.stationerycentral.com/images/clear.gif> P.O
Box 149
<https://www.stationerycentral.com/images/clear.gif>
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:	Kang, Roger < roger.kang@pbmc.com >
Recipient:	Jemo Kang < j.kang@pbmc.com >; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Walter Kang < walter.kang@pbmc.com >; Wallace, Rodney (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b4654f8f0c0f4623b9e47465e9e1037a-Wallace, Ro>
Sent Date:	2020/03/17 17:07:13
Delivered Date:	2020/03/17 17:07:43

From:	Kang, Roger <roger.kang@pbmc.com>
To:	Jemo Kang <j.kang@pbmc.com>; Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.e Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1aedd8f312d94f81b2449b3d9ceb4add-Ottem, Rona>; Walter Kang <walter.kang@pbmc.com>
CC:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	Re: Contact
Date:	2020/03/17 17:10:10
Priority:	Normal
Type:	Note

Dr. Kadlec,

Thank you for the introduction. I have sent this same email to Rodney just now.

Ron,

It's a pleasure to meet you. Our company focuses on developing and manufacturing rapid immunoassays based on the lateral flow testing platform.

We patented this technology back in 1988 and came out with the first one-step pregnancy test. Since then, we have expanded to over 70 FDA 510K cleared assays, including Influenza A&B, Strep A, and have worked with the military in the past to develop a rapid biological warfare detection panel test (including anthrax).

(b)(4)

We are a US manufacturer (New Jersey) (one of only domestic manufacturers) and are currently manufacturing and supplying about 500,000 rapid flu tests per week to healthcare providers across the country.

(b)(4)

Kind regards,
Roger

On Tue, Mar 17, 2020 at 4:21 PM Ottem, Ronald (Ron) (ASPR/SNS) <rco9@cdc.gov>wrote:

Roger,

Please let me know when we can discuss.

Best Regards,

Ron

Ron Ottem

Chief, Strategic Logistics Branch
Strategic National Stockpile

Office of the Assistant Secretary for Preparedness and Response

Department of Health and Human Services

Office (404)639-2576 Mobile (b)(6)

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

Sent: Tuesday, March 17, 2020 4:06 PM

To: Ottem, Ronald (Ron) (ASPR/SNS) <rco9@cdc.gov>

Cc: Kang, Roger <roger.kang@pbmc.com>

Subject: FW: Contact

(b)(4)

(b)(4)

Thanks Best Bob

From: Kang, Roger <roger.kang@pbmc.com>

Sent: Tuesday, March 17, 2020 3:48 PM

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

Subject: Re: Contact

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Regards,



Puritan Medical
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MOBILE: (b)(6)

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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>
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Cc: Ottem, Ronald (Ron) (ASPR/SNS) <rco9@cdc.gov>; Adams, Steven A. (ASPR/SNS) <saa1@cdc.gov>
Subject: Contact

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Sender:	Kang, Roger < roger.kang@pbmc.com >
Recipient:	Jemo Kang < j.kang@pbmc.com >; Ottem, Ronald (Ron) (ASPR/SNS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1aedd8f312d94f81b2449b3d9ceb4add-Ottem, Rona>; Walter Kang < walter.kang@pbmc.com >; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Sent Date:	2020/03/17 17:09:23
Delivered Date:	2020/03/17 17:10:10

From:	Noel, Pierre, M.D. (b)(6)
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
CC:	'Ken Mayer' <ken@safehealth.me>
Subject:	COVID 19- Connected Diagnostics and Triage Platform
Date:	2020/03/17 17:23:59
Priority:	Normal
Type:	Note

Dear Bob,

Hope you are doing well and staying healthy. I would like to bring to your attention a promising COVID 19 diagnostic and coordinated triage platform . SAFE, Columbia University, with anticipated collaboration with Mayo Clinic are developing a *Connected Diagnostics and Coordinated Triage Platform* that enables remote point of care testing at scale using inexpensive LFIA-based rapid tests. I am acting as a consultant to SAFE.

The platform enables individuals to self-administer tests at home and scan the results with their mobile phone, keeping infected populations at home and providing unprecedented real-time surveillance. Positive cases are triaged *remotely* using crowdsourced telehealth providers mobilized through an Uber-like app. Positive cases trigger delivery of a confirmatory PCR test kit that is sent to Quest/LabCorp, with results used to inform a remote treatment plan and reported.

Dr. David Ho, virologist at Columbia University, is working with NY HHS to validate a rapid COVID-19 from a manufacturer that can deliver 1.6M rapid tests per day. Once securing EUA clearance, rapid test kits can be sold at retail and ordered online leveraging the private sector to rapidly scale distribution and offset costs.

The platform was architected by Jim Nasr, a former Chief Architect of the CDC who designed the Open CDC platform. Reckitt Benckiser (RB) has offered to provide pervasive retail distribution everywhere their Durex and Lysol brands are sold. Amazon, FedEx, UPS and USPS will be mobilized to handle online sales and shipping logistics.

We believe this novel decentralized approach will enable testing and surveillance at the mass scale required and at the lowest possible cost to the federal government without overburdening current healthcare infrastructure. To launch the program we simply need the FDA to accelerate review of Dr. Ho's validation data and grant the EUA.

See the attached documents for more information on the platform and overall strategy. You can reach Ken Mayer, CEO of Safe Health, at kem@safehealth.me (O: 310-921-5670, M: 917-373-9448). Dr. Ho and Jim Nasr are available to meet via teleconference at your convenience.

Pandemic Response proposal:

<https://protect2.fireeye.com/url?k=9e1ec6e2-c24bcff1-9e1ef7dd-0cc47adb5650-8f4782809157d737&u=https://docsend.com/view/dwfdxch>

Pandemic Response deck:

<https://protect2.fireeye.com/url?k=89e68675-d5b38f66-89e6b74a-0cc47adb5650-2a9941219b4f8275&u=https://docsend.com/view/y58rn4v>

Very respectfully,

Pierre

Pierre Noel, M.D.
Professor of Medicine
Division of Hematology-Oncology
Mayo Clinic Arizona
Director, Mayo Clinic Center for Military Medicine
Pager: 480-301-7300
Cell: (b)(6)

Sender:	Noel, Pierre, M.D. (b)(6)
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; 'Ken Mayer' <ken@safehealth.me>
Sent Date:	2020/03/17 17:19:52
Delivered Date:	2020/03/17 17:23:59

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.UP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=5DAA376FBDEC43DCB81955AE13A4D740-AUSTIN, BRA>
To:	Lamana, Joseph (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userdc0ca36a>; Fulmer, Brendan (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0228e6e1aa6148dc96d37acf36e4eb90-Fulmer, Bre>; Johns, Matthew (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00adfd8c85e145f589fea508b0f530b9-Johns, Matt>
CC:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>
Subject:	RE: SNS request for Bay Area laboratories??
Date:	2020/03/17 17:22:46
Priority:	Normal
Type:	Note

CDR Matt Johns is sitting to my left, six feet away, here in the FEMA RRCC.

California had a shortfall of swabs here in the SF Bay Area, and requested that the 1,000 swabs be sent to the California State Lab in Richmond, CA. Our FEMA colleagues drove the 1,000 swabs up to the State Lab.

We have good coordination here in Region IX.

Thanks, Brad

Brad Austin, MPH, FACHE
Captain, U.S. Public Health Services
Deployed to in Response to COVID-19 Activities
 Cell (b)(6) Brad.Austin@hhs.gov

From: Lamana, Joseph (OS/ASPR/EMMO) <Joseph.Lamana@hhs.gov>
Sent: Tuesday, March 17, 2020 1:49 PM
To: Fulmer, Brendan (HHS/IOS) <Brendan.Fulmer@hhs.gov>
Cc: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Yeskey, Kevin (OS/ASPR/IO) <Kevin.Yeskey@hhs.gov>; Austin, Brad (OS/ASPR/EMMO) <Brad.Austin@hhs.gov>
Subject: RE: SNS request for Bay Area laboratories??

Brendan

Since our missing has ramped down at the pier-side, we have some left over test kits (two boxes), but nowhere near 2K. If that would help, they are located at the RRCC in R9. I think CAPT Brad Austin set them aside if needed.

Please let us know.

Best,
Joe

Joe Lamana

HHS/ASPR/OEMMO

Cell: (b)(6)

From: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Sent: Tuesday, March 17, 2020 10:58 AM
To: Lamana, Joseph (OS/ASPR/EMMO) <Joseph.Lamana@hhs.gov>
Subject: Fwd: SNS request for Bay Area laboratories??

Sent from my iPhone

Begin forwarded message:

From: "Fulmer, Brendan (HHS/IOS)" <Brendan.Fulmer@hhs.gov>
Date: March 17, 2020 at 2:15:45 AM EDT
To: "Johns, Matthew (HHS/OASH)" <Matthew.Johns@hhs.gov>, "Pierce, William (CDER) (FDA/CDER)" <William.Pierce@fda.hhs.gov>
Cc: "Mango, Paul (HHS/IOS)" <Paul.Mango@hhs.gov>, "Kadlec, Robert (OS/ASPR/IO)" <Robert.Kadlec@hhs.gov>, "Shuy, Bryan (OS/ASPR/IO)" <Bryan.Shuy@hhs.gov>
Subject: RE: SNS request for Bay Area laboratories??

This is being handled by another team. Adding folks who can help direct

From: Johns, Matthew (HHS/OASH) <Matthew.Johns@hhs.gov>
Sent: Monday, March 16, 2020 9:48 PM
To: Pierce, William (CDER) (FDA/CDER) <William.Pierce@fda.hhs.gov>; Fulmer, Brendan (HHS/IOS) <Brendan.Fulmer@hhs.gov>
Subject: Re: SNS request for Bay Area laboratories??

Thanks. I am actually referring to CZI BioHub who will be managing much of the large scale, high throughput testing in the Bay Area. They are a non-profit but working to link all of the academic, private hospitals and serve as flex and overflow for the health depts. they are looking at pushing nearly 2k tests a day. Right now they just need swabs.

On the public side, we are still trying to get the exact number from the state of CA. I should have a number soon but it looks like they will be fully supported by the state. It's unclear if they are needing at federal support in the near term.

Thanks again,

Matt

Matthew C. Johns, MPH

Commander, United States Public Health Service

Regional Health Administrator-Region 9

Office of the Assistant Secretary for Health

Office of the Secretary

United States Department of Health and Human Services

90 7th Street, Suite 5-100

San Francisco, CA 94103

Phone: (415)437-8102

Mobile: (b)(6)

Email: Matthew.Johns@HHS.gov

Website: <https://www.hhs.gov/ash/about-ash/regional-offices/region-9/index.html>

HHS Region 9: In the Service of Health (In Officio Salutis) for Arizona, California, Nevada, Hawaii, American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Marshall Islands and the Republic of Palau.....and 150 Federally-recognized Tribes.

On: 16 March 2020 18:32,

"Pierce, William (CDER)" <William.Pierce@fda.hhs.gov>wrote:

Matt,

I am covering primarily private partners. I am going to forward your question to Brendan who can best direct you.

Thank you,

Bill

From: Johns, Matthew (HHS/OASH) <Matthew.Johns@hhs.gov>

Sent: Monday, March 16, 2020 9:29 PM

To: Pierce, William (CDER) <William.Pierce@fda.hhs.gov>

Subject: Re: SNS request for Bay Area laboratories??

The swabs request went in through the SOC today. I do need to ask about reagents though. Do we have the ability backstop states and locals on RNA extraction kits/reagents? I need to know ASAP.

Kind regards,

Matt

Matthew C. Johns, MPH

Commander, United States Public Health Service
Regional Health Administrator-Region 9
Office of the Assistant Secretary for Health
Office of the Secretary
United States Department of Health and Human Services
90 7th Street, Suite 5-100
San Francisco, CA 94103
Phone: (415)437-8102
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Email: Matthew.Johns@HHS.gov
Website: <https://www.hhs.gov/ash/about-ash/regional-offices/region-9/index.html>

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On: 16 March 2020 18:22,
"Pierce, William (CDER)" <William.Pierce@fda.hhs.gov>wrote:

Thanks. I hope all is well for you out there.

Sincerely,

Bill

From: Johns, Matthew (HHS/OASH) <Matthew.Johns@hhs.gov>
Sent: Monday, March 16, 2020 11:47 AM
To: Pierce, William (CDER) <William.Pierce@fda.hhs.gov>
Subject: Fwd: SNS request for Bay Area laboratories??

CAPT-FYI below. Please let me know what I need to do to advance this.

Kind regards,

Matt

Matthew C. Johns, MPH

Commander, United States Public Health Service
Regional Health Administrator-Region 9
Office of the Assistant Secretary for Health
Office of the Secretary

United States Department of Health and Human Services
90 7th Street, Suite 5-100
San Francisco, CA 94103
Phone: (415)437-8102
Mobile: (b)(6)
Email: Matthew.Johns@HHS.gov
Website: <https://www.hhs.gov/ash/about-ash/regional-offices/region-9/index.html>

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From: "Johns, Matthew (HHS/OASH)" <Matthew.Johns@hhs.gov>
Subject: Fwd: SNS request for Bay Area laboratories??
Date: 15 March 2020 22:49
To: "Giroir, Brett (HHS/OASH)" <Brett.Giroir@hhs.gov>
Cc: "Trent-Adams, Sylvia (HHS/OASH)" <Sylvia.Trent-Adams@hhs.gov>, "Schwartz, Erica (HHS/OASH)" <Erica.Schwartz@hhs.gov>, "AvilesMendoza, Guillermo (OS/OASH)" <Guillermo.Aviles-Mendoza@hhs.gov>, "Kellogg, Rachel (HHS/OASH)" <Rachel.Kellogg@hhs.gov>

Admiral,

I hope this message finds you well.

I just wanted to flag this request from the group here in the Bay Area who are positioned to do much of the high throughput testing moving forward. CZI is working to serve as the flex lab and surge for the big university hospitals (UCSF, UC Davis and Stanford) along with the City HDs and counties. They have some supply limitations including just the NP swabs. I know it is common to make their own UTM in these more advanced labs but I wasn't sure if the SNS swab kits come with the swab and VTM together. That is what I was always used to. Anyway, CZI is asking for just the NP swabs. Their big challenge is the RNA extraction reagents. See the message from Dr. Thornborrow below from UCSF.

The particulars of their request are below. I am working with ASPR Region 9 REC to get this put into the WebEoc portal through FEMA but I wanted to flag it for you first. I'm meeting with CZI first thing tomorrow morning if anyone on the team wants me to dial them in. ASPR and FEMA are also cross walking this with the State so everyone is looped in.

This capability in the Bay Area can be a game changer. Existing labs are topped out at under 300 samples a day. A good public private partnership. CZI is located on the UCSF Mission Bay

Campus. I'm happy to work with the proper point person on this. I just wasn't sure who that was. Sorry to reach out directly in the interim.

Kind regards,

CDR Johns

Matthew C. Johns, MPH

Commander, United States Public Health Service
Regional Health Administrator-Region 9
Office of the Assistant Secretary for Health
Office of the Secretary
United States Department of Health and Human Services
90 7th Street, Suite 5-100
San Francisco, CA 94103
Phone: (415)437-8102
Mobile: (b)(6)
Email: Matthew.Johns@HHS.gov
Website: <https://www.hhs.gov/ash/about-ash/regional-offices/region-9/index.html>

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Begin Forwarded Message:

From: "Thornborrow, Ed" <(b)(6)>

Subject: Re: SNS request for Bay Area laboratories??

Date: 15 March 2020 21:10

To: "Emily Crawford" <emily.crawford@czbiohub.org>, "Johns, Matthew (HHS/OASH)" <Matthew.Johns@hhs.gov>

Cc: "Patrick Ayscue" <patrick.ayscue@czbiohub.org>, "Derisi, Joe" <(b)(6)>
"Miller, Steve" <(b)(6)>

Hi Matt,

As Emily stated we hope to have the Biohub testing up in a week (1600 samples per day) and we are further scaling UCSF proper testing to 300/day this week and an additional 300/day a week or so after that. The UCSF proper testing is short on extraction reagents, Roche MagNA Pure 24 and/or Qiagen EZ1. We are also working with Roche to install a Cobas 6800 (1400 samples/day capacity) but hear that reagents and disposables are vanishingly rare. Our goal is to be able to support high acuity patients at UCSF, San Francisco General Hospital, SF VA and throughout the greater Bay Area, as well as the local public health departments. Any excess capacity could then be used for symptomatic but lower acuity patients. I am in close contact with the laboratories at Stanford and UC Davis and we are coordinating to try and provide testing to all of Northern California. Obviously, none of this is possible without the NP/OP swabs. Any help you can provide is greatly appreciated!

Best,
Ed

Ed Thornborrow, M.D., Ph.D.

Professor and Vice Chair, Dept of Laboratory Medicine
Senior Medical Director and Quality Champion, UCSF Clinical Laboratories
Medical Director, Laboratory Information Systems

Department of Laboratory Medicine

185 Berry St, Box 0100 | San Francisco, CA 94107

tel: 415.476.7888

fax: 415.514.6373

(b)(6)

<http://Clinlab.ucsf.edu>



id:image001.png@01D354AB.2BC507B0

From: Emily Crawford <emily.crawford@czbiohub.org>

Date: Sunday, March 15, 2020 at 8:45 PM

To: "Johns, Matthew (HHS/OASH)" <Matthew.Johns@hhs.gov>

Cc: Patrick Ayscue <patrick.ayscue@czbiohub.org>, "Derisi, Joe" <(b)(6)>

"Thornborrow, Ed" <(b)(6)>, Steve Miller <(b)(6)>

Subject: Re: SNS request for Bay Area laboratories??

Awesome! Thank you Matt. I'll answer your questions here and then I'm happy to get on the phone tomorrow morning.

1. We work for the Chan Zuckerberg Biohub, a nonprofit research organization located on the UCSF campus, and as of California's recent relaxation of CLIA lab requirements, UCSF has tasked us with converting to a site for COVID-19 testing. Our first priority is to cover whatever UCSF patients can't currently be covered by UCSF's throughput, but we expect to exceed those needs quickly and will use the excess capacity to test for any other local hospitals or health departments that are in need.

2. We expect to be up and running in a week with a starting capacity of 1600 samples per day, and in the future to double that capacity as we bring in additional instrumentation. We have a huge space available (I believe 16,000 sq ft) which by chance had been unoccupied until we moved our equipment in this weekend.

3. We have been in touch with SFDPH and they are aware of our plans to expand testing. We absolutely want to facilitate testing wherever it is needed most, with priority for high acuity patients and healthcare workers. We've also been in frequent touch with the Governor's office to help us understand how we can best contribute the capacity we have in excess of UCSF's needs. Our hope is that we will eventually facilitate the planned drive-through testing stations where we will need to provide the swabs ourselves.

I'm cc'ing Ed Thornborrow, senior director of UCSF clinical labs. Ed, could you chime in and speak to the current availability of nasal swabs and how we might benefit from accessing

additional supply from the SNS (strategic national stockpile)? Note that swabs and UTM would be great but we would also be happy to have swabs alone and then prepare our own media.

As for RNA extraction kits, we currently have enough on-hand or on the way for about 10,000 samples but are exploring various supply chains. Seems like the swabs are the better bet here though.

Matt, I can talk tomorrow any time except 9:30-10:30 and 3-4 (pacific time). Feel free to call any time: 857-998-0490.

Emily

Sent from my iPhone

On Mar 15, 2020, at 8:07 PM, Johns, Matthew (HHS/OASH) <Matthew.Johns@hhs.gov>wrote:

Thanks Patrick and Emily,

I can tell you that there is definitely the ability to mobilize NP swabs and VTM in short order. I will have to ask about the extraction kits. But the swabs are definitely a YES.

In the interest of expediting your request, can I ask a few questions about your testing activities and partnership with the folks at Stanford and UCSF.

- Are you all doing surge testing for the two hospitals or supporting the larger Bay Area testing scheme for overflow of the public health labs etc?
- Can you let me know your throughput capabilities if supplies and reagents are not a limiting factor?
- Are you also partnering with the City of SF or other municipalities outside of the country health depts?

Thanks again. This will just help to expedite the request. Let's chat through it tomorrow though. I will be available in the AM and will work with Emily to set up a time.

Thanks again,

Matt

Matthew C. Johns, MPH

Commander, United States Public Health Service
Regional Health Administrator-Region 9
Office of the Assistant Secretary for Health
Office of the Secretary
United States Department of Health and Human Services
90 7th Street, Suite 5-100
San Francisco, CA 94103

Phone: (415)437-8102

Mobile: (b)(6)

Email: Matthew.Johns@HHS.gov

Website: <https://www.hhs.gov/ash/about-ash/regional-offices/region-9/index.html>

HHS Region 9: In the Service of Health (In Officio Salutis) for Arizona, California, Nevada, Hawaii, American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Marshall Islands and the Republic of Palau.....and 150 Federally-recognized Tribes.

From: Patrick Ayscue <patrick.ayscue@czbiohub.org>

Sent: Sunday, March 15, 2020 7:49 PM

To: Johns, Matthew (HHS/OASH) <Matthew.Johns@hhs.gov>

Cc: SNS Ops (CDC.GOV) <sns.ops@cdc.gov>; Emily Crawford <emily.crawford@czbiohub.org>

Subject: Re: SNS request for Bay Area laboratories??

Yes, that would be great, Matt. Thank you for your prompt reply. Emily Crawford (cc'd) is leading our Task Force and is the critical point of contact. We would be happy to hop on a call tomorrow when convenient for you.

All the best,
Patrick

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

Hey Patrick,

Thanks for the question and thanks for reaching out.

Can we chat tomorrow morning on this request? It was a topic of much discussion today as we start to roll things out in the Bay Area and across the region.

Kind regards,

Matt

Matthew C. Johns, MPH

Commander, United States Public Health Service

Regional Health Administrator-Region 9

Office of the Assistant Secretary for Health

Office of the Secretary

United States Department of Health and Human Services

90 7th Street, Suite 5-100

San Francisco, CA 94103

Phone: (415)437-8102

Mobile: (b)(6)

Email: Matthew.Johns@HHS.gov

Website: <https://www.hhs.gov/ash/about-ash/regional-offices/region-9/index.html>

HHS Region 9: In the Service of Health (In Officio Salutis) for Arizona, California, Nevada, Hawaii, American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Marshall Islands and the Republic of Palau.....and 150 Federally-recognized Tribes.

From: Patrick Ayscue <patrick.ayscue@czbiohub.org>

Sent: Sunday, March 15, 2020 7:39 PM

To: SNS Ops (CDC.GOV) <sns.ops@cdc.gov>; Johns, Matthew (HHS/OASH) <Matthew.Johns@hhs.gov>

Cc: Emily Crawford <emily.crawford@czbiohub.org>

Subject: SNS request for Bay Area laboratories??

Hello,

I am writing to you to try and get a sense of what products are available through the SNS which may be able to support clinical diagnostics in the SF Bay Area. We are working with collaborators at UCSF and Stanford hospitals to expand testing and hearing about pending shortages in RNA extraction kits and nasal swabs for sampling. Are either of those products available through the SNS?

Thank you,
Patrick

--

Dr. Patrick Ayscue
Senior Biosecurity Fellow
Chan Zuckerberg Biohub
607.342.7977
patrick.ayscue@czbiohub.org

--

Dr. Patrick Ayscue
Senior Biosecurity Fellow
Chan Zuckerberg Biohub
607.342.7977

Sender:	Austin, Brad (OS/ASPR/EMMO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=5DAA376FBDEC43DCB81955AE13A4D740-AUSTIN, BRA>
Recipient:	Lamana, Joseph (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userdc0ca36a>; Fulmer, Brendan (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0228e6e1aa6148dc96d37acf36e4eb90-Fulmer, Bre>;

	Johns, Matthew (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00adfdc85e145f589fea508b0f530b9-Johns, Matt>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>
Sent Date:	2020/03/17 17:22:45
Delivered Date:	2020/03/17 17:22:46

From:	Ottem, Ronald (Ron) (ASPR/SNS) <rco9@cdc.gov>
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.up (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	RE: Swabs from our rapid flu kits
Date:	2020/03/17 17:43:01
Priority:	Normal
Type:	Note

Roger..

From: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Sent: Tuesday, March 17, 2020 5:14 PM
To: Ottem, Ronald (Ron) (ASPR/SNS) <rco9@cdc.gov>
Subject: Fwd: Swabs from our rapid flu kits

For your action

Sent from my iPhone

Begin forwarded message:

From: "Kang, Roger" <roger.kang@pbmc.com>
Date: March 17, 2020 at 4:31:52 PM EDT
To: Brian Lee <brian.lee@pbmc.com>, "Kadlec, Robert (OS/ASPR/IO)" <Robert.Kadlec@hhs.gov>, Walter Kang <walter.kang@pbmc.com>
Subject: Swabs from our rapid flu kits

Dr. Kadlec,
It was a pleasure speaking with you.

(b)(4)

Do you have a FedEx or UPS Freight account? How would you like us to ship (b)(4)? This will be packed on pallet(s).

Kind regards,
Roger

On Tue, Mar 17, 2020 at 3:51 PM Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>wrote:
Roger Sorry you had trouble I will call you in a minute or two.

From: Kang, Roger <roger.kang@pbmc.com>
Sent: Tuesday, March 17, 2020 3:48 PM
To: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Subject: Re: Contact

Hi Bob,
I tried calling you.

(b)(4)

We know this is an urgent situation so we will take the hit and have to deal with our customers to try to make up the loss in the coming weeks.
Hope all is well with you (as well as things could be).

Kind regards,
Roger

On Tue, Mar 17, 2020 at 12:25 PM Kang, Roger <roger.kang@pbmc.com>wrote:
Hi Bob,
Do you have time for a call today? Let me know a good time and I will call you.
I am free now until 1:30 then free again after 2:30.

Kind regards,
Roger

On Mon, Mar 16, 2020 at 7:08 PM Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>wrote:
Roger great talking to you and look forward to your response in the response. Best. Bob.

Sent from my iPhone

On Mar 16, 2020, at 6:24 PM, Timothy Templet <tltemplet@puritanmedproducts.com>wrote:

Bob:

Thank you.

We spoke to Roger today and discussed the plan for inventory adjustments with him. (b)(4)

(b)(4)

(b)(4)

Rogers's phone number is (b)(6)

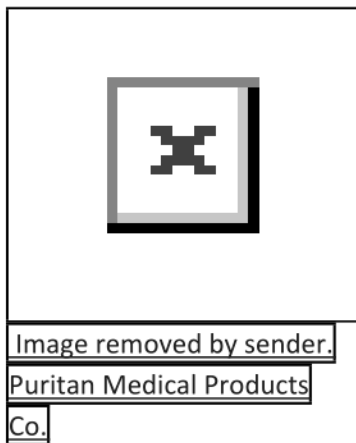
(b)(4)

(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,



Timothy Templet

Executive VP of Global Sales

Puritan Medical Products Co.

MOBILE: (b)(6) Image removed by sender.
<https://www.stationerycentral.com/images/clear.gif>
OFFICE: 207.876.3311 EXT 3214 Image removed by sender.
<https://www.stationerycentral.com/images/clear.gif>
DIRECT: 207.876.1514

31 School St. Image removed by sender.
<https://www.stationerycentral.com/images/clear.gif>
P.O. Box 149 Image removed by sender.
<https://www.stationerycentral.com/images/clear.gif>
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:	Ottem, Ronald (Ron) (ASPR/SNS) < rco9@cdc.gov >
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Sent Date:	2020/03/17 17:42:50
Delivered Date:	2020/03/17 17:43:01

From:	Ken Mayer <ken@safehealth.me>
To:	Pierre Noel M.D. (b)(6)
CC:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	Re: COVID 19- Connected Diagnostics and Triage Platform
Date:	2020/03/17 17:48:26
Priority:	Normal
Type:	Note

Thank you Pierre.

Hi Bob,

Nice to meet you over email. I am available any time if you have questions or would like more information. Also happy to arrange a call with Dr. Ho or Jim Nasr.

Ken

Ken Mayer
Founder & CEO

SAFE HEALTH SYSTEMS
5455 Wilshire Blvd., 12th Fl.
Los Angeles, CA 90036

safehealth.me | safeapp.me

M. (b)(6) O. 310-921-5670 F. 323-386-0886

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On Mar 17, 2020, at 2:19 PM, Noel, Pierre, M.D. (b)(6) wrote:

Dear Bob,

Hope you are doing well and staying healthy. I would like to bring to your attention a promising COVID 19 diagnostic and coordinated triage platform . SAFE, Columbia University, with anticipated collaboration with Mayo Clinic are developing a *Connected Diagnostics and Coordinated Triage Platform* that enables remote point of care testing at scale using inexpensive LFIA-based rapid tests. I am acting as a consultant to SAFE.

The platform enables individuals to self-administer tests at home and scan the results with their mobile phone, keeping infected populations at home and providing unprecedented real-time surveillance. Positive cases are triaged *remotely* using crowdsourced telehealth providers mobilized through an Uber-like app. Positive cases trigger delivery of a confirmatory PCR test

kit that is sent to Quest/LabCorp, with results used to inform a remote treatment plan and reported.

Dr. David Ho, virologist at Columbia University, is working with NY HHS to validate a rapid COVID-19 from a manufacturer that can deliver 1.6M rapid tests per day. Once securing EUA clearance, rapid test kits can be sold at retail and ordered online leveraging the private sector to rapidly scale distribution and offset costs.

The platform was architected by Jim Nasr, a former Chief Architect of the CDC who designed the Open CDC platform. Reckitt Benckiser (RB) has offered to provide pervasive retail distribution everywhere their Durex and Lysol brands are sold. Amazon, FedEx, UPS and USPS will be mobilized to handle online sales and shipping logistics.

We believe this novel decentralized approach will enable testing and surveillance at the mass scale required and at the lowest possible cost to the federal government without overburdening current healthcare infrastructure. To launch the program we simply need the FDA to accelerate review of Dr. Ho's validation data and grant the EUA.

See the attached documents for more information on the platform and overall strategy. You can reach Ken Mayer, CEO of Safe Health, at kem@safehealth.me (O: 310-921-5670, M: 917-373-9448). Dr. Ho and Jim Nasr are available to meet via teleconference at your convenience.

Pandemic Response proposal:

<https://protect2.fireeye.com/url?k=80ed55ce-dcb85c1e-80ed64f1-0cc47a6a52de-2bcb775c935e5633&u=https://docsend.com/view/dwfdxch>

Pandemic Response deck:

<https://protect2.fireeye.com/url?k=52a7490c-0ef240dc-52a77833-0cc47a6a52de-3fda29530112e84d&u=https://docsend.com/view/y58rn4v>

Very respectfully,

Pierre

Pierre Noel, M.D.
Professor of Medicine
Division of Hematology-Oncology
Mayo Clinic Arizona
Director, Mayo Clinic Center for Military Medicine
Pager: 480-301-7300
Cell: (b)(6)

<SAFE - Pandemic Response Platform proposal.pdf><SAFE - Connected Diagnostics and Remote Triage Program_compressed (1).pdf>

Sender: Ken Mayer <ken@safehealth.me>

Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Pierre Noel M.D. <Noel.Pierre@mayo.edu>
Sent Date:	2020/03/17 17:46:39
Delivered Date:	2020/03/17 17:48:26
Message Flags:	Unread

From:	Joyce, Patrick <patjoyce@deloitte.com>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Hayes, Jonathan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8cdfb7232de4428794f2901218bc1360-Hayes, Jona>; Hassell, David (Chris) (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=aedbf0ff96e4119ac7a3b3abaf71a3d-Hassell, Da>; Bartrum, John (OS/ASPR) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb2cc9052221421c8d5b7fd480f25bbe-Bartrum, Jo>
Subject:	RE: Meeting w/ Mr. Patrick Joyce/Deloitte SSCI
Date:	2020/03/17 18:13:56
Importance:	High
Priority:	Urgent
Type:	Note

Dr. Kadlec, team:

First, thanks very much for your time and attention today. Dr. Kadlec – great to see you again!! I only wish it were under better circumstances, and for more time.

As we discussed, we are finalizing the list of priority products with Commander Christl and Doctor Wolf. We will autonomously illuminate the thousands-of-companies large, geographically disaggregated, multi-tier deep supplier networks for these products to identify any and all concerns around assurance of supply, previously invisible transportation & logistics hub dependencies, stockpile shortages, etc.

We will also find alternative sources of supply from non-traditional suppliers.

We can identify those industries, and individual companies within those industries, who possess the largest stocks of N95 respirators, FDA-compliant face shields and gowns, etc.

Lastly, as we discussed, we have not one but two contract vehicles with ASPR, should you be desirous of surge support for Jonathan or others to stand up the fusion cell, watch floor, or other organizational mechanisms. We have quite a bit of experience in terms of crisis response assistance.

I'll keep everyone apprised of our project's progress, and would be delighted to help out in terms of sharing how organizations like the Mayo Clinic, Cardinal Health and others are approaching common challenges in the face of COVID-19.

Please let me know if you require anything else of me.

Thank you.

Patrick A. Joyce

Principal
Deloitte Consulting LLP
Direct: +1 206 979 0025
Fax: +1 202 513 8399
patjoyce@deloitte.com
www.deloitte.com

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

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

Sent: Tuesday, March 17, 2020 8:38 AM

To: Kadlec, Robert (OS/ASPR/IO); Ford-Barnes, Arwenithia (OS/ASPR/IO); Hayes, Jonathan (OS/ASPR/IO); Shuy, Bryan (OS/ASPR/IO); Callahan, Victoria (OS/ASPR/IO) (CTR); Hassell, David (Chris) (OS/ASPR/IO); Sauer, Michael (OS/ASPR); Moreno, Rafael (OS/ASPR); Bartrum, John (OS/ASPR) (CTR); Joyce, Patrick

Subject: Meeting w/ Mr. Patrick Joyce/Deloitte SSCI

When: Tuesday, March 17, 2020 11:30 AM-12:00 PM (UTC-05:00) Eastern Time (US &Canada).

Where: DHHS 200 Independence Ave, SW, Washington DC 21001; Suite 638G - (on the corner of Independence Ave and 3rd SW)



cid:90F6090AF6D3A342B81FA1AAA0C6F78C@namprd09.prod.outlook.com

ASPR Meeting Request Form

Dr. Robert P. Kadlec

Assistant Secretary for Preparedness and Response (ASPR)

200 Independence Ave, SW – Washington DC 20201

Date of your request: Dr. Kadlec's request

3/17/2020

Date/time of the event: **(DUE TO THE HIGH DEMAND MEETING REQUEST(S)**

WITH DR. KADLEC EACH MEETING WILL BE MAX TO 30MINS – THE FORM MUST BE COMPLETED AND RETURNED TO ME BEFORE YOUR MEETING IS CONFIRMED 3/17/2020; 1130am

Topic of the meeting:

Dr. Kadlec requested the meeting upon learning that we are supporting ASPR concerning supply chain disruptions

Objective/Goal of the meeting:

Information exchange

Lead Staff /Who did you speak to about your request: **(Dr. Kadlec requested this** Jonathan Hayes; Bryan Shuy

meeting is NOT an answer)

Has this request been approved by anyone from the Immediate Office (IO) staff?
If yes, by whom? Yes – please see above

Dr. Kadlec's Role
(make a decision/way forward): Information exchange

Who is requesting this meeting/POC
(Name, Cell and email): *(Dr. Kadlec requested this meeting is not sufficient/be specific)* Jonathan and Bryan following Dr. Kadlec's request

Proposed Timing for the meeting: 30mins/45mins/1 hour: 1130am

Is a Conference Call Line needed?
If so, who will initiate the conference call? no

Exact location/city/state/room number of the event/meeting: Dr. Kadlec's office

Will there be briefing material provided?
If yes, please send to Arwenthia Ford-Barnes and Victoria Callahan BY NOON THE DAY BEFORE YOUR ACTUAL MEETING no

HHS Staff Attendees:

External Attendees (please provide name/title/email) Patrick Joyce
Principal, Deloitte Consulting
206 997 0025; patjoyce@deloitte.com

POC FOR THE ASPR: Arwenthia.FordBarnes@hhs.gov – off: 202 205 8905 iphone: (b)(6)

(b)(6)

Patrick A. Joyce
Principal
Deloitte Consulting LLP
+1 206 979 0025

From: Hayes, Jonathan (OS/ASPR/IO) <Jonathan.Hayes@hhs.gov>
Sent: Monday, March 16, 2020 6:47 PM
To: Joyce, Patrick <patjoyce@deloitte.com>
Cc: Ford-Barnes, Arwenthia (OS/ASPR/IO) <Arwenthia.FordBarnes@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>
Subject: FW:

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Sender:	Joyce, Patrick < patjoyce@deloitte.com >
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Hayes, Jonathan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8cdfb7232de4428794f2901218bc1360-Hayes, Jona>; Hassell, David (Chris) (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=aedbfb0ff96e4119ac7a3b3abaf71a3d-Hassell, Da>; Bartrum, John (OS/ASPR) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb2cc9052221421c8d5b7fd480f25bbe-Bartrum, Jo>
Sent Date:	2020/03/17 18:12:26
Delivered Date:	2020/03/17 18:13:56

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.UP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A182EDA693D040D3832BAE6EFCF7A255-KADLEC, ROB>
To:	Cote, Mick (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user9459b24b>
Subject:	Fwd: electronic introduction for coronavirus response
Date:	2020/03/17 18:13:48
Priority:	Normal
Type:	Note

Fysa

Sent from my iPhone

Begin forwarded message:

From: "Moghadam, Hamid R." <HMoghadam@prologis.com>
Date: March 17, 2020 at 1:16:15 PM EDT
To: "Kadlec, Robert (OS/ASPR/IO)" <Robert.Kadlec@hhs.gov>
Cc: "Reilly, Gene" <EReilly@prologis.com>
Subject: Re: electronic introduction for coronavirus response

Dr. Kadlec:

I just tried your number and got your voicemail box which was full so I couldn't leave a message. I am sure you are crazy busy. We can make the following warehouses available to you pro bono for temporary hospitals or drive through testing. Gene Reilly, our Global CIO can coordinate with your team on the logistics. Gene's cell number is (b)(6) We have more warehouse space than Walmart, Amazon and Target combined, and we stand ready to help they country.

Hamid R. Moghadam | Chairman &CEO

Pier 1, Bay 1 | San Francisco | California | 94111 | United States of America
 Direct +1 (415) 733-9401 | Mobile + (b)(6) HMoghadam@prologis.com
<https://protect2.fireeye.com/url?k=06ef0bba-5aba026a-06ef3a85-0cc47a6a52de-7ccefad50b4d6501&u=http://www.prologis.com/> | Follow us on [LinkedIn](#) and [Twitter](#)



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Sender:	Kadlec, Robert (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A182EDA693D040D3832BAE6EFCF7A255-KADLEC, ROB>
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Recipient:	Cote, Mick (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user9459b24b>
Sent Date:	2020/03/17 18:13:48

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.P (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=38849C1F1EA74F2EB9EFF75B531A9544-STEELE, DAN>
To:	Oakley, Caitlin B. (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e5ee4c35534c4af9bdac46789c034790-Oakley, Cai>
CC:	Stannard, Paula (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f0892a057f83497e9390288c813b61d9-Stannard, P>; Heck, Mia (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=70dbe2065d644b8dadbf56c5d63553d-Heck, Mia>; 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>; Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; Charrow, Robert (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00531138af454ce3ac0b5885bead345f-Charrow, Ro>; Valentine, Steven (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fd508090f8984b1caf04069bc6000dc2-Valentine,>; McKeogh, Katherine (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c652f2c415b44dff8369dd7f4596f030-McKeogh, Ka>; Murphy, Ryan (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya>
Subject:	Re: fetal tissue research question re covid-19 ON DEADLINE
Date:	2020/03/17 18:35:01
Priority:	Normal
Type:	Note

Looks good to me, just strike ‘the’ in from the President Trump’s

Danielle Steele
Senior Adviser, IOS, HHS

Sent from my iPhone

On Mar 17, 2020, at 5:11 PM, Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@hhs.gov>wrote:

Thank you, Paula.

Edited below to incorporate Danielle’s suggestion. All ok with this version?

(b)(5)

(b)(5)

If so, will clear with WH/OVP, thanks.

Caitlin B. Oakley

Deputy Assistant Secretary, National Spokesperson
Office of the Assistant Secretary for Public Affairs
U.S. Department of Health and Human Services
caitlin.oakley@hhs.gov

From: Stannard, Paula (HHS/IOS) <Paula.Stannard@hhs.gov>

Sent: Tuesday, March 17, 2020 12:41 PM

To: Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>; Heck, Mia (HHS/OASH) <Mia.Heck@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Charrow, Robert (HHS/OGC) <Robert.Charrow@hhs.gov>; Valentine, Steven (HHS/OASH) <Steven.Valentine@hhs.gov>

Cc: McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>

Subject: RE: fetal tissue research question re covid-19 ON DEADLINE

With respect to the second answer, I'd suggest a slight revision (shown in green):

(b)(5)

(b)(5)

Paula

From: Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>
Sent: Tuesday, March 17, 2020 12:37 PM
To: Heck, Mia (HHS/OASH) <Mia.Heck@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>; Stannard, Paula (HHS/IOS) <Paula.Stannard@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Charrow, Robert (HHS/OGC) <Robert.Charrow@hhs.gov>; Valentine, Steven (HHS/OASH) <Steven.Valentine@hhs.gov>
Cc: McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>
Subject: RE: fetal tissue research question re covid-19 ON DEADLINE

(b)(5)

Danielle Steele

Senior Advisor, Immediate Office of the Secretary
U.S. Department of Health and Human Services
600E | Direct: 202-205-5748 | Cell: (b)(6)

From: Heck, Mia (HHS/OASH) <Mia.Heck@hhs.gov>
Sent: Tuesday, March 17, 2020 11:53 AM
To: Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>; Stannard, Paula (HHS/IOS) <Paula.Stannard@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>; Charrow, Robert (HHS/OGC) <Robert.Charrow@hhs.gov>; Valentine, Steven (HHS/OASH) <Steven.Valentine@hhs.gov>
Cc: McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>
Subject: RE: fetal tissue research question re covid-19 ON DEADLINE

+ Steven

From: Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Sent: Tuesday, March 17, 2020 11:48 AM
To: Stannard, Paula (HHS/IOS) <Paula.Stannard@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Giroir, Brett (HHS/OASH)

<Brett.Giroir@hhs.gov>; Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>; Charrow, Robert (HHS/OGC) <Robert.Charrow@hhs.gov>

Cc: Heck, Mia (HHS/OASH) <Mia.Heck@hhs.gov>; McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>

Subject: FW: fetal tissue research question re covid-19 ON DEADLINE

Team—see below inquiry on fetal tissue/COVID-19. To my knowledge—are these the best answers?

(b)(5)

Checking with NIH too...

Thanks.

DRAFT PRE-DECISIONAL DELIBERATIVE

From: Goldstein, Amy <Amy.Goldstein@washpost.com>

Sent: Tuesday, March 17, 2020 11:32 AM

To: Myles, Renate (NIH/OD) [E] <mylesr@mail.nih.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>

Subject: fetal tissue research question re covid-19 ON DEADLINE

Hi Renate and Caitlin – I am writing a story TODAY about the fact that NIH's Rocky Mountain Laboratories has been trying to get permission to do experiments on possible COVID-19 treatments using humanized mice, asking for an exception to the prohibition on intramural work with human fetal tissue.

Here are my questions:

1. Is it accurate that NIH and HHS have not yet made a decision on this request? Or if a decision has been made, what is it?

2. Is there a possibility that exceptions to the human fetal tissue research policy will be made in light of the coronavirus pandemic?

If there is anything else you can tell me about this situation, I'd, of course, be eager to know.

As I mentioned, this is a story I am writing today, so I'll need your response/s by this afternoon.

If you'd like to reach me by phone, my cell is (b)(6)

Thanks very much

Best,
Amy

Sender:	Steele, Danielle (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=38849C1F1EA74F2EB9EFF75B531A9544-STEELE, DAN>
Recipient:	Oakley, Caitlin B. (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e5ee4c35534c4af9bdac46789c034790-Oakley, Cai>; Stannard, Paula (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f0892a057f83497e9390288c813b61d9-Stannard, P>; Heck, Mia (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=70dbe2065d644b8dadbf56c5d63553d-Heck, Mia>; 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>; Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; Charrow, Robert (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00531138af454ce3ac0b5885bead345f-Charrow, Ro>; Valentine, Steven (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fd508090f8984b1caf04069bc6000dc2-Valentine,>; McKeogh, Katherine (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c652f2c415b44dff8369dd7f4596f030-McKeogh, Ka>; Murphy, Ryan (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya>
Sent Date:	2020/03/17 18:35:00
Delivered Date:	2020/03/17 18:35:01