



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

February 7, 2023

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

Dear Mr. Evers:

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

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

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

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

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

Government Officials

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

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

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

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

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

~~vii. SARS~~

~~viii. Epidemic~~

~~ix. Pandemic~~

~~x. Outbreak~~

~~xi. "Public Health Emergency"~~

-

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

~~viii. Isolation~~

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

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

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

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

~~xiii. Containment~~

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

- i. Disease
- ii. Virus

The Department processed **413 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 **286 pages** to you in their entirety and I am further releasing in part **74 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 **53 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: 360 pages

From:	Ann O'Leary <Ann.Oleary@gov.ca.gov>
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Redd, John (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ba3fed4ee8646ec849a5a87136a24f6-Redd, John>; Sturrock, Kenneth (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user4d481dc8>; Mark Ghilarducci <mark.ghilarducci@caloes.ca.gov>
Subject:	Re: electronic introduction for coronavirus response
Date:	2020/03/17 18:39:03
Priority:	Normal
Type:	Note

Thanks, Dr. Kadlec. We are directly in touch with Hamid Moghadam, and will let you Senator Feinstein know if we are able to use his properties. Appreciate it.

Ann M. O'Leary

Chief of Staff

Office of Governor Gavin Newsom

e: ann.oleary@gov.ca.gov

o: 916-445-0796

#CaliforniaForAll

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

Sent: Tuesday, March 17, 2020 3:23 PM

To: Ann O'Leary; Redd, John (OS/ASPR/SPPR); Sturrock, Kenneth (OS/ASPR/EMMO)

Subject: Fwd: electronic introduction for coronavirus response

Ann and Ken. For your information this was referred to me by Sen Feinstein. Please take whatever action you wish my note is to make you aware. Please advise if you do. Thank you.

Bob

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=24fd1c58-78a81588-24fd2d67-0cc47a6a52de-7fbb1061ffb886c4&u=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:	Ann O'Leary <Ann.Oleary@gov.ca.gov>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Redd, John (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ba3fed4ee8646ec849a5a87136a24f6-Redd, John>; Sturrock, Kenneth (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user4d481dc8>; Mark Ghilarducci <mark.ghilarducci@caloes.ca.gov>
Sent Date:	2020/03/17 18:38:48
Delivered Date:	2020/03/17 18:39:03

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=B4654F8F0C0F4623B9E47465E9E1037A-WALLACE, RO>
To:	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 19:04:13
Priority:	Normal
Type:	Note

If we find one. So far, no long ball hitters yet. But we are early in the hunt. Let's talk in a couple of days again.

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/OASPHPEP/BAA-18-100-SOL-00003/listing.html>

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From: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Sent: Tuesday, March 17, 2020 6:39 PM
To: Wallace, Rodney (OS/ASPR/BARDA) <Rodney.Wallace@hhs.gov>
Subject: Re: Contact

Rodney Great is there a way to leverage their efforts with a partner who can provide technical assistance? Best. Bob

Sent from my iPhone

On Mar 17, 2020, at 6:26 PM, Wallace, Rodney (OS/ASPR/BARDA) <Rodney.Wallace@hhs.gov> wrote:

Dr. Kadlec:

Just met on the phone with the team at PBMC just now. Good folks. They state they have manufacturing capacity, but have not started developing the SARS-COV-2 test yet. They have not identified the antibodies they need yet, so they have a ways to go. I gave them information on submitting to the EZ BAA and we'll take things from there.

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

From: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Sent: Tuesday, March 17, 2020 4:02 PM
To: Wallace, Rodney (OS/ASPR/BARDA) <Rodney.Wallace@hhs.gov>
Cc: Kang, Roger <roger.kang@pbmc.com>
Subject: FW: Contact

(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)

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.

(b)(4)



Today our phones have been ringing off the hook. We are doing our best not to discourage customers who are in desperate need.

I started this email this morning and I apologize it has taken me all day to send it to you.

Regards,



Puritan Medical
Products Co.

Timothy Templet

Executive VP of Global Sales

Puritan Medical Products Co.

MOBILE: (b)(6)

<https://www.stationerycentral.com/images/clear.gif>

OFFICE: 207.876.3311 EXT 3214

<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:	Wallace, Rodney (OS/ASPR/BARDA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=B4654F8F0C0F4623B9E47465E9E1037A-WALLACE, RO>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Sent Date:	2020/03/17 19:04:13

From:	Schuchat, Anne MD (CDC/OD) <acs1@cdc.gov>
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.(FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	Fwd: urgent message
Date:	2020/03/17 19:16:30
Priority:	Normal
Type:	Note

The Colorado hospital CEO raises concerns that I believe are happening around the country with PPE and lab testing. Would one of you have any answers for them ?

Get [Outlook for iOS](#)

From: Leah Devlin (b)(6)
Sent: Tuesday, March 17, 2020 7:08:23 PM
To: Schuchat, Anne MD (CDC/OD) <acs1@cdc.gov>
Subject: Fwd: urgent message

Anne, my apologies for inserting a question into your hectic life! If you don't have time to respond to me with a name and contact I completely understand.

Dr Patty Gabow is the former CEO of Denver health and hospitals and a national visible leader in health care quality. She is on the RWJF board with me.

Is anyone at cdc coordinating the hospital response work who could response to Dr Gabow? She knows these problems her medical director is outling below are happening everywhere but would like to know if there is guidance coming around testing and PPE as the anticipated wave of sick people hit the hospital .

If there is no one who can respond I completely get it. I have already referred her back to their state health and hospital departments in Colorado.

Again, please forgive the intrusion and thanks so much for all of your great work!

Leah

Sent from my iPhone

Begin forwarded message:

From: Patricia Gabow (b)(6)
Date: March 17, 2020 at 5:59:51 PM EDT
To: Leah Devlin <leahmdevlin@gmail.com>
Subject: urgent message

Leah,

I know you have connections to the CDC so I think you need to see this message I got this morning from the CMO at DH. She is very smart and level-headed. She worked with SARS and ran our ebola preparedness. Here is an email she sent me this

morning. If we could build a battleship in 4 days in WWII, surely we could respond better to this.

Every morning, my hospital cmo colleagues (Centura, HealthONE, SCL, Denver Health, Banner, Boulder Community and UCHHealth) have a coordinating cal. We all are experiencing the same issues.

We have patients in our hospitals awaiting a test result to determine if they are COVID positive. We are waiting days (up to 5 days) for these results. We are wasting personal protective equipment (PPE) because we have to treat all of these patients as though they are COVID19 positive when, in fact, many may not be. We have patients who could be discharged to nursing homes and free up needed hospital beds, but we cannot discharge them, and nursing homes will not take them, until we get a negative test result. Although we have postponed elective surgeries, our hospitals are too full for what is coming—we need to move patients out of our hospitals if we can. The delay and inability to get test results is creating a crisis with our workforce.

In addition, we need to prioritize testing. Cdphe is offering drive up testing for anyone. Although it would be ideal to test everyone who might have symptom,, testing everyone without priority is harming health care and health care workers. We are no longer in containment phase- this is mitigation

Patients with mild symptoms are not at the same risk as health care workers and patients in contact with health care workers. And, since test results take days, our health care workers need to be at the front of the line for testing in order to make sure that they can treat other patients.

We are burning through ppe awaiting test results. We are told the state stockpile is now depleted and awaiting news on what is available to us via national stockpile

Commercial testing sites and the state testing sites are overrun. And now even if we had more test platforms, We cannot get the reagents. Some are depleted of the swabs to collect specimens

we need the US to allow us to use approved tests from overseas to increase our testing capacity immediately.

Additionally, we are running low on masks and PPE. Our staffs are exhausted and should not need to worry that we cannot protect them or that they have to reuse equipment. We are on the exponential phase of this outbreak. Doubled our rule out admissions yesterday. This is not right and certainly not fair to our front-line workers.

Imho- we need to fire up production of our own ppe supply in the US immediately. At some point our workforce wont be able to come to work anymore because we wont have a means to protect them. We have about a 14 day supply without future replenishment. Other hospitals quote 3 day supply

Patty

Sender:	Schuchat, Anne MD (CDC/OD) <acs1@cdc.gov>
Recipient:	Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Sent Date:	2020/03/17 19:16:26
Delivered Date:	2020/03/17 19:16:30

From:	Sarah Rafton <srafton@wcaap.org>
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.up (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
CC:	Elizabeth Meade (b)(6) Haro, Tamar Magarik <tharo@aap.org>; Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>; Adams, Steven A. (ASPR/SNS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f98462fe8d124743a437c7a80b3f60dd-Adams, Stev>; Hayes, Jonathan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8cdfb7232de4428794f2901218bc1360-Hayes, Jona>
Subject:	RE: Urgent need in WA State
Date:	2020/03/17 19:52:08
Priority:	Normal
Type:	Note

Dear Dr. Kadlec,

Thank you for your reply. In the event that your colleagues at HHS and the CDC who you have cc'd need the attached letter I am reattaching for them.

Sincerely yours,
Sarah Rafton

From: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Sent: Tuesday, March 17, 2020 4:47 PM
To: Sarah Rafton <srafton@wcaap.org>
Cc: Elizabeth Meade (b)(6); Haro, Tamar Magarik <tharo@aap.org>; Yeskey, Kevin (OS/ASPR/IO) <Kevin.Yeskey@hhs.gov>; Adams, Steven A. (ASPR/SNS) <saa1@cdc.gov>; Hayes, Jonathan (OS/ASPR/IO) <Jonathan.Hayes@hhs.gov>
Subject: Re: Urgent need in WA State

Sent from my iPhone

On Mar 17, 2020, at 7:43 PM, Sarah Rafton <srafton@wcaap.org>wrote:

Dear Dr. Kadlec,

Attached please find a request from the Washington Chapter of the American Academy of Pediatrics. We are hoping you could help us with the difficulty we face.

Thank you in advance for your time and consideration.

Sarah Rafton
Executive Director
Washington Chapter of the American Academy of Pediatrics
(206)293-3540

<https://protect2.fireeye.com/url?k=c164b48d-9d309da6-c16485b2-0cc47a6d17cc-5649365f5b7e60e9&u=https://protect2.fireeye.com/url?k=63f09b04-3fa48278-63f0aa3b-0cc47adc5fa2-fad7a9dba15985a8&u=http://www.wcaap.org/>

Advocating for Washington's children, families and pediatricians.

<COVID-19 PPE Crisis Dr. Kadlec.pdf>

Sender:	Sarah Rafton <srafton@wcaap.org>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Elizabeth Meade (b)(6); Haro, Tamar Magarik <tharo@aap.org>; Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>; Adams, Steven A. (ASPR/SNS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f98462fe8d124743a437c7a80b3f60dd-Adams, Stev>; Hayes, Jonathan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8cdfb7232de4428794f2901218bc1360-Hayes, Jona>
Sent Date:	2020/03/17 19:51:34
Delivered Date:	2020/03/17 19:52:08
Message Flags:	Unread

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.ROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB2CC9052221421C8D5B7FD480F25BBE-BARTRUM, JO>
To:	Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	FYI—Today's Pentagon Briefing—DOD Poised to Provide Masks, Ventilators, Labs for Coronavirus Fight
Date:	2020/03/17 20:12:04
Priority:	Normal
Type:	Note

I thought you might be interested in the Pentagon briefing press release:

<https://www.defense.gov/Explore/News/Article/Article/2115200/dod-poised-to-provide-masks-ventilators-labs-for-coronavirus-fight/source/GovDelivery/>

Sender:	Bartrum, John (OS/ASPR) (CTR) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB2CC9052221421C8D5B7FD480F25BBE-BARTRUM, JO>
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 20:12:02
Delivered Date:	2020/03/17 20:12:04
Message Flags:	Unread

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=41F672E2527B4F44891FB4FBE08CDFDF-WRIGHT, JAN>
To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Sherman, Jennifer (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f30fe7fae664419fa654b20edccb1e78-Sherman, Je>
Subject:	RE: Invitation to speak virtually
Date:	2020/03/17 21:08:35
Priority:	Normal
Type:	Note

Will do.

From: Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>
Sent: Tuesday, March 17, 2020 9:06 PM
To: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>; Wright, Janet (HHS/OASH) <Janet.Wright@HHS.GOV>
Subject: Fwd: Invitation to speak virtually

Janet, can you see if IEA is on board with me doing this and then if so Jen can run it by OVP?
Seems like a good/reasonable thing to try to arrange

VADM Jerome Adams
20th US Surgeon General

Begin forwarded message:

From: Randi Weingarten <(b)(6)>
Date: March 17, 2020 at 4:16:09 PM EDT
To: "Adams, Jerome (HHS/OASH)" <Jerome.Adams@hhs.gov>
Cc: Tear Jones <tjones@aft.org>
Subject: Invitation to speak virtually

Surgeon General Adams,

Dr Adams. Your voice is one of the most important for health care workers to hear from in the midst of this uncharted and unprecedented coronavirus pandemic.

As we represent 1.7 million members nationally, including almost 300,000 health care workers by this email I am asking if you can participate in a telephone town hall with our members, each of whom would benefit deeply with having the opportunity to hear advice from you as a frontline leader.

Our healthcare professionals in numerous COVID-19 hotspots including Washington State and New York . They are extremely worried about their ability to perform their jobs, while staying safe. Our members

in Washington have run out of both N-95 and surgical masks and are on the verge of running out surgical gowns – despite receiving some supplies from the national stockpile. Our K-12, Higher Education and in public service members are deeply concerned about the questions others are asking: the basics of the virus from prevention to transmission and treatment and what we can do to help maintain their and their communities health, safety and well being.

This can't be a partisan fight. We must be all in on fighting coronavirus. . Even if you're not able to provide all of the answers, having our members know that the nation's chief health official is willing to take the time to hear their concerns is an important step in alleviating anxiety and helping to ensure that frontline workers are able to address this crisis as effectively as possible.

I look forward to arranging a time to host a town-hall that is convenient for your full schedule and thank you for considering this invitation.

Very truly yours,

Randi Weingarten

Sent from my iPhone

Sender:	Wright, Janet (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=41F672E2527B4F44891FB4FBE08CDFDF-WRIGHT, JAN>
Recipient:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Sherman, Jennifer (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f30fe7fae664419fa654b20edccb1e78-Sherman, Je>
Sent Date:	2020/03/17 21:08:34
Delivered Date:	2020/03/17 21:08:35

From:	Randi Weingarten (b)(6)
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.(FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Subject:	Re: Invitation to speak virtually
Date:	2020/03/17 21:14:59
Priority:	Normal
Type:	Note

Thank you

R

Sent from my iPhone

On Mar 17, 2020, at 9:06 PM, Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov> wrote:

Received. Will run it through my chain of command and get back to you as soon as possible.
Thank you!

VADM Jerome Adams
20th US Surgeon General

On Mar 17, 2020, at 4:16 PM, Randi Weingarten (b)(4) wrote:

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Recipient:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Sent Date:	2020/03/17 21:14:53
Delivered Date:	2020/03/17 21:14:59

From:	Dareshori, Zack (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A4E07B941ED04118AB39D2F6E3F2392C-DARESHORI,>
To:	IOS Nightly Update </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ac603d3712a448338b70d3ad0ea131c9-IOS Nightly>
CC:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>
Subject:	IOS Nightly Update
Date:	2020/03/17 21:57:04
Priority:	Normal
Type:	Note

Sent to White House (Night Note):

INTERNAL, CONFIDENTIAL, MARKET SENSITIVE, NOT FOR PUBLIC DISTRIBUTION

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(b)(5)

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Zack Dareshori
Special Assistant to the Chief of Staff
Immediate Office of the Secretary
U.S. Department of Health and Human Services

(b)(6) cell

Sender:	Dareshori, Zack (HHS/IOS) </o=EXCHANGELABS/ou=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/cn=RECIPIENTS/cn=A4E07B941ED04118AB39D2F6E3F2392C-DARESHORI,>
Recipient:	IOS Nightly Update </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ac603d3712a448338b70d3ad0ea131c9-IOS Nightly>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group

	(FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>
Sent Date:	2020/03/17 21:57:03
Delivered Date:	2020/03/17 21:57:04
Message Flags:	Unread

From:	Dareshori, Zack (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A4E07B941ED04118AB39D2F6E3F2392C-DARESHORI,>
To:	IOS Nightly Update </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ac603d3712a448338b70d3ad0ea131c9-IOS Nightly>
CC:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>
Subject:	IOS Nightly Update
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(b)(5)

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(b)(6) cell

Sender:	Dareshori, Zack (HHS/IOS) </o=EXCHANGELABS/ou=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/cn=RECIPIENTS/cn=A4E07B941ED04118AB39D2F6E3F2392C-DARESHORI,>
Recipient:	IOS Nightly Update </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ac603d3712a448338b70d3ad0ea131c9-IOS Nightly>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group

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To:	AMA2 (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c145629cc8ac4858bf1f0ce5dd0461dc-AMA2!>
CC:	EDH (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=393ceddbc5fa4d44a9734e20f54c8146-EDH6886>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>
Subject:	Secretary's Nightly Update
Date:	2020/03/17 21:57:28
Priority:	Normal
Type:	Note

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Zack Dareshori
Special Assistant to the Chief of Staff
Immediate Office of the Secretary
U.S. Department of Health and Human Services

(b)(6) cell

Sender:	Dareshori, Zack (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A4E07B941ED04118AB39D2F6E3F2392C-DARESHORI,>
Recipient:	AMA2 (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c145629cc8ac4858bf1f0ce5dd0461dc-AMA2!>; EDH (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=393ceddbc5fa4d44a9734e20f54c8146-EDH6886>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group

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Sent Date:	2020/03/17 21:57:28
Message Flags:	Unread

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Subject:	Secretary's Nightly Update
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Priority:	Normal
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Sent Date:	2020/03/17 21:57:28

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To:	Robert Levitt <(b)(6)>
Subject:	Dr. Levitt's COVID-19 Update for EVENING 17 March 2020/TELL ME IF ICU BED CALCULATION WRONG AND WHY PLEASE
Date:	2020/03/17 22:04:25
Priority:	Normal
Type:	Note

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Today I watched the Coronavirus Task Force press briefing and reviewed the current statistics on COVID-19 from the World Bank, Chinese CDC, and GISAID. The WB and CCDC data are attached as photos from newspaper articles above. The first photograph has South Korea on the left column and Italy on the right column (photo is sideways).

The most striking finding is that South Korea has a death rate of 0.6% and Italy has a death rate of 7% (2503 deaths/31,506 with COVID-19 according to Google tonight). Italy has an older population than South Korea, has a less robust testing program, and COVID-19 in South Korea affected younger adults rather than the seniors and elderly who were infected in Italy

So I accept Italy's situation as the 'worst case scenario'. In that case, we can expect that the U.S. with 6 times the Italian population will have a minimum of 189,000 COVID-19 cases and 15,000 deaths IF WE DO NOTHING.

But we are doing everything that we can now except mandatory lockdowns and restricted domestic travel. **So multiplying the Italian numbers by 6, the maximum number of ICU beds we need for COVID-19 should be less than 200,000 protected ICU beds, 200,000 protected ventilators, and 18 million sets of PPE per 8 hour shift (assuming each COVID-19 patient interacts with 30 HCW/shift).**

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The workers bunked next to one another or worked with one another in the kitchen, etc. Proximity was the culprit in this cluster of workers. That's why social distancing is so important.

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That's terrible. **But see also that 3 patients in hospital and FIVE hospital workers have COVID-19.** Again, proximity is the culprit. We need to convince CEOs that we need 18,000,000 PPE sets/8 hour shift to take care of potential COVID-19 patients. Convince them or have President Trump enact war-time measures and force them to produce the masks.

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If you wish to unsubscribe to this email service, please contact Dr. Robert Levitt at levittrq@hotmail.com and include in the subject line: Unsubscribe.

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Sent: Tuesday, March 17, 2020 8:58 PM

To: Robert Levitt
Subject:

Sender:	Robert Levitt <(b)(6)>
Recipient:	Robert Levitt <(b)(6)>
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Message Flags:	Unread

From:	Thirdwave2 <thirdwave2@speakingingrich.com>
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.BOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	We need public service announcements to explain telemedicine via medicare for seniors so they understand they can do it—think tom selleck newt
Date:	2020/03/18 03:12:44
Priority:	Normal
Type:	Note

Sent from my iPad

Begin forwarded message:

From: RNC War Room <Warroom@gop.com>
Date: March 17, 2020 at 5:06:27 PM GMT+1
To: "WARROOM@L.GOP.COM" <WARROOM@L.GOP.COM>
Subject: AP: To keep seniors safe at home, Medicare expands telemedicine
Reply-To: <Warroom@GOP.COM>

To keep seniors safe at home, Medicare expands telemedicine

Associated Press

Ricardo Alonso-Zaldivar

March 17, 2020

<https://apnews.com/58e118636f3e39c53370131561127a54>

WASHINGTON (AP) — Medicare said Tuesday it will immediately expand coverage for telemedicine nationwide to help seniors with health problems stay home to avoid the coronavirus.

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. Bring your smartphone.

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:

"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.

Disclaimer: The Republican National Committee provided the above article as a service to its employees and other selected individuals. Any opinions expressed therein are those of the article's author and do not necessarily reflect the views and opinions of the RNC.

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Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/18 03:12:32
Delivered Date:	2020/03/18 03:12:44

From:	Gurbaksh Singh Chahal <gurbaksh@chahal.com>
To:	Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>
Subject:	Ventilators
Date:	2020/03/18 03:17:24
Priority:	Normal
Type:	Note

Hi Eric,

My non-profit, [Chahal Foundation](#), is trying to source as many ventilators to U.S. hospitals from India for COVID-19. I would appreciate it if you could direct me to a State or Federal contact that is in charge of procuring these devices.

Thank you.

Founder, Gurbaksh Chahal
[Chahal Foundation](#)

Sender:	Gurbaksh Singh Chahal <gurbaksh@chahal.com>
Recipient:	Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>
Sent Date:	2020/03/18 03:15:45
Delivered Date:	2020/03/18 03:17:24

From:	Mike Allen <mike@axios.com>
To:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	Axios AM: Mike's Top 10 — Axios/Ipsos Coronavirus Index — Our first virtual event!
Date:	2020/03/18 06:41:46
Priority:	Normal
Type:	Note



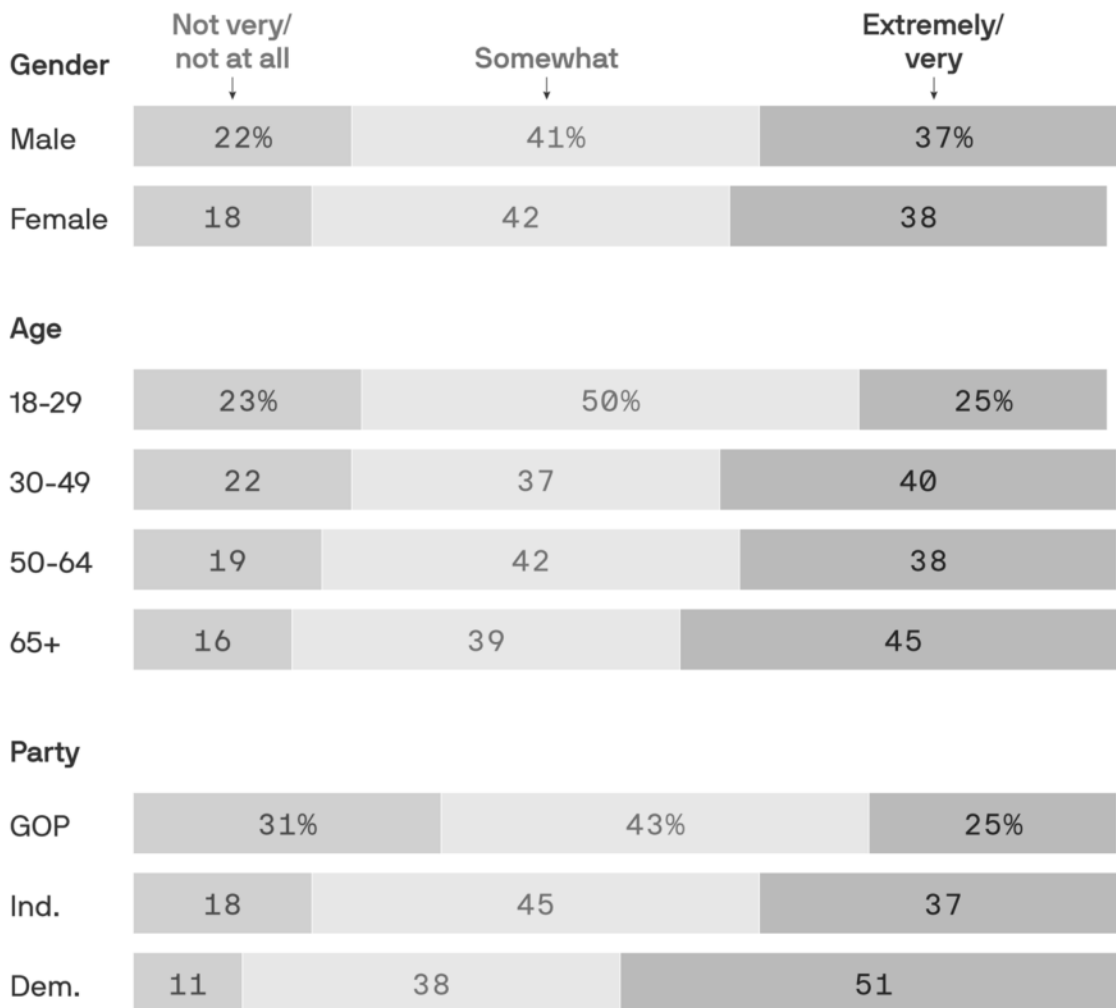
 **You're invited:** Our first virtual event!

- • **We miss** seeing you in person. So Axios will host a live *virtual* event **tomorrow** on the VandeHei and me.
- •  **Join the conversation** via livestream at 9 a.m. ET. Register [here](#).

1 big thing ... Introducing the Axios/Ipsos Coronavirus Index

How concerned are you, if at all, about the coronavirus or COVID-19 outbreak?

Survey of 1,092 U.S. adults, March 13–16, 2020



Data: Axios/Ipsos survey, margin of error of ± 3.2 percentage points. Chart: Andrew Witherspoon/Axios

Twice as many Democrats as Republicans say they're very concerned about the coronavirus

- **Axios' Margaret Talev describes** the stark new reality in America: 10% have been t
- **Despite the impact** they're feeling in other ways, most Americans said their physical

Details: This new index, produced in a partnership between Axios and global research firm Ips

- • **It'll show** how we are adapting to social distancing and other realities in this period of
- • **The poll was taken** Friday through Monday, as the public began to come to terms with

Why it matters: The effects of school closures, business restrictions, social distancing and the

- • **The findings reflect** something between a panic and a "national malaise," manifesting

Some basic social conventions have already changed: 64% said they'd stopped shaking hands,

- • *Share this story.*

f Sha

2. □ Quick catch-up: Mnuchin warns of 20% jobless without



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:	2020/03/18 06:41:25
Delivered Date:	2020/03/18 06:41:46

From:	OS Secretarys Operations Center </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=32B1F28D808B43B6903C00083291303E-SECRETARYS>
To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	HHS Executive Summary 18Mar20
Date:	2020/03/18 06:44:29
Priority:	Normal
Type:	Note

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HHS Executive Summary: Wednesday, 18Mar20

1. HHS

Today's Noteworthy Topics:

COVID-19 (Novel Coronavirus)

As of 17Mar20, 0300ET, the CDC has confirmed that presumptive positive U.S. cases of COVID-19 have reached 4,529 across 50 states and D.C. with 84 deaths. Combined CDC and WHO reported global cases: 170,362; global deaths: 6,649; Countries with cases: 151. HHS is preparing to stage and provide services for drive through testing at multiple sites around the country. 57 Emergency Declarations approved in support of nationwide emergency.

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
1300 – Monthly HHS Continuity Management Council Meeting
1300 – IMD Sync Call for COVID-19 and Repatriation
1400 – COVID-19 Resource 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 = 1,511)

ASPR: 1,186 – (9) Earthquake Puerto Rico, (1,163) 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: 325 – (1) Puerto Rico, (275) COVID-19, (21) Polio, (28) Ebola

FMS Status:

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

New Mission Assignments (MA): DC-20030901-HHS-01: FEMA has sent, and HHS has accepted, a mission assignment in support of COVID-19 response. As directed by and in coordination with FEMA, Health and Human Services (HHS) will provide appropriate personnel to the NRCC and other teams and facilities to support FEMA operations. This mission assignment provides \$600,000 with a projected end date of 30Mar20. AF is holding the mission assignment, deferring from opening an account, pending additional coordination directly with FEMA finance. These missions are being sent to every ESF. The difference is that HHS has a supplemental appropriation for these activities.

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; Region X, RRCC

Significant National Weather:

A storm system that impacted California and the Great Basin the last few days will move into the Four Corners region and produce widespread heavy snowfall for the favored terrain. Meanwhile, severe thunderstorms with large hail, damaging winds and a few tornadoes and

heavy rain with flooding is likely across the Southern Plains. Finally, a batch of heavy rain will roll into the Ohio Valley.

3. OPDIV/STAFFDIV Overnight Reports:

CDC:

- COVID-19 – 151 Locations (including countries, territories, and areas) – Update

FDA:

- Coronavirus Disease 2019 (COVID-19)/ML/2019
- E. coli O103:H2/Produce (Suspect)/Feb 2020
- Listeria monocytogenes/Produce (Suspect)/Feb 2020

Prepared by:

Secretary's Operations Center

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



cid:image001.png@01D5F637.9AFA0B50

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Recipient:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Sent Date:	2020/03/18 06:44:22
Delivered Date:	2020/03/18 06:44:29

From:	Disbrow, Gary (OS/ASPR/BARDA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0FD5845DEFDA4DC0BB45F8FAC629CF09-DISBROW, GA>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
CC:	Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>
Subject:	RE: Commercial confidential information, NOT releasable under FOIA
Date:	2020/03/18 06:46:01
Priority:	Normal
Type:	Note

(b)(4)

Gary

Gary L. Disbrow Ph.D.

Deputy Assistant Secretary
Director, Medical Countermeasure Programs
Biomedical Advanced Research and Development Authority

BARDA

Assistant Secretary for Preparedness and Response ASPR
Department of Health and Human Services
330 Independence Avenue, S.W. Room 640 G
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email: Gary.Disbrow@HHS.gov

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From: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Sent: Wednesday, March 18, 2020 6:40 AM
To: Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>
Cc: Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>
Subject: RE: Commercial confidential information, NOT releasable under FOIA

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From: Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>
Sent: Wednesday, March 18, 2020 6:34 AM
To: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Cc: Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>
Subject: FW: Commercial confidential information, NOT releasable under FOIA

Bob,

(b)(4)

Gary

Gary L. Disbrow Ph.D.

Deputy Assistant Secretary
Director, Medical Countermeasure Programs
Biomedical Advanced Research and Development Authority

BARDA

Assistant Secretary for Preparedness and Response ASPR
Department of Health and Human Services
330 Independence Avenue, S.W. Room 640 G
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contractor must disregard that portion of the communication and contact the Contracting Officer for direction

From: Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>
Sent: Wednesday, March 18, 2020 6:22 AM
To: Timothy Templet <ttemplet@puritanmedproducts.com>
Cc: Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>; Ottem, Ronald (Ron) (ASPR/SNS) <rco9@cdc.gov>
Subject: Commercial confidential information, NOT releasable under FOIA

Tim,

Including Ron Ottem from the Strategic National Stockpile. Happy to set up a call which might be easier.

Goal is to increase manufacturing to make sure there are ample supplies of the sample kits that can be used for collecting samples from individuals who may have SARS-CoV-2. The CDC guidance for collection is pasted here.

B. Upper respiratory tract

Nasopharyngeal swab (NP) /oropharyngeal swab (OP)

Use only synthetic fiber swabs with plastic shafts. Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit PCR testing. Place swabs immediately into sterile tubes containing 2-3 ml of viral transport media. In general CDC is now recommending collecting only the NP swab. If both swabs are used, NP and OP specimens should be combined at collection into a single vial.

Some of the questions we would need to discuss:

Which of your products could address this guidance?

Does there need to be a discussion with FDA or CDC if Puritan is proposing a different type of swab?

If manufacturing is increased, is this true increase in capacity without disruption to products used by other parts of the healthcare industry or is it a diversion of lines that support other products and what is that potential impact on other areas of healthcare?

If sample kits were diverted, do you know what the impact to other sectors of the health care industry would be?

The ASPR has a goal of 1 million sample kits per week for approximately 4 weeks

ASPR would purchase the sample kits and distribute them through the SNS to mobile sample collection sites.

Approximately how long would this take to implement and what would an approximate cost be based on per unit pricing or potential discount for volume purchase?

Regards

Gary

Gary L. Disbrow Ph.D.

Deputy Assistant Secretary

Director, Medical Countermeasure Programs

Biomedical Advanced Research and Development Authority

BARDA

Assistant Secretary for Preparedness and Response ASPR
Department of Health and Human Services
330 Independence Avenue, S.W. Room 640 G
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From: Timothy Templet <ttemplet@puritanmedproducts.com>
Sent: Tuesday, March 17, 2020 10:52 AM
To: Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>
Subject: RE: Discussion this morning BARDA/Puritan

Dear Dr. Disbrow,

Thank you very much for the call this morning. To recap our conversation, Puritan is working to provide a list of potential additional specimen collection devices that could be produced without interrupting the current supply chain for existing diagnostic customers. These machines are currently running sterile spun polyester and rayon, foam and bi-component polyester flock swabs. This is confidential information of course, but it will give you an overview of the capacity of the various swabs of types.

Per our discussion regarding our production quantities, we produce many sterile polyester swabs for POC test for diagnostic and molecular testing. The advantages of polyester is our ability to produce a swab which collects and releases with improved elution in the various test methods. Currently Abbott, Hologic and Roche Molecular have validated these swabs in their tests. Polyester is also domestically sourced therefore no disruption in the supply chain. Additionally rayon is widely used by Quidel and Sekisui. Foam is an alternative to flock, also used by Abbott and Quidel for flu in their rapid POC tests. Foam has similar characteristics to our bi-component flock fibers.

Capacity could be increased significantly with additional human resources and automated equipment.

Below is a link to our diagnostic products

<https://protect2.fireeye.com/url?k=be926776-e2c76e65-be925649-0cc47adb5650-dbf241e0f53dfdc8&u=https://www.puritanmedproducts.com/diagnostics-specimen-collection.html>

Thank you.

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: Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>

Sent: Tuesday, March 17, 2020 7:49 AM

To: Timothy Templet <ttemplet@puritanmedproducts.com>

Cc: Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>

Subject: Discussion this morning

Tim,

Thanks for the chat and appreciate everything your company is doing. If you could provide a summary of our discussion and potential options to make more swabs available for COVID-19 response, I would be very appreciative.

My cell is in the signature below and I am available 24/7 Please reach out if there are any issues and I look forward to further discussions.

Regards

Gary

Gary L. Disbrow Ph.D.
Deputy Assistant Secretary

Director, Medical Countermeasure Programs
Biomedical Advanced Research and Development Authority

BARDA

Assistant Secretary for Preparedness and Response ASPR
Department of Health and Human Services
330 Independence Avenue, S.W. Room 640 G
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To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Sherman, Jennifer (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f30fe7fae664419fa654b20edccb1e78-Sherman, Je>
Subject:	Re: Invitation to speak virtually
Date:	2020/03/18 06:54:17
Priority:	Normal
Type:	Note

Great.

*Janet S. Wright MD, FACC
Director of Science and Policy
Office of the Surgeon General
Dept Health and Human Svcs
200 Independence Ave SW
Washington, DC
202-690-5157*

On: 18 March 2020 06:30,
"Adams, Jerome (HHS/OASH)" <Jerome.Adams@hhs.gov>wrote:

Happy to do this.

Jerome

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

From: Wright, Janet (HHS/OASH) <Janet.Wright@HHS.GOV>
Sent: Tuesday, March 17, 2020 9:15 PM
To: Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>; Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Subject: RE: Invitation to speak virtually

And Sir, perhaps CAPT Dulaigh already asked you, but in case not, are you up for the following which came in earlier this evening from Nicole Frazier in EOP? You could go from the session with Amb Birx (1-2pm) into this call.

The White House is hosting a call on **Thursday, March 19th at 2:00pm** with over a thousand African American small businesses leaders, entrepreneurs, and advocates. The SBA and the

Department of Treasury will discuss resources for disaster assistance and relief efforts for small businesses. Would Dr. Adams be available to help open the call with a brief update on COVID-19 guidelines and the efforts of the Administration?

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

Sent: Tuesday, March 17, 2020 9:06 PM

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

Subject: Fwd: Invitation to speak virtually

Janet, can you see if IEA is on board with me doing this and then if so Jen can run it by OVP?
Seems like a good/reasonable thing to try to arrange

VADM Jerome Adams
20th US Surgeon General

Begin forwarded message:

From: Randi Weingarten (b)(6)
Date: March 17, 2020 at 4:16:09 PM EDT
To: "Adams, Jerome (HHS/OASH)" <Jerome.Adams@hhs.gov>
Cc: Tear Jones <tjones@aft.org>
Subject: Invitation to speak virtually

Surgeon General Adams,

Dr Adams. Your voice is one of the most important for health care workers to hear from in the midst of this uncharted and unprecedented coronavirus pandemic.

As we represent 1.7 million members nationally, including almost 300,000 health care workers by this email I am asking if you can participate in a telephone town hall with our members, each of whom would benefit deeply with having the opportunity to hear advice from you as a frontline leader.

Our healthcare professionals in numerous COVID-19 hotspots including Washington State and New York . They are extremely worried about their ability to perform their jobs, while staying safe. Our members in Washington have run out of both N-95 and surgical masks and are on the verge of running out surgical gowns – despite receiving some supplies from the national stockpile. Our K-12, Higher Education and in public service members are deeply concerned about the questions others are asking: the basics of the virus from prevention to transmission and treatment and what we can do to help maintain their and their communities health, safety and well being.

This can't be a partisan fight. We must be all in on fighting coronavirus. . Even if you're not able to provide all of the answers, having our members know that the nation's chief health official is willing to take the time to hear their concerns is an important step in alleviating anxiety and helping to ensure that frontline workers are able to address this crisis as effectively as possible.

I look forward to arranging a time to host a town-hall that is convenient for your full schedule and thank you for considering this invitation.

Very truly yours,

Randi Weingarten

Sent from my iPhone

Sender:	Wright, Janet (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=41F672E2527B4F44891FB4FBE08CDFDF-WRIGHT, JAN>
Recipient:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Sherman, Jennifer (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f30fe7fae664419fa654b20edccb1e78-Sherman, Je>
Sent Date:	2020/03/18 06:54:15
Delivered Date:	2020/03/18 06:54:17

From:	Adams, Jerome (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=184FE51F7350400B8A99DABD65AC0DB5-ADAMS, JERO>
To:	Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>
Subject:	FW: media inquiry
Date:	2020/03/18 07:49:00
Priority:	Normal
Type:	Note

FYI.

Jerome

VADM Jerome Adams, MD, MPH

20th U.S. Surgeon General

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

Sent: Wednesday, March 18, 2020 6:53 AM

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

Subject: media inquiry

Dr. Adams, Here is the media inquiry I mentioned.

Reaching out to see if you could confirm a report that the Surgeon General will invoke 2 USC 265 so the administration can bar the entry of most migrants at the southern border in response to the coronavirus pandemic.

This is the statute:

Whenever the Surgeon General determines that by reason of the existence of any communicable disease in a foreign country there is serious danger of the introduction of such disease into the United States, and that this danger is so increased by the introduction of persons or property from such country that a suspension of the right to introduce such persons and property is required in the interest of the public health, the Surgeon General, in accordance with regulations approved by the President, shall have the power to prohibit, in whole or in part, the introduction of persons and property from such countries or places as he shall designate in order to avert such danger, and for such period of time as he may deem necessary for such purpose.

Draft, pre-decisional and deliberative

Jenn Sherman

Director of Public Affairs

Office of the Surgeon General

Department of Health and Human Services (HHS)

Sender:	Adams, Jerome (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=184FE51F7350400B8A99DABD65AC0DB5-ADAMS, JERO>
Recipient:	Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>
Sent Date:	2020/03/18 07:49:43
Delivered Date:	2020/03/18 07:49:00

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.YDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0280B227911B40B6B30A81B8574EDE6B-STECKER, JU>
To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
CC:	Charrow, Robert (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00531138af454ce3ac0b5885bead345f-Charrow, Ro>; Stimson, Brian (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=338aa495176d4c92bb314f8f3f51d118-Stimson, Br>
Subject:	Re: media inquiry
Date:	2020/03/18 07:55:59
Priority:	Normal
Type:	Note

Adding Brian Stimson

Sent from my iPhone

On Mar 18, 2020, at 7:52 AM, Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>wrote:

(b)(5)

Jerome

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

From: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Sent: Wednesday, March 18, 2020 6:53 AM
To: Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>
Subject: media inquiry

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Draft, pre-decisional and deliberative

Jenn Sherman

Director of Public Affairs

Office of the Surgeon General

Department of Health and Human Services (HHS)

Sender:	Stecker, Judy (OS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0280B227911B40B6B30A81B8574EDE6B-STECKER, JU>
Recipient:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Charrow, Robert (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00531138af454ce3ac0b5885bead345f-Charrow, Ro>; Stimson, Brian (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=338aa495176d4c92bb314f8f3f51d118-Stimson, Br>
Sent Date:	2020/03/18 07:55:56
Delivered Date:	2020/03/18 07:55:59

From:	OS Secretarys Operations Center </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=32B1F28D808B43B6903C00083291303E-SECRETARYS>
To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	Summary: Possible Large Outbreak in Nursing Home Tarrant County, TX
Date:	2020/03/18 08:09:59
Priority:	Normal
Type:	Note

UNCLASSIFIED // FOR OFFICIAL USE ONLY

Good morning Dr. Kadlec,

BLUF: A nursing home in Tarrant County, TX is reporting a possible large COVID-19 outbreak.

- ASPR coordinated with CDC last night to deploy additional PPE and testing capabilities as well as a CDC Epi.
- More information will be shared directly with senior leadership and updates will be provided as they become available.

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

Very Respectfully,

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



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Sent Date:	2020/03/18 08:09:56

Delivered Date:	2020/03/18 08:09:59
Message Flags:	Unread

From:	OS Secretarys Operations Center </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=32B1F28D808B43B6903C00083291303E-SECRETARYS>
To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	CDC COVID-19 Update March 18, 2020
Date:	2020/03/18 08:27:07
Priority:	Normal
Type:	Note

UNCLASSIFIED // FOR OFFICIAL USE ONLY

COVID-19 Response update Mar 18, 2020

INTERNAL - NOT FOR FURTHER DISTRIBUTION

Domestic Updates – Case Counts

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

Counts by Jurisdiction (Includes Presumptive Positives and Confirmed Cases) (Data as of 03:00 ET 18 Mar)

Jurisdictions = 55 50 states + DC, NYC, Guam, PR, and USVI	Cases and Deaths Reported to CDC and/or Reported on Jurisdiction Websites*			
	Total Cases*	Total Deaths**	New Cases**	New Deaths**
Alabama	39	0	10	0
Alaska	6	0	3	0
Arizona	20	0	2	0
Arkansas	22	0	0	0
California	691	13	143	6
Colorado	183	2	23	1
Connecticut	68	0	27	0
Delaware	16	0	8	0
Florida	195	7	47	2
Georgia	146	1	25	0
Hawaii	13	0	3	0
Idaho	9	0	4	0
Illinois	160	1	55	1
Indiana	30	2	6	1
Iowa	29	0	7	0
Kansas	16	1	5	0
Kentucky	26	1	4	1
Louisiana	196	4	60	1
Maine	32	0	13	0
Maryland	57	0	20	0

Jurisdictions = 55	Cases and Deaths Reported to CDC and/or Reported on Jurisdiction Websites*			
50 states + DC, NYC, Guam, PR, and USVI	Total Cases*	Total Deaths**	New Cases**	New Deaths**
Massachusetts	218	0	21	0
Michigan	65	0	11	0
Minnesota	60	0	6	0
Mississippi	21	0	9	0
Missouri	13	0	5	0
Montana	9	0	0	0
Nebraska	24	0	6	0
Nevada	55	1	19	0
New Hampshire	26	0	9	0
New Jersey	267	3	89	1
New Mexico	23	0	2	0
New York (excluding NYC)	730	4	243	1
New York City	814	7	351	0
North Carolina	47	0	7	0
North Dakota	5	0	4	0
Ohio	67	0	17	0
Oklahoma	19	0	9	0
Oregon	65	1	18	0
Pennsylvania	96	0	20	0
Rhode Island	23	0	2	0
South Carolina	47	1	14	0
South Dakota	11	1	1	0
Tennessee	73	0	21	0
Texas	113	1	46	1
Utah	41	0	12	0
Vermont	10	0	1	0
Virginia	67	2	16	1
Washington	1012	52	108	4
West Virginia	1	0	1	0
Wisconsin	72	0	25	0
Wyoming	15	0	5	0
American Samoa	0	0	0	0
District of Columbia	31	0	9	0
Guam	5	0	2	0
Northern Mariana Islands	0	0	0	0
Palau	0	0	0	0
Puerto Rico*	2	0	0	0
U.S. Virgin Islands	2	0	0	0
Federated States of Micronesia	0	0	0	0
Republic of Marshall Islands	0	0	0	0
Total	6103	105	1574	21

*State and local public health departments are now testing and publicly reporting their cases. In the event of a discrepancy between CDC cases and cases reported by state and local public health officials, data reported by states should be considered the most up to date. These totals may differ from totals cleared by state health departments for reporting later today on the CDC website.

**These data represent cases detected and tested in the United States through U.S. public health surveillance systems 21 Jan, 2020.

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

*Excludes 3 cases that were non-residents. The residency of one case is not yet reported and may be recategorized later as a non-Puerto Rico case.

Some Repatriation cases (e.g., Diamond Princess, Hubei) have been recategorized based on their home state, and jurisdiction-based reporting

- Grand Princess cases have or will be incorporated into numbers reported by state of residence. Cases as of yesterday (16 Mar): 37 (4 new cases)

Other U.S. cases not included in table:

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

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

Exposure Category	Number Cases
Travel-related	269
Close contact with known case	276
Under investigation	5558
Total cases	6103

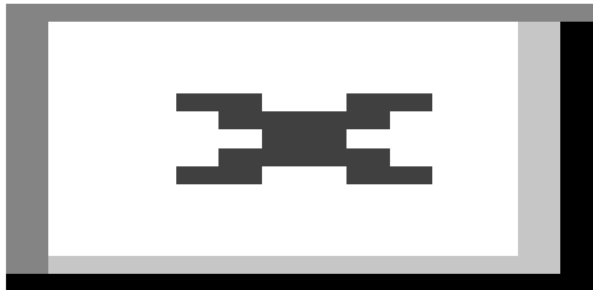
*These data represent cases detected and tested in the United States through U.S. public health surveillance systems since January 21, 2020. This includes both confirmed and presumptive positive cases reported to CDC. It does not include people who returned to the U.S. via State Department-chartered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

Other Situational Awareness

Healthcare workers in U.S. Case-Count (N=120)

- • 17 Travel-related
- • 27 Close contact with known case
- • 76 Under investigation

Domestic Updates – Notes from the Field



* CERT – CDC Emergency Response Team

Updates from Field Teams

California:

- 173 total Santa Clara cases, 6 deaths (2 new overnight) ages 53 and 66, both diabetic and hypertensive.
 - 71 case-patients currently hospitalized.; 44 patients currently in the ICU; 26 require mechanical ventilation.
- CDC and field team plan underway to provide short term support to two CA counties along with longer term support to CA
- CDC Santa Clara team now providing short term support San Mateo County Health Dept
- Completed and uploaded to SAMS a total of 50 CDC case report forms, state now using CalRedie
- 9/79 ILI screens (11%) tested positive for COVID-19
- Team provide on-site technical assistance to ventilated skilled nursing facility with 258 beds, including 59 subacute beds

Colorado

- • Cases and deaths
 - • 183 total cases (including 2 probable cases - epi link and symptoms, no testing), 2 deaths
- • Emerging problem areas for outbreak (ex LTCF)
 - • Six LTCFs are under investigation and one has a confirmed outbreak. This is the first confirmed outbreak in a Colorado LTCF.
 - • HCW exposures continue in multiple types of HC settings. Many cases with healthcare encounters have resulted in HCW exposures. COVID-19 is often not suspected when the patient presents.
 - • Two symptomatic cases that attended a national conference in Washington D.C. and traveled in a bus with a group of 80 Coloradans and notification of the group and investigation are ongoing.
- • Community mitigation: closures
 - • Ski resorts have been closed and CDPHE issued a HAN on 15 Mar that anyone who had spent time in these counties (Eagle, Summit, Pitkin, and Gunnison) in the past week should self-quarantine for 14 days.
 - • CO aligned with CDC guidance recommending cancellation of all gatherings of 50 people or more.
 - • Starting 17 Mar, CO is also banning dine in eating at restaurants until mid-May.
- • Logistical issues: shortages with PPE, testing supplies, etc.
 - • There are shortages of PPE (especially N95s), and there are issues with staff from LPHAs not being fit tested for respirators.
- • Read on health system resources
- • Other
 - • Due to current case burden, they are moving from batch notifying LPHAs by phone to being more like their routine disease reporting operations where the electronic reporting system notifies counties of cases.
 - • Prioritizing identifying high risk contacts of cases (healthcare workers, elderly, immunocompromised, etc.).

Georgia

- • CDC staff is analyzing the testing request dataset to help GADPH better understand requests from providers for testing that were approved and denied
- • In a set of returned laboratory results for a facility, 6 of 7 tests came back positive today, so there is concern of possible hospital-acquired infection.
- • A drive-thru testing site in Cobb county posted a Facebook message announcing that testing would not be open to the public and that it is reserved for healthcare workers and others at high risk.
- • In discussions about completing the case investigation long form for a specific population, like the elderly or those with underlying medical conditions.

Rhode Island

- • 9 new cases (total of 32 cases in RI); 0 deaths
 - • 28 y/o male, contact with visitor from Berlin
 - • 79 y/o female
 - • 38 y/o female, hospitalized,
 - • 2 remaining cases are still being interviewed (details currently unknown)
- • ~650 PUIs; 415 pending laboratory results (turn-around time currently ~72 hours)
- • ~706 Contacts currently being monitored
- • Final close-out meeting held with Dr. Bandy; CDC field team scheduled to leave 18 Mar
- • RI Governor closed dine-in restaurants, moved up public school April break so schools are closed for 1 week beginning 16 Mar, cancelled visitation at elderly homes, and recommended no gatherings of >25 people
- • Point prevalence survey performed Sunday 15 Mar among other patients in facility unit as the single case
- • Completed serology screening at St. Raphael's Academy; blood samples shipped to CDC

Nebraska

- • NE has 18 total cases, 3 new since yesterday, and no deaths
- • NE PHL received additional extraction reagents from Qiagen as hoped; may last 1-2 weeks depending on workload. Additional avenues for sourcing reagent and expanding testing capacity are being explored
- • State epi and lab teams working on prioritizing testing algorithm
 - • Disparate case reporting systems and tracking across state need merging to inform algorithm and overall situational awareness statewide
- • CDC field team hearing concerns about commercial labs no longer offering testing due supply shortages – these would reroute to NE PHL

New York

- • *Total NY State cases 1,653, (NYC 923, Westchester 380, other NYS 350) spanning 28 counties*
 - • *12 deaths*
 - • *264 (17%) currently hospitalized*
 - • *Current official case #s for NYC: 814; Mayor de Blasio announced 923 in evening press event*
- • *Numerous long-term care facilities and health care facilities with COVID-19 patients.*
- • NY team continues to provide IPC guidance to nursing homes affected by COVID-19 and piloted a tele-assessment tool designed for nursing homes and assisted living facilities
- • Team investigating a potential *COVID outbreak in a dialysis center* associated with a nursing home with multiple confirmed COVID-19 patients
- • Team investigating transmission in nursing home with confirmed COVID-19 in four residents and one HCP, with two recent deaths (past 24 hrs) among residents
- • *Drive Through testing continues to expand* with mobile testing facility in New Rochelle, Nassau (opened today) and plan for mobile testing in Suffolk and Rockland County and Staten Island.

- • NY State is reaching out to *retired nurses and doctors to supplement medical personnel* at hospitals.
- • *New York City* announced they will potentially implement a “*shelter in place*” order within 48 hrs

Wisconsin

- • Cases and deaths
 - • Wisconsin has reported 72 cases
 - • 12 of the 72 cases are in Fond du Lac (FDL) County
 - • 24 of the 72 cases are in Milwaukee County as of 17 Mar, which is an increase from 13 cases officially reported on 16 Mar
 - • 1 case is a surgeon at a hospital in Milwaukee; surgeon had no respiratory symptoms but had fatigue, myalgia, and headache
 - • No deaths have been reported in the state
- • Emerging problem areas for outbreak (ex LTCF)
 - • Healthcare worker (HCW) exposure event in Milwaukee
 - • A surgeon at the Children's Hospital of Wisconsin located in Milwaukee tested positive for SARS-CoV-2
- • Community mitigation
 - • Today 17 Mar FDLC HD developed a press release for the 1 case of a non-household member with a direct relationship to a cruiser
 - • Governor issued an emergency order banning mass gatherings >10 individuals
- • Logistical issues
 - • State lab reports backlog and challenges with testing capacity
- • Read on health system resources
 - • PPE seems sufficient at local hospital
 - • Outpatient testing center established for testing of cases
- • Other
 - • WI Field Team will redirect resources to Milwaukee to focus on HH Transmission Study and support hospital/health departments in setting of surgeon with widespread hospital exposure

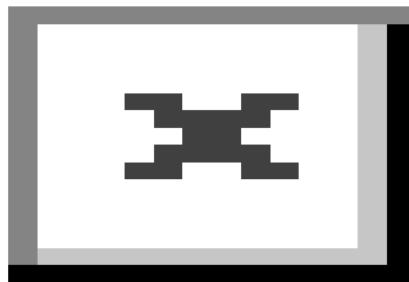
Washington

- • Team is returning to headquarters
- • Updated case counts for Seattle-King County today:
 - • 518 confirmed cases (up 30 from yesterday)
 - • 46 confirmed deaths (up 3 from yesterday)

Domestic Updates – Laboratory

Data as of 17 Mar (unless otherwise specified)

- 89 public-health labs now up and running with CDC assay (50 states plus DC)
- CDC testing update from the beginning of the response until end of day 16 Mar
 - 4691 samples reported
 - 1554 patients reported
- Public Health testing update until end of day 17 Mar
 - 27,623 samples tested
- Large commercial laboratories – EUA update
 - ARUP – testing only Utah at this time
 - LabCorp – nationwide
 - Mayo – begins testing this week
 - Quest – testing nationwide with ability to surge to 10,000/day later this week
 - BioReference Laboratory – 3000/day starting 16 Mar
- Data reported to CDC from selected large commercial labs – 17 Mar [mid-day*]:
 - Ordered so far: 95,524; # with results: 20,917; positive: 1609 (7.7%)



* Data for 3/17 are incomplete and represent data as of reporting cutoff times, which vary by lab

IRR Reagents	Data as of 17 Mar (09:00)			
	Ordered	Shipped	Approved	Inventory
CDC rRT-PCR Kits	462	371	91	229
Human Specimen Controls (Negative)	309	261	48	459
EUA Positive Controls	117	67	50	97
Enzyme Mastermix	605	481	124	36
Qiagen -Manual Extraction Kit	1136	702	434	100
Qiagen -Automated Extraction Kit	466	188	278	0
Roche -Automated Extraction Kit	108	0	108	0
Roche -High-throughput Extraction Kit	37	11	26	160

IRR reagent update – Reagents below are all used as part of the CDC diagnostic panel for COVID-19. Columns below represent total number ordered so far, the number that have already been shipped out, the orders that have been approved and finally the remaining inventory in stock. Note that manufacturers are reporting a nationwide shortage of extraction kits, which are used for many diagnostics in addition to COVID-19 testing. Other reagents are not in short supply yet, but manufacturers are reporting concerns that other shortages may arise as well.

Travel/Migration Updates

Data as of 16 Mar

Airport Entry Screening

- **57,642*** air travelers screened to date
- Total confirmed cases to date from airport hospital referrals: 4
 - o • 2 ill travelers from IAD on 12 Mar. Travel history to France and Spain.
 - o • 1 ill traveler from Iran at LAX on 8 Mar, recent hospitalization
 - o • 1 ill traveler from Hubei at LAX on 22 Jan
- Daily for 16 Mar
 - • Air travelers screened: **127**
 - • Hospital Referrals: **1**
 - o • JFK: Ill traveler from UK
 - • Q-orders Issued: 0

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

F11 Quarantine Orders

- Under quarantine as of 16 Mar: 0
- Cumulative to date: 18

Travel Health Notices*

Widespread ongoing spread and restrictions on entry the US (Level 3)

- • China ([Level 3](#))
- • Iran ([Level 3](#))
- • Most of Europe** ([Level 3](#))
- • UK and Ireland ([Level 3](#))
- • Cruise ([Level 3](#))

Widespread ongoing spread (Level 3)

- • South Korea ([Level 3](#))

Ongoing community spread (Level 2)

- • Global ([Level 2](#))

Limited community spread (Level 1)

Not applicable

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

**Countries include: Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, Monaco, San Marino, Vatican City

Other

- Continuing issuance of legal orders for Grand Princess passengers
- Developing internal draft for Malaysia Level 3 Notice
- [IOM and UNHCR temporarily suspended refugee resettlement](#)

Cruise Ship Updates

Data as of 17 Mar

Cruise ship team is supporting states with incoming ships with recommendation for passenger disposition with respect to COVID-19

Cruise Ships of Interest

Ship	Number of American Citizens (AMCITS)	Number of Known COVID-19 Cases	Disposition
Silver Shadow	103	2	Brazil; charter flight to Miami planned
Silver Explorer	45	1	Chile; two charter flights to Miami, 1 for well passengers (arrival 09:00 18 Mar) and one medical ambulance for 8 persons with ILI or high-risk exposure
Celebrity Eclipse	1165	Unknown	Denied port in Chile; to sail to San Diego; estimated arrival 28 Mar (~10 days)
Azamara Pursuit	265	Unknown	Denied port while in Chile; will get provisions and plan to sail to Miami estimated arrival 28 Mar (~10 days)
Eurodam	Pending	Previous voyage 1	3 AMCITS with pneumonia; ship arriving in San Diego 18 Mar

International Updates

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

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

Data as of 05:00 EST 17 Mar 2020 [Source: [WHO SitRep - 57](#)]

WHO Region	Confirmed Cases	New Cases	Deaths	New Deaths
Western Pacific (WPRO)	91,779	289	3,357	23
European (EURO)	64,189	8,507	3,108	428
South-East Asia (SEARO)	508	124	9	2
Eastern Mediterranean (EMRO)	16,786	330	873	3
Americas (PAHO)	4,910	2,234	68	18
African (AFRO)	228	42	4	1
Subtotal for all regions	178,400	11,526	7,419	475
International conveyance (Diamond Princess)	712	0	7	0
Total	179,112	11,526	7,426	475

*Starting 17 Mar, WHO stopped reporting cases by 'China' and 'Outside of China' and began reporting cases by WHO Regions. [China NHC reports Hong Kong](#) has 167 cases (10 new), 4 deaths

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

Data as of 05:00 EST, 17 Mar 2020* [Source: [WHO SitRep - 57](#)]

Reporting Country/ Territory/ Area [†]	Total confirmed [‡] cases	Total confirmed new cases ¹	Total deaths	Total new deaths ¹	Transmission classification [§]	Days since last reported case
Western Pacific Region						
China	81116	39	3231	13	Local transmission	0
Republic of Korea	8320	84	81	6	Local transmission	0
Japan	829	15	28	4	Local transmission	0
Malaysia	553	0	0	0	Local transmission	1
Australia	375	77	5	0	Local transmission	0
Singapore	243	0	0	0	Local transmission	1
Philippines	187	47	12	0	Local transmission	0
Viet Nam	61	4	0	0	Local transmission	0
Brunei Darussalam	50	0	0	0	Local transmission	1
Cambodia	24	12	0	0	Local transmission	0
New Zealand	11	5	0	0	Local transmission	0
Mongolia	4	3	0	0	Imported cases only	0
Mongolia	1	0	0	0	Imported cases only	6
Territories**						

Reporting Country/ Territory/ Area [†]	Total confirmed [‡] cases	Total confirmed new cases ¹	Total deaths	Total new deaths ¹	Transmission classification [§]	Days since last reported case
French Polynesia	3	0	0	0	Imported cases only	2
Guam	3	3	0	0	Local transmission	0
European Region						
Italy	27980	3233	2503	349	Local transmission	0
Spain	9191	1438	309	21	Local transmission	0
France	6573	1193	148	21	Local transmission	0
Germany	6012	1174	13	1	Local transmission	0
Switzerland	2200	0	14	1	Local transmission	1
The United Kingdom	1547	152	55	20	Local transmission	0
Netherlands	1413	278	24	4	Local transmission	0
Norway	1169	92	3	2	Local transmission	0
Austria	1132	173	3	2	Local transmission	0
Belgium	1085	0	5	0	Local transmission	1
Sweden	1059	67	3	0	Local transmission	0
Denmark	960	62	4	3	Local transmission	0
Czechia	383	85	0	0	Local transmission	0
Greece	331	0	4	0	Local transmission	1
Portugal	331	86	0	0	Local transmission	0
Israel	250	50	0	0	Local transmission	0
Finland	272	5	0	0	Local transmission	0
Slovenia	253	34	0	0	Local transmission	0
Ireland	223	54	2	0	Local transmission	0
Estonia	205	0	0	0	Local transmission	1
Iceland	199	19	0	0	Local transmission	0
Romania	158	0	0	0	Local transmission	1
Poland	150	0	3	0	Local transmission	1
San Marino	102	10	9	4	Local transmission	0
Russian Federation	93	30	0	0	Imported cases only	0
Luxembourg	81	43	1	0	Local transmission	0
Slovakia	72	11	0	0	Local transmission	0
Bulgaria	67	16	2	0	Local transmission	0
Serbia ^{††}	70	24	0	0	Local transmission	0
Croatia	56	7	0	0	Local transmission	0
Armenia	52	26	0	0	Local transmission	0
Albania	51	9	1	0	Local transmission	0
Hungary	50	11	1	0	Local transmission	0
Turkey	47	42	0	0	Imported cases only	0
Belarus	36	0	0	0	Local transmission	1
Latvia	36	5	0	0	Imported cases only	0

Reporting Country/ Territory/ Area [†]	Total confirmed [‡] cases	Total confirmed new cases ¹	Total deaths	Total new deaths ¹	Transmission classification [§]	Days since last reported case
Cyprus	33	0	0	0	Imported cases only	1
Georgia	33	0	0	0	Imported cases only	1
Malta	30	9	0	0	Imported cases only	0
Republic of Moldova	29	6	0	0	Local transmission	0
Azerbaijan	19	0	0	0	Imported cases only	2
Bosnia and Herzegovina	19	0	0	0	Local transmission	1
North Macedonia	19	6	0	0	Local transmission	0
Lithuania	17	3	0	0	Imported cases only	0
Andorra	14	12	0	0	Imported cases only	0
Monaco	9	0	0	0	Under investigation	1
Liechtenstein	7	0	0	0	Imported cases only	1
Ukraine	7	4	1	0	Local transmission	0
Kazakhstan	6	0	0	0	Imported cases only	2
Uzbekistan	4	0	0	0	Under investigation	1
Holy See	1	0	0	0	Under investigation	11
Territories**						
Faroe Islands	47	36	0	0	Imported cases only	0
Gibraltar	3	2	0	0	Under investigation	0
Jersey	2	0	0	0	Imported cases only	4
Guernsey	1	0	0	0	Imported cases only	7
South-East Asia Region						
Indonesia	172	55	5	1	Local transmission	0
Thailand	147	33	1	0	Local transmission	0
India	137	23	3	1	Local transmission	0
Sri Lanka	29	10	0	0	Local transmission	0
Maldives	13	0	0	0	Local transmission	1
Bangladesh	8	3	0	0	Local transmission	0
Bhutan	1	0	0	0	Imported cases only	11
Nepal	1	0	0	0	Imported cases only	53
Eastern Mediterranean Region						
Iran (Islamic Republic of)	14991	0	853	0	Local transmission	1
Qatar	439	38	0	0	Local transmission	0
Bahrain	229	8	1	0	Local transmission	0
Pakistan	187	135	0	0	Imported cases only	0
Egypt	166	40	4	2	Local transmission	0
Saudi Arabia	133	30	0	0	Local transmission	0
Kuwait	130	18	0	0	Local transmission	0
Iraq	124	0	9	0	Local transmission	1
Lebanon	109	10	3	0	Local transmission	0

Reporting Country/ Territory/ Area [†]	Total confirmed [‡] cases	Total confirmed new cases ¹	Total deaths	Total new deaths ¹	Transmission classification [§]	Days since last reported case
United Arab Emirates	98	0	0	0	Local transmission	1
Morocco	38	10	2	1	Local transmission	0
Jordan	35	29	0	0	Imported cases only	0
Oman	24	2	0	0	Imported cases only	0
Afghanistan	21	5	0	0	Imported cases only	0
Tunisia	20	2	0	0	Local transmission	0
Sudan	2	1	1	0	Imported cases only	0
Somalia	1	1	0	0	Imported cases only	0
Territories**						
occupied Palestinian territory	39	1	0	0	Local transmission	0
Region of the Americas						
United States of America	3503	1825	58	17	Local transmission	0
Canada	424	120	1	0	Local transmission	0
Brazil	234	34	0	0	Local transmission	0
Chile	156	81	0	0	Local transmission	0
Peru	86	15	0	0	Local transmission	0
Panama	69	26	1	0	Local transmission	0
Argentina	65	9	2	0	Local transmission	0
Ecuador	58	21	2	0	Local transmission	0
Mexico	53	0	0	0	Imported cases only	1
Colombia	45	21	0	0	Local transmission	0
Costa Rica	41	18	0	0	Local transmission	0
Venezuela (Bolivarian Republic of)	33	16	0	0	Imported cases only	0
Dominican Republic	21	16	1	1	Local transmission	0
Bolivia (Plurinational State of)	11	0	0	0	Imported cases only	1
Jamaica	10	0	0	0	Local transmission	1
Paraguay	9	1	0	0	Local transmission	0
Honduras	8	6	0	0	Imported cases only	0
Uruguay	6	2	0	0	Imported cases only	0
Cuba	5	1	0	0	Imported cases only	0
Trinidad and Tobago	5	3	0	0	Imported cases only	0
Guyana	4	0	1	0	Local transmission	1
Saint Lucia	2	0	0	0	Imported cases only	1
Antigua and Barbuda	1	0	0	0	Imported cases only	3
Bahamas	1	1	0	0	Local transmission	0
Guatemala	1	0	1	0	Imported cases only	2
Saint Vincent and the Grenadines	1	0	0	0	Imported cases only	4
Suriname	1	0	0	0	Imported cases only	1
Territories**						

Reporting Country/ Territory/ Area [†]	Total confirmed [‡] cases	Total confirmed new cases ¹	Total deaths	Total new deaths ¹	Transmission classification [§]	Days since last reported case
Guadeloupe	18	12	0	0	Imported cases only	0
Martinique	16	1	0	0	Imported cases only	0
French Guiana	7	0	0	0	Imported cases only	3
Curaçao	3	1	0	0	Imported cases only	0
Puerto Rico	3	0	0	0	Imported cases only	3
Saint Barthelemy	3	0	0	0	Under investigation	1
Aruba	2	2	0	0	Imported cases only	0
Saint Martin	2	0	0	0	Under investigation	14
United States Virgin Islands	2	2	0	0	Imported cases only	0
Cayman Islands	1	0	1	0	Imported cases only	3
African Region						
South Africa	62	11	0	0	Local transmission	0
Algeria	60	11	4	1	Local transmission	0
Senegal	27	1	0	0	Local transmission	0
Burkina Faso	15	0	0	0	Imported cases only	1
Rwanda	7	2	0	0	Local transmission	0
Cote d'Ivoire	6	3	0	0	Imported cases only	0
Ghana	6	0	0	0	Imported cases only	1
Cameroon	5	2	0	0	Local transmission	0
Ethiopia	5	4	0	0	Imported cases only	0
Seychelles	4	2	0	0	Imported cases only	0
Democratic Republic of the Congo	3	1	0	0	Imported cases only	0
Kenya	3	2	0	0	Local transmission	0
Namibia	2	0	0	0	Imported cases only	2
Nigeria	2	0	0	0	Imported cases only	8
Benin	1	1	0	0	Imported cases only	0
Central African Republic	1	0	0	0	Imported cases only	2
Congo	1	0	0	0	Imported cases only	2
Equatorial Guinea	1	0	0	0	Imported cases only	2
Eswatini	1	0	0	0	Imported cases only	2
Gabon	1	0	0	0	Imported cases only	3
Guinea	1	0	0	0	Imported cases only	3
Liberia	1	1	0	0	Imported cases only	0
Mauritania	1	0	0	0	Imported cases only	2
Togo	1	0	0	0	Imported cases only	10
United Republic of Tanzania	1	1	0	0	Imported cases only	0
Territories**						
Réunion	9	0	0	0	Imported cases only	1
Mayotte	1	0	0	0	Imported cases only	2

Reporting Country/ Territory/ Area [†]	Total confirmed [‡] cases	Total confirmed new cases ¹	Total deaths	Total new deaths ¹	Transmission classification [§]	Days since last reported case
Subtotal for all regions	178400	11526	7419	475		
International conveyance (Diamond Princess)	712	0	7	0	Local transmission	1
Grand total	179112	11526	7426	475		

Numbers include both domestic and repatriated cases

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

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

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

Terms:

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

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

^{††}Including 13 (5 new) cases from Kosovo[1]

[1] All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Due to a retrospective data consolidation exercise, some numbers may not reflect the exact difference between yesterday's and today's totals. New countries/territories/areas are shown in red.

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

- Barbados

Additional International Updates

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

161 WHO member countries and areas affected

(Summary table of cases and deaths by region in summary table above)

Over previous 24 hours:

- 11,526 new cases globally
 - EURO has 74% of new cases; PAHO has 19%
- 8 new countries/territories/areas reporting cases
 - Countries reporting most cases: Italy (+3,526), Spain (+1,987), Germany (+1,723)
- Sustained local transmission in China, Korea, Iran, Japan, Europe, North America
- Regional spread in European, Eastern Mediterranean, Americas
- Most countries in WPRO (86%), EURO (75%), SEARO (75%) have reported local transmission
- African countries predominantly reporting imported cases (78%), likely because of limited testing capacity

Top countries reporting cases:

- Italy – since last Sit Rep, 31,506 cases, 2,503 deaths
- Iran – since last Sit Rep, 16,169 cases, 988 deaths
- Spain – since last Sit Rep, 11,178 cases, 491 deaths
- Korea – since last Sit rep, 8,320 cases, 81 deaths
 - • Third day with fewer than 100 infections
- France – since last Sit Rep, 7,730 cases, 175 deaths
- Germany – since last Sit Rep, 7,156 cases, 13 deaths
- Switzerland – since last Sit Rep, 2,269 cases, 19 deaths
- UK – since last Sit Rep, 1,950 cases, 55 deaths

Other:

- China: for five days now, imported infections have outnumbered cases of local transmission
- Canada – 557 cases; 8 deaths
 - British Columbia (186 cases); Ontario (183 cases); Alberta (97 cases); Quebec (74 cases); New Brunswick (2); Saskatchewan (2); Prince Edward Island (1); Manitoba (8); Repatriations (4)
- Mexico – 93 cases:
 - CDMX (22); Sinaloa (2); Queretaro (7); Nuevo Leon (14); Quintana Roo (4); Yucatan (5); Puebla (9); Coahuila (1); Chiapas (1); State of Mexico (9); Durango (3); San Luis Potosi (2); Jalisco (5);

Oaxaca (2); Tamaulipas (1); Sonora (1); Chihuahua (1); Guanajuato (1); Aguascalientes (1); Guerrero (2)

- o Number of cases in border states: 18

Very Respectfully,

Secretary's Operations Center

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COVID-19 Response update Mar 18, 2020

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Domestic Updates – Case Counts

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

Counts by Jurisdiction (Includes Presumptive Positives and Confirmed Cases) (Data as of 03:00 ET 18 Mar)

Jurisdictions = 55 50 states + DC, NYC, Guam, PR, and USVI	Cases and Deaths Reported to CDC and/or Reported on Jurisdiction Websites*			
	Total Cases*	Total Deaths**	New Cases**	New Deaths**
Alabama	39	0	10	0
Alaska	6	0	3	0
Arizona	20	0	2	0
Arkansas	22	0	0	0
California	691	13	143	6
Colorado	183	2	23	1
Connecticut	68	0	27	0
Delaware	16	0	8	0
Florida	195	7	47	2
Georgia	146	1	25	0
Hawaii	13	0	3	0
Idaho	9	0	4	0
Illinois	160	1	55	1
Indiana	30	2	6	1
Iowa	29	0	7	0
Kansas	16	1	5	0
Kentucky	26	1	4	1
Louisiana	196	4	60	1
Maine	32	0	13	0
Maryland	57	0	20	0

Jurisdictions = 55	Cases and Deaths Reported to CDC and/or Reported on Jurisdiction Websites*			
50 states + DC, NYC, Guam, PR, and USVI	Total Cases*	Total Deaths**	New Cases**	New Deaths**
Massachusetts	218	0	21	0
Michigan	65	0	11	0
Minnesota	60	0	6	0
Mississippi	21	0	9	0
Missouri	13	0	5	0
Montana	9	0	0	0
Nebraska	24	0	6	0
Nevada	55	1	19	0
New Hampshire	26	0	9	0
New Jersey	267	3	89	1
New Mexico	23	0	2	0
New York (excluding NYC)	730	4	243	1
New York City	814	7	351	0
North Carolina	47	0	7	0
North Dakota	5	0	4	0
Ohio	67	0	17	0
Oklahoma	19	0	9	0
Oregon	65	1	18	0
Pennsylvania	96	0	20	0
Rhode Island	23	0	2	0
South Carolina	47	1	14	0
South Dakota	11	1	1	0
Tennessee	73	0	21	0
Texas	113	1	46	1
Utah	41	0	12	0
Vermont	10	0	1	0
Virginia	67	2	16	1
Washington	1012	52	108	4
West Virginia	1	0	1	0
Wisconsin	72	0	25	0
Wyoming	15	0	5	0
American Samoa	0	0	0	0
District of Columbia	31	0	9	0
Guam	5	0	2	0
Northern Mariana Islands	0	0	0	0
Palau	0	0	0	0
Puerto Rico*	2	0	0	0
U.S. Virgin Islands	2	0	0	0
Federated States of Micronesia	0	0	0	0
Republic of Marshall Islands	0	0	0	0
Total	6103	105	1574	21

*State and local public health departments are now testing and publicly reporting their cases. In the event of a discrepancy between CDC cases and cases reported by state and local public health officials, data reported by states should be considered the most up to date. These totals may differ from totals cleared by state health departments for reporting later today on the CDC website.

**These data represent cases detected and tested in the United States through U.S. public health surveillance systems 21 Jan, 2020.

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

*Excludes 3 cases that were non-residents. The residency of one case is not yet reported and may be recategorized later as a non-Puerto Rico case.

Some Repatriation cases (e.g., Diamond Princess, Hubei) have been recategorized based on their home state, and jurisdiction-based reporting

- Grand Princess cases have or will be incorporated into numbers reported by state of residence. Cases as of yesterday (16 Mar): 37 (4 new cases)

Other U.S. cases not included in table:

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

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

Exposure Category	Number Cases
Travel-related	269
Close contact with known case	276
Under investigation	5558
Total cases	6103

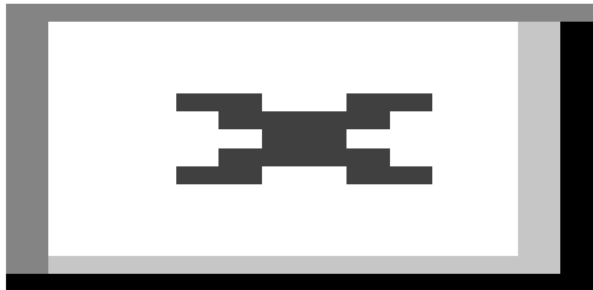
*These data represent cases detected and tested in the United States through U.S. public health surveillance systems since January 21, 2020. This includes both confirmed and presumptive positive cases reported to CDC. It does not include people who returned to the U.S. via State Department-chartered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

Other Situational Awareness

Healthcare workers in U.S. Case-Count (N=120)

- • 17 Travel-related
- • 27 Close contact with known case
- • 76 Under investigation

Domestic Updates – Notes from the Field



* CERT – CDC Emergency Response Team

Updates from Field Teams

California:

- • 173 total Santa Clara cases, 6 deaths (2 new overnight) ages 53 and 66, both diabetic and hypertensive.
 - • 71 case-patients currently hospitalized.; 44 patients currently in the ICU; 26 require mechanical ventilation.
- • CDC and field team plan underway to provide short term support to two CA counties along with longer term support to CA
- • CDC Santa Clara team now providing short term support San Mateo County Health Dept
- • Completed and uploaded to SAMS a total of 50 CDC case report forms, state now using CalRedie
- • 9/79 ILI screens (11%) tested positive for COVID-19
- • Team provide on-site technical assistance to ventilated skilled nursing facility with 258 beds, including 59 subacute beds

Colorado

- • Cases and deaths
 - • 183 total cases (including 2 probable cases - epi link and symptoms, no testing), 2 deaths
- • Emerging problem areas for outbreak (ex LTCF)
 - • Six LTCFs are under investigation and one has a confirmed outbreak. This is the first confirmed outbreak in a Colorado LTCF.
 - • HCW exposures continue in multiple types of HC settings. Many cases with healthcare encounters have resulted in HCW exposures. COVID-19 is often not suspected when the patient presents.
 - • Two symptomatic cases that attended a national conference in Washington D.C. and traveled in a bus with a group of 80 Coloradans and notification of the group and investigation are ongoing.
- • Community mitigation: closures
 - • Ski resorts have been closed and CDPHE issued a HAN on 15 Mar that anyone who had spent time in these counties (Eagle, Summit, Pitkin, and Gunnison) in the past week should self-quarantine for 14 days.
 - • CO aligned with CDC guidance recommending cancellation of all gatherings of 50 people or more.
 - • Starting 17 Mar, CO is also banning dine in eating at restaurants until mid-May.
- • Logistical issues: shortages with PPE, testing supplies, etc.
 - • There are shortages of PPE (especially N95s), and there are issues with staff from LPHAs not being fit tested for respirators.
- • Read on health system resources
- • Other
 - • Due to current case burden, they are moving from batch notifying LPHAs by phone to being more like their routine disease reporting operations where the electronic reporting system notifies counties of cases.
 - • Prioritizing identifying high risk contacts of cases (healthcare workers, elderly, immunocompromised, etc.).

Georgia

- • CDC staff is analyzing the testing request dataset to help GADPH better understand requests from providers for testing that were approved and denied
- • In a set of returned laboratory results for a facility, 6 of 7 tests came back positive today, so there is concern of possible hospital-acquired infection.
- • A drive-thru testing site in Cobb county posted a Facebook message announcing that testing would not be open to the public and that it is reserved for healthcare workers and others at high risk.
- • In discussions about completing the case investigation long form for a specific population, like the elderly or those with underlying medical conditions.

Rhode Island

- • 9 new cases (total of 32 cases in RI); 0 deaths
 - • 28 y/o male, contact with visitor from Berlin
 - • 79 y/o female
 - • 38 y/o female, hospitalized,
 - • 2 remaining cases are still being interviewed (details currently unknown)
- • ~650 PUIs; 415 pending laboratory results (turn-around time currently ~72 hours)
- • ~706 Contacts currently being monitored
- • Final close-out meeting held with Dr. Bandy; CDC field team scheduled to leave 18 Mar
- • RI Governor closed dine-in restaurants, moved up public school April break so schools are closed for 1 week beginning 16 Mar, cancelled visitation at elderly homes, and recommended no gatherings of >25 people
- • Point prevalence survey performed Sunday 15 Mar among other patients in facility unit as the single case
- • Completed serology screening at St. Raphael's Academy; blood samples shipped to CDC

Nebraska

- • NE has 18 total cases, 3 new since yesterday, and no deaths
- • NE PHL received additional extraction reagents from Qiagen as hoped; may last 1-2 weeks depending on workload. Additional avenues for sourcing reagent and expanding testing capacity are being explored
- • State epi and lab teams working on prioritizing testing algorithm
 - • Disparate case reporting systems and tracking across state need merging to inform algorithm and overall situational awareness statewide
- • CDC field team hearing concerns about commercial labs no longer offering testing due supply shortages – these would reroute to NE PHL

New York

- • *Total NY State cases 1,653, (NYC 923, Westchester 380, other NYS 350) spanning 28 counties*
 - • *12 deaths*
 - • *264 (17%) currently hospitalized*
 - • *Current official case #s for NYC: 814; Mayor de Blasio announced 923 in evening press event*
- • *Numerous long-term care facilities and health care facilities with COVID-19 patients.*
- • NY team continues to provide IPC guidance to nursing homes affected by COVID-19 and piloted a tele-assessment tool designed for nursing homes and assisted living facilities
- • Team investigating a potential *COVID outbreak in a dialysis center* associated with a nursing home with multiple confirmed COVID-19 patients
- • Team investigating transmission in nursing home with confirmed COVID-19 in four residents and one HCP, with two recent deaths (past 24 hrs) among residents
- • *Drive Through testing continues to expand* with mobile testing facility in New Rochelle, Nassau (opened today) and plan for mobile testing in Suffolk and Rockland County and Staten Island.

- • NY State is reaching out to *retired nurses and doctors to supplement medical personnel* at hospitals.
- • *New York City* announced they will potentially implement a “*shelter in place*” order within 48 hrs

Wisconsin

- • Cases and deaths
 - • Wisconsin has reported 72 cases
 - • 12 of the 72 cases are in Fond du Lac (FDL) County
 - • 24 of the 72 cases are in Milwaukee County as of 17 Mar, which is an increase from 13 cases officially reported on 16 Mar
 - • 1 case is a surgeon at a hospital in Milwaukee; surgeon had no respiratory symptoms but had fatigue, myalgia, and headache
 - • No deaths have been reported in the state
- • Emerging problem areas for outbreak (ex LTCF)
 - • Healthcare worker (HCW) exposure event in Milwaukee
 - • A surgeon at the Children's Hospital of Wisconsin located in Milwaukee tested positive for SARS-CoV-2
- • Community mitigation
 - • Today 17 Mar FDLC HD developed a press release for the 1 case of a non-household member with a direct relationship to a cruiser
 - • Governor issued an emergency order banning mass gatherings >10 individuals
- • Logistical issues
 - • State lab reports backlog and challenges with testing capacity
- • Read on health system resources
 - • PPE seems sufficient at local hospital
 - • Outpatient testing center established for testing of cases
- • Other
 - • WI Field Team will redirect resources to Milwaukee to focus on HH Transmission Study and support hospital/health departments in setting of surgeon with widespread hospital exposure

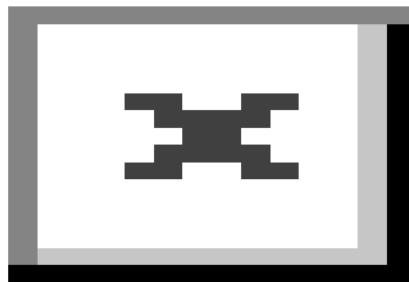
Washington

- • Team is returning to headquarters
- • Updated case counts for Seattle-King County today:
 - • 518 confirmed cases (up 30 from yesterday)
 - • 46 confirmed deaths (up 3 from yesterday)

Domestic Updates – Laboratory

Data as of 17 Mar (unless otherwise specified)

- 89 public-health labs now up and running with CDC assay (50 states plus DC)
- CDC testing update from the beginning of the response until end of day 16 Mar
 - 4691 samples reported
 - 1554 patients reported
- Public Health testing update until end of day 17 Mar
 - 27,623 samples tested
- Large commercial laboratories – EUA update
 - ARUP – testing only Utah at this time
 - LabCorp – nationwide
 - Mayo – begins testing this week
 - Quest – testing nationwide with ability to surge to 10,000/day later this week
 - BioReference Laboratory – 3000/day starting 16 Mar
- Data reported to CDC from selected large commercial labs – 17 Mar [mid-day*]:
 - Ordered so far: 95,524; # with results: 20,917; positive: 1609 (7.7%)



* Data for 3/17 are incomplete and represent data as of reporting cutoff times, which vary by lab

IRR Reagents	Data as of 17 Mar (09:00)			
	Ordered	Shipped	Approved	Inventory
CDC rRT-PCR Kits	462	371	91	229
Human Specimen Controls (Negative)	309	261	48	459
EUA Positive Controls	117	67	50	97
Enzyme Mastermix	605	481	124	36
Qiagen -Manual Extraction Kit	1136	702	434	100
Qiagen -Automated Extraction Kit	466	188	278	0
Roche -Automated Extraction Kit	108	0	108	0
Roche -High-throughput Extraction Kit	37	11	26	160

IRR reagent update – Reagents below are all used as part of the CDC diagnostic panel for COVID-19. Columns below represent total number ordered so far, the number that have already been shipped out, the orders that have been approved and finally the remaining inventory in stock. Note that manufacturers are reporting a nationwide shortage of extraction kits, which are used for many diagnostics in addition to COVID-19 testing. Other reagents are not in short supply yet, but manufacturers are reporting concerns that other shortages may arise as well.

Travel/Migration Updates

Data as of 16 Mar

Airport Entry Screening

- **57,642*** air travelers screened to date
- Total confirmed cases to date from airport hospital referrals: 4
 - o • 2 ill travelers from IAD on 12 Mar. Travel history to France and Spain.
 - o • 1 ill traveler from Iran at LAX on 8 Mar, recent hospitalization
 - o • 1 ill traveler from Hubei at LAX on 22 Jan
- Daily for 16 Mar
 - • Air travelers screened: **127**
 - • Hospital Referrals: **1**
 - o • JFK: Ill traveler from UK
 - • Q-orders Issued: **0**

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

F11 Quarantine Orders

- Under quarantine as of 16 Mar: 0
- Cumulative to date: 18

Travel Health Notices*

Widespread ongoing spread and restrictions on entry the US (Level 3)

- • China ([Level 3](#))
- • Iran ([Level 3](#))
- • Most of Europe** ([Level 3](#))
- • UK and Ireland ([Level 3](#))
- • Cruise ([Level 3](#))

Widespread ongoing spread (Level 3)

- • South Korea ([Level 3](#))

Ongoing community spread (Level 2)

- • Global ([Level 2](#))

Limited community spread (Level 1)

Not applicable

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

**Countries include: Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, Monaco, San Marino, Vatican City

Other

- Continuing issuance of legal orders for Grand Princess passengers
- Developing internal draft for Malaysia Level 3 Notice
- [IOM and UNHCR temporarily suspended refugee resettlement](#)

Cruise Ship Updates

Data as of 17 Mar

Cruise ship team is supporting states with incoming ships with recommendation for passenger disposition with respect to COVID-19

Cruise Ships of Interest

Ship	Number of American Citizens (AMCITS)	Number of Known COVID-19 Cases	Disposition
Silver Shadow	103	2	Brazil; charter flight to Miami planned
Silver Explorer	45	1	Chile; two charter flights to Miami, 1 for well passengers (arrival 09:00 18 Mar) and one medical ambulance for 8 persons with ILI or high-risk exposure
Celebrity Eclipse	1165	Unknown	Denied port in Chile; to sail to San Diego; estimated arrival 28 Mar (~10 days)
Azamara Pursuit	265	Unknown	Denied port while in Chile; will get provisions and plan to sail to Miami estimated arrival 28 Mar (~10 days)
Eurodam	Pending	Previous voyage 1	3 AMCITS with pneumonia; ship arriving in San Diego 18 Mar

International Updates

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

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

Data as of 05:00 EST 17 Mar 2020 [Source: [WHO SitRep - 57](#)]

WHO Region	Confirmed Cases	New Cases	Deaths	New Deaths
Western Pacific (WPRO)	91,779	289	3,357	23
European (EURO)	64,189	8,507	3,108	428
South-East Asia (SEARO)	508	124	9	2
Eastern Mediterranean (EMRO)	16,786	330	873	3
Americas (PAHO)	4,910	2,234	68	18
African (AFRO)	228	42	4	1
Subtotal for all regions	178,400	11,526	7,419	475
International conveyance (Diamond Princess)	712	0	7	0
Total	179,112	11,526	7,426	475

*Starting 17 Mar, WHO stopped reporting cases by 'China' and 'Outside of China' and began reporting cases by WHO Regions. [China NHC reports Hong Kong](#) has 167 cases (10 new), 4 deaths

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

Data as of 05:00 EST, 17 Mar 2020* [Source: [WHO SitRep - 57](#)]

Reporting Country/ Territory/ Area [†]	Total confirmed [‡] cases	Total confirmed new cases ¹	Total deaths	Total new deaths ¹	Transmission classification [§]	Days since last reported case
Western Pacific Region						
China	81116	39	3231	13	Local transmission	0
Republic of Korea	8320	84	81	6	Local transmission	0
Japan	829	15	28	4	Local transmission	0
Malaysia	553	0	0	0	Local transmission	1
Australia	375	77	5	0	Local transmission	0
Singapore	243	0	0	0	Local transmission	1
Philippines	187	47	12	0	Local transmission	0
Viet Nam	61	4	0	0	Local transmission	0
Brunei Darussalam	50	0	0	0	Local transmission	1
Cambodia	24	12	0	0	Local transmission	0
New Zealand	11	5	0	0	Local transmission	0
Mongolia	4	3	0	0	Imported cases only	0
Mongolia	1	0	0	0	Imported cases only	6
Territories**						

Reporting Country/ Territory/ Area [†]	Total confirmed [‡] cases	Total confirmed new cases ¹	Total deaths	Total new deaths ¹	Transmission classification [§]	Days since last reported case
French Polynesia	3	0	0	0	Imported cases only	2
Guam	3	3	0	0	Local transmission	0
European Region						
Italy	27980	3233	2503	349	Local transmission	0
Spain	9191	1438	309	21	Local transmission	0
France	6573	1193	148	21	Local transmission	0
Germany	6012	1174	13	1	Local transmission	0
Switzerland	2200	0	14	1	Local transmission	1
The United Kingdom	1547	152	55	20	Local transmission	0
Netherlands	1413	278	24	4	Local transmission	0
Norway	1169	92	3	2	Local transmission	0
Austria	1132	173	3	2	Local transmission	0
Belgium	1085	0	5	0	Local transmission	1
Sweden	1059	67	3	0	Local transmission	0
Denmark	960	62	4	3	Local transmission	0
Czechia	383	85	0	0	Local transmission	0
Greece	331	0	4	0	Local transmission	1
Portugal	331	86	0	0	Local transmission	0
Israel	250	50	0	0	Local transmission	0
Finland	272	5	0	0	Local transmission	0
Slovenia	253	34	0	0	Local transmission	0
Ireland	223	54	2	0	Local transmission	0
Estonia	205	0	0	0	Local transmission	1
Iceland	199	19	0	0	Local transmission	0
Romania	158	0	0	0	Local transmission	1
Poland	150	0	3	0	Local transmission	1
San Marino	102	10	9	4	Local transmission	0
Russian Federation	93	30	0	0	Imported cases only	0
Luxembourg	81	43	1	0	Local transmission	0
Slovakia	72	11	0	0	Local transmission	0
Bulgaria	67	16	2	0	Local transmission	0
Serbia ^{††}	70	24	0	0	Local transmission	0
Croatia	56	7	0	0	Local transmission	0
Armenia	52	26	0	0	Local transmission	0
Albania	51	9	1	0	Local transmission	0
Hungary	50	11	1	0	Local transmission	0
Turkey	47	42	0	0	Imported cases only	0
Belarus	36	0	0	0	Local transmission	1
Latvia	36	5	0	0	Imported cases only	0

Reporting Country/ Territory/ Area [†]	Total confirmed [‡] cases	Total confirmed new cases ¹	Total deaths	Total new deaths ¹	Transmission classification [§]	Days since last reported case
Cyprus	33	0	0	0	Imported cases only	1
Georgia	33	0	0	0	Imported cases only	1
Malta	30	9	0	0	Imported cases only	0
Republic of Moldova	29	6	0	0	Local transmission	0
Azerbaijan	19	0	0	0	Imported cases only	2
Bosnia and Herzegovina	19	0	0	0	Local transmission	1
North Macedonia	19	6	0	0	Local transmission	0
Lithuania	17	3	0	0	Imported cases only	0
Andorra	14	12	0	0	Imported cases only	0
Monaco	9	0	0	0	Under investigation	1
Liechtenstein	7	0	0	0	Imported cases only	1
Ukraine	7	4	1	0	Local transmission	0
Kazakhstan	6	0	0	0	Imported cases only	2
Uzbekistan	4	0	0	0	Under investigation	1
Holy See	1	0	0	0	Under investigation	11
Territories**						
Faroe Islands	47	36	0	0	Imported cases only	0
Gibraltar	3	2	0	0	Under investigation	0
Jersey	2	0	0	0	Imported cases only	4
Guernsey	1	0	0	0	Imported cases only	7
South-East Asia Region						
Indonesia	172	55	5	1	Local transmission	0
Thailand	147	33	1	0	Local transmission	0
India	137	23	3	1	Local transmission	0
Sri Lanka	29	10	0	0	Local transmission	0
Maldives	13	0	0	0	Local transmission	1
Bangladesh	8	3	0	0	Local transmission	0
Bhutan	1	0	0	0	Imported cases only	11
Nepal	1	0	0	0	Imported cases only	53
Eastern Mediterranean Region						
Iran (Islamic Republic of)	14991	0	853	0	Local transmission	1
Qatar	439	38	0	0	Local transmission	0
Bahrain	229	8	1	0	Local transmission	0
Pakistan	187	135	0	0	Imported cases only	0
Egypt	166	40	4	2	Local transmission	0
Saudi Arabia	133	30	0	0	Local transmission	0
Kuwait	130	18	0	0	Local transmission	0
Iraq	124	0	9	0	Local transmission	1
Lebanon	109	10	3	0	Local transmission	0

Reporting Country/ Territory/ Area [†]	Total confirmed [‡] cases	Total confirmed new cases ¹	Total deaths	Total new deaths ¹	Transmission classification [§]	Days since last reported case
United Arab Emirates	98	0	0	0	Local transmission	1
Morocco	38	10	2	1	Local transmission	0
Jordan	35	29	0	0	Imported cases only	0
Oman	24	2	0	0	Imported cases only	0
Afghanistan	21	5	0	0	Imported cases only	0
Tunisia	20	2	0	0	Local transmission	0
Sudan	2	1	1	0	Imported cases only	0
Somalia	1	1	0	0	Imported cases only	0
Territories**						
occupied Palestinian territory	39	1	0	0	Local transmission	0
Region of the Americas						
United States of America	3503	1825	58	17	Local transmission	0
Canada	424	120	1	0	Local transmission	0
Brazil	234	34	0	0	Local transmission	0
Chile	156	81	0	0	Local transmission	0
Peru	86	15	0	0	Local transmission	0
Panama	69	26	1	0	Local transmission	0
Argentina	65	9	2	0	Local transmission	0
Ecuador	58	21	2	0	Local transmission	0
Mexico	53	0	0	0	Imported cases only	1
Colombia	45	21	0	0	Local transmission	0
Costa Rica	41	18	0	0	Local transmission	0
Venezuela (Bolivarian Republic of)	33	16	0	0	Imported cases only	0
Dominican Republic	21	16	1	1	Local transmission	0
Bolivia (Plurinational State of)	11	0	0	0	Imported cases only	1
Jamaica	10	0	0	0	Local transmission	1
Paraguay	9	1	0	0	Local transmission	0
Honduras	8	6	0	0	Imported cases only	0
Uruguay	6	2	0	0	Imported cases only	0
Cuba	5	1	0	0	Imported cases only	0
Trinidad and Tobago	5	3	0	0	Imported cases only	0
Guyana	4	0	1	0	Local transmission	1
Saint Lucia	2	0	0	0	Imported cases only	1
Antigua and Barbuda	1	0	0	0	Imported cases only	3
Bahamas	1	1	0	0	Local transmission	0
Guatemala	1	0	1	0	Imported cases only	2
Saint Vincent and the Grenadines	1	0	0	0	Imported cases only	4
Suriname	1	0	0	0	Imported cases only	1
Territories**						

Reporting Country/ Territory/ Area [†]	Total confirmed [‡] cases	Total confirmed new cases ¹	Total deaths	Total new deaths ¹	Transmission classification [§]	Days since last reported case
Guadeloupe	18	12	0	0	Imported cases only	0
Martinique	16	1	0	0	Imported cases only	0
French Guiana	7	0	0	0	Imported cases only	3
Curaçao	3	1	0	0	Imported cases only	0
Puerto Rico	3	0	0	0	Imported cases only	3
Saint Barthelemy	3	0	0	0	Under investigation	1
Aruba	2	2	0	0	Imported cases only	0
Saint Martin	2	0	0	0	Under investigation	14
United States Virgin Islands	2	2	0	0	Imported cases only	0
Cayman Islands	1	0	1	0	Imported cases only	3
African Region						
South Africa	62	11	0	0	Local transmission	0
Algeria	60	11	4	1	Local transmission	0
Senegal	27	1	0	0	Local transmission	0
Burkina Faso	15	0	0	0	Imported cases only	1
Rwanda	7	2	0	0	Local transmission	0
Cote d'Ivoire	6	3	0	0	Imported cases only	0
Ghana	6	0	0	0	Imported cases only	1
Cameroon	5	2	0	0	Local transmission	0
Ethiopia	5	4	0	0	Imported cases only	0
Seychelles	4	2	0	0	Imported cases only	0
Democratic Republic of the Congo	3	1	0	0	Imported cases only	0
Kenya	3	2	0	0	Local transmission	0
Namibia	2	0	0	0	Imported cases only	2
Nigeria	2	0	0	0	Imported cases only	8
Benin	1	1	0	0	Imported cases only	0
Central African Republic	1	0	0	0	Imported cases only	2
Congo	1	0	0	0	Imported cases only	2
Equatorial Guinea	1	0	0	0	Imported cases only	2
Eswatini	1	0	0	0	Imported cases only	2
Gabon	1	0	0	0	Imported cases only	3
Guinea	1	0	0	0	Imported cases only	3
Liberia	1	1	0	0	Imported cases only	0
Mauritania	1	0	0	0	Imported cases only	2
Togo	1	0	0	0	Imported cases only	10
United Republic of Tanzania	1	1	0	0	Imported cases only	0
Territories**						
Réunion	9	0	0	0	Imported cases only	1
Mayotte	1	0	0	0	Imported cases only	2

Reporting Country/ Territory/ Area [†]	Total confirmed [‡] cases	Total confirmed new cases ¹	Total deaths	Total new deaths ¹	Transmission classification [§]	Days since last reported case
Subtotal for all regions	178400	11526	7419	475		
International conveyance (Diamond Princess)	712	0	7	0	Local transmission	1
Grand total	179112	11526	7426	475		

Numbers include both domestic and repatriated cases

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

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

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

Terms:

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

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

^{††}Including 13 (5 new) cases from Kosovo[1]

[1] All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Due to a retrospective data consolidation exercise, some numbers may not reflect the exact difference between yesterday's and today's totals. New countries/territories/areas are shown in red.

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

- Barbados

Additional International Updates

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

161 WHO member countries and areas affected

(Summary table of cases and deaths by region in summary table above)

Over previous 24 hours:

- 11,526 new cases globally
 - EURO has 74% of new cases; PAHO has 19%
- 8 new countries/territories/areas reporting cases
 - Countries reporting most cases: Italy (+3,526), Spain (+1,987), Germany (+1,723)
- Sustained local transmission in China, Korea, Iran, Japan, Europe, North America
- Regional spread in European, Eastern Mediterranean, Americas
- Most countries in WPRO (86%), EURO (75%), SEARO (75%) have reported local transmission
- African countries predominantly reporting imported cases (78%), likely because of limited testing capacity

Top countries reporting cases:

- Italy – since last Sit Rep, 31,506 cases, 2,503 deaths
- Iran – since last Sit Rep, 16,169 cases, 988 deaths
- Spain – since last Sit Rep, 11,178 cases, 491 deaths
- Korea – since last Sit rep, 8,320 cases, 81 deaths
 - • Third day with fewer than 100 infections
- France – since last Sit Rep, 7,730 cases, 175 deaths
- Germany – since last Sit Rep, 7,156 cases, 13 deaths
- Switzerland – since last Sit Rep, 2,269 cases, 19 deaths
- UK – since last Sit Rep, 1,950 cases, 55 deaths

Other:

- China: for five days now, imported infections have outnumbered cases of local transmission
- Canada – 557 cases; 8 deaths
 - British Columbia (186 cases); Ontario (183 cases); Alberta (97 cases); Quebec (74 cases); New Brunswick (2); Saskatchewan (2); Prince Edward Island (1); Manitoba (8); Repatriations (4)
- Mexico – 93 cases:
 - CDMX (22); Sinaloa (2); Queretaro (7); Nuevo Leon (14); Quintana Roo (4); Yucatan (5); Puebla (9); Coahuila (1); Chiapas (1); State of Mexico (9); Durango (3); San Luis Potosi (2); Jalisco (5);

Oaxaca (2); Tamaulipas (1); Sonora (1); Chihuahua (1); Guanajuato (1); Aguascalientes (1); Guerrero (2)

- o Number of cases in border states: 18

Very Respectfully,

Secretary's Operations Center

U.S. Department of Health and Human Services (HHS)
Assistant Secretary for Preparedness and Response (ASPR)
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Washington D.C. 20201
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Sender:	OS Secretarys Operations Center </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=32B1F28D808B43B6903C00083291303E-SECRETARYS>
Recipient:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Sent Date:	2020/03/18 08:26:56
Delivered Date:	2020/03/18 08:27:07

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: Surgeon general: 15 days of social distancing "likely not going to be enough" to halt coronavirus
Date:	2020/03/18 08:41:55
Priority:	Normal
Type:	Note

POLITICO write up on your TODAY Show interview.

From: POLITICO Pro <politicoemail@politicopro.com>
Sent: Wednesday, March 18, 2020 8:40 AM
To: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Subject: Surgeon general: 15 days of social distancing "likely not going to be enough" to halt coronavirus

Surgeon general: 15 days of social distancing "likely not going to be enough" to halt coronavirus

By Quint Forgey

03/18/2020 08:38 AM EDT

Surgeon General Jerome Adams acknowledged Wednesday that the Trump administration's recommendation that Americans practice preventative measures for 15 days is "likely not going to be enough" time to successfully halt the spread of the coronavirus pandemic in the United States.

"Fifteen days is likely not going to be enough to get us all the way through. But we really need to lean into it now so that we can bend the curve in the next 15 days, and at that point we'll reassess," Adams said during an interview on NBC's "Today."

The concession from the surgeon general comes after the administration announced a slate of new guidelines on Monday intended to blunt the disease's rapid rate of transmission in the U.S., where cases have now been confirmed in all 50 states and more than 100 people have died as a result of the virus.

The federal guidance urged Americans for the next two weeks to avoid gatherings of more than 10 people; work or attend school from home whenever possible; and abstain from eating or

drinking at bars, restaurants and food courts.

But scientific studies and even senior administration officials have suggested in recent days that the coronavirus effects on American life could extend much longer than initially thought and bring about a remarkable loss in human life.

An internal report from the Department of Health and Human Services, produced over the weekend and first reported on by The New York Times, predicted that the "pandemic will last 18 months or longer and could include multiple waves of illness."

A study by British researchers estimated that as many as 2.2 million people in the U.S. could die from coronavirus if drastic steps were not taken to fight its spread. Its dire findings appear to have influenced the administration's latest recommendations.

Adams' remarks Wednesday echo a similar assessment issued Tuesday by Vice President Mike Pence, who told NPR that "the 15 days is about measures we believe can impact the growth and expansion of the virus in the United States."

Pence, who is leading the U.S. response efforts against the public health crisis, also said that administration officials "fully expect that we will be dealing with the coronavirus in the United States for months," and "according to some of our modeling, we could well be dealing with coronavirus cases in the United States well into July."

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Come on by. B

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Subject: FW: media inquiry

(b)(5)

Jerome

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

From: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Sent: Wednesday, March 18, 2020 6:53 AM
To: Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>
Subject: media inquiry

Dr. Adams, Here is the media inquiry I mentioned.

Reaching out to see if you could confirm a report that the Surgeon General will invoke 2 USC 265 so the administration can bar the entry of most migrants at the southern border in response to the coronavirus pandemic.

This is the statute:

Whenever the Surgeon General determines that by reason of the existence of any communicable disease in a foreign country there is serious danger of the introduction of such

disease into the United States, and that this danger is so increased by the introduction of persons or property from such country that a suspension of the right to introduce such persons and property is required in the interest of the public health, the Surgeon General, in accordance with regulations approved by the President, shall have the power to prohibit, in whole or in part, the introduction of persons and property from such countries or places as he shall designate in order to avert such danger, and for such period of time as he may deem necessary for such purpose.

Draft, pre-decisional and deliberative

Jenn Sherman

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

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OMB asks agencies to let as many employees telework as possible

As the coronavirus pandemic continues to spread nationwide and globally, the federal Office of Management and Budget asked agencies in the Washington, D.C. area to make telework a priority for as many employees as possible in the Washington, D.C. area. Specifically, agencies were encouraged to “offer maximum telework flexibilities to all current telework eligible employees” and “use all existing authorities to offer telework to additional employees, to the extent their work can be telework enabled.” For employees ineligible to telework, OMB asked agency heads to offer paid weather and safety leave or the equivalent, particularly for employees at higher risk of serious complications from COVID-19. **Dave Nyczepir has the details from the memo.**

FedScoop's Gov Actually Podcast, Ep. 37

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

KnowBe4's Perry Carpenter on the human element of cybersecurity

KnowBe4's Chief Evangelist and Strategy Officer Perry Carpenter talks with CyberScoop Editor-in-Chief Greg Otto about the behavioral changes that have been made to security awareness training. [**Check out the interview here.**](#)

DOD networks, under 'unprecedented' strain, are more vulnerable to attacks, official says

"With the increase in telework capability comes an increase in attack surface for our adversaries," says Essye Miller of the CIO's office. "They are already taking advantage of the situation." [**Jackson**](#)

Barnett has more.

FedScoop's Gov Actually Podcast, Ep. 37

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

Coronavirus tests states' cybersecurity, IT supply chains

With governors around the country ordering their workforces to perform duties remotely, CIOs face new logistical problems.

Benjamin Freed has more.

Agencies can learn from 18F's 'remote-first' mindset during coronavirus pandemic

The government's digital services consulting group experimented with telework early on to see what secure tools worked. **Dave has the**

details.

Federal CIO Kent announces jobs tailored to cyber reskilling graduates

So far, there are roles listed at the Department of Homeland Security Environmental Protection Agency and Department of Veterans Affairs **Billy Mitchell has more from IT Mod 2020.**

CIOs face challenges if coronavirus forces government to go remote

While telework is easier than ever, government's IT systems could be tested as workers are being ordered to work remotely amid fears of the new coronavirus. **Ben has more on what to expect.**

Illinois Tech announces 'college of computing' for all students

The new college is designed to teach computational and analytical skills to students of all majors, not only those studying computer science. **Betsy has the details.**

New York State launches digital services office

The New York State Digital Service will recruit cohorts of mid-career professionals in 18-month tours to improve government's digital services. **Colin Wood has more.**

Job of the Day

Chief Data Officer | Department of Defense

The CDO serves as the principal advisor to the DoD CIO for data management and governance within the DoD. The CDO performs a central organizing function in defining and shaping a DoD data culture that makes all DoD data discoverable, accessible, and usable through secure, modernized systems and standards. [See this job and more.](#)

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Subject:	COVID - 19 Policy Recommendations to Prevent Further Spread & Economic Collapse
Date:	2020/03/18 09:10:27
Priority:	Normal
Type:	Note

**Robert Kadlec, M.D., MTM&H, M.S.,
Assistant Secretary for Preparedness and Response
U.S. Department of Health and Human Services**

The article and recommendations below have been sent to NYTimes, WaPost, Seattle Times, CDC, NHI, and FDA etc. Please forward to top leadership within ASPR. Thank you.

We Need Much Better Planning in the U.S. if we are going to Stave Off a Health Disaster and Economic Catastrophe or Collapse

**By Rob Wheeler
Teacher and United Nations NGO Representative
Rob.Wheeler@ecovillage.org**

While I applaud and appreciate the actions that our federal government is now taking in response to the coronavirus outbreak in the United States, unfortunately it is still not nearly good enough; and we all need to think much more seriously about what is likely to happen over the near term or more immediate future. For example many sectors of the economy are starting to shut down, not only in the U.S. but also around the world. This could easily trigger a financial collapse and at this point in time that is the last thing that we need.

Americans spent \$478 billion on transportation services, \$586 billion on recreation services, and \$1.02 trillion on restaurant meals and hotel stays in 2019, thus totalling \$2.1 trillion a year or 14 percent of total consumer spending. If we have a major contraction in just these areas of the economy for six months or longer, along with the resulting job loss, just imagine what it is going to do to our economy. Then imagine how many people are employed by our schools, libraries, and professional offices - all of which are likely to be hit hard by this thing.

Somehow we have got to keep our economy going and all business activities profitable. Which means that as many people as possible are going to have to keep going to or return soon to work and we have to continue to buy things - there is no way out of this. But the way things are going and being done right now this is not too likely to occur on it's own because so many businesses, schools and even community services are starting to close down and who knows when we will be able to open them up again. Certainly the sooner we can begin to do so the better.

Obviously, if we can begin to test for the virus and get results back in a timely manner for first a million and then 5 million people or more that will be a big help; BUT there are something like 375 million people living in the US and we just can't all be tested - as much as we might like to be. There

are just not sufficient lab facilities, tests, and equipment available and it will likely take much too long to produce it. So, we need to become much smarter, as a country, about who is going to be tested and how often it will be needed.

And we are going to have to re-open as many of the schools and businesses etc as quickly as we can as well. And we will have to be prepared to do so in as safe a manner as possible.

Second there are many essential services that will either have to continue to be provided right through this crisis or will have to be started up again as soon as possible as well. That means that many if not most of the people helping to provide these services will have to be tested as often as is needed and remain negative to prevent further spread of the virus. At this point we are being told that people need to self-isolate for 14 days but it seems that that period of exclusion and staying home is not even definite and a much longer period may be needed.

Government studies, in partnership with relevant health service providers and other stakeholder groups, need to be undertaken immediately in order to find out definitely how long people need to be isolated in order to prevent the further spread and threat of the disease; and recommendations need to be made for each sector of the economy and service occupation as to what to do about this.

In other words it is much more important to ensure that there not be any spread of the virus in some occupations than others; and thus it is critically important that those working in those occupations and particular job categories be determined to not have any chances of spreading the disease before they either be allowed to go to or to return to work - no matter how long that takes. While in other occupations it might not be so crucially important.

For example, I have worked temporarily in product distribution warehouses for the last several years (at Amazon, ULTA, etc). Before a product is shipped it passes through the hands of several different warehouse workers who all pick it up and look at it closely in order to scan, sort and package it. Each worker might pick up and breathe on up to a 1000 items each day and each product is picked up by at least 3 different people and the boxes are picked up by several more. Just imagine if one of the workers in a plant is infected with a virus; they could potentially leave germs and bacteria on more than a thousand items that are shipped over a huge geographical area which is impossible to track. Because mail order deliveries are often rush shipped and the coronavirus typically lives for several days, the virus could still be alive on many of these items when it is opened.

Now I don't want to start a needless panic so I am not claiming that this will definitely happen; but someone should be looking into scenarios like this (in regards to every different type of distribution process in the country) and reporting on it accordingly.

And this is of course crucially important for food items and for other things where their use includes bodily contact and where they are shipped and bought in a timely manner. Most food items in a store now-a-days are picked up and scanned by at least one or more people; and then at the check out counter they are again picked up and scanned by others. These people might pick up several thousand, if not tens of thousands, of items a day - many of which are likely to be used right away. And when people get home they then take the items out of the bag to put them away. It is thus essential that no one that is handling food and other such housewares has any possibility of spreading the disease - as challenging as that is going to be to determine.

But one thing is certain, we need to be doing a much much better job of determining both who is likely to be able to spread the virus and in taking preventative measures to stop the further spread of the disease. Personally, I think that this will depend upon a couple of things.

For example, perhaps one of our worst chances of exposure to people that might already be unknowingly infected is our public transportation systems - particularly in large urban communities like New York City. While there has been a substantial drop in passenger traffic so far this amounts to a drop of just 20% of ridership in New York City, one of the hot spots where the disease is spreading. So the buses and trains are still pretty full of people standing and sitting very close to each other.

With this in mind I would suggest that no one should be allowed on a bus or train anywhere in America if they are coughing, blowing their nose or show signs of having a fever. We just can't take the risk. And if people are going to go to the hospital, doctor or emergency care center they will have to do so in a manner that is as safe as possible. That probably means wearing plastic gloves and keeping their hands in their pockets, wearing a face mask, and staying as far away from other people as possible on their way there and back. These things should probably be a requirement and people should be kicked off of public transport if they violate it.

And everyone that rides a bus or train should probably wash their hands right away when they get off of it with sanitizer; and anyone that is either weak physically, in poor health generally, or older in age should probably wear a mask as well - just to keep themselves safe and healthy. And in city areas where many people do not own vehicles, it probably makes more sense to send test kits and other health needs to people's residences or to send them by mail than for people that are either sick or at risk to come to a pharmacy, health clinic or hospital to pick things up or to get tested.

Right now there is a run on things like facial tissue, sanitizer and thermometers and it is likely to get much worse if the coronavirus continues to spread or if the epidemic lasts even a couple of months or much longer. And it doesn't make sense for us to try to drive or travel all over the place to try to find supplies like this. Someone in the government needs to track how much we have and how much we are likely to need of each item based on different scenarios; how it can be distributed to the geographical areas where it is needed; and how to let people know where they can get it and how. And this information should be made easily publicly available in one place such as on a CDC website or Google.

One of the key things that will likely be needed if we are going to do a good job of making sure everyone is safe before they go back to school or work is thermometers of all types. While everyone that gets or transmits the virus will not have an infection, enough of us will that taking one's temperature can provide a good means for determining those who should definitely not be allowed to go to or return to work. This means that all places of employment as well as schools etc. are going to have to have enough thermometers to check everyone wherever it is required.

Other measures that should be required and used in many cases would be a form that one fills out that indicates their possible exposure to risk and whether they have been coughing, sneezing, blowing their nose, and/or have had or have a fever or have been around other people that have had such problems in the recent past. If they have then they should be screened accordingly and in many cases tested before they are allowed to return to work. And fines should be placed on anyone that has been found to be lying when filling out the form.

Obviously, to make things like this work then people will have to be compensated for the days when they are not able to go to work; but this should be provided by our government anyway and we should all be insisting that it is - whether we are a Republican or Democrat or not - the well-being of our economy as well as the health of the American people and of each one of us depends upon it. We need to institute an on-line form that people can fill out when they are not able to go to work; and employers should be required to fill out an on-line form certifying that their employees are not able to go to work so that their employees can receive alternative payment from the government.

In some occupations no one should be allowed to go in to work in the first place unless they have first been tested repeatedly for the virus first, such as with food service employees, and until that can be done their temperature should be taken on a daily basis. In other occupations where there is less chance of spreading the disease taking the temperature of all employees should be good enough unless the epidemic is spreading rapidly already in the area where they live; and in other occupations it might be sufficient just to watch for the signs of symptoms first. BUT the government needs to determine what is required for each type of occupation and then adopt guidelines and regulations to protect the American people accordingly.

In some occupations it will probably be good enough just to take people's temperatures with a scanner or later when we begin to hold public events again and re-open schools using a scanner may be good enough. But for other occupations actual thermometers may need to be used. Again the health department and CDC needs to develop guidelines to determine such things as this.

However, we also know that some people, and especially children, can pass on the virus even without showing any symptoms; so in some occupations (such as those where the workers are required to wear hairnets to prevent contamination of the food and related products) workers should probably be required to wear surgical masks at work and guidelines should be adopted for their safe usage.

This may mean that the availability of masks will have to be greatly increased. Right now the CDC recommends that one does not need to wear a mask unless they already have symptoms and in some cases not even then. But this is crazy by my way of thinking; and the only way I can make sense of it is if this is because they recognize that there is both a US and worldwide shortage of the availability of such masks. But this is also something that needs to be much better dealt with, both in the US and around the world.

At the very least it seems to me that if you are going to ride a bus or subway in an area where the virus is being spread you should be wearing a mask. Or if you are visiting someone in a hospital or nursing home or going to an emergency or health or dental clinic, etc. Likewise I cannot imagine that most day care centers are just going to shut down, so day care providers should wear masks and no child that is showing any symptoms or that has a fever should ever be allowed to attend the center or play with their friends - as harsh a policy as this seems. And all children attending such centers or returning to school again should have a form filled out by their parents indicating their risk potential as described above.

In regards to the availability of such masks NPR did an article on this called *COVID-19 Has Caused A Shortage Of Face Masks. But They're Surprisingly Hard To Make*. The article says that China is now making 200 million face masks a day — more than twenty times the amount it made at the start of February. This seems like a lot until you realize that there are now more than 7.2 billion people in the world and that it is recommended that those using a mask put on a new one each day. And of the 200 million produced only 600,000 are the N95 masks used by health-care workers and other particularly vulnerable people each day.

Obviously we are going to have to do much better than this as the coronavirus continues to spread both across the US and around the world. The biggest challenge it seems to producing more masks is that it takes special equipment to produce the inner layer, made of what is called meltblown cloth, that makes the masks effective; and it takes months to build such equipment to the specifications required to make the cloth work. The article includes a link to a Chinese article about what is being done to ramp up production; but questions remain as to whether enough is being done to meet the need and if it is fast enough.

It is thus essential that leading governments work with the World Health Organization to ensure that the capacity for making such masks is increased in as timely a manner as possible and that a stockpile of the material needed for such masks be developed so that such a shortage of such

masks, along with other necessary products and equipment, never happens again. The same is true of the need for a vast increase of the number of ventilators that is available to treat people that are in chronic need of them. There is an urgent need for such machines to ensure that people that are too sick to be able to breathe can continue to do so. No doctor should have to choose who will get access to a ventilator and who not.

It is essential that CDC work with the World Health Organization, the health care industry, and with the companies that produce ventilators to figure out the best and fastest ways to ramp up production and that a consortium or partnership of leading governments provide the funding needed to be able to do so as rapidly as possible and to provide such equipment to all countries and people that need them in an equitable manner. Our government, the United States, should take a lead in developing such a partnership initiative, perhaps through USAID or the State and Commerce Departments.

Finally, as businesses begin to open up again then testing, or taking one's temperature and filling out a form such as is mentioned above, should perhaps be required in order to go to a bar, a gym, to stay at a hotel, to use other recreational facilities, go to the library or visit nursing homes, and/or attend public events etc.

But in any case, it is not up to me to make such decisions as this. We need to get health care and other professionals together with CDC personnel and agency personnel at all levels of government using video conference calls to figure out such things as this and to develop guidelines and regulations accordingly.

There is just one more thing that I want to mention; and that is that we, or rather our government, should probably begin to determine what this epidemic could possibly cost our economy and what we are going to do about that. For example the government should be looking at such things as:

What might the cost be to our economy and society to shut down all of the schools and places of employment that are required under various scenarios; and what are we going to do to ensure that our economy remains healthy in each situation? How can we afford, as a society, to provide the financial resources required to make up the losses as more and more businesses, schools and other things close or shut down? How can we be better prepared for such epidemics if they happen again in the future? And how can we ensure that this epidemic does as little harm to every one of us as possible until we have gotten past it?

————— END —————



Rob Wheeler

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To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; Charrow, Robert (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00531138af454ce3ac0b5885bead345f-Charrow, Ro>; 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>; 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>; Bird, Catherine (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb9d9180497c49c4a06a0dd1f6043dc7-Bird, Cathe>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Pratt, Michael (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7c8eed0423de458d801882c30fd16c99-Pratt, Mich>
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Subject:	FW: FLASH REVIEW CLOSE HOLD:COVID-19 DPA Supply Chain EO
Date:	2020/03/18 09:28:19
Importance:	High
Priority:	Urgent
Type:	Note

All,

(b)(5)

Thank you,

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To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.DIBOHF23SPDLT)/cn=Recipients/cn=fa197652dadf4048ad6764b3f9d4a528-Brady, Will>; Callahan, Kenneth (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2e1240d1d62d49b3ba2e4e51c0920908-Callahan, K>; DeputySecretary (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fcecd65e1c64f8f9f53d7347e916aa4-DeputySecre>; Dickel, Aman (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4b4e3852c87e48d68d12b6b06d12efb6-Onallah, Am>; EDH (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=393ceddbbc5fa4d44a9734e20f54c8146-EDH6886>; Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>; Otolara, Nicolas (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=837afb12578b43d185bcfaf93fc456ca-Otolara, Ni>
CC:	Mark Emalfarb <memalfarb@dyadic.com>
Subject:	Re: Update on Critical Opportunity
Date:	2020/03/18 10:01:15
Priority:	Normal
Type:	Note

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Stay safe and good luck

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future such outbreaks in the future, **I think this piece of the puzzle can assist in making a big difference for the effort**

- **First**, the CEO of the company, Mark Emalfarb (attached to the email), has been in touch with Anthony S. Fauci's colleagues at the NIH, specifically, Hilary Marston who shared with Dr. Lane
- **Second**, the CEO of the company, Mark Emalfarb, has a call with Dr. Peter Marks on Wednesday March 18th at 9:30 AM - He was and is very responsive and wants to connect us with BARDA, he's copied, Dr. David Cho, so that he can help connect us and, if necessary, facilitate the appropriate introductions to BARDA."
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Clearly, there is interest in using C1 to express one or more gene candidates they have for the coronavirus and they have the capabilities of conducting the animal studies and then manufacturing clinical materials for Phase I trials.

Additionally, at Dyadic, in collaboration with the EU and Scripps are also interested in having the NIH (Vaccine Clinical Materials Program) produce clinical trial (Phase I) material for us as well in two vaccine development programs that are based on C1 expressing one or two vaccine candidates (Genes) from (i) Europe and (ii) from the Scripps Research Institute.

The scientists at both institutes (a) the EU consortium of institutes and (b) The Scripps Research Institute have been working SARS, MERS and the Coronavirus virus long before it became an actual threat. In case I didn't mention it earlier, for the past four (4) years the folks at Dyadic have been working with the European Union Zoonotic Anticipation and Preparedness Initiative (ZAPI) collaboration and for the past two years with the Israel Institute for Biological Research to create new platforms and technologies that will facilitate a fast, coordinated, and practical response to new infectious diseases as soon as they emerge.

- **Fourth**, BARDA (Ruben Donis) has told one of the European scientists Dyadic are working with (who knows Ruben) that they know C1, and recognize its potential and the only thing holding them back is that in the past BARDA was prohibited (by governmental regulation) from getting involved with C1 until Dyadic had taken the first drug through at least Phase I of the FDA. For example, the benefits of C1 being able to make 30 times more dosages of vaccines at a fraction of the cost of Sanofi's baculovirus flu cell platform (Sanofi itself validates this statement in their own data presentation) as well as other cell lines like E.coli and the potential that the vaccines from C1 have shown to be at least as immunogenic (potent) outweighs the minimal risk compared to the huge reward C1 offers. For the record, the Sanofi data shows C1 is far better than their baculovirus flu technology at producing better performing, lower cost vaccines at thirty (30x) times higher productivity. Moreover, the scientific data to date shows that in **ALL** the animal trials to date, including

Sanofi's own mice trial data (see below), and additionally with the US FDA GRAS approval of C1 in 2009 (see Below) that its is illogical and in many ways negligent that this C1 technology has not been advanced by BARDA and Sanofi and others (Sanofi and Big Pharma makes low margins on vaccines compared to biologic drugs so they didn't want to spend money on what was so obviously something the country needed for the very reasons we are facing today.

In 2019, after President Trump issued his Executive Order to **“Support, in collaboration with the DOD, BARDA, and CDC, of applied scientific research regarding developing cell lines and expression systems that markedly increase the yield of cell-based and recombinant influenza vaccine manufacturing processes.”** on September 19, 2019 (way ahead of the Coronavirus outbreak) Dyadic once again tried to get BARDA, and Big Pharma to take C1 seriously. **C1 meets, and in fact exceeds these requirements better than other cell lines.**

- **Dyadic views President Trump's executive order to improve flu vaccines as a major opportunity**

From our perspective, Dyadic's C1 gene expression platform is the glue that holds all this together as it can be used to help speed the development and mass produce large quantities of biologic vaccines & antibodies more efficiently and at a lower cost with potentially better performance. Sanofi's own data supports the above statement as does the data generated with Europeans in the ZAPI project and the folks at Dyadic would love to have their day in court so to speak and present their idea to the task force.

We believe Dyadic can address the immediate coronavirus outbreak, while providing the United States with a critical tool to better prepared for future infectious diseases, pandemic, epidemic outbreaks, and leveraging this unfortunate situation to advance biopharmaceutical manufacturing to help speed development, lower the cost and improve the performance of biologic vaccines and drugs such as insulin, seasonal flu and other vaccines and antibodies to make healthcare more accessible and affordable to patients here in the United States and beyond with America First technology

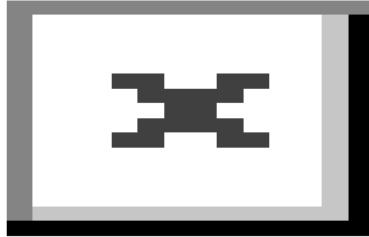
I am confident that a face to face meeting or conference call, provided given enough time to go through the science, will be very productive in further stimulating big pharma and other research institutions to speed effective, low cost vaccines and antibodies to market.

Given the severity of the current coronavirus situation, I and CEO Mark Emalfarb is prepared to be available for a meeting at your convenience.

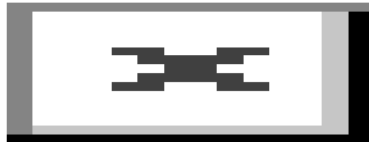
Marks cell is (b)(6) should you want to reach him quickly.

Sincerely,

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- **Fourth**, BARDA (Ruben Donis) has told one of the European scientists Dyadic are working with (who knows Ruben) that they know C1, and recognize its potential and the only thing holding them back is that in the past BARDA was prohibited (by governmental regulation) from getting involved with C1 until Dyadic had taken the first drug through at least Phase I of the FDA. For example, the benefits of C1 being able to make 30 times more dosages of vaccines at a fraction of the cost of Sanofi's baculovirus flu cell platform (Sanofi itself validates this statement in their own data presentation) as well as other cell lines like E.coli and the potential that the vaccines from C1 have shown to be at least as immunogenic (potent) outweighs the minimal risk compared to the huge reward C1 offers. For the record, the Sanofi data shows C1 is far better than their baculovirus flu technology at producing better performing, lower cost vaccines at thirty (30x) times higher productivity. Moreover, the scientific data to date shows that in **ALL** the animal trails to date, including

Sanofi's own mice trial data (see below), and additionally with the US FDA GRAS approval of C1 in 2009 (see Below) that its is illogical and in many ways negligent that this C1 technology has not been advanced by BARDA and Sanofi and others (Sanofi and Big Pharma makes low margins on vaccines compared to biologic drugs so they didn't want to spend money on what was so obviously something the country needed for the very reasons we are facing today.

In 2019, after President Trump issued his Executive Order to **“Support, in collaboration with the DOD, BARDA, and CDC, of applied scientific research regarding developing cell lines and expression systems that markedly increase the yield of cell-based and recombinant influenza vaccine manufacturing processes.”** on September 19, 2019 (way ahead of the Coronavirus outbreak) Dyadic once again tried to get BARDA, and Big Pharma to take C1 seriously. **C1 meets, and in fact exceeds these requirements better than other cell lines.**

- **Dyadic views President Trump's executive order to improve flu vaccines as a major opportunity**

From our perspective, Dyadic's C1 gene expression platform is the glue that holds all this together as it can be used to help speed the development and mass produce large quantities of biologic vaccines & antibodies more efficiently and at a lower cost with potentially better performance. Sanofi's own data supports the above statement as does the data generated with Europeans in the ZAPI project and the folks at Dyadic would love to have their day in court so to speak and present their idea to the task force.

We believe Dyadic can address the immediate coronavirus outbreak, while providing the United States with a critical tool to better prepared for future infectious diseases, pandemic, epidemic outbreaks, and leveraging this unfortunate situation to advance biopharmaceutical manufacturing to help speed development, lower the cost and improve the performance of biologic vaccines and drugs such as insulin, seasonal flu and other vaccines and antibodies to make healthcare more accessible and affordable to patients here in the United States and beyond with America First technology

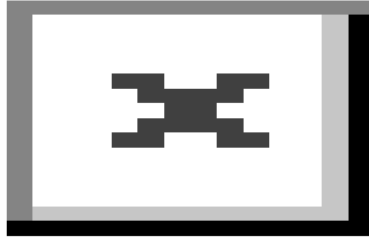
I am confident that a face to face meeting or conference call, provided given enough time to go through the science, will be very productive in further stimulating big pharma and other research institutions to speed effective, low cost vaccines and antibodies to market.

Given the severity of the current coronavirus situation, I and CEO Mark Emalfarb is prepared to be available for a meeting at your convenience.

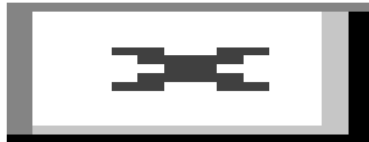
Marks cell is (b)(6) should you want to reach him quickly.

Sincerely,

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Subject:	COVID-19 Mission 18MAR2020
Date:	2020/03/18 10:21:15
Priority:	Normal
Type:	Note

Sir and Ma'am

As of 17Mar2020 at TOTAL- **1060 officers Deployed**

- Commissioned Corps Headquarters has deployed a total of **714** officers; 314 officers are currently deployed

****Agency Deployments: 346** officers have deployed for agency-specific response efforts ACF (8), CDC (315), CMS (1), IHS (3), NIH (19)

- Partner mission: 13 officers deployed for Community-Based Testing Sites Initiative (Boston); 1 Fit Tester deploying to fit test the team in Boston**
- All Corps deployments for ASPR and CDC support missions are on hold while CC leadership reevaluates mission priorities; ASPR has requested an update on our posture for ASPR support mission.
- 3 officers (stationed in US) supporting remdesivir team supporting Japan MOH
- Kirkland WA team currently quarantined in place

Regards,

RADM Orsega

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

Director, Commissioned Corps Headquarters

Office of the Surgeon General

United States Public Health Service

U.S. Department of Health and Human Services

1101 Wooten Parkway

Rockville, Maryland 20852

Office Phone: 240-453-6080

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Email: susan.orsega@hhs.gov

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Subject:	HHS supports Mesa Biotech to develop a rapid diagnostic to detect novel coronavirus infections
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Priority:	Normal
Type:	Note



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Recipient:	Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>
Sent Date:	2020/03/18 10:29:49
Delivered Date:	2020/03/18 10:37:56

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 supports Mesa Biotech to develop a rapid diagnostic to detect novel coronavirus infections
Date:	2020/03/18 10:37:53
Priority:	Normal
Type:	Note



U.S. Department of Health and
Human Services

News Release

202-205-8117
asprmedia@hhs.gov
www.hhs.gov/news
 Twitter [@SpoxHHS](https://twitter.com/SpoxHHS)

FOR IMMEDIATE RELEASE

Wednesday, March 18, 2020

HHS supports Mesa Biotech to develop a rapid diagnostic to detect novel coronavirus infections

In response to the now global pandemic, the Biomedical Advanced Research and Development Authority (BARDA), part of the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR), continues to work with its public-private partners to find solutions to mitigate the public health impact of the coronavirus disease 2019 (COVID-19). Part of this landscape is the immediate need for diagnostics tests that can quickly and accurately diagnose COVID-19 infections in order to identify the virus and mitigate the spread of the disease.

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Sent Date:	2020/03/18 10:29:49
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From:	HHS Office of Public Affairs <hhsopa@hhs.gov>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	HHS supports Mesa Biotech to develop a rapid diagnostic to detect novel coronavirus infections
Date:	2020/03/18 10:30:36
Priority:	Normal
Type:	Note



U.S. Department of Health and
Human Services

News Release

202-205-8117
asprmedia@hhs.gov
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Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Sent Date:	2020/03/18 10:29:49
Delivered Date:	2020/03/18 10:30:36

From:	Hayes, Jonathan (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=8CDFB7232DE4428794F2901218BC1360-HAYES, JONA>
To:	Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>; 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>; 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>; Johnston, Darcie (HHS/IEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f6a8047840ca4406b5ac6bc5cf259937-Johnston, D>; Murphy, Ryan (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya>; Bird, Catherine (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb9d9180497c49c4a06a0dd1f6043dc7-Bird, Cathe>; Michael, Gretchen (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0632b4526d6447b5af26552afde05c33-Michael, Gr>; Hall, Bill (HHS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02b39f27f3b4469a960054b23545cc24-Hall, Bill>
Subject:	RE: Hospital Makes Face Masks, Covid-19 Shields From Office Supplies - Bloomberg
Date:	2020/03/18 10:32:18
Priority:	Normal
Type:	Note

We are standing up the JIC in ASPR today and yes - I believe this will help here Judy.

-JH

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

From: Mango, Paul (HHS/IOS) <Paul.Mango@hhs.gov>

Sent: Wednesday, March 18, 2020 10:17 AM

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

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

Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Johnston, Darcie (HHS/IEA)

<Darcie.Johnston@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Bird, Catherine

(OS/OGC) <Catherine.Bird@hhs.gov>; Michael, Gretchen (OS/ASPR/OEA) <Gretchen.Michael@hhs.gov>;

Hall, Bill (HHS/ASPA) <bill.hall@hhs.gov>; Hayes, Jonathan (OS/ASPR/IO) <Jonathan.Hayes@hhs.gov>

Subject: Re: Hospital Makes Face Masks, Covid-19 Shields From Office Supplies - Bloomberg

Good idea, but we need to be careful about using specific company names because those not involved will cry foul.

Sent from my iPhone

>On Mar 18, 2020, at 10:14 AM, Arbes, Sarah (HHS/ASL) <Sarah.Arbes@hhs.gov>wrote:

>

>This is the Fusion Center work that Paul Mango is managing now with over 100 people involved.

>

>Maybe we could put out a release about how HHS is looking to streamline acquisitions and partner with outside experts (McKinsey, McKesson, etc) ASAP to try and solve this problem? Short-term (immediate) need to acquire and redistribute what's available as well as educate providers on how to better ration supplies, long-term (6-8 weeks) need to ramp up production.

>

>-----Original Message-----

>From: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>

>Sent: Wednesday, March 18, 2020 10:09 AM

>To: Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Kadlec, Robert (OS/ASPR/IO)

<Robert.Kadlec@hhs.gov>; Johnston, Darcie (HHS/IEA) <Darcie.Johnston@hhs.gov>; Arbes, Sarah (HHS/ASL) <Sarah.Arbes@hhs.gov>; Mango, Paul (HHS/IOS) <Paul.Mango@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>; Michael, Gretchen (OS/ASPR/OEA) <Gretchen.Michael@hhs.gov>; Hall, Bill (HHS/ASPA) <bill.hall@hhs.gov>; Hayes, Jonathan (OS/ASPR/IO) <Jonathan.Hayes@hhs.gov>

>Subject: Re: Hospital Makes Face Masks, Covid-19 Shields From Office Supplies - Bloomberg

>

>

>Plus others

>

>We can't just let stories like this hang out there if we are doing work to rectify. And if this is the case someone needs to answer to the why. We are doing the work we need to be doing correct? We are working with other hospitals to re allocate yes? Is this just an issue of state and local not knowing who to ask for what? We need answers on this so we can appropriately respond both to media but to also help these folks if this is fact the case. Who in ASPR or SNS can assist? This is something perhaps for the JIC or?

>

>

>Sent from my iPhone

>

>>On Mar 18, 2020, at 10:03 AM, Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>wrote:

>>

>>

>><https://www.bloomberg.com/news/articles/2020-03-18/hospital-makes-face-masks-covid-19-shields-from-office-supplies>

>>

>>

>>Sent from my iPhone

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Recipient:	Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>; 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>; 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>; Johnston, Darcie (HHS/IEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f6a8047840ca4406b5ac6bc5cf259937-Johnston, D>; Murphy, Ryan (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya>; Bird, Catherine (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb9d9180497c49c4a06a0dd1f6043dc7-Bird, Cathe>; Michael, Gretchen (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0632b4526d6447b5af26552afde05c33-Michael, Gr>; Hall, Bill (HHS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02b39f27f3b4469a960054b23545cc24-Hall, Bill>
Sent Date:	2020/03/18 10:32:16
Delivered Date:	2020/03/18 10:32:18

From:	Bill Thompson <Bill.Thompson@modetransportation.com>
To:	'Conservative Tribune' <info@conservativetribune.com>
CC:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	RE: [External] - Coronavirus Just Gave Dems Exactly What They've Been Looking for
Date:	2020/03/18 10:40:03
Priority:	Normal
Type:	Note

Be careful what you wish for. Maybe you should join the Americans who just want "All" Americans to benefit. !!

From: Conservative Tribune <email@e.conservativetribune.com>
Sent: Tuesday, March 17, 2020 7:12 PM
To: Bill Thompson <Bill.Thompson@modetransportation.com>
Subject: [External] - Coronavirus Just Gave Dems Exactly What They've Been Looking for



CONSERVATIVE TRIBUNE

by 

Daily Dispatch - Tuesday, March 17, 2020



Cardiologist: “I Beg Everyone To Quit 3 Foods”

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Did you know there are foods that can "rewire" your brain to crave sugar and carbs - even when you're full? Click here to discover what the 4 food [more...](#)



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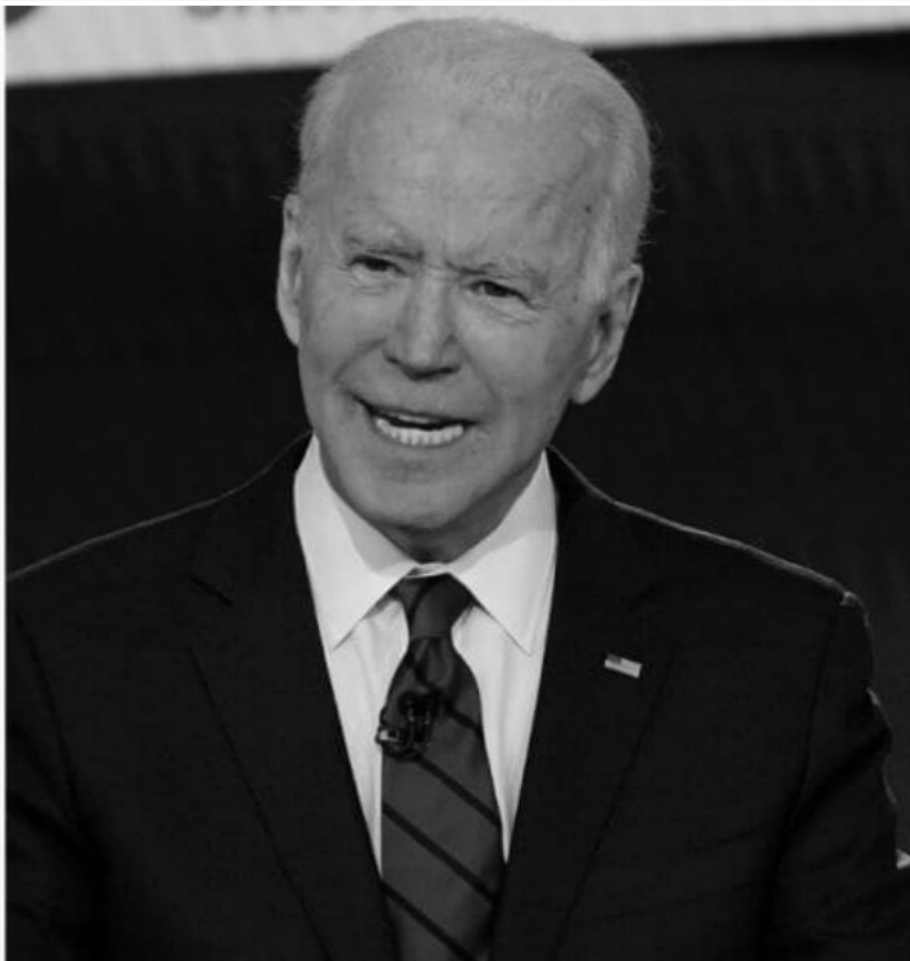
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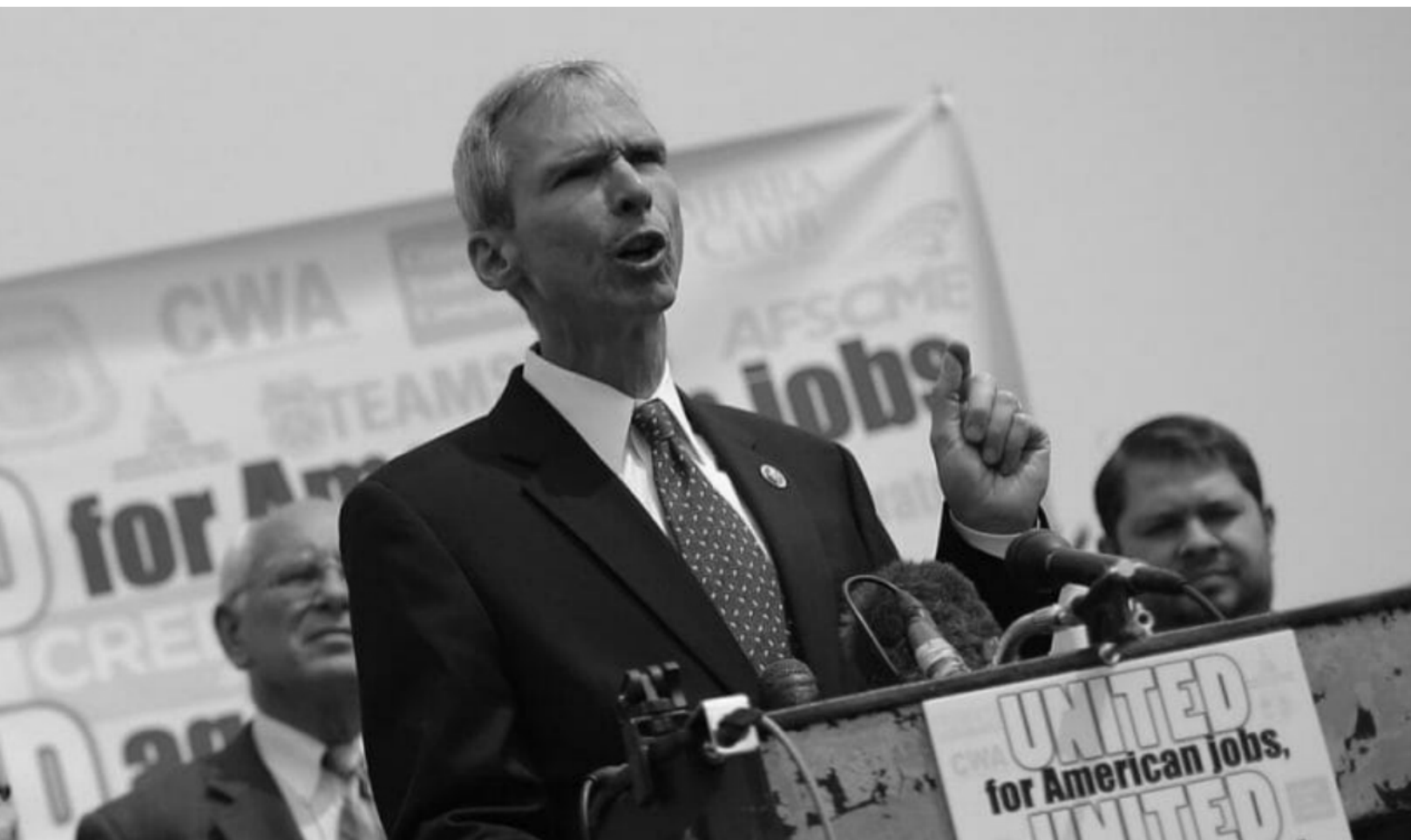






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Sent Date:	2020/03/18 10:33:17
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From:	Sherman, Jennifer (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F30FE7FAE664419FA654B20EDCCB1E78-SHERMAN, JE>
To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Kotwicki, Lauren (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=54d62ddb3fc4b358ab573ccc13fbbb7-Kotwicki, L>
Subject:	FW: Ventilators in short supply in coronavirus hot spot
Date:	2020/03/18 11:04:20
Priority:	Normal
Type:	Note

FYI

From: POLITICO Pro Health Care <politicoemail@politicopro.com>
Sent: Wednesday, March 18, 2020 10:41 AM
To: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Subject: Ventilators in short supply in coronavirus hot spot

Ventilators in short supply in coronavirus hot spot

By Tucker Doherty

03/18/2020 10:40 AM EDT

Mechanical ventilators that help the most seriously stricken coronavirus patients breathe are in especially short supply in Washington state, where at least 50 patients have died and the number of confirmed cases exceeds 900.

Hospital data collected by HHS and the American Association for Respiratory Care prior to the pandemic found about 62,000 of the machines are available in hospitals nationwide and were especially lacking in the Pacific Northwest. Washington and Oregon had 13 ventilators per 100,000 people, putting them close to the bottom in a ranking of states (Idaho was last, with 12 per 100,000). The District of Columbia had the most, with 78 per 100,000 people.

No experts of public officials have tied the lack of equipment to deaths in the U.S. But the regional shortage in a prominent U.S. hot zone points to the immense challenges public health officials say hospitals face as the fast-spreading respiratory disease stresses health systems across the country.

The ventilators are typically found in intensive care units that are likely to get swamped by new patients. Some hospitals are making contingencies by ordering more life-saving equipment in anticipation of a surge in cases in the coming weeks.

Ballad Health CEO Alan Levine, a former state health official who now runs a 22-hospital rural health system on the Virginia-Tennessee border, told POLITICO that his hospitals tried to buy more ventilators but found their usual supplier swamped by orders from Italy, one of the

countries hardest hit by the pandemic.

The study of hospital equipment also found the facilities held an additional 98,000 respiratory machines, including older-generation and portable models typically used to transport patients, that could be redeployed in a crisis. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, told CNN this weekend that an additional 12,700 ventilators are also available from the federal government's strategic national stockpile, while some Trump officials have indicated there won't be enough if hospitals are hit with a wave of patients.

Doctors in crisis-stricken hospitals in northern Italy, with more than 31,500 cases, are already following guidelines for rationing ventilators and other essential medical equipment, withholding scarce resources from the oldest and sickest patients who are least likely to recover.

According to the study, the United States has a greater per capita supply of ventilators compared to developed countries such as Australia, Canada and New Zealand. But the authors also called attention to the significant regional disparities within the U.S.

President Donald Trump urged governors in a call Monday to secure their own supplies if possible.

“Respirators, ventilators, all of the equipment — try getting it yourselves,” Trump said, in audio shared with The New York Times, “We will be backing you, but try getting it yourselves.”

While the ventilator data — based on a 2009 nationwide survey of hospitals — is not particularly recent, public health researchers have cited it in recent weeks in the absence of a more up-to-date official count. Dr. James J. James, editor-in-chief of the medical journal Disaster Medicine and Public Health Preparedness, told POLITICO that this lack of a current count is the result of chronic underinvestment.

“After each major event, such as a pandemic, there are recommendations that are usually made, especially in terms of establishing databases that can be immediately accessed when we have a future event,” James said. “This is something that has not been adequately accomplished and needs to be one of the primary objectives in the future.”

A POLITICO analysis of the ventilator supply data — adjusting for the share of population over age 65, the demographic most at-risk from coronavirus — continues to show the Pacific Northwest states at the bottom of the pack. Florida, a traditional retirement haven, falls from 12th to 40th place among the states after adjusting for its elderly population.

Note: The copyright for the supply study is held by the Society for Disaster Medicine and Public Health Inc.

To view online:

<https://subscriber.politicopro.com/health-care/article/2020/03/ventilators-in-short-supply-in-coronavirus-hot-spot-1896061>

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Sender:	Sherman, Jennifer (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F30FE7FAE664419FA654B20EDCCB1E78-SHERMAN, JE>
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Sent Date:	2020/03/18 11:04:18
Delivered Date:	2020/03/18 11:04:20

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To:	Brooks, John (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=646c7a34da9148189df0d76a885388b9-Brooks, Joh>
Subject:	Fwd: Latest EMTALA Draft
Date:	2020/03/18 11:14:17
Priority:	Normal
Type:	Note

Begin forwarded message:

From: "Kouzoukas, Demetrios (CMS/OA)" <Demetrios.Kouzoukas@cms.hhs.gov>
Date: March 18, 2020 at 11:14:00 AM EDT
To: "Tritz, Karen L. (CMS/CCSQ)" <Karen.Tritz@cms.hhs.gov>
Cc: "Wright, David R. (CMS/CCSQ)" <David.Wright@cms.hhs.gov>, "Couch, Marion (CMS/OA)" <Marion.Couch@cms.hhs.gov>, "Hittle, Matthew (CMS/OA)" <Matthew.Hittle@cms.hhs.gov>, "Logan, Brett (CMS/OA)" <Brett.Logan@cms.hhs.gov>, "Howe, Ryan P. (CMS/CM)" <Ryan.Howe@cms.hhs.gov>
Subject: Re: Latest EMTALA Draft

(b)(5)

On Mar 18, 2020, at 11:12 AM, Kouzoukas, Demetrios (CMS/OA) <Demetrios.Kouzoukas@cms.hhs.gov> wrote:

+ Liz/Ryan to answer your question re telehealth

A few thoughts:

(b)(5)

(b)(5)

Begin forwarded message:

From: "Tritz, Karen L. (CMS/CCSQ)" <Karen.Tritz@cms.hhs.gov>

Date: March 18, 2020 at 10:33:15 AM EDT

To: "Wright, David R. (CMS/CCSQ)" <David.Wright@cms.hhs.gov>, "Couch, Marion (CMS/OA)" <Marion.Couch@cms.hhs.gov>, "Kouzoukas, Demetrios (CMS/OA)" <Demetrios.Kouzoukas@cms.hhs.gov>

Cc: "Hittle, Matthew (CMS/OA)" <Matthew.Hittle@cms.hhs.gov>, "Brice-Payne, Sara L. (CMS/CCSQ)" <Sara.Brice-Payne@cms.hhs.gov>, "Milby, Jennifer L. (CMS/CCSQ)" <Jennifer.Milby@cms.hhs.gov>

Subject: RE: Latest EMTALA Draft

Please see attached. Changes to the prior memo are in red italics.

We also had a specific question for you and others in CM on this language.

(b)(5)

(b)(5)

Welcome any comments you have.

From: Wright, David R. (CMS/CCSQ) <David.Wright@cms.hhs.gov>

Sent: Wednesday, March 18, 2020 10:30 AM

To: Tritz, Karen L. (CMS/CCSQ) <Karen.Tritz@cms.hhs.gov>; Couch, Marion (CMS/OA) <Marion.Couch@cms.hhs.gov>; Kouzoukas, Demetrios (CMS/OA) <Demetrios.Kouzoukas@cms.hhs.gov>

Cc: Hittle, Matthew (CMS/OA) <Matthew.Hittle@cms.hhs.gov>

Subject: Latest EMTALA Draft

Hi Karen,

Can you please send Marion and Demetrios (copied) the latest EMTALA draft available, recognizing we're still waiting industry feedback scheduled for 2PM today.

David R. Wright, Director
Quality, Safety & Oversight Group
Center for Clinical Standards and Quality
Centers for Medicare & Medicaid Services

410.786.2000

<QSO 20-15 EMTALA Requirements and Coronavirus-Draft Revisions031720SML.docx>

Sender:	Kouzoukas, Demetrios (CMS/OA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F4B26CBB0CBD43DD99C01D0862026AA3-KLY4>
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Delivered Date:	2020/03/18 11:14:17
Message Flags:	Unread

From:	Ricks, Tim DMD (IHS/HQ) <Tim.Ricks@ihs.gov>
To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Subject:	Dental information - key contacts for the largest dental organizations
Date:	2020/03/18 11:44:10
Importance:	High
Priority:	Urgent
Type:	Note

Sir,

Here is the information you requested:

Key Contacts (the ADA is the key organization)

- American Dental Association
 - Dr. Chad Gehani, President: (312) 440-2871 [office], (b)(6) [cell], gehanic@ada.org [e-mail]
 - Dr. Kathy O'Loughlin, Executive Director (b)(6) [cell]
- National Dental Association
 - Dr. Sheila L. Armstrong, President: (248) 809-6312 [office], (b)(6) [mobile], sarmstrong@ndaonline.org [e-mail]
- Academy of General Dentistry
 - Dr. Connie White, President: (b)(6) [mobile]
- Hispanic Dental Association
 - Dr. Manuel Cordero, Chief Executive Officer: (b)(6) [cell], (b)(6) [cell #2]
- American Association of Public Health Dentistry
 - Dr. Frances Kim, Executive Director: (210) 504-6974 [office]

Key Statements:

- American Dental Association (ADA) statement to postpone elective procedures: <https://www.ada.org/en/press-room/news-releases/2020-archives/march/ada-calls-upon-dentists-to-postpone-elective-procedures>
- What states are doing for dental practices for COVID-19: <https://drive.google.com/file/d/1BxN7rsW46lQIKZXHdZU-BQDpmdvH99TU/view?usp=sharing>

Please let me know if you need anything else.

V/r,

Timothy L. Ricks, DMD, MPH, FICD

Rear Admiral (RADM), Assistant Surgeon General
Chief Dental Officer, U.S. Public Health Service

Sender:	Ricks, Tim DMD (IHS/HQ) <Tim.Ricks@ihs.gov>
Recipient:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
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To:	Fortin-Garcia, Carolina (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b46a19129d3d480da4774ea17bed85fb-F395>; CMS Rollouts </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=35bc649dd8464fb9b353e7d99b6a7f7a-CMS Rollout>; Kanellis, Elaine (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0c5dbba7921544b88c2ff99929aa0737-KP9D>; Jenkins, Courtney (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=266d4cf0c71f464e87fd473cf82937b4-J3TB>; Gaona, Elena (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ac3b8ca6f9c340ebb41ac8fbad4ea154-G10R>; Boykin, Jibril O. (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=caa9be19b66e4f5c8057aad444ca06a6-b1b0>; Ceballos, Kelly L. (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3fbfa09c7c634a7db7f1ead6ebca82d1-CQRF>; Hylton, Yvonne (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=757e849e35d9474cb579a6930e968093-HY1Y>; Joy-Bush, Keya A. (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=55ada7c5cd1a4072b1e23fda9b6cf6d3-j167>; Sokol, Lisa Y. (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=088ced9a3ae044b794d9fe255baeeb51-s1mf>; LoPiccolo, Maria (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d2a5cb16f904b61afb2f723c1ce2b96-LJGC>; Thorn, Raymond (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5cdf17e2e53b4e23a76b86b0ccfed885-TFHA>; Leshak, Brian (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3de6badb14f642e89d8d4e3c2df5175c-LUS3>; Venson, Shelby (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b6026dbbd3454f0aba908f4c8794e15b-V2NC>; Salters, Tony A. (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2236575e39f14f3c8d8d68a76b4d5a1d-S2GE>; Polglase, William (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=05bc605662e848e1892f624c94fa7072-P683>; Martin, Patrice (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=89ee6ae4c6134c81959f42318e3ed3a3-MTN3>; Mengel, Jonathan P. (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=36ba1777420344d78a7a0db53ccab62b-MB4R>; Smith, Aaron (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=SLHJ>; Ryan, Lorraine (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=377b68638249430faf640159e042e7b1-R290>; Washington, April (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=WIZO>; Schinderle, Elizabeth (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1618d995743f4f1f9620fbd0b486abaa-S59G>; Brookhart, Julie R. (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e58a70bb346a4476a891e4a9d7973c28-go34>; Myers, Gregory (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=11e5ca7f7d2c47f683f70222a390eb6c-MRV3>; Cheevers, Jack (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f7c3eb3bb6344fc59487f4cacead8849-C2AX>; Black, Nicole L. (CMS/CMCS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3eb8d6e77c3d40e198cff56b2f03613d-BA27>; Aldana, Karen (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7d0464fed64d4ec9b8872aa4f78f5370-ASYX>; Corry, Thomas (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b74db456173743369c53eb2ee724fa77-CUI7>; Liverpool, Sheila (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d3e8868b04f24c4ebd83ac118958560d-L419>; Dennis, Simone (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d6de4ea15c044db9a2763fd7f2167fdf-D4MJ>; Franklin, Julie G. (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=734d91920bc04a40b86a3439e74c3397-F116>; Zajac, Stephanie (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b5649f256c644702b50adadbf4fe3598-VERY>;

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Subject:	SPECIAL NEWS CLIPS: CMS Expands Telehealth (March 17, 2020)
Date:	2020/03/18 11:47:06
Priority:	Normal
Type:	Note

SPECIAL NEWS CLIPS: CMS Expands Telehealth (March 17, 2020)

1. **CNBC Squawk Box** (Full Text link): [CMS chief Seema Verma on how telemedicine can help slow the spread of coronavirus](#)
2. **Associated Press** (Full Text link): [To Keep Seniors Safe At Home, Medicare Expands Telemedicine](#)

3. **Washington Post** ([Full Text link](#)): [The Health 202: The Trump administration is pulling Medicare and Medicaid levers to combat coronavirus](#)
4. **Washington Times** ([Full Text link](#)): [Trump Predicts Victory, Implores Americans To Stay Put For Two Weeks](#)
5. **Washington Times** ([Full Text link](#)): [‘Pandemic’: Team Trump Moves To Minimize Health Care Burden As Case Count Rises](#)
6. **Washington Examiner** ([Full Text link](#)): [Trump Says Medicare Will Cover Telehealth Services For Beneficiaries In Self-isolation](#)
7. **Los Angeles Times** ([Full Text link](#)): [Op-Ed: As A Doctor, I Use Telemedicine. With The Coronavirus Threat, It Could Revolutionize Healthcare](#)
8. **CNN International** ([Full Text link](#)): [Trump Administration Lays Out New Health, Economic Steps To Combat Virus](#)
9. **Fox Business** ([Full Text link](#)): [Medicare expands telemedicine coverage over coronavirus fears](#)
10. **U.S. News & World Report** ([Full Text link](#)): [Trump Expands Telehealth, Praises Andrew Cuomo As U.S. Coronavirus Cases Top 5,000](#)
11. **Bloomberg Law** ([Full Text link](#)): [Privacy Rules Eased for Hospitals During Coronavirus Emergency](#) (**No web link**)
12. **Inside Health Policy** ([Full Text link](#)): [CMS, OIG, Office For Civil Rights Ease Use Of Telehealth In Medicare](#)
13. **The Hill** ([Full Text link](#)): [Trump Administration Announces Expanded Telemedicine For Medicare Users](#)
14. **Becker’s Hospital Review** ([Full Text link](#)): [How telehealth can help flatten the curve of COVID-19](#)
15. **FierceHealthcare** ([Full Text link](#)): [Trump Administration Opens Up Access To Telehealth Services During Coronavirus Outbreak](#)
16. **Health Exec** ([Full Text link](#)): [Telehealth benefits expanded during coronavirus crisis](#)
17. **Home Health Care News** ([Full Text link](#)): [Coronavirus Daily Update: PQHH Makes COVID-19 Recommendations; CMS Doubles Down on Telehealth](#)
18. **Healthcare IT News** ([Full Text link](#)) : [Trump Administration Expands Medicare Telehealth Benefits For COVID-19 Fight](#)
19. **MedCity News** ([Full Text link](#)): [CMS Shares Specifics On Sweeping Medicare Telehealth Expansion](#)
20. **STAT** ([Full Text link](#)): [Trump Administration Loosens Telehealth Regulations To Combat Coronavirus](#)

21. **NextGov** (Full Text link): [Trump Relaxes Patient Data Rules To Allow Doctors To Use Personal Phones For Telehealth](#)
22. **MedPage Today** (Full Text link): [State Medicaid Plans Wrestle With COVID-19](#)
23. **Modern Healthcare** (Full Text link): [CMS Expands Medicare Telehealth Services To Fight COVID-19](#)
24. **Slate** (Full Text link): [Why Loosening HIPAA Requirements in Response to the Coronavirus Was Urgent and Necessary](#)
25. **AARP** (Full Text link): [Medicare Expands Telehealth Services in Response to Coronavirus](#)
26. **Politico** (Full Text link): [TELEHEALTH'S ROLE IN THE CORONAVIRUS RESPONSE](#) (No web link)

FULL TEXT ARTICLES:

CMS chief Seema Verma on how telemedicine can help slow the spread of coronavirus
<https://www.cnbc.com/video/2020/03/18/medicare-medicaid-telehealth-telemedicine-coronavirus-squawk-box.html>

Squawk Box // CNBC // March 18, 2020

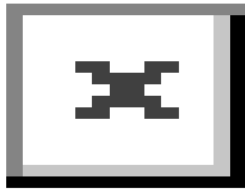
Video link: <https://www.cnbc.com/video/2020/03/18/medicare-medicaid-telehealth-telemedicine-coronavirus-squawk-box.html>

President Trump announced telehealth services for Medicare beneficiaries in the hopes of minimizing the exposure to COVID-19 for the most vulnerable Americans. Seema Verma, administrator for the Centers for Medicare and Medicaid Services, joins “Squawk Box” to discuss.

###

To keep seniors safe at home, Medicare expands telemedicine
<https://apnews.com/58e118636f3e39c53370131561127a54>

Associated Press // By RICARDO ALONSO-ZALDIVAR // March 17, 2020



<https://storage.googleapis.com/afs-prod/media/967fea409bc1425ebe92ccaf0d99852f/800.jpeg>
President Donald Trump listens as Administrator of the Centers for Medicare and Medicaid Services Seema Verma speaks during a press briefing with the coronavirus task force, at the White House, Tuesday, March 17, 2020, in Washington. (AP Photo/Evan Vucci)

WASHINGTON (AP) — Medicare said Tuesday it will immediately expand coverage for telemedicine nationwide to help seniors with health problems stay home to avoid the coronavirus.

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. Bring your smartphone — but remember, don't visit if you're feeling sick.

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.

At Tuesday's White House briefing, 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 more than 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:

"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.

###

The Health 202: The Trump administration is pulling Medicare and Medicaid levers to combat coronavirus

<https://www.washingtonpost.com/news/powerpost/paloma/the-health-202/2020/03/18/the-health-202-the-trump-administration-is-pulling-medicare-and-medicaid-levers-to-combat-coronavirus/5e710656602ff10d49acde5a/>

Washington Post // By Paige Winfield Cunningham // March 18 at 8:45 AM

THE PROGNOSIS

Now that President Trump has embraced the coronavirus as a national emergency, his administration is trying to pull all kinds of levers to combat its spread.

His administration is actively allowing states to seek flexibility in managing Medicaid and loosening rules around Medicare, which together cover about 135 million Americans and could provide vital care as the virus starts spreading around communities and deaths in the United States top 100 people. The goal is to provide more Americans with care at this critical time and loosen standards around telehealth, enrollment and for medical providers.

Under a special allowance — made possible by Trump’s emergency declaration Friday — states can now seek permission from the federal government to ease the pathway to care for their Medicaid patients during the pandemic.

By applying for what are known as “[Section 1135 waivers](#),” states can get permission to skip steps normally required to enroll people in Medicaid or bring more health providers into the program. The idea is this: It’s so vital to ensure low-income people have health coverage and access to care during an emergency that it’s worth suspending normal processes.

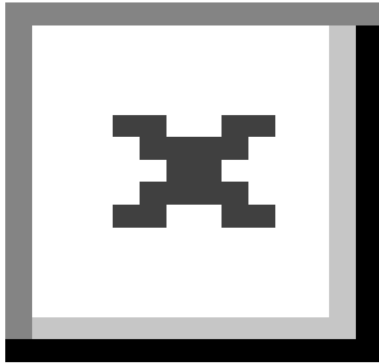
Florida already received [permission](#) to tweak its Medicaid program from the Centers for Medicare and Medicaid Services, less than a week after the state submitted its request. **California announced yesterday afternoon it has also requested a waiver to loosen rules around the use of telehealth and where care can be provided in Medi-Cal, its Medicaid program.**

“To get Californians the care they need during this crisis, we need to change how that care is delivered and communicated,” California Gov. Gavin Newsom (D) said in a statement.

Many more states — perhaps all 50 — are expected to seek this emergency permission. Officials in Illinois, Washington, Tennessee and Mississippi have indicated they might not be far behind.

“I would be surprised if there was a state that didn’t submit some kind of waiver,” Matt Salo, executive director of the National Association of Medicaid Directors, told me. “Everyone is going to be looking at this.”

The curve is flattening in China, but not around the world:



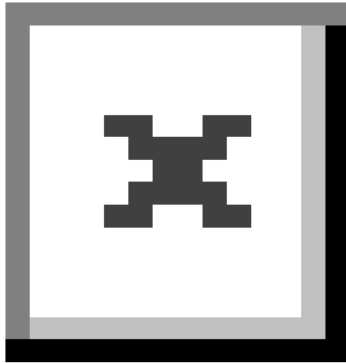
https://img.washingtonpost.com/wp-apps/imrs.php?src=https%3A%2F%2Fdy1ywwzohuuzsd.cloudfront.net%2F2020%2Fworld%2Fmapping-spread-new-coronavirus%2Fimg%2Fline-chart.png%3F_%3D0317&w=908

It's not the first time the federal government has given states Medicaid waivers to help them mitigate disasters. Back in 2009, then-HHS Secretary Kathleen Sebelius [invited states](#) to apply for 1135 waivers after President Barack Obama declared the H1N1 influenza a national emergency.

The Department of Health and Human Services has also lifted some Medicare rules in a way that's not been done before — more evidence the Trump is starting to take the pandemic more seriously.

Officials announced that Medicare will begin broadly reimbursing medical providers for telemedicine services, encouraging more doctors to limit person-to-person interactions and save elderly people from having to make a physical visit to an office where they might be exposed to the virus. (The Health 202 did a two-part series last year on Medicare and telehealth [here](#) and [here](#).)

Gretchen Jacobson, vice president of Medicare for the Commonwealth Fund:



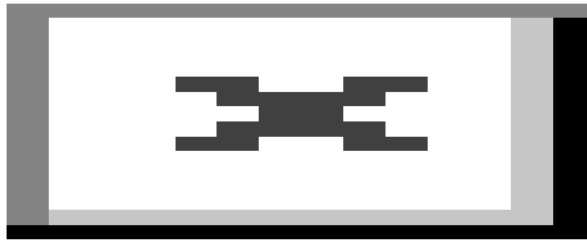
And clinicians who use popular apps such as Skype or FaceTime to meet with patients don't have to worry about being penalized for violating medical privacy laws, according to an unprecedented action by the HHS Office of Civil Rights, whose job it is to enforce the federal HIPAA law.

"We're making clear that we will not be imposing penalties against health-care providers that use widely available communication apps to engage in telehealth during this emergency," OCR Director Roger Severino told me.

Trump called the steps "a historic breakthrough" during a White House press briefing — and described them using his own, Trumpian verbiage.

"By doing this, the patient is not seeing the doctor, per se, but they're seeing the doctor, so there's no getting close," the president said.

Trump is using dramatic language to describe the virus, a marked shift from his rhetoric in recent weeks:



The American Medical Association, which had urged Trump to issue an emergency declaration, praised the move. “The steps CMS has taken demonstrate the agency was listening,” said AMA President Patrice Harris.

There's another higher-profile way the administration says it wants to fight the virus: By sending direct cash payments to Americans to help them cope with pay cuts and other resulting economic hardships, as part of a massive stimulus package being negotiated by the White House and Capitol Hill.

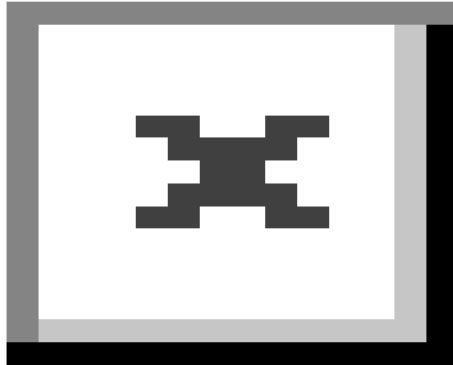
Treasury Secretary Steven Mnuchin said the overall price tag of the package could be about \$1 trillion, making it one of the largest federal emergency fiscal packages ever assembled, my Washington Post colleagues [Erica Werner, Jeff Stein and Mike DeBonis report](#).

“News of the stimulus planning sent the Dow Jones industrial average up more than 1,000 points on Tuesday, recovering some of its losses from Monday,” they write. “However, reservations expressed by Democrats on Tuesday over various aspects of the package suggested that it could take some time to arrive at a bipartisan agreement that could pass both chambers of Congress.”

Amid all these moving pieces, Trump is now claiming he knew the virus would turn into a pandemic before anyone else did — after spending weeks publicly downplaying the risk.

“I felt it was a pandemic long before it was called a pandemic,” he told reporters.

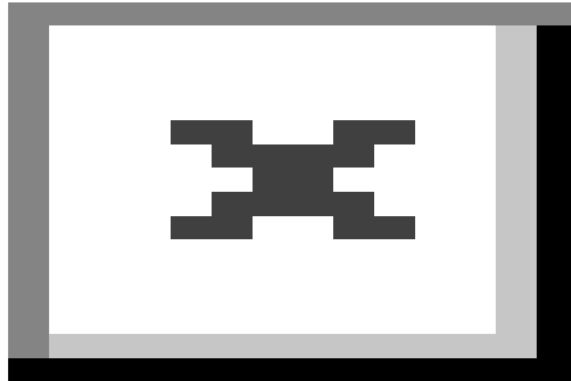
Post fact-checker Glenn Kessler:



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Trump predicts victory over COVID-19, implores Americans to stay put for two weeks
<https://www.washingtontimes.com/news/2020/mar/17/donald-trump-predicts-victory-implores-americans-s/>

Washington Times // By Tom Howell Jr. // Tuesday, March 17, 2020



President Donald Trump speaks during a press briefing with the coronavirus task force, at the White House, Tuesday, March 17, 2020, in Washington. (AP Photo/Evan Vucci)

President Donald Trump speaks during a press briefing with the coronavirus task force, at the White House, Tuesday, March 17, 2020, in Washington. (AP Photo/Evan Vucci)

Americans who can postpone medical services should do so because hospitals will need the beds and patients shouldn't be distracting doctors amid the pandemic, the U.S. coronavirus coordinator said Tuesday.

Deborah Birx, an HIV/AIDS expert tapped by President Trump to coordinate his team, said ventilators and space will be at a premium, so everyone needs to do their part.

"If you're a person with an elective surgery, you don't want to go into a hospital right now," she told reporters at a White House briefing. "There's a lot of distraction. There's a lot of people doing a lot of other things to save people's lives."

The administration also said seniors on Medicare can check in with their doctors remotely, through telehealth, at no extra cost as the administration scrambles to blunt the spread of the deadly coronavirus.

"They can talk to their doctor via Skype, and they don't have to risk exposure to the virus," said Seema Verma, administrator for the Centers for Medicare and Medicaid Services.

Officials advised patients as part of Mr. Trump's broader plea to stay home and avoid unnecessary exposure to the coronavirus and the disease it causes, COVID-19.

Mr. Trump is striking a more serious tone in responding to the outbreak, a few weeks after he suggested 15 domestic cases could be knocked down to zero within days.

“I’ve felt it was a pandemic long before it was called a pandemic,” Mr. Trump said Tuesday.

The virus has infected 5,200 people and killed over 90 people in the U.S., according to Johns Hopkins University’s tracker. Yet testing is just ramping up, meaning many more cases are likely to be uncovered.

Looking ahead, Mr. Trump reminded people to avoid unnecessary travel and groups of 10 or more for the next two weeks.

“We’ll see what happens after that,” Mr. Trump said. “Our country can be rolling again pretty quickly.”

“One day will be standing up here and say: We won,” Mr. Trump told reporters. “Sure as you’re sitting there, we’re going to say that.”

Mr. Trump said the U.S. Army Corps of Engineers is on standby in case they need to conduct emergency construction. Those operations may include renovations to expand and retrofit existing facilities or setting up smaller mobile field hospitals, or MASH units, to render care.

Officials also said mobile testing units are “blossoming” in states across the country, with federal help, and that states have wide latitude to authorize tests in addition to the Food and Drug Administration.

Vice President Mike Pence said that as more diagnostics come online, each and every American must act on Mr. Trump’s push for “social distancing.”

“You don’t need the results of testing to know what you should do,” Mr. Pence said.

Mr. Trump wants people to use takeout and drive-thru services instead of entering bars and restaurants, saying it’s another way to put the nation closer to victory against the pathogen.

The White House said executives representing Chick-fil-A, Olive Garden, McDonald’s and other restaurants agreed to emphasize those options Tuesday in a phone call with the president.

Treasury Secretary Steven T. Mnuchin said many eateries use apps that allow for home delivery or quick handoffs.

“You can order ahead of time,” Mr. Mnuchin said. “They can give it to you with social distancing, and it’s very fast.”

Officials made direct appeals to millennials to avoid partying and congregating together, saying they will spread the virus to at-risk patients or get sick themselves, even if they feel invulnerable.

“We can’t do this without the young people cooperating,” Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases.

Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. other than medical supplies or household staples so it can focus on the supply of things that are needed amid the outbreak.

Individual states continued to take action. The San Francisco area faces the most stringent lockdown, with 7 million residents told to limit outings to trips for supplies.

New York Gov. Andrew Cuomo said his state has recorded more than 1,300 cases, the most in the nation, though he rejected rumors that New York City would go into total quarantine.

"That is not true," the Democrat said. "That cannot happen. It cannot happen legally. No city in [the] state can quarantine itself without state approval, and I have no interest whatsoever and no plan whatsoever to quarantine any city."

Mr. Cuomo compared the situation to a tabletop snow globe.

"Somebody picked up our country and just shook it," Mr. Cuomo said.

"It is a frightening time on every level. At the same time, it's this much time," the governor said, placing his hands slightly apart. "We will get through this much time. Understand what we're dealing with, understand the pressures that we're feeling — but we will get through this much time."

Mr. Trump said he had a constructive conversation with Mr. Cuomo on Tuesday, despite warring tweets over the past two days.

"We're both doing a really good job," Mr. Trump said.

The president also deferred to Ohio Gov. Mike DeWine's judgment in closing the state's primary polls Tuesday.

"He's definitely somebody who knows what he's doing," Mr. Trump said.

Mr. Trump said the best thing the country can do to preserve future elections is to defeat the virus.

David Sherfinski contributed to this report.

###

'Pandemic': Team Trump moves to minimize health care burden as case count rises
<https://www.washingtontimes.com/news/2020/mar/17/deborah-birx-us-coronavirus-coordinator-moves-mini/>

Washington Times // By Tom Howell Jr. // Tuesday, March 17, 2020

Americans should postpone unnecessary surgeries because hospitals will need the beds, the U.S. coronavirus coordinator said Tuesday, as Amazon planned to limit its product line, the Outer Banks decided to reject visitors and major department stores closed their doors.

Deborah Birx, an HIV/AIDS expert tapped to organize President Trump's team, said ventilators and a hospital's time and attention will be at a premium, so all need to do their part.

"If you're a person with an elective surgery, you don't want to go into a hospital right now," she told reporters at a White House briefing. "There's a lot of distraction. There's a lot of people doing a lot of other things to save people's lives."

The administration also loosened Medicare rules so that seniors can see their doctors remotely, through telehealth, at no extra cost.

"They can talk to their doctor via Skype, and they don't have to risk exposure to the virus," said Seema Verma, administrator for the Centers for Medicare and Medicaid Services.

The moves are part of Mr. Trump's broader plea to Americans to stay home and avoid unnecessary exposure to the coronavirus and the disease it causes, COVID-19.

The U.S. case count rose to 5,900 and the death toll approached 100, according to Johns Hopkins University's tracker on Tuesday. Yet testing is still ramping up, meaning the full extent of the domestic outbreak is unknown.

States, localities and businesses continued to close up shop or clamp down on public movements to keep people apart.

The United Auto Workers union pressured Ford, General Motors and Fiat-Chrysler to mimic their European counterparts and shut down their U.S. plants for two weeks to ensure the safety of employees. However the Big Three have remained reluctant to curtail production.

Macy's said it would close its stores until March 31 and Nordstrom announced a two-week closure.

In North Carolina, tourists were banned from popular Outer Banks destinations such as Nags Head and Kitty Hawk.

As Capitol Hill negotiated ways to prop up workers and businesses, Mr. Trump said he is taking the outbreak very seriously, after suggesting in February that a set of 15 domestic cases "within a couple of days is going to be down to close to zero."

"This a pandemic. I've felt it was a pandemic long before it was called a pandemic," Mr. Trump said Tuesday. "All you had to do was look at other countries."

The coronavirus was discovered in Wuhan, China, in December. It infected tens of thousands in the surrounding Hubei Province before the epidemic shifted to other nations. It's now spreading on six continents, particularly Europe.

Authorities in Italy, France and Spain have locked down their populations, except for trips for essential supplies.

Mr. Trump hasn't gone that far, but he reminded Americans on Tuesday to avoid unnecessary travel and groups of 10 or more for the next two weeks.

"We'll see what happens after that," he said. "Our country can be rolling again pretty quickly."

Mr. Trump said the U.S. Army Corps of Engineers is on standby in case they need to conduct emergency construction.

Those operations could include renovations to expand and retrofit existing facilities or the construction of small field hospitals, or MASH units, to deliver care.

Officials also said mobile testing units are “blossoming” across the country and that states are authorized to approve tests created by the private sector.

Vice President Mike Pence said that as more diagnostics come online, every American must act on Mr. Trump’s push for “social distancing.”

“You don’t need the results of testing to know what you should do,” Mr. Pence said.

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Treasury Secretary Steve Mnuchin said many eateries use apps that allow for home delivery or quick handoffs.

“You can order ahead of time,” Mr. Mnuchin said. “They can give it to you with social distancing, and it’s very fast.”

The National Institutes of Health published research suggesting the coronavirus can survive on hard surfaces for some time, including up to four hours on copper, 24 hours on cardboard and two to three days on plastic and stainless steel.

Officials made direct appeals to millennials to avoid partying even if they feel invulnerable, saying they might spread the virus to vulnerable groups on doorknobs and countertops.

“We can’t do this without the young people cooperating,” said Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases.

Amazon, meanwhile, said it is suspending shipments to its warehouses of items other than medical supplies or household staples so it can focus on stocking and delivering things that will be needed amid the outbreak.

Individual states continued to take action. The San Francisco area faces the most stringent lockdown, with 7 million residents told to limit outings to trips for supplies.

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David Sherfinski contributed to this report.

###

Trump says Medicare will cover telehealth services for beneficiaries in self-isolation

<https://www.washingtonexaminer.com/news/trump-says-medicare-will-cover-telehealth-services-for-beneficiaries-in-self-isolation>

Washington Examiner // by Cassidy Morrison // March 17, 2020 11:48 AM

President Trump announced Tuesday that telehealth services will be covered under Medicare so patients can access treatment while in self-isolation.

"Medicare patients can now visit any doctor by phone or video conference at no additional cost, including with commonly used services like FaceTime and Skype," Trump said during Tuesday's White House coronavirus press briefing.

Trump is invoking Medicare 1135 waivers, which will give the Centers for Medicare and Medicaid Services the authority to waive certain Medicare requirements so that care can be provided outside of traditional in-person doctor visits and to eliminate telehealth payment constraints in Medicare.

He also said that penalties for violating patient privacy under HIPAA law will not be enforced to allow doctors greater flexibility to use telehealth services. Fines to providers who violate the law can be steep. The Health and Human Services Office of Civil Rights can impose fines as high as \$50,000 depending on the type of violation.

"It's been a very successful method of communication but never used on a scale like we're going to use the telehealth," Trump said.

Expanding access to physicians from home follows the White House coronavirus task force's advice that people stay indoors as much as possible. Trump encouraged people to take advantage of telehealth services if possible to maintain space for new patients in emergency departments, the first stop for many people who start exhibiting coronavirus symptoms.

"By doing this, the patient is not seeing the doctor per se, but they're seeing the doctor so there's no getting close," Trump said.

More and more people are choosing to self-isolate as the coronavirus outbreak continues, having already infected over 5,200 people in the United States and killed at least 92 people.

###

Op-Ed: As a doctor, I use telemedicine. With the coronavirus threat, it could revolutionize healthcare

<https://www.latimes.com/opinion/story/2020-03-17/op-ed-as-a-doctor-i-use-telemedicine-with-the-coronavirus-threat-it-could-revolutionize-healthcare>

Los Angeles Times // By Haider J. Warraich // March 17, 2020

As a physician, waiting for the worst of coronavirus to hit, I see a lot to fear. It seems increasingly likely that this will be one of the most significant pandemics in modern human history, and that it will change our approach to healthcare going forward. But not all of its legacy will be negative. Here's one thing I hope will come out of the crisis: an increased reliance on telemedicine, something that should have happened long ago.

A few months ago, when I was between jobs, I took a part-time job in a rural hospital serving a county of more than 150,000 people. On the verge of bankruptcy, the hospital was unable to attract many specialists to join its ranks, and in desperation, had turned to telemedicine to cover many services. So, for example, if a patient was rushed to the emergency room after a stroke, there was unlikely to be a neurologist in the room. Instead, a neurologist would assess the patient on a mobile screen from far away, with local nursing staff and doctors aiding him or her.

I had been skeptical of telemedicine going in. Physical exams are the bedrock of how doctors and nurses assess patients. We look patients and their loved ones in the eye, palpate sore spots with our fingers and offer comfort with a hand on a shoulder. Physical contact, I'd always thought, was at the heart of how doctors and patients communicate.

It was with this skepticism that I found myself next to a young man who been brought to the emergency room after attempting to take his own life. Again. This time, instead of seeing a psychiatrist in person, he saw one on a screen with wheels. The psychiatrist was in some distant location, but she had been in touch with the local doctors and had access to his medical records. Despite her physical remoteness, she connected with him, and he opened up. She knew of all the local resources to refer him to, and at the end of her conversation, she had developed a real rapport with him. After the visit ended and the nurse

wheeled the monitor out of the room, I asked the young man what he thought, and to my surprise, he told me he was more comfortable with this than an in-person visit. He wasn't the only one — many patients say they prefer a virtual doc to one sitting across from them.

Over the past few decades, medical care has been transformed by technology. Whenever a new drug becomes available, or a medical procedure is approved by the FDA, the medical community is quick to deploy it. Yet, when it comes to how we see patients, our current practices haven't changed much since the time of Hippocrates. If a patient is sick they either have to come see us in clinic, urgent care, the emergency room or the hospital. Despite the internet transforming every aspect of our lives, from how we find love to how we order groceries, the way we deliver medical care has stagnated.

In the United States, not only are doctors often inaccessible for those living in rural areas, hospitals everywhere have huge economic challenges. One healthcare executive jokingly told me his hospital made more money from its parking lots than its clinics.

The response to COVID-19 might help change that. One of the main reasons China has been able to slow coronavirus transmission has been because of a dramatic increase in virtual visits. In fact, China has moved half of all medical care online, allowing patients to consult with their doctors and get prescriptions from the comfort of their homes. Hospitals have been notorious petri dishes for deadly bugs since long before COVID-19, and this pandemic has brought that risk into crystal-clear focus. On Tuesday, Medicare announced that it will greatly expand coverage for telemedicine visits, previously sharply restricted. And at a White House briefing, the government announced it was urging states to similarly expand Medicaid coverage to include telemedicine visits by Skype, Facetime or other platforms. Some insurers have also said they will cover telehealth visits at parity with in-person visits.

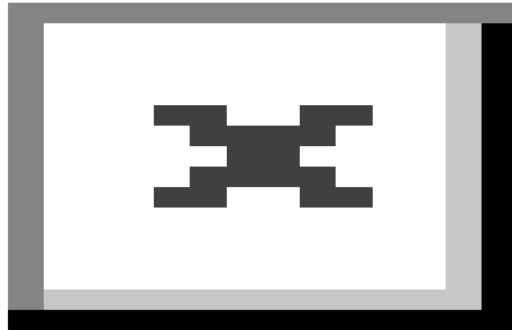
These measures are commendable, but policies need to be put in place to ensure that the expansion of telemedicine is not temporary. Of course, in-person visits will still be necessary in many cases. But supporting telemedicine on a par with such visits has the potential to protect patients and healthcare personnel and allow for much more efficiency in the system. That said, physicians and nurses will need high-quality training to provide compassionate and thorough care to a patient from across a computer screen. Technology that allows patients to be "examined" remotely needs to be better studied and made more accessible. And since the backbone of telemedicine is reliable high-speed internet, Congress should consider Elizabeth Warren's plan to bring broadband internet to the remotest parts of this country, to ensure broad access to these services.

This week my team converted most of our clinic visits from face to face to virtual visits. Some were over the phone, others were over video, often with a family member present as well. While there were some patients that still needed to be seen in person, we were able to minimize the risk of viral transmission not only for patients, but also for valuable members of our clinical team. Even before this crisis, as part of my job at the Veterans Affairs Health System in Boston, I often consulted with patients I had never seen as part of an "E Consult" system. While I was initially nervous when I first started doing this, it allowed me to expand my footprint far beyond what I could manage if I were seeing every patient in person.

At some point, I fervently hope the coronavirus will be a thing of the past. But I hope it leaves behind a legacy. I hope it changes how well we wash our hands, how well we fund public health and how well we protect the healthcare workers caring for our sickest patients. And, most of all, I hope it pushes us to embrace telemedicine.

###

Trump administration lays out new health, economic steps to combat virus
<https://edition.cnn.com/2020/03/17/politics/trump-coronavirus-testing-telehealth/index.html>
CNN International // By [Maegan Vazquez](#) // Updated 1829 GMT (0229 HKT) March 17, 2020



<https://cdn.cnn.com/cnnnext/dam/assets/200317103706-trump-task-force-presser-0317-exlarge-169.jpg>

Washington (CNN) [President Donald Trump](#) on Tuesday laid out [new efforts his administration](#) is undertaking as part of the federal response to the spread of [novel coronavirus in the US](#).

Officials on the White House coronavirus task force indicated during a White House briefing on Tuesday with the President that they hope to "flatten the curve" of US diagnoses of coronavirus through self-imposed quarantine and isolation recommendations. They were also focused on other measures to alleviate the economic and infrastructural impact of its spread.

Trump said Tuesday that the federal government is beginning a process to assist New York state in expanding its hospital bed capacity, after Gov. Andrew Cuomo requested that the Army Corps of Engineers build temporary medical facilities.

"Yes, we're starting to (work to increase capacity). We're starting the process ... We hope it's not going to be necessary, but it could be necessary," Trump said.

"The state is working on it very hard themselves, but we'll probably supplement what they're doing," he added.

He also offered praise for [Cuomo after criticizing him on Twitter](#) earlier Tuesday.

Vice President Mike Pence, who leads the coronavirus task force, also urged construction companies to donate construction-grade N95 masks to local hospitals and forgo additional orders as the nation's hospitals work to procure masks for health care workers.

Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.n said during the briefing that the administration was "looking at sending checks to Americans immediately."

Mnuchin was also emphatic that stock markets will remain open during the coronavirus pandemic, but suggested there was a possibility of shorter hours.

He also said the administration will allow Americans to defer up to \$1 million in payments to the Internal Revenue Service for 90 days.

New administration efforts also include the Food and Drug Administration announcing "groundbreaking new policies to further increase testing," Trump said.

"All states can now authorize tests developed and used within their borders in addition to the FDA," Trump said.

The President also said the administration would be expanding accessibility to telehealth services for individuals using Medicare.

"Today we're also announcing a dramatic expansion of our telehealth services. Medicare patients can now visit any doctor by phone or video conference at no additional cost, including with commonly used services like FaceTime and Skype," Trump said. "In addition, states have the authority to cover telehealth services for their medical patients."

Centers for Medicare and Medicaid Services Administrator Seema Verma said during the briefing that Medicare beneficiaries who were previously limited to telehealth services based on their location "will be able to receive a wide range of services via telehealth without ever having to leave home."

Trump added that the administration "will not enforce applicable HIPAA penalties, so that doctors can greatly expand care for their patients using telehealth."

The Health and Human Services Office for Civil Rights is responsible for enforcing HIPPA violations, and the agency said Tuesday that that office wouldn't enforce violations.

Verma said the change will allow doctors to "provide telehealth with their own phones."

"We'll be using enforcement discretion when it comes to collecting copays so that costs won't be a barrier," she added.

Dr. Deborah Birx said during the briefing that the Trump administration was also evaluating conclusions made in a modeling study which indicated that 2.2 million people could die from the novel coronavirus if no action was taken by the government.

"Models are models, and they're based on input and they're based on infectiousness without any controls. I can tell you we've never seen that level of infections that modeled up to that 2.2 million in mortality, so we are looking at that," Birx said, adding that there will be a model meeting tomorrow.

It's unclear when all these mitigation measures taken by the Trump administration, states and localities will have a visible effect, National Institute of Allergy and Infectious Diseases Director Dr. Antony Fauci said.

"It probably would be several weeks or maybe longer before we know whether we had an effect. And maybe, at the end of the day, we'll see a curve that would've been way, way up. But I wouldn't, like, put us to task every few days. 'Well wait a minute, it's going up, is it working or not?' That would be really misleading if we do that," he remarked.

CNN's Betsy Klein and Kevin Liptak contributed to this report.

This story has been updated with additional reporting.

###

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.

Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. y 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.

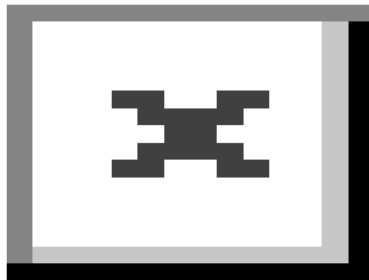
The benefits consultant Mercer found that 88% of companies with 500 or more employees offered telemedicine as part of their health benefits last year. But only about 9% of eligible employees used it.

###

Trump Expands Telehealth, Praises Andrew Cuomo as U.S. Coronavirus Cases Top 5,000

<https://www.usnews.com/news/national-news/articles/2020-03-17/trump-expands-telehealth-praises-andrew-cuomo-as-us-coronavirus-cases-top-5-000>

U.S. News & World Report // By Cecelia Smith-Schoenwalder // March 17, 2020, at 1:05 p.m.



The Associated Press

President Donald Trump speaks during a press briefing on the coronavirus at the White House on Tuesday.

THE ASSOCIATED PRESS

PRESIDENT DONALD TRUMP on Tuesday announced an expansion of telehealth, calling it a "historic breakthrough" that will help limit patients in hospitals as U.S. cases of the coronavirus top 5,000.

During a White House Coronavirus Task Force briefing, Trump added that the Army Corps of Engineers is already involved in some places and could be mobilized in others.

"We have to fight that invisible enemy, I guess unknown, but we're getting to know it a lot better," Trump said.

Trump also praised the Food and Drug Administration for allowing states to authorize tests that were developed within their borders.

"I think it's going to be incredible if it's done properly," Trump said.

The White House, along with Congress, is eyeing an \$850 billion economic stimulus package to offset some of the financial damages caused by the virus. Meanwhile, Senate Democrats have their own package that would provide at least \$750 billion.

"I think our economy will come back very rapidly," Trump said.

Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. ailing out checks to Americans in the next two weeks to offset the economic impacts of the virus.

"We're going big," Trump said.

Trump also ended a feud with New York Gov. Andrew Cuomo. They had been sparring on Twitter for the past few days, but Trump said the two had a "great conversation" Tuesday morning.

"My conversation with Andrew Cuomo was a very productive one and a very good one and I appreciate that," Trump said.

During a spat on Monday, Trump said Cuomo needed to "do more" and Cuomo said Trump "is supposed to be the President."

Cuomo also made amends, saying in a separate press conference on Tuesday that the White House has been responsive to his concerns. New York has more than 1,000 cases of the virus.

###

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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###

CMS, OIG, Office For Civil Rights Ease Use Of Telehealth In Medicare

<https://insidehealthpolicy.com/daily-news/cms-oig-office-civil-rights-ease-use-telehealth-medicare>
Inside Health Policy // By [Michelle M. Stein](#) // March 17, 2020 at 5:34 PM

CMS, the HHS Office of Inspector General and the HHS Office for Civil Rights will be using enforcement discretion and regulatory waivers to ease access to telehealth for Medicare beneficiaries during the COVID-19 pandemic, the administration announced Tuesday (March 17).

The first coronavirus response package, signed into law March 6, lets qualified Medicare providers offer telehealth services during a coronavirus national emergency to beneficiaries they have seen within the past three years. The services could be offered in geographic areas where such an emergency has been declared. The legislation waives originating site requirements so that beneficiaries can receive the care they need at home. The law also waives restrictions on using telephones for such services -- provided the phones have audio and video capabilities and are used for "two-way, real-time interactive communication." The package allows Medicare providers to furnish telehealth services to beneficiaries regardless of whether they are in a rural community.

President Donald Trump also recently declared the COVID-19 outbreak a national emergency, which allows CMS to use waivers to reduce regulation, as well.

Under an 1135 waiver, CMS says Medicare can pay for office, hospital, and other visits provided via telehealth across the country and including in beneficiaries' homes starting March 6. The agency says a

range of providers including doctors, nurse practitioners, clinical psychologists and licensed clinical social workers will be able to offer telehealth.

Beneficiaries will be able to receive a specific set of services through telehealth that includes evaluation and management visits, mental health counseling and preventive health screenings.

“President Trump’s announcement comes at a critical time as these flexibilities will help healthcare institutions across the nation offer some medical services to patients remotely, so that healthcare facilities like emergency departments and doctor’s offices are available to deal with the most urgent cases and reduce the risk of additional infections,” says a CMS press release.

CMS says the visits are considered the same as in-person visits and are paid at the same rate. While copays and deductibles would normally apply, the HHS Office of Inspector General says providers “will not be subject to administrative sanctions for reducing or waiving any cost-sharing obligations Federal health care program beneficiaries may owe for telehealth services furnished consistent with the then applicable coverage and payment rules.”

“Ordinarily, routine reductions or waivers of costs owed by Federal health care program beneficiaries, including costsharing amounts such as coinsurance and deductibles, potentially implicate the Federal antikickback statute, the civil monetary penalty and exclusion laws related to kickbacks, and the civil monetary penalty law prohibition on inducements to beneficiaries,” the HHS OIG says. “Nonetheless, recognizing the unique circumstances resulting from the COVID-19 outbreak, OIG will not subject physicians and other practitioners to OIG administrative sanctions.”

To avoid the sanctions, certain conditions must be met: services must be consistent with coverage and payment rules and services must be provided during the COVID-19 emergency. OIG also notes that nothing in its statement means that providers have to reduce cost sharing, and providers still need to follow state and local regulations.

The HHS Office for Civil Rights also says it will use enforcement discretion around telehealth and “will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency.”

The office goes on to say that a provider who wants to use audio or visual communication technology to offer telehealth to patients during the COVID-19 emergency can use non-public facing remote communication products, and the office won’t impose penalties for not complying with Health Insurance Portability and Accountability Act rules. Providers may use applications like Apple FaceTime, Facebook Messenger video chat, Google Hangouts video or Skype, the office says.

“Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications,” OCR says.

However, public-facing applications like Facebook Live, Twitch, TikTok and others, should not be used for telehealth, OCR notes.

Despite the law that Congress passed, CMS says that with regard to telehealth, “To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.”

In a Frequently Asked Questions document, CMS says it is using enforcement discretion around the prior relationship requirement because it is imperative that patients avoid travel to a health care facility when possible during the pandemic.

Telehealth advocates had been raising concerns with the law’s requirements on a prior relationship.

Krista Drobac, executive director of the Alliance for Connected Care, is pleased with the overall guidance, but says her group is still working with Congress on future changes.

“As a telemedicine advocate, we are very pleased with this guidance because it will really help the American people at this time. It will clear up a lot of confusion. We were working with Congress on feasible fraud and abuse protections because non-enforcement of these provisions may open the door to fraudulent activities. However, there are ways to guard against fraud and abuse without preventing good actors from providing telemedicine in the market today,” she said.

FreedomWorks also praised the administration’s efforts.

“In a time where people -- especially the elderly -- are encouraged to stay home, telehealth is one of the smartest ways to deliver care,” said Adam Brandon, FreedomWorks’ president.

Brandon added that the waivers shouldn’t be limited to the COVID-19 emergency.

Medicare will also pay for virtual check-ins and e-visits.

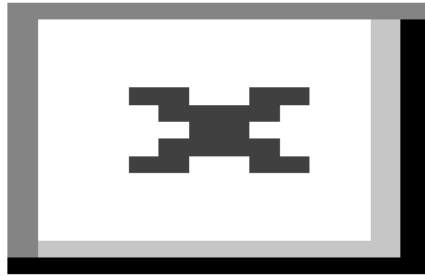
CMS says Medicaid already has flexibility around telehealth and notes that the guidance follows Trump’s call for all insurance companies to expand and clarify their telehealth policies. -- *Michelle M. Stein* (mstein@iwpnews.com)

###

Trump administration announces expanded telemedicine for Medicare users

<https://thehill.com/policy/healthcare/488018-trump-announces-expanded-telemedicine-for-medicare-users>

The Hill // BY [MARTY JOHNSON](#) // 03/17/20 12:51 PM EDT



Trump administration

announces expanded telemedicine for Medicare users
© Getty Images

The Trump administration on Tuesday announced expanded telehealth benefits for Medicare users, giving the country's older population access to medical care without having to leave their homes during the outbreak of the coronavirus causing COVID-19.

"The Trump administration is taking swift and bold action to give patients greater access to care through telehealth during the COVID-19 outbreak," Centers for Medicare & Medicaid Services Administrator [Seema Verma](#) said.

"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," she added.

Senior citizens are one of the groups most at-risk to have fatal health complications from COVID-19, the other being people with underlying health problems.

Prior to the outbreak of the virus, Medicare users could only access telehealth services for routine "virtual check-ins."

Currently in the U.S., there are over 4,000 confirmed cases of the virus with at least 85 deaths.

###

How telehealth can help flatten the curve of COVID-19

<https://www.beckershospitalreview.com/telehealth/how-telehealth-can-help-flatten-the-curve-of-covid-19.html>

Becker's Hospital Review / Jackie Drees // March 17, 2020

As COVID-19 continues to spread across the country, telehealth can serve as a driving force in "flattening the curve," or the rate of infections while also helping keep healthcare resources available to treat acutely ill patients, according to Steve Davis, PhD.

Dr. Davis, an associate professor in Morgantown-based West Virginia University's health policy department, told WVU Today that the main advantage of telehealth during the coronavirus pandemic "is that it can serve as a vehicle for achieving self-quarantine to mitigate viral spread while still enabling the treatment of health conditions."

In the COVID-19 pandemic, 5,702 American cases have been reported, along with 94 deaths. Globally, 195,935 cases and 7,866 deaths have been reported, as of 2:45 p.m., CDT, March 17.

In addition to telehealth, strategies such as social distancing and proper hand washing can help "flatten the curve," so public health services including hospitals and health systems are not overwhelmed by a large influx of sick patients, Dr. Davis said.

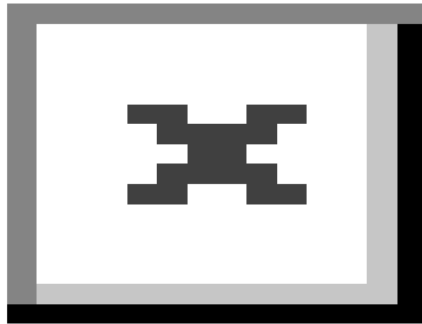
"Additionally, telehealth can be used to treat high-risk individuals from a distance to reduce their potential exposure to healthcare workers or other patients that may be infected," Dr. Davis said.

On March 17, the Trump administration announced that CMS will begin temporarily paying clinicians to provide telehealth services for Medicare beneficiaries across the U.S. Several states have also issued orders to insurers requiring telehealth costs to be waived during the pandemic.

###

Trump administration opens up access to telehealth services during coronavirus outbreak
<https://www.fiercehealthcare.com/payer/trump-administration-opens-up-access-to-telehealth-services-during-coronavirus-outbreak>

FierceHealthcare // by Heather Landi // Mar 17, 2020 1:07pm



Seema Verma

Providers can provide telehealth services through widely available nonpublic facing apps, such as FaceTime or Skype, without the risk of running afoul of HIPAA laws, according to officials from the Department of Health and Human Services' Office for Civil Rights. "These changes allow seniors to communicate with their doctors without having to travel to a healthcare facility so that they can limit the risk of exposure and spread of this virus," said CMS Administrator Seema Verma (pictured). (HIMSS)

The Department of Health and Human Services (HHS) is [waiving certain Medicare telehealth payment requirements](#) to enable telehealth services to be provided in all settings, including a patient's home, it was announced Tuesday.

The waiver also enables Medicare beneficiaries to use telehealth services even if they aren't in a rural community.

Clinicians can bill immediately for dates of service starting March 6. Telehealth services are paid under the Physician Fee Schedule at the same amount as in-person services, according to the Centers for Medicare & Medicaid Services (CMS).

"These changes allow seniors to communicate with their doctors without having to travel to a healthcare facility so that they can limit the risk of exposure and spread of this virus," said CMS Administrator Seema Verma. "Clinicians on the frontlines will now have greater flexibility to safely treat our beneficiaries."

On March 13, President Donald Trump announced an emergency declaration under the Stafford Act and the National Emergencies Act. CMS is expanding Medicare's telehealth benefits under the 1135 waiver authority and the Coronavirus Preparedness and Response Supplemental Appropriations Act.

A range of healthcare providers such as doctors, nurse practitioners, clinical psychologists and licensed clinical social workers will be able to offer telehealth to Medicare beneficiaries. And services offered through telehealth including common office visits, mental health counseling and preventive health screenings, CMS said.

"This change will help prevent vulnerable beneficiaries from unnecessarily entering a healthcare facility when their needs can be met remotely," CMS officials said.

The HHS Office for Civil Rights (OCR) also announced it will waive potential penalties for HIPAA violations against healthcare providers that serve patients through widely available communication apps such as FaceTime or Skype.

OCR officials said the agency will exercise its enforcement discretion when providers use apps "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," OCR said.

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

Matt Fisher, a Mirick O'Connell health privacy lawyer, said the new guidance sets out OCR's position that it will not seek to enforce what would normally be a HIPAA violation by using a videoconferencing service that does not sign a business associate agreement or otherwise does not meet HIPAA standards.

"The enforcement waiver discretion only applies during the period of the COVID-19 emergency though, so not permanent. It is also not entirely clear what happens from a privacy perspective if data are retained by one of the videoconferencing services past this period of non-enforcement," Fisher said.

Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications, OCR said.

Officials noted that Facebook Live, Twitch, TikTok and similar video communication applications are public-facing and should not be used to provide telehealth services.

###

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."

###

Coronavirus Daily Update: PQHH Makes COVID-19 Recommendations; CMS Doubles Down on Telehealth

<https://homehealthcarenews.com/2020/03/coronavirus-daily-updates-cms-gives-home-health-agencies-oasis-flexibility/>

Home Health Care News // By [Robert Holly](#) // March 17, 2020

During this critical time in our nation's history, Home Health Care News remains committed to bringing you essential news related to home-based care operations. At the same time, we also recognize the seriousness of the COVID-19 pandemic. We'll continue to highlight key developments and mitigation strategies in this rolling bulletin.

What you need to know from Tuesday (March 17)

- The Trump Administration announced [another round of telehealth expansions](#) aimed at reducing person-to-person interaction during the COVID-19 crisis.
- Florida landed an 1135 waiver from CMS, [with other states likely to follow suit to support Medicaid-reimbursed home-based care providers](#).
- CMS issued [new COVID-19 guidance](#) for Programs of All-Inclusive Care for the Elderly (PACE) organizations.
- The Pentagon announced it will provide up to 5 million N95 masks to the Department of Health and Human Services to help protect health workers.
- [The first cases](#) of coronavirus in senior living were reported in the state of Georgia.

Partnership outlines priorities

On Tuesday, the Partnership for Quality Home Healthcare (PQHH) [released a list of strategic policy and regulatory relief suggestions](#) aimed at improving access to home health, ensuring patient safety and eliminating barriers during the ongoing COVID-19 emergency.

Among its suggestions, PQHH called for dedicated and clear telehealth capabilities for home health providers, including the use of phone-based visits.

"This will go far in containing the virus, in assisting patients in quarantine, in monitoring existing Medicare home health patients to ensure they will continue to stay in their homes and not seek hospital or physician care," PQHH stated. "In addition, the telehealth rules should be modified to allow home health clinicians to bill directly for services provided."

PQHH also called for clarity around Medicare's homebound requirements and asked that policymakers ensure home health providers' access to personal protective equipment (PPE).

“PPE supplies are running low but are critical to preventing exposure during home health visits of COVID-19 positive or quarantined patients that could harm home health workers or spread the virus to other homebound patients,” PQHH noted.

What you need to know from Monday (March 16):

— New York Governor Andrew Cuomo called attention to the likely capacity challenges U.S. hospitals will face moving forward; hospital-at-home models could be key to boosting capacity.

— Stocks plunged once again, With the Dow dropping 2,997 points and trading paused for 15 minutes after rapid selloffs.

— On Sunday, The U.S. Centers for Disease Control and Prevention (CDC) recommended that no gatherings of 50 or more people take place over the next several weeks.

— Also over the weekend, the U.S. Centers for Medicare & Medicaid Services (CMS) issued an 1135 waiver to relax certain rules and Conditions of Participation (CoPs) for certain Medicare health care providers.

— The cost of in-patient admissions for COVID-19 treatment could top \$20,000, a price tag that places a premium on preventative home health and hospital-at-home treatment.

CMS provides home health relief

CMS provided relief to home health agencies, specifically creating flexibilities around timeframes related to OASIS transmission. CMS also announced that it is allowing Medicare administrative contractors (MACs) to extend the auto-cancellation date of Requests for Anticipated Payment (RAPs) during emergencies.

“It remains vital that our health care system be equipped to respond effectively to the additional [COVID-19] cases that do arise, that federal requirements designed for periods of relative calm do not hinder measures needed in an emergency,” CMS Administrator Seema Verma said in a statement. “These temporary blanket waivers – offered to providers and clinicians across the country – are reserved for the rarest of situations. They represent a massive mobilization of our country’s resources to combat this terrible virus. In a time of emergency, the health system needs maximum flexibility to respond appropriately.”

House passes coronavirus relief package

On Saturday, the U.S. House of Representatives passed bipartisan legislation in response to the spread of coronavirus.

Among its provisions, the relief package would provide paid emergency leave with two weeks of paid sick leave, in addition to up to three months of paid family and medical leave, according to House Speaker Nancy Pelosi (D-Calif.).

The Senate is in the process of reviewing the legislation, with some hinting that substantive changes will be needed for it to pass.

Home health legal experts previously told HHCN that a federally mandated sick leave policy would be devastating for some in-home care agencies.

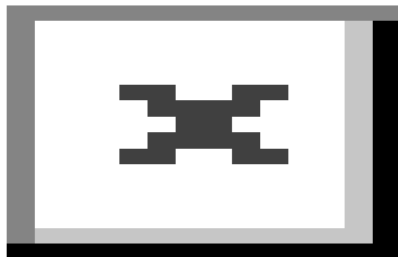
“We are already seeing market consolidation as a result of PDGM and certain regulatory burdens that make it challenging for a smaller provider to keep up, and I fear this would add more fuel to the fire,” Angelo Spinola, an attorney and shareholder at San Francisco-based Littler Mendelson, said. “If these agencies are over-regulated to the point of going out of business, our seniors and their families may be forced to the grey market of less qualified, unsupervised caregivers.”

###

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 02:57 PM



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."

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CMS shares specifics on sweeping Medicare telehealth expansion

<https://medcitynews.com/2020/03/cms-shares-specifics-on-sweeping-medicare-telehealth-expansion/>

MedCity News // By [ELISE REUTER](#) // Mar 17, 2020 at 4:48 PM

CMS Administrator Seema Verma unveiled changes on Tuesday that would significantly widen Medicare's telehealth coverage in light of the Covid-19 pandemic. Providers had been waiting for the much-anticipated guidance, which clarified Department of Health and Human Services Secretary Alex Azar's move to waive certain Medicare restrictions on Friday.

The sweeping changes could play an important role in the trajectory of the disease, letting older patients who face a higher risk from the disease receive care at home.

Prior to the changes, Medicare would only pay for telehealth visits when the patient was in a rural area and if they went to a clinic, hospital, or another medical facility to receive care. Now, Medicare will cover in-home visits, and for patients in any location. A broader range of providers will also be able to deliver telehealth services, including doctors, nurse practitioners and clinical psychologists, the Centers for Medicare and Medicaid Services explained on Tuesday.

“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 news release. “Clinicians on the frontlines will now have greater flexibility to safely treat our beneficiaries.”

The changes went into effect for visits starting on March 6. Medicare will pay for the video visits the same as it would an in-person appointment, and providers are allowed to waive copays or other out-of-pocket costs.

For patients that might not have a secure way to communicate with their physicians, HHS is effectively letting doctors connect with patients through common tools such as FaceTime or Skype. The federal agency said it would waive HIPAA penalties for healthcare providers that use everyday technologies, so long as they are used to “serve patients in good faith.”

The American Medical Association praised the policy changes on Tuesday, including the lifting of HIPAA penalties.

“Administrator Verma took strong steps today to enhance the nation’s digital health care capacity during the COVID-19 pandemic by lifting Medicare restrictions on the use of certain telemedicine services,” AMA President Patrice Harris wrote in a prepared statement. “The AMA had urged the administration to be flexible and the steps CMS has taken demonstrate the agency was listening.”

State-level changes

The changes are one of many actions governments and healthcare providers are taking to handle the fast-moving virus.

Facilities that haven’t used telehealth in the past are now starting to ask questions about how to implement new technologies, said Mei Kwong, executive director of the Center for Connected Health Policy. For example, her office has seen an uptick in skilled nursing facilities asking for help.

“Now that we have this pandemic that we’re facing here, all of these places are realizing, we’ve got to really stretch our resources in some way, and we also need to minimize contact,” she said. “We’ve been slammed with questions coming from all different sectors. ... Everybody is asking, how can I best do this to keep ensuring patient safety, and have less potential exposure to the virus here?”

At the state level, CMS is asking governments to consider waiving telehealth requirements for their Medicaid programs. Florida was the first state to have a waiver approved on Tuesday, which would streamline enrollment for providers to practice in-state, and waive prior authorization requirements for needed services.

In Massachusetts, the state is now requiring its Medicaid managed care plans to cover all “medically necessary” services through telehealth, including mental health services. And in Texas, the state’s medical board is allowing telemedicine consults, including those that are solely conducted over the phone, to diagnose, treat, order tests and prescribe for all conditions.

The AMA and other provider groups have also called for private insurers that are not already covering telehealth service to remove those limitations.

A handful of private payers, including Aetna, Cigna, and BlueCross BlueShield, have said that they will cover telehealth, though the specifics of how that would work are still unclear.

###

Trump lifts restrictions on telehealth services for seniors in hopes of limiting coronavirus spread

<https://www.statnews.com/2020/03/17/trump-telehealth-restrictions/>

STAT // By Lev Facher // March 17, 2020

WASHINGTON — The Trump administration on Tuesday announced an unprecedented expansion of telehealth services for seniors, an effort to prevent healthy and sick Americans alike from visiting doctor’s offices in person and risk spreading or catching the novel coronavirus.

“Medicare patients can now visit any doctor by phone or videoconference at no additional cost, including with commonly used services like FaceTime and Skype,” Trump said during a White House press briefing. “A historic breakthrough — this has not been done before.”

Medicare, the federal health insurer that provides care to individuals 65 or older and others with disabilities or long-term care needs, covers roughly 62 million Americans. The coronavirus and Covid-19, the respiratory disease it causes, often results in particularly severe symptoms for seniors and those with preexisting health conditions like heart or lung disease.

The action, officials said, eliminates the needs for seniors who require checkups or doctor visits unrelated to potential coronavirus infections to travel to in-person clinics and expose themselves to potential infection. Telehealth benefits had previously been restricted to seniors living in rural areas who had already sought care through a particular provider.

“Medicare beneficiaries across the nation, no matter where they live, will now be able to receive a wide range of services via telehealth without ever having to leave home,” said Seema Verma, the administrator of the Centers for Medicare and Medicaid Services. “And these services can also be provided in a variety of settings, including nursing homes, hospital outpatient departments, and more.”

CMS, Verma said, would exercise “enforcement discretion when it comes to collecting copays, so that costs won’t be a barrier.”

Trump urged seniors to use telehealth as much as possible in an effort to slow the virus’ spread and to maintain hospital capacity — presumably by shifting in-person visits to doctor’s offices and hospitals increasingly inundated by coronavirus cases to remote visits conducted by phone or various video chat platforms.

The administration’s action effectively waives many existing restrictions on telehealth. Verma and Trump also stressed that the federal government would stop enforcing numerous elements of HIPAA, the health privacy law that, until now, heavily regulated providers seeking to deliver care remotely. In a statement, health secretary Alex Azar said providers could offer telehealth benefits to seniors “at a lower cost than traditional services.”

The move comes after Trump signed a new law authorizing over \$8 billion in new spending to combat the pandemic, including \$500 million dedicated to helping clinicians expand telehealth services.

“In addition, states have the authority to cover telehealth services for their medical patients, Trump said. “And by doing this, the patient is not seeing the doctor per se, but they’re seeing the doctor, so there’s no getting close.”

###

Trump Relaxes Patient Data Rules to Allow Doctors to Use Personal Phones for Telehealth
<https://www.nextgov.com/policy/2020/03/trump-relaxes-patient-data-rules-allow-doctors-telehealth-using-personal-phones/163847/>

NextGov // By [Aaron Boyd](#) // MARCH 17, 2020 01:57 PM ET

As the nation hunkers down for at least two weeks of social distancing to stem the spread of the coronavirus, the White House announced additional coverage for telehealth services under

Medicare and a relaxing of regulations governing how doctors manage and share health information.

“We are doing a dramatic expansion of what’s known as telehealth for our 62 million Medicare beneficiaries, who are amongst the most vulnerable to the coronavirus,” Seema Verma, administrator of the Centers for Medicare and Medicaid Services, said during a White House press conference Tuesday.

Prior to this action, Medicare benefits covering full, live audio and video telehealth options were only available to people in rural areas without a nearby medical facility and to patients who have established relationships with a billing practice.

“But no longer,” Verma said Tuesday. “Medicare beneficiaries across the nation—no matter where they live—will now be able to receive a wide-range of services via telehealth without ever having to leave home. These services can also be provided in a variety of settings, including nursing homes, hospital outpatient departments, and more.”

As medical professionals push increased telehealth options, the administration moved to waive some sanctions and penalties under the Health Insurance Portability and Accountability Act, which restricts where and how a patient’s health information can be shared.

These restrictions come into play as doctors use their smartphones to communicate with patients, according to Verma.

“Thanks to the leadership of HHS, we’ll also be temporarily relaxing certain HIPAA requirements so that doctors can provide telehealth with their own phones,” she said. “And we’ll be using enforcement discretion when it comes to collecting copays so that costs won’t be a barrier.”

As doctors make use of these options, the Office for Civil Rights said it “will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency,” according to [a notice published Tuesday](#) and effective immediately.

That said, “covered entities must continue to implement reasonable safeguards to protect patient information against intentional or unintentional impermissible uses and disclosures,” according to [a bulletin announcing the limited waiver](#) published by the Health and Human Services Department. “Further, covered entities (and their business associates) must apply the administrative, physical, and technical safeguards of the HIPAA Security Rule to electronic protected health information.”

For example, the OCR notice suggests medical professionals can use “video chat application connecting to the provider’s or patient’s phone or desktop computer,” though should avoid “applications that are public facing,” such as “Facebook Live, Twitch [and] TikTok.”

The notice offers private chat apps such as Apple FaceTime, Facebook Messenger, Google Hangouts and Skype as good options.

While these moves will help those infected with—and otherwise affected by—coronavirus, it will also help flatten the infection curve, especially for those most vulnerable to the disease.

“As we are encouraging Americans to stay home whenever possible, we don’t want our Medicare policies getting in the way,” Verma said. “Consider the implications of this: Perhaps an elderly patient with diabetes needs a routine check-up, and this has nothing to do with the coronavirus. With our new telehealth benefits, this person who is at risk for the coronavirus doesn’t have to venture outside their home. They can talk to their doctor via Skype and they don’t have to risk exposure to the virus and they can receive that care from the safety of their own home.”

###

State Medicaid Plans Wrestle With COVID-19

<https://www.medpagetoday.com/infectiousdisease/covid19/85473>

MedPage Today // by Joyce Frieden // March 17, 2020

WASHINGTON -- The Medicaid program is undergoing temporary changes as a result of COVID-19, with states doing their best to grapple with the increased need for healthcare access.

President Trump's declaration last Friday of a national emergency paved the way for temporarily expanded powers of state Medicaid programs achieved through special exemptions known as 1135 waivers. These waivers would allow states to, among other things, make it easier for people to apply for Medicaid and to retain their eligibility, and for states to make sure there are enough healthcare providers to treat people by increasing the scope of allowable telehealth services.

The waivers would also permit states to allow Medicaid enrollees' treatment to occur in non-traditional settings and relax licensing requirements for out-of-state providers. The waivers also need to make it easier for providers to bill and get paid for services, so they can continue to focus on providing care and be assured of adequate revenues, Christopher Koller, president of the Milbank Memorial Fund, in New York City, said in a blog post earlier this month.

"This has happened in the past, whether it was a natural disaster like a hurricane or a fire or rarely, like what we have now, some sort of national emergency," Koller said in a phone interview. "For Medicaid to be useful then, the states need permission to reinterpret Medicaid rules around eligibility, enrollment, and covered services, and participating providers."

Florida Receives First Waiver

On Tuesday, Florida became the first state to receive an 1135 coronavirus-related waiver, which was approved in "a matter of days," as Seema Verma, administrator of the Centers for Medicare & Medicaid Services (CMS), noted in a White House coronavirus task force briefing Tuesday.

Florida's waiver "includes flexibilities that enable the state to waive prior authorization requirements to remove barriers to needed services, streamline provider enrollment processes to ensure access to care for beneficiaries, allow care to be provided in alternative settings in the event a facility is evacuated to an unlicensed facility, suspend certain nursing home screening requirements to provide necessary administrative relief, and extend deadlines for appeals and state fair hearing requests," CMS [said in a press release](#).

Some of the other relief that states may want to see revolves around types of providers and services such as telehealth use, "particularly with something like coronavirus," Koller said. Many state Medicaid programs "previously had a pretty narrow definition of when telehealth is a covered benefit -- only for these types of services, provided by these people." But in this circumstance, they may want to say that "any service that can be provided using information technology, we want to encourage, because we don't want to create requirements for people to come in for a face-to-face visit. So that's another category."

However, he cautioned, "the federal government isn't going to approve everything the states are asking for ... They have to determine whether it's reasonable and permissible."

Different From Other Emergencies

The authorities that Florida received are "terrific," said Kinda Serafi, JD, partner at Manatt Health, a professional services firm in New York City. The exemptions Florida received are for the most part already authorized in a declaration from Health and Human Services Secretary Alex Azar "and also in guidance CMS had submitted ... so this was just a formal inquiry and then confirmation. I think we will see states going way beyond the Florida 1135 waiver request and ask for more things."

This waiver situation is different than others Medicaid has dealt with because previous emergencies -- such as wildfires and hurricanes -- have involved only a single state or a few states, Serafi pointed out. "In that circumstance, there is bandwidth in the state and the federal government to collectively think about what are the flexibilities a state needs. This is bigger and more global, and it will be interesting to see how states are responding" when they need to bring the hospital association and other state medical groups together to figure out what they should be asking CMS for. "When it's a one-state problem, you can have the whole CMS team on the phone and helping negotiate a rapid response, but now you've got 50 states plus."

Robin Rudowitz, co-director of the Program on Medicaid and the Uninsured at the Kaiser Family Foundation here, pointed out that the bill [passed early Saturday by the House](#) and now being considered by the Senate includes a provision for a temporary increase of 6.2 percentage points

in the federal Medicaid matching rate for each state. "To access the enhanced matching funds, states need to meet certain requirements, so they're not allowed to implement more restrictive eligibility requirements or standards ... and they're also not allowed to impose cost-sharing for testing or treatment for anything related to COVID-19," she said.

The COVID-19 pandemic might also give the 14 states that haven't expanded Medicaid under the Affordable Care Act a reason to reconsider, she added. "That is something they can do that certainly would reduce the number of uninsured in their state," and the federal government would provide 90% of the funds needed for the expansion.

Issues for Communities of Color

A recent telephone briefing by the NAACP highlighted some of the issues states will be facing with disadvantaged enrollees, including those in communities of color.

Nicolette Louissaint, PhD, executive director of Healthcare Ready, a non-governmental organization here, spoke about the impact of the virus among the "medically fragile," or patients with more severe illness or chronic illness, and the "socially vulnerable," those who may not be infected by the coronavirus, but may be challenged by the downstream effects of the public health response.

"In order to ... flatten the curve, we're going to have to change lifestyles," she said, describing the outbreak as a "long-haul, sustained event."

Louissaint cited statistics showing that while 46% of the population relies on prescription drugs and has used them in the last 30 days, that number jumps to 85% for people of color. In fact, she said that 30% of people of color are not able to last 1 day without medication.

"We need to make sure that individuals who need [healthcare] continue to have access to it and can do it safely," such as patients with end-stage renal disease who need dialysis daily. "Making sure healthcare is accessible to everyone is incredibly important."

Associate Editor Molly Walker contributed to this story.

###

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. HHS' Office for Civil Rights will allow providers to deliver telehealth services for any diagnostic or treatment purpose, even if it's unrelated to COVID-19, so long as they do so "in good faith."

"Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications," HHS' Office for Civil Rights said in a [notice](#).

Public-facing apps such as Facebook Live, Twitch and TikTok shouldn't be used because they're most likely to jeopardize patient privacy.

The administration is also asking state Medicaid agencies to offer telehealth services since they don't require federal approval.

Officials hope that increased telehealth use will reduce Medicare beneficiaries' exposure to the coronavirus and slow the spread of the illness. Older adults are more vulnerable to COVID-19 than younger adults and children.

[Telehealth services](#) were previously only available to rural Medicare enrollees if they received telehealth services at a clinic, hospital or other medical facilities. They couldn't receive telehealth services from home.

Medicare has three basic types of telehealth services: Medicare telehealth visits, virtual check-ins and e-visits.

The CMS considers Medicare telehealth visits the same as in-person visits, and they require real-time communication between providers and patients using both audio and video.

Virtual check-ins are brief communications between doctors and patients, such as text messaging. Providers can deliver virtual check-ins using a range of communications since they don't require both audio and video capability. The [CMS](#) expects that patients will initiate most virtual check-ins by, for example, emailing their primary-care doctor.

E-visits involve care delivered through a patient portal, which requires providers to have a preexisting relationship with a Medicare beneficiary.

###

Why Loosening HIPAA Requirements in Response to the Coronavirus Was Urgent and Necessary

<https://slate.com/technology/2020/03/hipaa-requirements-coronavirus-telemedicine.html>

Slate // By JULES LIPOFF // MARCH 17, 2020 5:24 PM

The COVID-19 coronavirus is pushing Italy's health system to its limits, and the United States may be next. There are only so many doctors, rooms, and beds for people who need them. As the cases are increasingly appearing, how can the American health system make sure that people are treated for cases of coronavirus—as well as for more typical diseases—while at the same time limiting new infections? And how can we make sure we'll have enough resources, knowing that they are finite, for all of our nation's health care needs? We're starting to see that a key weapon in the battle against the coronavirus will be telemedicine.

Apparently recognizing this reality, President Donald Trump on Tuesday announced that the Centers for Medicare and Medicaid Services, or CMS, is waiving restrictions on the use of telehealth for the duration of the COVID-19 public health emergency, broadly expanding its use with Medicare paying for virtual visits in addition to in-person visits. Previously, telehealth services were only covered for seniors with established care living in rural areas.

Telemedicine may be one important answer for maximizing resources and supporting the greatest number of people, while embracing the tactic of social distancing. We often think of telemedicine as a means to see doctors from a distance or simply to add convenience. But its particular value in the current situation is how it reallocates in-person care, time, and resources to those who need it most. With telemedicine, we can connect patients with providers using live video—like FaceTime or Skype—or secure text or email systems—like WhatsApp. For every patient that telemedicine triages, avoiding the need for an in-person appointment, another slot is opened up for someone who may have needed it more.

What makes this latest development even more expansive is that CMS also waived enforcement of HIPAA health privacy law violations against providers acting in good faith. This means that everyday communication tools such as FaceTime and Skype, which previously couldn't be used because they weren't technically HIPAA-compliant, can now be used for doctors to evaluate patients. It remains to be seen how existing health systems and providers may use these technologies. Privacy remains a paramount concern, and while doctors may not wish patients to be texting them photos and questions on their personal phones, it is now a legitimate option.

Even with the pandemic continuing to advance, most people with mild illnesses and colds do not require the attention of doctors in person, and in fact many cases of COVID-19 can be most safely and appropriately managed outside of traditional health care venues. Thus, telemedicine may prove especially useful in improving access to doctors in areas under quarantine and lockdown.

And yet, while some people may unnecessarily seek the attention of doctors, there are others with problems who aren't taking them seriously enough. The average person can't be expected to know what might be a cold and what could be early signs of coronavirus complications, such as respiratory failure. Telemedicine has the potential to both screen populations at risk and expand access to care.

Another way that these moves will ameliorate the burden on the system is in the case of testing. When testing finally becomes readily available—after weeks of rationing that continue to this day—people seeking nonurgent testing may add to systemic strain.

Unique to infectious outbreaks, limiting physical contact with doctors and the health care system may prevent disease spread, while simultaneously ensuring the system won't get backed up.

How does this all work in practice? At Penn Medicine, Dr. Bill Hanson, an intensive care doctor and the health system's chief medical information officer, recognized the unique opportunities of this moment. In recent weeks, he has overseen efforts to scale up multiple telemedicine systems: (1) screening patients with automated text messages and calls, (2) virtual visits to triage urgent care and emergency visits, (3) virtual visits to replace outpatient visits for high-risk patients (with poor immune systems, such as chemotherapy patients), and (4) a tele-ICU program to coordinate uniform practices and precautions across many hospitals. Given this rapidly evolving health care crisis, Penn and other hospitals are poised to expand existing telemedicine infrastructure.

Why hasn't telemedicine been adopted more prior to this crisis? The biggest reason is that most telemedicine practices are not covered by insurance—and in general, doctors and hospitals cannot support practices they don't get paid for. Last week's \$8.3 billion coronavirus response bill did expand Medicare's telemedicine coverage, but Tuesday's news takes that even further. Other barriers that remain include licensing restrictions (e.g., my Pennsylvania medical license does not permit caring for a patient located across a river in New Jersey) and concerns about liability when taking care of people remotely. Though this is a challenging crisis, this may prove a timely opportunity to retrofit our system as we go to fully cover and support telemedicine so that we can be better prepared for surge demand on our limited health resources while also preserving necessary social distancing.

But what if telemedicine care is inferior to in-person care? Doesn't everyone deserve the gold standard of in-person exams and their personal doctor-patient relationships to determine if they might have coronavirus? It's true, you can't listen to someone's lungs or do a CT scan over

a smartphone (yet), and nothing can replace a strong personal relationship. There are limitations to what can be done remotely, but let's not make false comparisons. Most triage can determine who needs a physical exam in person and who doesn't. When telemedicine can't offer that clarity, doctors can still err on the side of caution and refer patients for in-person evaluation. But we simply don't have the resources to examine everyone all at once. The true comparison is between people not getting any health care to those now getting health care via telemedicine, or between the sick person not getting enough attention because of overburdened doctors and the sick person getting full care.

Beyond mitigating the spread of the coronavirus, we must invest resources now, adapting to the crisis while using it to develop health care for the future. This newest development by Trump and CMS may only be temporary, but it's a unique opportunity to use telemedicine to its fullest potential, with these barriers currently lifted. With telemedicine, we can expand our system's triage capabilities to avoid wasted efforts and to handle surges. Most clinical decisions likely can be made by providers not physically present with patients. Once this crisis is over, a revamped telemedicine system would continue to improve access to more people and ensure those who need the most attention can get it.

###

Medicare Expands Telehealth Services in Response to Coronavirus

<https://www.aarp.org/health/medicare-insurance/info-2020/expanded-telehealth-amid-coronavirus.html>

AARP // by Dena Bunis // March 17, 2020

As federal officials continue to urge Americans – particularly older adults – to stay in their homes to stem the spread of the [coronavirus](#), President Donald Trump on Tuesday said telehealth options for Medicare recipients are being expanded and made easier to take advantage of.

"Medicare patients can now visit any doctor by phone or video conference at no additional cost, including with commonly used services like FaceTime and Skype," Trump said at a White House briefing. The administration is also relaxing federal health privacy laws so providers can use a wider variety of technologies to treat their patients remotely.

"These changes allow seniors to communicate with their doctors without having to travel to a health care facility so that they can limit risk of exposure and spread of this virus," Seema Verma, administrator of the [Centers for Medicare and Medicaid Services](#) (CMS), said at Tuesday's briefing. "Clinicians on the frontlines will now have greater flexibility to safely treat our beneficiaries," she added.

[Medicare has been gradually ramping up the use of telehealth in recent years.](#) But while Medicare Advantage plans have been allowed to offer liberal telehealth benefits for several years, Original Medicare beneficiaries have had more limited telehealth benefits, amounting to brief virtual check-ins. And beneficiaries would not generally be able to get telehealth services in their own homes. About 40 million Americans are enrolled in Original Medicare.

Tuesday's announcement will allow all Medicare beneficiaries to “see” their doctors remotely for the kind of routine check-ups and monitoring of chronic conditions that would normally be done in a provider's office. A Medicare enrollee, for example, who has diabetes, can now confer with his or her doctor without leaving the house, and a medical professional can order a new medicine or refill a prescription without needing to see the patient in person. Nursing home residents will also be able to have telehealth consultations with their doctors.

And, while regular Medicare copays will apply to telemedicine visits, CMS officials say that during the coronavirus emergency, providers can waive or reduce cost-sharing for telehealth visits.

“Clinicians on the frontlines will now have greater flexibility to safely treat our beneficiaries.” Verma said in a statement announcing the telehealth expansion.

Medicare benefits during the outbreak

Government leaders have already outlined a number of ways Medicare Advantage and Medicare Part D plans can be more flexible when it comes to certain costs related to [COVID-19](#). Here are some ways CMS says Medicare Advantage and Medicare Part D can potentially “mitigate the impact on the health care system” and help speed up access to care, especially for high-risk populations.

- Waive cost-sharing for COVID-19 tests
- Waive cost-sharing for COVID-19 treatments in doctor's offices or emergency rooms and services delivered via telehealth
- Remove prior authorizations requirements — this is when approval from Medicare is required before a certain service is provided
- Waive prescription refill limits
- Relax restrictions on home or mail delivery of prescriptions.

###

TELEHEALTH'S ROLE IN THE CORONAVIRUS RESPONSE

No web link

Politico // BY DARIUS TAHIR // March 18, 2020

Telehealth seems to be one of the key legs supporting the coronavirus response, as the medical system aims to keep patients well-cared-for but also out of the hospital.

That means overhauling the regulatory and reimbursement system, which still hasn't totally caught up to the needs of telehealth providers. Here's the latest in the efforts:

— **Federal response:** The federal government unveiled two big changes to telehealth regulations.

First, HHS is using its authority during national emergencies to waive telehealth reimbursement restrictions and privacy protections so that patients are covered to video chat with their clinicians on consumer platforms like Google Hangouts and FaceTime, officials said Tuesday. President Donald Trump in a Tuesday briefing said his administration would “encourage everyone to maximize use of telehealth

to limit exposure to the virus." The companies did not offer any guidance for how the platforms should be used by patients and clinicians.

Second, licensed clinicians can now prescribe controlled substances to patients they haven't met in person, as long as they communicate using audio and visual elements. [That's per DEA guidance](#) published Tuesday; the [Ryan Haight Act](#) generally prohibits doctors from prescribing controlled substances to patients they haven't examined in-person, except in certain situations — including a public health emergency.

This could help patients access medication-assisted treatment more widely — at least, during the coronavirus outbreak. But DEA still hasn't issued the special registration process that would allow eligible clinicians to regularly prescribe controlled substances virtually. The 2018 opioid response legislation gave DEA until October 2019 to publish that process.

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Sender:	Sokol, Lisa Y. (CMS/OC) </o=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=088CED9A3AE044B794D9FE255BAEEB51-S1MF>
Recipient:	Fortin-Garcia, Carolina (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b46a19129d3d480da4774ea17bed85fb-F395>; CMS Rollouts </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=35bc649dd8464fb9b353e7d99b6a7f7a-CMS Rollout>; Kanellis, Elaine (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0c5dbba7921544b88c2ff99929aa0737-KP9D>; Jenkins, Courtney (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=266d4cf0c71f464e87fd473cf82937b4-J3TB>; Gaona, Elena (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ac3b8ca6f9c340ebb41ac8fbad4ea154-G10R>; Boykin, Jibril O. (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=caa9be19b66e4f5c8057aad444ca06a6-b1b0>; Ceballos, Kelly L. (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3fbfa09c7c634a7db7f1ead6ebca82d1-CQRF>; Hylton, Yvonne (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=757e849e35d9474cb579a6930e968093-HY1Y>; Joy-Bush, Keya A. (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=55ada7c5cd1a4072b1e23fda9b6cfd63-j167>; Sokol, Lisa Y. (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=088ced9a3ae044b794d9fe255baeeb51-s1mf>; LoPiccolo, Maria (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d2a5cb16f904b61afb2f723c1ce2b96-LJGC>; Thorn, Raymond (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5cdf17e2e53b4e23a76b86b0ccfed885-TFHA>; Leshak, Brian (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3de6badb14f642e89d8d4e3c2df5175c-LUS3>; Venson, Shelby (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b6026dbbd3454f0aba908f4c8794e15b-V2NC>; Salters, Tony A. (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2236575e39f14f3c8d8d68a76b4d5a1d-S2GE>; Polglase, William (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=05bc605662e848e1892f624c94fa7072-P683>; Martin, Patrice (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=89ee6ae4c6134c81959f42318e3ed3a3-MTN3>; Mengel, Jonathan P. (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=36ba1777420344d78a7a0db53ccab62b-MB4R>; Smith, Aaron (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=SLHJ>; Ryan, Lorraine (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=377b68638249430faf640159e042e7b1-R290>;

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 Perez-Rivera, Diana (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=PT53>

Sent Date:	2020/03/18 11:46:59
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To:	Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Hamel, Joseph (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=96d2c1602dfa45e5a5e21452a098b96d-Hamel, Jose>
CC:	Hassell, David (Chris) (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=aedbf0ff96e4119ac7a3b3abaf71a3d-Hassell, Da>; Johnson, Robert (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0851e89240324306b78740a4a60745e2-Johnson, Ro>; Phillips, Sally (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d6ce8134846423cb83b5b28464edb60-Phillips, S>; Hrdina, Chad (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c8ce8f1924b146179df90b1d99953414-Hrdina, Cha>; Bratcher-Bowman, Nikki (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7014813c9a244f839e5c01fdaad79179-Bratcher-Bo>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	RE: Chloroquine for COVID19
Date:	2020/03/18 11:51:00
Priority:	Normal
Type:	Note

Hi Rick,

Happy to update the team as it moves quickly. I'm not sure if that will occur at noon or a little later today. Appreciate your assistance on this and other efforts. Thanks, Bryan

From: Bright, Rick (OS/ASPR/BARDA) <Rick.Bright@hhs.gov>
Sent: Wednesday, March 18, 2020 11:49 AM
To: Hamel, Joseph (OS/ASPR/IO) <Joseph.Hamel@hhs.gov>
Cc: Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Hassell, David (Chris) (OS/ASPR/IO) <David.Hassell@hhs.gov>; Johnson, Robert (OS/ASPR/BARDA) <Robert.Johnson@hhs.gov>; Phillips, Sally (OS/ASPR/SPPR) <Sally.Phillips@hhs.gov>; Hrdina, Chad (OS/ASPR/SPPR) <Chad.Hrdina@hhs.gov>; Bratcher-Bowman, Nikki (OS/ASPR/IO) <nikki.bratcherbowman@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Subject: Re: Chloroquine for COVID19

Bryan. It will be very helpful if you can Please be prepared to update usg team at noon. We all need to understand the effort to date to enable forward planning and coordination.

Thanks. Rick.

Sent from my iPhone

On Mar 18, 2020, at 11:43 AM, Hamel, Joseph (OS/ASPR/IO) <Joseph.Hamel@hhs.gov>wrote:

Rick,

No problem – good news is your team has been looped from the beginning on this. Bryan running point on coordination with S1 office and Bayer now. Enclosed is what was sent forward for review by the BARDA Clinical Team and FDA.

Best,
Joe

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

From: Bright, Rick (OS/ASPR/BARDA) <Rick.Bright@hhs.gov>
Sent: Wednesday, March 18, 2020 11:30 AM
To: Hamel, Joseph (OS/ASPR/IO) <Joseph.Hamel@hhs.gov>
Cc: Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Hassell, David (Chris) (OS/ASPR/IO) <David.Hassell@hhs.gov>; Johnson, Robert (OS/ASPR/BARDA) <Robert.Johnson@hhs.gov>; Phillips, Sally (OS/ASPR/SPPR) <Sally.Phillips@hhs.gov>; Hrdina, Chad (OS/ASPR/SPPR) <Chad.Hrdina@hhs.gov>
Subject: Re: Chloroquine for COVID19

Thanks joe. Please send me all info and data you have received so we can be prepared for a noon call. do you have data? Who have you talked with at Bayer. I'm scheduled to talk with ceo today. Would help to know about all prior discussions. Thanks. Rick.

On Mar 18, 2020, at 11:27 AM, Hamel, Joseph (OS/ASPR/IO) <Joseph.Hamel@hhs.gov>wrote:

Rick,

You should coordinate directly with Bryan on this one – he has all the latest.

Best,
Joe

Strategic Innovation and Emerging Technology Manager

Assistant Secretary for Preparedness and Response
Office: 202-969-3852
Cell: (b)(6)

From: Bright, Rick (OS/ASPR/BARDA) <Rick.Bright@hhs.gov>
Sent: Wednesday, March 18, 2020 11:26 AM
To: Hamel, Joseph (OS/ASPR/IO) <Joseph.Hamel@hhs.gov>
Cc: Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Hassell, David (Chris) (OS/ASPR/IO) <David.Hassell@hhs.gov>; Johnson, Robert (OS/ASPR/BARDA) <Robert.Johnson@hhs.gov>; Phillips, Sally (OS/ASPR/SPPR) <Sally.Phillips@hhs.gov>; Hrdina, Chad (OS/ASPR/SPPR) <Chad.Hrdina@hhs.gov>
Subject: RE: Chloroquine for COVID19

It is unclear what ASPR has in mind with this donation plan.

Joe, there are multiple streams ongoing. Can you please remember to loop me in on all MCM discussions as early as possible to help coordinate the information and a plan?

What is the plan on this donation? There are multiple FDA level and clinical level discussions that are triggered. Some background on your discussions will be enormously helpful. Are you leading those discussions with FDA at noon today to align with the ASPR plan? Please advise so we are aligned.

Many thanks Rick

From: Johnson, Robert (OS/ASPR/BARDA) <Robert.Johnson@hhs.gov>
Sent: Wednesday, March 18, 2020 11:16 AM
To: Hrdina, Chad (OS/ASPR/SPPR) <Chad.Hrdina@hhs.gov>; Bratcher-Bowman, Nikki (OS/ASPR/IO) <nikki.bratcherbowman@hhs.gov>; Hamel, Joseph (OS/ASPR/IO) <Joseph.Hamel@hhs.gov>
Cc: Houchens, Christopher (OS/ASPR/BARDA) <Christopher.Houchens@hhs.gov>; Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>; Hernandez, Cameron (OS/ASPR/ORM) <Cameron.Hernandez@hhs.gov>; Callahan, Michael (OS/ASPR/IO) (CTR) <Michael.Callahan@hhs.gov>; Sherman, Susan (HHS/OGC) <Susan.Sherman@HHS.GOV>; Braxton, Makoto (OS/ASPR/ORM) <Makoto.Braxton@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Ottem, Ronald (Ron) (ASPR/SNS) <rco9@cdc.gov>; Adams, Steven A. (ASPR/SNS) <saa1@cdc.gov>; Bartrum, John (OS/ASPR) (CTR) <John.Bartrum@hhs.gov>; Wolf, Laura (OS/ASPR/SIIM) <Laura.Wolf@hhs.gov>; Ezernack, Paige (OS/ASPR/SPPR) <Paige.Ezernack@hhs.gov>; Courtney, Brooke (FDA/OC) <Brooke.Courtney@fda.hhs.gov>; Sadove, Elizabeth (FDA/OC) <Elizabeth.Sadove@fda.hhs.gov>; Bright, Rick (OS/ASPR/BARDA) <Rick.Bright@hhs.gov>
Subject: RE: Chloroquine for COVID19

Looping in Rick. Thanks.

Robert Johnson, Ph.D.

Director, Influenza and Emerging Infectious Diseases Division
Biomedical Advanced Research and Development Authority

BARDA

Assistant Secretary for Preparedness and Response ASPR

Department of Health and Human Services

330 Independence Avenue, S.W. Room 640 G

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

Sent: Wednesday, March 18, 2020 9:02 AM

To: Bratcher-Bowman, Nikki (OS/ASPR/IO) <nikki.bratcherbowman@hhs.gov>; Hamel, Joseph (OS/ASPR/IO) <Joseph.Hamel@hhs.gov>

Cc: Houchens, Christopher (OS/ASPR/BARDA) <Christopher.Houchens@hhs.gov>; Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>; Johnson, Robert (OS/ASPR/BARDA) <Robert.Johnson@hhs.gov>; Hernandez, Cameron (OS/ASPR/ORM) <Cameron.Hernandez@hhs.gov>; Callahan, Michael (OS/ASPR/IO) (CTR) <Michael.Callahan@hhs.gov>; Sherman, Susan (HHS/OGC) <Susan.Sherman@HHS.GOV>; Braxton, Makoto (OS/ASPR/ORM) <Makoto.Braxton@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Ottem, Ronald (Ron) (ASPR/SNS) <rco9@cdc.gov>; Adams, Steven A. (ASPR/SNS) <saa1@cdc.gov>; Bartrum, John (OS/ASPR) (CTR) <John.Bartrum@hhs.gov>; Wolf, Laura (OS/ASPR/SIIM) <Laura.Wolf@hhs.gov>; Ezernack, Paige (OS/ASPR/SPPR) <Paige.Ezernack@hhs.gov>; Courtney, Brooke (FDA/OC) <Brooke.Courtney@fda.hhs.gov>; Sadove, Elizabeth (FDA/OC) <Elizabeth.Sadove@fda.hhs.gov>

Subject: RE: Chloroquine for COVID19

Paige is putting together EUD supporting package, so once declaration is drafted, kick to us and we will work with Nikki to get through review ASAP for signature. Sorry Susan, I know a lot of this is ostensibly falling to you, so anything we can do to help, we will.

Very Respectfully,

Chad

Chad M. Hrdina, MS, GC-WMD, EMT, notary public

Director, Division of Requirements

Office of the Assistant Secretary for Preparedness and Response
Office of Strategy, Policy, Planning, and Requirements

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From: Bratcher-Bowman, Nikki (OS/ASPR/IO) <nikki.bratcherbowman@hhs.gov>
Sent: Wednesday, March 18, 2020 9:00 AM
To: Hamel, Joseph (OS/ASPR/IO) <Joseph.Hamel@hhs.gov>
Cc: Hrdina, Chad (OS/ASPR/SPPR) <Chad.Hrdina@hhs.gov>; Houchens, Christopher (OS/ASPR/BARDA) <Christopher.Houchens@hhs.gov>; Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>; Johnson, Robert (OS/ASPR/BARDA) <Robert.Johnson@hhs.gov>; Hernandez, Cameron (OS/ASPR/ORM) <Cameron.Hernandez@hhs.gov>; Callahan, Michael (OS/ASPR/IO) (CTR) <Michael.Callahan@hhs.gov>; Sherman, Susan (HHS/OGC) <Susan.Sherman@HHS.GOV>; Braxton, Makoto (OS/ASPR/ORM) <Makoto.Braxton@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Ottem, Ronald (Ron) (ASPR/SNS) <rco9@cdc.gov>; Adams, Steven A. (ASPR/SNS) <saa1@cdc.gov>; Bartrum, John (OS/ASPR) (CTR) <John.Bartrum@hhs.gov>; Wolf, Laura (OS/ASPR/SIIM) <Laura.Wolf@hhs.gov>; Ezernack, Paige (OS/ASPR/SPPR) <Paige.Ezernack@hhs.gov>; Courtney, Brooke (FDA/OC) <Brooke.Courtney@fda.hhs.gov>; Sadove, Elizabeth (FDA/OC) <Elizabeth.Sadove@fda.hhs.gov>
Subject: Re: Chloroquine for COVID19

Joe, once Susan drafts I will have to send to Elizabeth in Ethics for review and analysis.

Sent from my iPhone

On Mar 18, 2020, at 8:51 AM, Hamel, Joseph (OS/ASPR/IO) <Joseph.Hamel@hhs.gov> wrote:

Chad,

Just got the call from Bryan.

Time to move the EUD.

Susan,

Please send the donation agreement and I'll work it now.

Bayer will be donating the drug, and the CEO of FedEx has offered to send the plane to Pakistan today.

Best,
Joe

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

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

Sent: Tuesday, March 17, 2020 1:42 PM

To: Hamel, Joseph (OS/ASPR/IO) <Joseph.Hamel@hhs.gov>; Houchens, Christopher (OS/ASPR/BARDA) <Christopher.Houchens@hhs.gov>; Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>; Johnson, Robert (OS/ASPR/BARDA) <Robert.Johnson@hhs.gov>

Cc: Hernandez, Cameron (OS/ASPR/ORM) <Cameron.Hernandez@hhs.gov>; Callahan, Michael (OS/ASPR/IO) (CTR) <Michael.Callahan@hhs.gov>; Sherman, Susan (HHS/OGC) <Susan.Sherman@HHS.GOV>; Braxton, Makoto (OS/ASPR/ORM) <Makoto.Braxton@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Ottem, Ronald (Ron) (ASPR/SNS) <rco9@cdc.gov>; Adams, Steven A. (ASPR/SNS) <saa1@cdc.gov>; Bratcher-Bowman, Nikki (OS/ASPR/IO) <nikki.bratcherbowman@hhs.gov>; Bartrum, John (OS/ASPR) (CTR) <John.Bartrum@hhs.gov>; Wolf, Laura (OS/ASPR/SIIM) <Laura.Wolf@hhs.gov>; Ezernack, Paige (OS/ASPR/SPPR) <Paige.Ezernack@hhs.gov>

Subject: RE: Chloroquine for COVID19

You are welcome to reach out to them, both in global. I have given them a heads up. If you decide to proceed with this, we will coordinate our side with Susan Sherman.

Liz Sadove
Brooke Courtney

Very Respectfully,

Chad

Chad M. Hrdina, MS, GC-WMD, EMT, notary public

Director, Division of Requirements

Office of the Assistant Secretary for Preparedness and Response

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From: Hamel, Joseph (OS/ASPR/IO) <Joseph.Hamel@hhs.gov>

Sent: Tuesday, March 17, 2020 1:38 PM

To: Hrdina, Chad (OS/ASPR/SPPR) <Chad.Hrdina@hhs.gov>; Houchens, Christopher (OS/ASPR/BARDA) <Christopher.Houchens@hhs.gov>; Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>; Johnson, Robert (OS/ASPR/BARDA) <Robert.Johnson@hhs.gov>

Cc: Hernandez, Cameron (OS/ASPR/ORM) <Cameron.Hernandez@hhs.gov>; Callahan, Michael (OS/ASPR/IO) (CTR) <Michael.Callahan@hhs.gov>; Sherman, Susan (HHS/OGC)

<Susan.Sherman@HHS.GOV>; Braxton, Makoto (OS/ASPR/ORM) <Makoto.Braxton@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Ottem, Ronald (Ron) (ASPR/SNS) <rco9@cdc.gov>; Adams, Steven A. (ASPR/SNS) <saa1@cdc.gov>; Bratcher-Bowman, Nikki (OS/ASPR/IO) <nikki.bratcherbowman@hhs.gov>; Bartrum, John (OS/ASPR) (CTR) <John.Bartrum@hhs.gov>; Wolf, Laura (OS/ASPR/SIIM) <Laura.Wolf@hhs.gov>

Subject: RE: Chloroquine for COVID19

Not yet. Just happened and now seems doable.

Let me know if they have time this afternoon, and we'll get it set. Getting data from Bayer now on the drug.

Best,
Joe

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

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

Sent: Tuesday, March 17, 2020 1:34 PM

To: Houchens, Christopher (OS/ASPR/BARDA) <Christopher.Houchens@hhs.gov>; Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>; Johnson, Robert (OS/ASPR/BARDA) <Robert.Johnson@hhs.gov>; Hamel, Joseph (OS/ASPR/IO) <Joseph.Hamel@hhs.gov>

Cc: Hernandez, Cameron (OS/ASPR/ORM) <Cameron.Hernandez@hhs.gov>; Callahan, Michael (OS/ASPR/IO) (CTR) <Michael.Callahan@hhs.gov>; Sherman, Susan (HHS/OGC) <Susan.Sherman@HHS.GOV>; Braxton, Makoto (OS/ASPR/ORM) <Makoto.Braxton@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Ottem, Ronald (Ron) (ASPR/SNS) <rco9@cdc.gov>; Adams, Steven A. (ASPR/SNS) <saa1@cdc.gov>; Bratcher-Bowman, Nikki (OS/ASPR/IO) <nikki.bratcherbowman@hhs.gov>

Subject: RE: Chloroquine for COVID19

Has anyone talked to Brooke or Liz at FDA? Do they know this is coming?

Very Respectfully,

Chad

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

HEALTH AND HUMAN SERVICES | O'Neill House Office Building | 200 C Street SW | Washington, DC 20515
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From: Houchens, Christopher (OS/ASPR/BARDA) <Christopher.Houchens@hhs.gov>
Sent: Tuesday, March 17, 2020 1:33 PM
To: Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>; Johnson, Robert (OS/ASPR/BARDA) <Robert.Johnson@hhs.gov>; Hamel, Joseph (OS/ASPR/IO) <Joseph.Hamel@hhs.gov>
Cc: Hernandez, Cameron (OS/ASPR/ORM) <Cameron.Hernandez@hhs.gov>; Callahan, Michael (OS/ASPR/IO) (CTR) <Michael.Callahan@hhs.gov>; Sherman, Susan (HHS/OGC) <Susan.Sherman@HHS.GOV>; Braxton, Makoto (OS/ASPR/ORM) <Makoto.Braxton@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Ottem, Ronald (Ron) (ASPR/SNS) <rco9@cdc.gov>; Adams, Steven A. (ASPR/SNS) <saa1@cdc.gov>; Bratcher-Bowman, Nikki (OS/ASPR/IO) <nikki.bratcherbowman@hhs.gov>; Hrdina, Chad (OS/ASPR/SPPR) <Chad.Hrdina@hhs.gov>
Subject: RE: Chloroquine for COVID19

Thanks, Joe. Including Gary and Robert for awareness. Clinical team will review the data once you send it. Chris

From: Sherman, Susan (HHS/OGC) <Susan.Sherman@HHS.GOV>
Sent: Tuesday, March 17, 2020 1:29 PM
To: Hamel, Joseph (OS/ASPR/IO) <Joseph.Hamel@hhs.gov>; Braxton, Makoto (OS/ASPR/ORM) <Makoto.Braxton@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Ottem, Ronald (Ron) (ASPR/SNS) <rco9@cdc.gov>; Adams, Steven A. (ASPR/SNS) <saa1@cdc.gov>; Houchens, Christopher (OS/ASPR/BARDA) <Christopher.Houchens@hhs.gov>; Bratcher-Bowman, Nikki (OS/ASPR/IO) <nikki.bratcherbowman@hhs.gov>; Hrdina, Chad (OS/ASPR/SPPR) <Chad.Hrdina@hhs.gov>
Cc: Hernandez, Cameron (OS/ASPR/ORM) <Cameron.Hernandez@hhs.gov>; Callahan, Michael (OS/ASPR/IO) (CTR) <Michael.Callahan@hhs.gov>
Subject: RE: Chloroquine for COVID19

Hi Joe,

(b)(5)

Including Nikki and Chad, who are respectively familiar with the two procedures above.

Susan

From: Hamel, Joseph (OS/ASPR/IO) <Joseph.Hamel@hhs.gov>

Sent: Tuesday, March 17, 2020 1:22 PM

To: Sherman, Susan (HHS/OGC) <Susan.Sherman@HHS.GOV>; Braxton, Makoto (OS/ASPR/ORM) <Makoto.Braxton@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Ottem, Ronald (Ron) (ASPR/SNS) <rco9@cdc.gov>; Adams, Steven A. (ASPR/SNS) <saa1@cdc.gov>; Houchens, Christopher (OS/ASPR/BARDA) <Christopher.Houchens@hhs.gov>

Cc: Hernandez, Cameron (OS/ASPR/ORM) <Cameron.Hernandez@hhs.gov>; Callahan, Michael (OS/ASPR/IO) (CTR) <Michael.Callahan@hhs.gov>

Subject: Chloroquine for COVID19

Importance: High

All,

We were approached by a group about a promising compound (chloroquine) that is making waves in the European and Chinese critical care community – see enclosed pub, more coming. Used for malaria, but has shown antiviral properties, and appears to work. Not a blockbuster drug for this fight, but a good drug.

(b)(5)

Susan and Makoto,

(b)(5)

Chris,

(b)(5)

Bryan,

(b)(5)

Best,
Joe

<<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)

<mime-attachment>

Sender:	Shuy, Bryan (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FDEB5CA04B6B4ED19FEC2209B5F571E7-SHUY, BRYAN>
Recipient:	Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Hamel, Joseph (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=96d2c1602dfa45e5a5e21452a098b96d-Hamel, Jose>; Hassell, David (Chris) (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=aedbfb0ff96e4119ac7a3b3abaf71a3d-Hassell, Da>; Johnson, Robert (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0851e89240324306b78740a4a60745e2-Johnson, Ro>; Phillips, Sally (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d6ce8134846423cb83b5b28464edb60-Phillips, S>; Hrdina, Chad (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c8ce8f1924b146179df90b1d99953414-Hrdina, Cha>; Bratcher-Bowman, Nikki (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7014813c9a244f839e5c01fdaad79179-Bratcher-Bo>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Sent Date:	2020/03/18 11:50:59
Delivered Date:	2020/03/18 11:51:00
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:	RE: media inquiry
Date:	2020/03/18 12:16:58
Priority:	Normal
Type:	Note

Hi, sir.

I'm not sure if you heard back from the ASH, but Steven reached out to me.

(b)(5)

Let me know if you have any additional questions.

Draft, pre-decisional and deliberative

From: Sherman, Jennifer (HHS/OASH)
Sent: Wednesday, March 18, 2020 6:53 AM
To: Jerome Adams (HHS/OASH) (Jerome.Adams@hhs.gov) <Jerome.Adams@hhs.gov>
Subject: media inquiry

Dr. Adams, Here is the media inquiry I mentioned.

Reaching out to see if you could confirm a report that the Surgeon General will invoke 2 USC 265 so the administration can bar the entry of most migrants at the southern border in response to the coronavirus pandemic.

This is the statute:

Whenever the Surgeon General determines that by reason of the existence of any communicable disease in a foreign country there is serious danger of the introduction of such disease into the United States, and that this danger is so increased by the introduction of persons or property from such country that a suspension of the right to introduce such persons and property is required in the interest of the public health, the Surgeon General, in accordance with regulations approved by the President, shall have the power to prohibit, in whole or in part, the introduction of persons and property from such countries or places as he shall designate in order to avert such danger, and for such period of time as he may deem necessary for such purpose.

Draft, pre-decisional and deliberative

Jenn Sherman

Director of Public Affairs

Office of the Surgeon General

Department of Health and Human Services (HHS)

Sender:	Sherman, Jennifer (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F30FE7FAE664419FA654B20EDCCB1E78-SHERMAN, JE>
Recipient:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Sent Date:	2020/03/18 12:16:57
Delivered Date:	2020/03/18 12:16:58

From:	Schuchat, Anne MD (CDC/OD) <acs1@cdc.gov>
To:	Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; Redfield, Robert R. (CDC/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ab74a26317547b8a754285d9eaa847c-robert.redf>; CMS SV1 </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7e612386f0cc4e1584c203e2d6d8c943-VJWC>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
CC:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>; McGowan, Robert (Kyle) (CDC/OD/OCS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a2046e75239f48a28d2854bedbe5f899-robert.mcgo>; Berger, Sherri (CDC/OCOO/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=813a9180b08c4a24a48d1d674a7b6b42-Berger, She>; CDC IMS 2019 NCOV Response Policy <eocevent209@cdc.gov>; Hoo, Elizabeth (CDC/OD/OCS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1dac613f7182426b94e913a4b8951888-elizabeth.h>
Subject:	Re: long term care facilities situational awareness
Date:	2020/03/18 12:45:25
Priority:	Normal
Type:	Note

Yes. It's one of the reasons health care system surge is so critical since each one of these could become another epicenter like LifeCare in seattle area. And disposition for patients very demanding. The Itcf interagency group is working thru the alternate care issues.

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From: Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>

Sent: Wednesday, March 18, 2020 12:33:27 PM

To: Schuchat, Anne MD (CDC/OD) <acs1@cdc.gov>; Redfield, Robert R. (CDC/OD) <olx1@cdc.gov>; CMS SV1 <SV1@cms.hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>

Cc: OS Secretary's Operations Center (CDC hhs.gov) <hhs.soc@hhs.gov>; McGowan, Robert (Kyle) (CDC/OD/OCS) <omc2@cdc.gov>; Berger, Sherri (CDC/OCOO/OD) <sob8@cdc.gov>; CDC IMS 2019 NCOV Response Policy <eocevent209@cdc.gov>; Hoo, Elizabeth (CDC/OD/OCS) <irp5@cdc.gov>

Subject: RE: long term care facilities situational awareness

That is really awful news.

That's for the SITREP

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: Schuchat, Anne MD (CDC/OD) <acs1@cdc.gov>

Sent: Wednesday, March 18, 2020 12:33 PM

To: Redfield, Robert R. (CDC/OD) <olx1@cdc.gov>; CMS SV1 <SV1@cms.hhs.gov>; Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Cc: OS Secretarys Operations Center <hhs.soc@hhs.gov>; McGowan, Robert (Kyle) (CDC/OD/OCS) <omc2@cdc.gov>; Berger, Sherri (CDC/OCOO/OD) <sob8@cdc.gov>; CDC IMS 2019 NCOV Response Policy <eocevent209@cdc.gov>; Hoo, Elizabeth (CDC/OD/OCS) <irp5@cdc.gov>
Subject: long term care facilities situational awareness

Dr Redfield and others:

We are aware of **at least 35 Long Term Care facilities across 13 states**, with cases of COVID-19. However, this is likely an underestimate.

The states are WA, CO, TX, OK, KS, LA, FL, IL, NY, RI, GA, SC, MD. Not all of these states have publicly reported potential outbreaks in LTCs.

Anne Schuchat, MD
Principal Deputy Director
Centers for Disease Control and Prevention
Rear Admiral, US Public Health Service (Retired)

Sender:	Schuchat, Anne MD (CDC/OD) <acs1@cdc.gov>
Recipient:	Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; Redfield, Robert R. (CDC/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ab74a26317547b8a754285d9eaa847c-robert.redf>; CMS SV1 </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7e612386f0cc4e1584c203e2d6d8c943-VJWC>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>; McGowan, Robert (Kyle) (CDC/OD/OCS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a2046e75239f48a28d2854bedbe5f899-robert.mcgo>; Berger, Sherri (CDC/OCOO/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=813a9180b08c4a24a48d1d674a7b6b42-Berger, She>; CDC IMS 2019 NCOV Response Policy <eocevent209@cdc.gov>; Hoo, Elizabeth (CDC/OD/OCS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1dac613f7182426b94e913a4b8951888-elizabeth.h>
Sent Date:	2020/03/18 12:45:00
Delivered Date:	2020/03/18 12:45:25

From:	Murphy, Ryan (OS/ASPA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=314E69C69A844B47BDD9F74BC60A8D44-MURPHY, RYA>
To:	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>; Hall, Bill (HHS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02b39f27f3b4469a960054b23545cc24-Hall, Bill>; Oakley, Caitlin B. (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e5ee4c35534c4af9bdac46789c034790-Oakley, Cai>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>
Subject:	FW: Trump dispatching Navy hospital ship to New York Harbor
Date:	2020/03/18 12:48:09
Priority:	Normal
Type:	Note

From: POLITICO Pro Defense <politicoemail@politicopro.com>
Sent: Wednesday, March 18, 2020 12:45 PM
To: Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>
Subject: Trump dispatching Navy hospital ship to New York Harbor

Trump dispatching Navy hospital ship to New York Harbor

By Lara Seligman

03/18/2020 12:44 PM EDT

President Donald Trump is dispatching Navy hospital ship USNS Comfort to New York Harbor to support the coronavirus response, he announced during a press conference on Wednesday.

Trump also announced that he will be invoking the Defense Production Act to expand the U.S. response to the outbreak.

The Navy has two hospital ships. The other, USNS Mercy, is being prepared to deploy to a location on the West Coast, Trump said. The ships will be launched in the next week, he said, noting that he spoke with New York Gov. Andrew Cuomo, who announced the Comfort deployment in a press conference minutes before the president's comments.

"They are in tip-top shape," Trump said.

Defense Secretary Mark Esper announced Tuesday that the Pentagon is preparing the ships, which are equipped with 1,000 hospital beds each, for a potential deployment to hotspots to relieve civilian hospitals dealing with the virus.

Defense officials noted that the hospital ships aren't conducive to containing infectious disease

outbreaks, but can be used to treat non-coronavirus patients while existing medical facilities focus on disease treatment.

"Our capabilities are focused on trauma ... they don't have necessarily the segregated spaces that you need to deal with infectious diseases," Esper said, adding that deploying the hospital ships could "take the pressure off of civilian hospitals when it comes to trauma cases to open up civilian hospital rooms for infectious diseases."

By invoking the Defense Production Act, the administration would be allowed to direct U.S. industry to ramp up production of critical medical supplies.

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."

"We will use the Defense Production Act as necessary to enable that our contracts go to the front of the line on contracting," Health and Human Services Secretary Alex Azar told reporters on Feb. 28. "So that is an authority that we have, and we intend to use it to acquire anything that we need to acquire."

To view online:

<https://subscriber.politicopro.com/defense/article/2020/03/trump-dispatching-navy-hospital-ship-to-new-york-harbor-1896651>

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Delivered Date:	2020/03/18 12:48:09

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>; Wright, Janet (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=41f672e2527b4f44891fb4f4be08cdfd-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: Documents show undisclosed coronavirus cases at DHS
Date:	2020/03/18 12:51:21
Priority:	Normal
Type:	Note

FYI

From: POLITICO Pro Transportation <politicoemail@politicopro.com>
Sent: Wednesday, March 18, 2020 12:44 PM
To: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Subject: Documents show undisclosed coronavirus cases at DHS

Documents show undisclosed coronavirus cases at DHS

By Betsy Woodruff Swan

03/18/2020 12:43 PM EDT

Nearly 500 DHS employees are quarantined because of the novel coronavirus, and at least 13 are confirmed or presumed Covid-19 positive, according to documentation reviewed by POLITICO.

A spokesperson for DHS headquarters did not provide comment on the record.

The department previously revealed that eight TSA officers had contracted the coronavirus.

But the latest numbers are higher, and highlight the challenge the novel coronavirus poses to the federal workforce. More than 240,000 people work for DHS, making it the third-largest workforce in the federal government. Many of those employees interact with numerous people every day as part of their work, including employees with Customs and Border Protection and TSA.

“The department’s leadership is going to have to pay very close attention as this public health crisis evolves,” said John Cohen, former acting head of the department’s Office of Intelligence and Analysis. “It has to be concerned that its ability to carry out its core mission could be compromised if there’s a widespread outbreak of the virus among DHS personnel. And quite frankly, that’s something that federal, state and local officials need to be concerned about across the board: that this virus will spread among first responders, law enforcement and homeland

security personnel, compromising the ability of those organizations to protect the public.”

The Centers for Disease Control and Prevention has advised people to “put distance” between themselves and others if the virus is spreading in their community. Thousands of Americans are following this directive, and numerous workplaces have directed their employees to work from home.

The American Federation of Government Employees, which represents TSA officers, has criticized the department over its handling of the outbreak. The union pushed for them to be able to wear respirators at work, but — per a statement from AFGE — TSA management refused, only allowing surgical masks.

The safety of the DHS workforce has also drawn attention from the Hill.

“It’s important to remember that during this pandemic, the DHS workforce is still manning the frontlines, protecting our skies and borders,” said Rep. Bennie Thompson (D-Miss.), who heads the House Committee on Homeland Security, in a statement. “It’s critical they are properly protected — and the Administration has a long-term plan for this. Not just for their own health and safety, but to ensure we have a fully functional frontline workforce in the months to come.”

The diagnoses and quarantines come as DHS employees have faced significant strain under the Trump administration, according to David Lapan, the department’s chief spokesperson for the first nine months of Donald Trump’s presidency.

“Because of the president’s outsized focus on the immigration enforcement part of the DHS mission set — since immigration is not the only thing in DHS’s mission — the organization has been under a lot of strain over the last three years,” he said. “The focus on immigration, lots of attention, lots of presidential pressure, vacancies, changes in leadership, the government shutdown, people having to work without pay — after all of that, add on this pandemic and I think you have cause for concern about a workforce that has been under extended stress, now having to endure yet more.”

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To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	NEED EYES ON/DECISION--FW: VA health system can give states coronavirus backup, but only on HHS orders
Date:	2020/03/18 12:54:36
Priority:	Normal
Type:	Note

From: Arbes, Sarah (HHS/ASL) <Sarah.Arbes@hhs.gov>
Sent: Wednesday, March 18, 2020 12:54 PM
To: Dareshori, Zack (HHS/IOS) <Zachary.Dareshori@hhs.gov>
Cc: Morse, Sara (HHS/ASL) <Sara.Morse@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>; Shuy, Caitrin (HHS/ASFR) <Caitrin.Shuy@hhs.gov>; 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>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Hayes, Jonathan (OS/ASPR/IO) <Jonathan.Hayes@hhs.gov>
Subject: Re: VA health system can give states coronavirus backup, but only on HHS orders

Sorry to be a pest...really need a steer here. Who is on point for answering whether we are working w VA or not?

On Mar 18, 2020, at 12:05 PM, Arbes, Sarah (HHS/ASL) <Sarah.Arbes@hhs.gov>wrote:

From whom at the WH are we awaiting guidance?

On Mar 18, 2020, at 11:41 AM, Dareshori, Zack (HHS/IOS) <Zachary.Dareshori@hhs.gov>wrote:

Adding Jonathan Hayes

From: Morse, Sara (HHS/ASL) <Sara.Morse@hhs.gov>
Sent: Wednesday, March 18, 2020 11:24 AM

To: Arbes, Sarah (HHS/ASL) <Sarah.Arbes@hhs.gov>; Dareshori, Zack (HHS/IOS) <Zachary.Dareshori@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>; Shuy, Caitrin (HHS/ASFR) <Caitrin.Shuy@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>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>

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

Looping in Bryan, it was my understanding we were awaiting direction from WH....Bryan any update?

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

Sent: Wednesday, March 18, 2020 11:20 AM

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

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

Any updates on this? Eric Ueland is now asking.

From: Arbes, Sarah (HHS/ASL)

Sent: Tuesday, March 17, 2020 10:45 AM

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

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

Sara Morse will be ASL's lead on this.

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.

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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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Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Sent Date:	2020/03/18 12:54:35
Delivered Date:	2020/03/18 12:54:36

From:	Redfield, Robert R. (CDC/OD) <olx1@cdc.gov>
To:	Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; Schuchat, Anne MD (CDC/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b6e506fd4b204294906aa26f44d2f2c8-Schuchat, A>; CMS SV1 </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7e612386f0cc4e1584c203e2d6d8c943-VJWC>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
CC:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>; McGowan, Robert (Kyle) (CDC/OD/OCS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a2046e75239f48a28d2854bedbe5f899-robert.mcgo>; Berger, Sherri (CDC/OCOO/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=813a9180b08c4a24a48d1d674a7b6b42-Berger, She>; CDC IMS 2019 NCOV Response Policy <eocevent209@cdc.gov>; Hoo, Elizabeth (CDC/OD/OCS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1dac613f7182426b94e913a4b8951888-elizabeth.h>
Subject:	Re: long term care facilities situational awareness
Date:	2020/03/18 13:05:02
Priority:	Normal
Type:	Note

Thanks

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From: Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>

Sent: Wednesday, March 18, 2020 12:33:27 PM

To: Schuchat, Anne MD (CDC/OD) <acs1@cdc.gov>; Redfield, Robert R. (CDC/OD) <olx1@cdc.gov>; CMS SV1 <SV1@cms.hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>

Cc: OS Secretary's Operations Center (CDC hhs.gov) <hhs.soc@hhs.gov>; McGowan, Robert (Kyle) (CDC/OD/OCS) <omc2@cdc.gov>; Berger, Sherri (CDC/OCOO/OD) <sob8@cdc.gov>; CDC IMS 2019 NCOV Response Policy <eocevent209@cdc.gov>; Hoo, Elizabeth (CDC/OD/OCS) <irp5@cdc.gov>

Subject: RE: long term care facilities situational awareness

That is really awful news.

That's for the SITREP

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: Schuchat, Anne MD (CDC/OD) <acs1@cdc.gov>

Sent: Wednesday, March 18, 2020 12:33 PM

To: Redfield, Robert R. (CDC/OD) <olx1@cdc.gov>; CMS SV1 <SV1@cms.hhs.gov>; Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>

Cc: OS Secretarys Operations Center <hhs.soc@hhs.gov>; McGowan, Robert (Kyle) (CDC/OD/OCS) <omc2@cdc.gov>; Berger, Sherri (CDC/OCOO/OD) <sob8@cdc.gov>; CDC IMS 2019 NCOV Response Policy <eocevent209@cdc.gov>; Hoo, Elizabeth (CDC/OD/OCS) <irp5@cdc.gov>
Subject: long term care facilities situational awareness

Dr Redfield and others:

We are aware of **at least 35 Long Term Care facilities across 13 states**, with cases of COVID-19. However, this is likely an underestimate.

The states are WA, CO, TX, OK, KS, LA, FL, IL, NY, RI, GA, SC, MD. Not all of these states have publicly reported potential outbreaks in LTCs.

Anne Schuchat, MD
Principal Deputy Director
Centers for Disease Control and Prevention
Rear Admiral, US Public Health Service (Retired)

Sender:	Redfield, Robert R. (CDC/OD) <olx1@cdc.gov>
Recipient:	Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; Schuchat, Anne MD (CDC/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b6e506fd4b204294906aa26f44d2f2c8-Schuchat, A>; CMS SV1 </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7e612386f0cc4e1584c203e2d6d8c943-VJWC>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>; McGowan, Robert (Kyle) (CDC/OD/OCS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a2046e75239f48a28d2854bedbe5f899-robert.mcgo>; Berger, Sherri (CDC/OCOO/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=813a9180b08c4a24a48d1d674a7b6b42-Berger, She>; CDC IMS 2019 NCOV Response Policy <eocevent209@cdc.gov>; Hoo, Elizabeth (CDC/OD/OCS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1dac613f7182426b94e913a4b8951888-elizabeth.h>
Sent Date:	2020/03/18 13:04:38
Delivered Date:	2020/03/18 13:05:02

From:	Brennan, Patrick (OS/ASPA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=B51C3D9A49FD4882951ECA2417C19DCF-BRENNAN, PA>
To:	AMA2 (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c145629cc8ac4858bf1f0ce5dd0461dc-AMA2!>; Apple, Matthew (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b2d31099399446eab9bff69d52880932-Apple, Matt>
CC:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	accomplishments bullets
Date:	2020/03/18 13:20:16
Priority:	Normal
Type:	Note

Response to the Coronavirus Led by HHS from Day 1

1. Containment

- Within two weeks of China's notifying WHO about the virus and just 45 cases in China, began screening travelers from Wuhan.
- Came up with idea for and drove:
 - Travel suspension from Hubei and China on January 31.
 - Travel suspension from Europe on March 11.
 - Ban of cruise line travel.
- Came up with idea for and drove the President's unprecedented national social-distancing guidelines.

2. Testing

- Developed accurate test at CDC in two weeks, breaking records.
- Tens of thousands of tests performed by CDC and public labs, plus tens of thousands of hospital and lab tests not reported.
- Record-speed authorizations of high-throughput automatic private tests (processing applications in >24 hours).
- No denials of test requests by CDC at any point.
- U.S. testing capacity tracked or outpaced peer nations at comparable points in epidemiological spread.

3. Preparation and Supplies

- Beginning in January, drove N95 mask production capacity on U.S. soil from ≈250 million to ≈640 million.
- Procurement for 500 million N95 masks.
- Authorized millions of industrial N95s and surgical masks to be used in place of healthcare N95s.
- New spray to allow reuse of N95s in the works with FDA.
- Worked with private firm to invent washable cloth surgical mask.
- Purchased 10,000 ventilators for Strategic National Stockpile.
- Working to authorize readily available CPAPs for ventilator use.
- Created consortium of medical product distributors to allocate the \$1 trillion of private medical products to areas of greatest need.

4. Healthcare Capacity

- Prepared 30 field hospitals with capacity for care for 250 patients each.

- Convening hospitals to learn best practices and lessons from Seattle and California hospitals.
- Waived restrictions on interstate practice of medicine.
- Expanded Medicare coverage for telehealth, allowed use of everyday technologies like FaceTime, and allowed waiver of copays to encourage telehealth.

5. Treatments

- Launched world's first vaccine trial, reaching human patients in record time.
- Secured donation of 4 million hydrochloroquine tablets from Bayer.
- CDC and FDA guidance on off-label use of hydrochloroquine.
- Remdesivir being delivered under compassionate use and in NIH clinical trial in Nebraska.

Patrick Brennan

Director of Speechwriting

Department of Health and Human Services

Office: 202-205-2819 | Cell: (b)(6)

DRAFT/ PREDECISIONAL

Sender:	Brennan, Patrick (OS/ASPA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=B51C3D9A49FD4882951ECA2417C19DCF-BRENNAN, PA>
Recipient:	AMA2 (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c145629cc8ac4858bf1f0ce5dd0461dc-AMA2!>; Apple, Matthew (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b2d31099399446eab9bff69d52880932-Apple, Matt>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Sent Date:	2020/03/18 13:20:16

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=BB9D9180497C49C4A06A0DD1F6043DC7-BIRD, CATHE>
To:	Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>
CC:	Hayes, Jonathan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8cdfb7232de4428794f2901218bc1360-Hayes, Jona>; Arbes, Sarah (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=106db0ac70a241a8b1323647c093d9bf-Arbes, Sara>; Dareshori, Zack (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a4e07b941ed04118ab39d2f6e3f2392c-Dareshori,>; Morse, Sara (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=eb3a04f7dbde41049bfd10f490d3e178-Morse, Sara>; Oakley, Caitlin B. (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e5ee4c35534c4af9bdac46789c034790-Oakley, Cai>; Shuy, Caitrin (HHS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1f12cde7b4764f1aad8b20c0dceae0a7-Shuy, Caitr>; 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,>; Armstrong, Rebekah (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=77ef5bf94d434250a362f9f2f07df748-Armstrong,>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>
Subject:	Re: VA health system can give states coronavirus backup, but only on HHS orders
Date:	2020/03/18 13:43:29
Priority:	Normal
Type:	Note

Connecting on this now.

Sent from my iPhone

On Mar 18, 2020, at 1:42 PM, Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>wrote:

He's here in building if you want to ask him

Sent from my iPhone

On Mar 18, 2020, at 1:39 PM, Hayes, Jonathan (OS/ASPR/IO) <Jonathan.Hayes@hhs.gov>wrote:

Agree.

From: Arbes, Sarah (HHS/ASL) <Sarah.Arbes@hhs.gov>
Sent: Wednesday, March 18, 2020 1:09 PM
To: Dareshori, Zack (HHS/IOS) <Zachary.Dareshori@hhs.gov>
Cc: Morse, Sara (HHS/ASL) <Sara.Morse@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>; Shuy, Caitrin (HHS/ASFR) <Caitrin.Shuy@hhs.gov>; 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>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Hayes, Jonathan (OS/ASPR/IO) <Jonathan.Hayes@hhs.gov>
Subject: RE: VA health system can give states coronavirus backup, but only on HHS orders

I connected with Morse. Appears the only person who may know is Brian Harrison. I've texted him.

From: Dareshori, Zack (HHS/IOS) <Zachary.Dareshori@hhs.gov>
Sent: Wednesday, March 18, 2020 1:08 PM
To: Arbes, Sarah (HHS/ASL) <Sarah.Arbes@hhs.gov>
Cc: Morse, Sara (HHS/ASL) <Sara.Morse@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>; Shuy, Caitrin (HHS/ASFR) <Caitrin.Shuy@hhs.gov>; 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>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Hayes, Jonathan (OS/ASPR/IO) <Jonathan.Hayes@hhs.gov>
Subject: RE: VA health system can give states coronavirus backup, but only on HHS orders

Please talk to Bryan I haven't been involved in this other than setting up the meeting. I think Jonathan Hayes could help too

From: Arbes, Sarah (HHS/ASL) <Sarah.Arbes@hhs.gov>
Sent: Wednesday, March 18, 2020 12:54 PM
To: Dareshori, Zack (HHS/IOS) <Zachary.Dareshori@hhs.gov>
Cc: Morse, Sara (HHS/ASL) <Sara.Morse@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>; Shuy, Caitrin (HHS/ASFR) <Caitrin.Shuy@hhs.gov>; 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>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Hayes, Jonathan (OS/ASPR/IO) <Jonathan.Hayes@hhs.gov>
Subject: Re: VA health system can give states coronavirus backup, but only on HHS orders

Sorry to be a pest...really need a steer here. Who is on point for answering whether we are working w VA or not?

On Mar 18, 2020, at 12:05 PM, Arbes, Sarah (HHS/ASL) <Sarah.Arbes@hhs.gov>wrote:

From whom at the WH are we awaiting guidance?

On Mar 18, 2020, at 11:41 AM, Dareshori, Zack (HHS/IOS)
<Zachary.Dareshori@hhs.gov>wrote:

Adding Jonathan Hayes

From: Morse, Sara (HHS/ASL) <Sara.Morse@hhs.gov>
Sent: Wednesday, March 18, 2020 11:24 AM
To: Arbes, Sarah (HHS/ASL) <Sarah.Arbes@hhs.gov>; Dareshori, Zack (HHS/IOS) <Zachary.Dareshori@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>; Shuy, Caitrin (HHS/ASFR) <Caitrin.Shuy@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>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>
Subject: RE: VA health system can give states coronavirus backup, but only on HHS orders

Looping in Bryan, it was my understanding we were awaiting direction from WH....Bryan any update?

From: Arbes, Sarah (HHS/ASL) <Sarah.Arbes@hhs.gov>
Sent: Wednesday, March 18, 2020 11:20 AM
To: Dareshori, Zack (HHS/IOS) <Zachary.Dareshori@hhs.gov>; 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>
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

Any updates on this? Eric Ueland is now asking.

From: Arbes, Sarah (HHS/ASL)
Sent: Tuesday, March 17, 2020 10:45 AM
To: Dareshori, Zack (HHS/IOS) <Zachary.Dareshori@hhs.gov>; 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>
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

Sara Morse will be ASL's lead on this.

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@politico.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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Sent Date:	2020/03/18 13:43:27
Delivered Date:	2020/03/18 13:43:29

From:	Adams, Jerome (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=184FE51F7350400B8A99DABD65AC0DB5-ADAMS, JERO>
To:	Gettinger, Andrew (OS/ONC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=493de695a2254531840ab49b8e70c0d7-Gettinger,>
CC:	Rucker, Donald (OS/ONC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=56c304886bf3464694559621e2688ec5-Rucker, Don>
Subject:	RE: Ventilator Capacity
Date:	2020/03/18 13:46:00
Priority:	Normal
Type:	Note

Thanks for the heads up! We could definitely do more with current capacity by thinking outside the box. ASA and APSF are ready to roll in terms of thinking through how to transition ORs to ICUs (or moving the OR vents to other places). Anesthesiologists can add to the ICU workforce. Also, we need to start seriously thinking about coronavirus only hospitals like they did in China- they save PPE, eliminate risk of spread (because everyone has the virus already), and allow people to focus solely on one thing. Thanks for your efforts!

Jerome

VADM Jerome Adams, MD, MPH

20th U.S. Surgeon General

From: Gettinger, Andrew (OS/ONC) <Andrew.Gettinger@hhs.gov>
Sent: Tuesday, March 17, 2020 5:20 PM
To: Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>
Cc: Rucker, Donald (OS/ONC) <Donald.Rucker@hhs.gov>
Subject: FW: Ventilator Capacity

Dear Dr. Adams,

I'm sorry I haven't met you in person yet. I am a fellow anesthesiologist serving at ONC. Dr. Rucker thought that you might be interested in the note I sent to the DLG group that ASPR runs. Tomorrow's topic is how to think through the potential for rationing ventilators & critical care if that becomes necessary.

Andy

From: Gettinger, Andrew (OS/ONC)
Sent: Tuesday, March 17, 2020 4:20 PM
To: Phillips, Sally (OS/ASPR/SPPR) <Sally.Phillips@hhs.gov>; Dodgen, Daniel (OS/ASPR/SPPR)

<Daniel.Dodgen@HHS.GOV>

Cc: DLGDESK (HHS/ASPR/OPP) <DLGDESK@hhs.gov>

Subject: Ventilator Capacity

Dear Dan & Sally,

I suspect neither of you are aware of my background which includes 30+ years as an OR anesthesiologist and critical care physician. I ran the ICU at Dartmouth for over a decade before my foray into informatics. I am very familiar with the challenges that an influx of ventilator dependent critically ill patients can have on our system which is frequently at or near capacity routinely.

(b)(5)

I'm not sure that the DLG has the right mix of folks to work this through. It might make sense to try and interact with groups like the SCCM and ASA to try and brainstorm which might uncover more ideas as well. If you need help – I was pretty well connected in the field, although its been a while but could definitely resurrect contacts. Let me know how I can be of assistance.

And just to bring it full circle – there is now an extensive field of tele-ICU developed in response to expectations that a board certified intensivist would be available 24x7

Andy

Andrew Gettinger, MD, FAMIA, FCCM, FCCP
Chief Clinical Officer
Office of the National Coordinator for Health IT
US Department of Health & Human Services

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Delivered Date:	2020/03/18 13:46:00

From:	Howard, Jack <jhoward@USChamber.com>
To:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	Essential services letter to POTUS
Date:	2020/03/18 13:52:35
Priority:	Normal
Type:	Note

From Tom Donohue. The Secretary is cc'd. Wanted to be sure you guys got this. Excerpt:

As our nation continues to labor in halting the spread of the coronavirus, states and local governments are promulgating quarantine orders and mandatory business closures. These are important public health measures that will help limit the spread of the virus. However, it is important that these orders do not inadvertently harm businesses and services that support the essential infrastructure needed to successfully combat this pandemic.

Therefore, we recommend that your administration issue guidance on these orders to clarify "essential infrastructure" and "essential businesses and services." Several counties have promulgated mandatory quarantines that include specific exceptions for "essential infrastructure" and "essential business" that our members find strike the right balance and we recommend these examples as a model for any state or local government issuing similar directives.

Sender:	Howard, Jack <jhoward@USChamber.com>
Recipient:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
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To:	Schuchat, Anne MD (CDC/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b6e506fd4b204294906aa26f44d2f2c8-Schuchat, A>
CC:	Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	Re: Need for PPE at behavioral health facilities
Date:	2020/03/18 14:16:06
Priority:	Normal
Type:	Note

Thank you Anne

Sent from my iPhone

On Mar 18, 2020, at 12:55 PM, Schuchat, Anne MD (CDC/OD) <acs1@cdc.gov> wrote:

You had suggested Ellie reach to CDC about PPE at behavioral health facilities – wanted to be sure you saw the response Dr Pillai shared with her last night.

From: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) <vig8@cdc.gov>
Sent: Tuesday, March 17, 2020 7:25 PM
To: McCance-Katz, Elinore (SAMHSA/OAS) <Elinore.Mccance-katz@samhsa.hhs.gov>
Cc: Schuchat, Anne MD (CDC/OD) <acs1@cdc.gov>; Patel, Anita (CDC/DDID/NCIRD/OD) <bop1@cdc.gov>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <dbj0@cdc.gov>; Bell, Michael MD (CDC/DDID/NCEZID/DHQP) <zzb8@cdc.gov>
Subject: FW: Need for PPE at behavioral health facilities

Dear Assistant Secretary McCance-Katz,

I received your inquiry from CDC response leadership.

We recognize the significant supply chain challenges that are being experienced across the healthcare system now. At CDC, as Dr. Kadlec notes below, our staff have developed several guidance documents to assist public health and health systems partners in continuing to provide care while protecting for our front line healthcare providers.

A few documents that I hope may be helpful to you and your staff include:

Strategies for Optimizing the Supply of N95 Respirators: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>

This document goes from conventional care models all the way to crisis conditions
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/crisis-alternate->

[strategies.html](#)). The latter includes extended and re-use guidance for disposable N95 respirators. And, also provides guidance on the types of personal protective equipment that may (or may not) be needed (based on type of care, such as conducting aerosol generating procedures; distance from the patient; and whether the patient is wearing a mask for source control). The hope is that these additional layers of guidance will help extend the extremely limited N95 resources a bit longer. In addition, we have developed and will be imminently releasing similar extended use/re-use guidance of gowns, face shields, and surgical face masks. I am hopeful these three documents will post tonight.

We have also worked with FDA to issue an emergency use authorization to use certain models of N95s that are beyond their manufacturer shelf-life dates (<https://www.cdc.gov/coronavirus/2019-ncov/release-stockpiled-N95.html> and <https://www.fda.gov/media/135921/download>), and we along with HHS partners have worked with OSHA to receive a waiver for annual fit testing requirements for N95s (for those previously fit-tested on the same type of N95): <https://www.osha.gov/news/newsreleases/national/03142020>). These are efforts to bring additional products into the healthcare supply chain, rather than disposing due to expiry or destroying through fit-testing.

Another key concept is that optimal infection prevention and control is predicated on a strong foundation of environmental and administrative controls – which are even more important than PPE (these controls are outlined in in the first link above). Additional details on our updated infection prevention and control guidance related to COVID-19 can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/index.html>.

I realize that even with these measures, our healthcare partners are under a great deal of pressure and am very cognizant of the unprecedented nature this supply chain situation which our ASPR colleagues are working to address. However, I am hopeful that these materials are somewhat helpful to you and your staff. My team is available to discuss in more detail if your staff has additional questions.

Sincerely,

Satish

*Satish K. Pillai, MD MPH
Lead, Medical Care and Countermeasures Task Force
CDC COVID-19 Response*

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

Sent: Tuesday, March 17, 2020 4:59 PM

To: McCance-Katz, Elinore (SAMHSA/OAS) <Elinore.Mccance-katz@samhsa.hhs.gov>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <dbj0@cdc.gov>; Schuchat, Anne MD (CDC/OD) <acs1@cdc.gov>; Patel, Anita (CDC/DDID/NCIRD/OD) <bop1@cdc.gov>

Cc: Avula, Deepa (SAMHSA/OFR) <Deepa.Avula@samhsa.hhs.gov>

Subject: Re: Need for PPE at behavioral health facilities

Ellie I will ask CDC to respond as they have responsibility for drafting guidance and have done yeoman work They well may have already done so.

Dr Schuchat Dr Jernigan and Dr Patel would you please respond to Dr McCance-Katz. Thank you.

Bob

Sent from my iPhone

On Mar 17, 2020, at 4:40 PM, McCance-Katz, Elinore (SAMHSA/OAS) <Elinore.Mccance-katz@samhsa.hhs.gov>wrote:

Hello, Bob.

I wanted to let you know that SAMHSA is receiving many inquiries and concerns about the lack of availability of PPE in mental and substance use disorder treatment facilities. Is there any guidance from ASPR on this issue that we could direct our constituencies to or can you tell us who at ASPR we should speak to about this question?

Thank you in advance. I know this is a demanding time.

Elinore F. McCance-Katz, MD, PhD
Assistant Secretary for Mental Health and Substance Use
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services
5600 Fishers Lane, 18-E41
Rockville, MD 20857

Sender:	Kadlec, Robert (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A182EDA693D040D3832BAE6EFCF7A255-KADLEC, ROB>
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Sent Date:	2020/03/18 14:16:06

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Covid-19 Makes Virtual Doctor Visits Tempting but Hazards Linger (1)

No web link

Bloomberg // By [Ayanna Alexander](#) // March 18, 2020, 6:32 AM ; Updated: March 18, 2020, 7:56 AM

- HHS won't enforce HIPAA penalties for doctor-patient video talks
- Hospitals still face licensing, security woes around coronavirus

Hospitals using telehealth to combat the coronavirus still have legal pitfalls to avoid, even under relaxed guidelines just released by the Trump administration.

The Department of Health and Human Services Office for Civil Rights said Tuesday that it won't enforce penalties under federal health privacy policies if covered entities use popular video chat apps, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype, to provide telehealth services.

Facebook Live, Twitch, TikTok, and other similar video communication apps, however, shouldn't be used for telehealth by covered health-care providers, the OCR added.

Those systems could catch the eyes of hackers if the connections aren't secure under health security laws still in place. Doctors also have to make sure they have the correct credentials to provide these virtual services, including diagnoses, treatments, and filling prescriptions, health IT professionals warn.

"If providers don't already have a telemedicine platform in place, they should think twice before rolling out a hasty or informal solution, such as video chatting with generally-available apps on their personal devices," Madison M. Pool, a health care associate with Arnall Golden Gregory LLP in Atlanta, said.

As of Monday, there were nearly 3,536 total confirmed cases of coronavirus in the U.S., according to the World Health Organization. Staying away from others, also known as social distancing, is the top way health leaders have recommended to stop the virus from spreading.

If patients use their phones and computers to talk to providers, it could keep them from showing up to hospitals unannounced, potentially exposing themselves and others to the Covid-19 infection.

Security at Forefront

While the HHS order loosens requirements around federal health privacy rules, it didn't have any effect on security standards.

Hospitals and telehealth companies still have to comply with the HIPAA Security Rule when sharing protected health information, according to Sean Sullivan, a health care attorney at Alston & Bird LLP in Atlanta.

"Providers and patients alike are going to be interested in providing telehealth as easily as possible because in many cases remote medicine is preferable to having the patient visit a clinic or hospital and spread infection, but they should be cautious when providing services over unsecure methods, such as by unsecure video chat such as Facetime or by text message," Sullivan said.

The security provision requires covered entities that create, receive, use, or maintain a patient's protected electronic health information to protect it by using secure safeguards.

There are ways to reduce security concerns such as getting patient consent or conducting risk tests that weigh the pressing demand for telehealth against the potential risks, but security needs to be at the top of everyone's minds, Sullivan added.

Virtual chats between patients and doctors could also leave hospitals and their telehealth platforms open to cyber threats, according to Mike Kijewski, CEO of health care security firm MedCrypt.

“It might seem like hackers would see the millions of patients using telemedicine systems as an opportunity to launch an attack,” Kijewski said. “But it’s more likely that attackers would take this opportunity to learn how these systems work and attempt to steal data in the weeks and months ahead.”

Ultimately, the federal government, telehealth companies, and health-care providers should use Covid-19 as an opportunity to make sure that secure systems are still available for use, Kijewski added.

Check Your Credentials

Some states require physicians to have a medical license in the same state that their patient is located in order to provide virtual healthcare.

While emergency declarations relax some of these requirements, doctors still have to look to the declaration itself for specifics, according to Jason Johnson, a partner in Moses & Singer’s healthcare, privacy & cybersecurity, and intellectual property practices.

“The New York laws require an actual relationship to be formed between the doctor and patient and that’s, in general, why it’s been hard to expand telehealth practices in New York. Because of the way the law is drafted, it doesn’t really help or accommodate these types of situations,” Johnson said.

Doctors also have to think about licensing requirements when it comes to prescribing medication, according to Lidia Niecko-Najjum, a healthcare associate at Polsinelli PC.

“For example, there are state requirements for establishing a physician-patient relationship that allows for treatment through telemedicine, but there’s the federal Ryan Haight Online Pharmacy Consumer Protection Act that generally prohibits prescribing controlled substances through telemedicine,” Niecko-Najjum said.

“States also have their Controlled Substances Acts that may do the same and also require state CSA licensing for prescribers. So, all of these requirements have to be taken into consideration when evaluating what treatment through telemedicine is permitted. During a national state of emergency, and with states declaring individual states of emergency, certain of these requirements are waived, but certainly not all. Therefore, we have to remain vigilant in our analysis.”

Changes in health care as the coronavirus pandemic progresses may force regulators to adjust barriers such as medical licensing and security provisions around telehealth.

“I do predict that telehealth is going to become an even more essential part of healthcare in the future once we get through the coronavirus crisis,” Carey Officer, the operational vice president for the Center for Health Innovation at Nemours Children’s Health System, said.

(Updates with latest number of U.S. coronavirus cases)

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Subject:	a few bullet pts on AA-owned small businesses in prep for 2pm WH call on 3/19
Date:	2020/03/18 14:29:31
Priority:	Normal
Type:	Note

COVID-19 Fact Sheet- Small Businesses:

COVID is forcing society to rethink nature of work: virtual work, modifying how the business operates and what items are sold.

CDC Interim Guidance for Businesses and Employers recommends businesses have a plan for changing operations, review and communicate HR policies such as sick leave and child care, share best practices with each other, Chambers of Commerce, other Associations

Major issues: lack of cash flow/capital

hospitality/entertainment industry has come to a halt in many states

job loss and reduced hours for those who may already live paycheck to paycheck

in addition to job loss is the threat of COVID-related hospitalization with huge bills

Promising practices:

modifying store hours to restock

restricting hours to let those who are older shop

limiting number of people who can be in store at once

frequently cleaning surfaces and urging employees to wear gloves, wash hands

some restaurants setting up community food kitchens and/or offering meals to fmr/current employees

Some people more concerned about paying for food and essentials than the health threat

AA Businesses:

- o Proportion of AA-owned firms grew 34.5% between 2007- 2012

- o AA-owned businesses account for 9.4 % of all firms (AA at ~13% of U.S. population)

- o AA-owned businesses have transitioned from personal service to other industries since 1960s

AA owners are trendsetters in industries such as specialty clothing, sports, and entertainment

Janet S. Wright, MD, FACC

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

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Office Phone: 202-690-5157
Email: janet.wright@hhs.gov

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Subject:	WSJ: FDA bureaucrats blocked Trump vaccine research
Date:	2020/03/18 14:32:49
Priority:	Normal
Type:	Note



6

For Immediate Release

Contact: Robert Romano

March 18, 2020

Phone: 703-383-0880 ext. 1

WSJ: FDA bureaucrats blocked Trump vaccine research

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“The Wall Street Journal reports that FDA government scientists opposed expanded anti-virus testing out of fear that it might do harm. We have just effectively destroyed our national economy in an attempt to slow the spread of the Wuhan virus, yet these bureaucrat scientists opposed aggressive attempts to find a vaccine and cure? This is beyond absurd, it is bureaucratic malpractice.

“One thing is clear, those who kept insisting that the ‘white lab coat guys’ be in charge of this health emergency should all shut up once and for all. It is in the job description of bureaucrat scientists at the Food and Drug Administration that they be risk averse, and this

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“Once again, it should be obvious to every American, that the last people you want in charge of your health care are government bureaucrat scientists whose existence is dependent upon their ability to take all downside risk out of medical treatments as they are a death sentence to both health care innovation and to those patients who have life threatening illnesses.”

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

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Subject:	WSJ: FDA bureaucrats blocked Trump vaccine research
Date:	2020/03/18 14:32:50
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To:	Yechezkel Moskowitz <yechezkel@mblainternational.com>; Brady, Will (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fa197652dadf4048ad6764b3f9d4a528-Brady, Will>; DeputySecretary (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fcecd65e1c64f8f9f53d7347e916aa4-DeputySecre>; Dickel, Aman (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4b4e3852c87e48d68d12b6b06d12efb6-Onallah, Am>; EDH (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=393ceddbbc5fa4d44a9734e20f54c8146-EDH6886>; Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>; Otalora, Nicolas (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=837afb12578b43d185bcfaf93fc456ca-Otalora, Ni>
CC:	Mark Emalfarb <memalfarb@dyadic.com>
Subject:	RE: Update on Critical Opportunity
Date:	2020/03/18 14:55:21
Priority:	Normal
Type:	Note

Thank you for the email and this information, we will let you know if there is additional follow-up.

Ken

From: Yechezkel Moskowitz <yechezkel@mblainternational.com>
Sent: Tuesday, March 17, 2020 1:00 PM
To: Brady, Will (HHS/IOS) <William.Brady@hhs.gov>; Callahan, Kenneth (HHS/IOS) <Kenneth.Callahan@hhs.gov>; DeputySecretary (OS/IOS) <DeputySecretary@hhs.gov>; Dickel, Aman (OS/IOS) <Aman.Dickel@hhs.gov>; EDH (OS/IOS) <EDH6886@HHS.GOV>; Hargan, Eric (OS/IOS) <Eric.Hargan@hhs.gov>; Otalora, Nicolas (HHS/IOS) <Nicolas.Otalora@hhs.gov>
Cc: Mark Emalfarb <memalfarb@dyadic.com>
Subject: Update on Critical Opportunity

Dear HHS team, good afternoon, hope everyone is safe.

first of all thank you for your willingness to learn more about our CommLife initiative, I am looking for the time that we can sit down and discuss it... In the meantime please accept my thanks for the great work during these trying times - we are so proud of you and the work of the task force and are here to help in any way we can.

With that I wanted to point you to two different platform that we think offer important parts of the COVID-19 response nationwide.

The first is the work of Interchem Corporation, a company out of New Jersey that has developed a completely exclusive US based supply chain for generics - we are working on a plan right now and will send your way once we have it put together.

The second, is the C1 platform of Dyadic. This platform offers a very valuable asset to the whole process and the kicker it's a United States based solution and with the administration's mission to combat the Coronavirus outbreak, and be better prepared for future such outbreaks in the future, **I think this piece of the puzzle can assist in making a big difference for the effort**

- **First**, the CEO of the company, Mark Emalfarb (attached to the email), has been in touch with Anthony S. Fauci's colleagues at the NIH, specifically, Hilary Marston who shared with Dr. Lane
- **Second**, the CEO of the company, Mark Emalfarb, has a call with Dr. Peter Marks on Wednesday March 18th at 9:30 AM - He was and is very responsive and wants to connect us with BARDA, he's copied, Dr. David Cho, so that he can help connect us and, if necessary, facilitate the appropriate introductions to BARDA."
- **Third**, we were contacted (based on email outreach offering to help) by **Chris Case, Ph.D.** (Contractor), Manager, Scientific Programs, Vaccine Clinical Materials Program.

Clearly, there is interest in using C1 to express one or more gene candidates they have for the coronavirus and they have the capabilities of conducting the animal studies and then manufacturing clinical materials for Phase I trials.

Additionally, at Dyadic, in collaboration with the EU and Scripps are also interested in having the NIH (Vaccine Clinical Materials Program) produce clinical trial (Phase I) material for us as well in two vaccine development programs that are based on C1 expressing one or two vaccine candidates (Genes) from (i) Europe and (ii) from the Scripps Research Institute.

The scientists at both institutes (a) the EU consortium of institutes and (b) The Scripps Research Institute have been working SARS, MERS and the Coronavirus virus long before it became an actual threat. In case I didn't mention it earlier, for the past four (4) years the folks at Dyadic have been working with the European Union Zoonotic Anticipation and Preparedness Initiative (ZAPI) collaboration and for the past two years with the Israel Institute for Biological Research to create new platforms and technologies that will facilitate a fast, coordinated, and practical response to new infectious diseases as soon as they emerge.

- **Fourth**, BARDA (Ruben Donis) has told one of the European scientists Dyadic are working with (who knows Ruben) that they know C1, and recognize its potential and the only thing holding them back is that in the past BARDA was prohibited (by governmental regulation) from getting involved with C1 until Dyadic had taken the first drug through at least Phase I of the FDA. For example, the benefits of C1 being able to make 30 times more dosages of vaccines at a fraction of the cost of Sanofi's baculovirus flu cell platform (Sanofi itself validates this statement in their own data presentation) as well as other cell lines like E.coli and the potential that the vaccines from C1 have shown to be at least as immunogenic (potent) outweighs the minimal risk compared to the huge reward C1 offers. For the record, the Sanofi data shows C1 is far

better than their baculovirus flu technology at producing better performing, lower cost vaccines at thirty (30x) times higher productivity. Moreover, the scientific data to date shows that in **ALL** the animal trials to date, including Sanofi's own mice trial data (see below), and additionally with the US FDA GRAS approval of C1 in 2009 (see Below) that it is illogical and in many ways negligent that this C1 technology has not been advanced by BARDA and Sanofi and others (Sanofi and Big Pharma makes low margins on vaccines compared to biologic drugs so they didn't want to spend money on what was so obviously something the country needed for the very reasons we are facing today.

In 2019, after President Trump issued his Executive Order to **"Support, in collaboration with the DOD, BARDA, and CDC, of applied scientific research regarding developing cell lines and expression systems that markedly increase the yield of cell-based and recombinant influenza vaccine manufacturing processes."** on September 19, 2019 (way ahead of the Coronavirus outbreak) Dyadic once again tried to get BARDA, and Big Pharma to take C1 seriously. **C1 meets, and in fact exceeds these requirements better than other cell lines.**

- **Dyadic views President Trump's executive order to improve flu vaccines as a major opportunity**

From our perspective, Dyadic's C1 gene expression platform is the glue that holds all this together as it can be used to help speed the development and mass produce large quantities of biologic vaccines & antibodies more efficiently and at a lower cost with potentially better performance. Sanofi's own data supports the above statement as does the data generated with Europeans in the ZAPI project and the folks at Dyadic would love to have their day in court so to speak and present their idea to the task force.

We believe Dyadic can address the immediate coronavirus outbreak, while providing the United States with a critical tool to better prepared for future infectious diseases, pandemic, epidemic outbreaks, and leveraging this unfortunate situation to advance biopharmaceutical manufacturing to help speed development, lower the cost and improve the performance of biologic vaccines and drugs such as insulin, seasonal flu and other vaccines and antibodies to make healthcare more accessible and affordable to patients here in the United States and beyond with America First technology

I am confident that a face to face meeting or conference call, provided given enough time to go through the science, will be very productive in further stimulating big pharma and other research institutions to speed effective, low cost vaccines and antibodies to market.

Given the severity of the current coronavirus situation, I and CEO Mark Emalfarb is prepared to be available for a meeting at your convenience.

Marks cell is (b)(6) should you want to reach him quickly.

Sincerely,

--

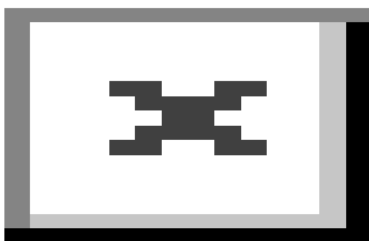


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Sent Date:	2020/03/18 14:55:20
Delivered Date:	2020/03/18 14:55:21

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Subject:	Fwd: HHS Takes New Action to Cut Red Tape to Support COVID-19 Response
Date:	2020/03/18 14:55:32
Priority:	Normal
Type:	Note

Begin forwarded message:

From: HHS Office of Public Affairs <hhsopa@hhs.gov>
Date: March 18, 2020 at 2:52:08 PM EDT
To: "Harrison, Brian (HHS/IOS)" <Brian.Harrison@hhs.gov>
Subject: HHS Takes New Action to Cut Red Tape to Support COVID-19 Response
Reply-To: hhsopa@hhs.gov



U.S. Department of Health and
Human Services

News Release

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FOR IMMEDIATE RELEASE
March 18, 2020

HHS Takes New Action to Cut Red Tape to Support COVID-19 Response

On Wednesday, the Health Resources and Services Administration (HRSA) launched an information collection effort to support the Trump Administration's response to the COVID-19 pandemic, surveying HRSA-funded health centers on their involvement in the COVID-19 response, including whether they are offering diagnostic tests. This effort was made possible by a Paperwork Reduction Act waiver issued pursuant to statutory authorities that became available as a result of the public health emergency declared by HHS Secretary Alex Azar in late January.

Secretary Azar issued the following statement:

"Our health centers can provide us with an on-the-ground-perspective on the response to the COVID-19 pandemic and what stresses our healthcare system is experiencing as a result. Health centers are on the frontlines of providing accessible, affordable care in many of our communities, and play a vital role in our response efforts. This action under the emergency authorities given to the Secretary of HHS is just the latest example of the Trump Administration cutting red tape to accelerate our whole-of-government response to the COVID-19 pandemic."

HRSA Administrator Tom Engels issued the following statement:

"HRSA-funded health centers provide high-quality primary care services to 28 million people in the United States. That is 1 in 12 people nationwide. Approximately 1,400 grantees operate 13,000 service delivery sites that are essential to the communities they serve. These health centers are overseen by the people of those communities who play a key role in directing the types of services that are provided. Today's announcement is a strong step to making sure we know what they are going through so HRSA can do all we can to support health centers as they take on the task of responding to COVID-19."

The waiver to the Paperwork Reduction Act granted to HRSA follows other HHS actions to reduce regulatory burdens to support the COVID-19 response: Among other actions, the Food and Drug Administration updated its emergency use authorization policy for COVID-19 diagnostic tests to provide further guidance and more flexibility for the development of diagnostics. On Tuesday, the Centers for Medicare & Medicaid Services, the HHS Office for Civil Rights, and the HHS Office of Inspector General took comprehensive steps to offer Americans unprecedented access to telehealth options during the crisis.

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Sender:	Harrison, Brian (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D145EFC9C35C4865ACA6E9D47786B204-HARRISON, B>
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CC:	mvcallahan@mgh.harvard.edu </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=20f0e9a3eb4ef99d30a96386fb2627-Guest_945f5>
Subject:	Fwd: Follow-up and Update: Letters of Merit to Employers for Hasty 1 HMTF currently in Nebraska
Date:	2020/03/18 15:13:31
Priority:	Normal
Type:	Note

Letters of
Merit. Please
Draft ASAP. Also need cell numbers for the team.

Sent from my iPhone

Begin forwarded message:

From: Chris Crabtree <ccrabtree@HHEMC.net>
Date: March 18, 2020 at 2:42:44 PM EDT
To: "Kadlec, Robert (OS/ASPR/IO)" <Robert.Kadlec@hhs.gov>
Subject: Follow-up and Update: Letters of Merit to Employers for Hasty 1 HMTF currently in Nebraska

Hi, Dr. Kadlec,

I hope this email finds you well. The Hasty 1 HMTF who was first to board the Grand Princess has been at the national quarantine station to complete our 14 day quarantine isolation. All 7 members of the team are doing excellent. No signs and symptoms and no fever. We have had 3 swabs each and all negative. It looks like we are on a glide path to Monday March 23rd.

I wanted to follow-up and see if we might be able to have copies of the letter and have them sent to the employers listed below. We realize how incredibly busy you are during this pandemic and appreciate any assistance.

Employer Information

Christopher Kahn, MD ckahnmd@gmail.com
 Ted Chan, MD
 Chair, Department of Emergency Medicine
 UC San Diego Health

200 W. Arbor Drive, MC 8676
San Diego, CA 92103-8676

Patty Maysent, MPH, MBA
CEO, UC San Diego Health
200 W. Arbor Drive
San Diego, CA 92103

Bryan Lovejoy (b)(6)

-
I work at North shore university hospital
300 community drive manhasset NY, 11030.

I work as an Advanced care provider (ACP)

The CEO of system is Michael Dowling
Mdowling@northwell.edu

The administrative director of ACP is Jonathan Sobel

(b)(6)

and my direct supervisor is Verna Israel Hamilton

(b)(6)

Ryan Hennessey (b)(6)

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

Gina at Toledo Hospital gina.veres@promedica.org

Toledo Fire and Rescue Department

Acting fire chief John Kaminski

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

545 N. Huron st.

Toledo, OH 43604

Barbara Andrews (b)(6)

U C San Diego Health System
Dept GI/Hepatology
San Diego, Ca 92103-8707
(619) 543-5415

UC San Diego Health System
CEO:
Pattt Maysent, MPH, MBA

(b)(6)

Direct boss:
William Sandborn, MD
Chief Division of Gastroenterology
wsandborn@health.ucsd.edu

-
Devin Price (b)(6)

Self

-
-
Chris Crabtree ccrabtree@hhemc.net

Hilton Raethel
President and CEO, Healthcare Association of Hawaii
Hraethel@hah.org
707 Richards Street PH-2
Honolulu, Hawaii 96813

Kristina Budvarson (b)(6)

Self

Very Respectfully,

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

Executive Director
Hawaii Healthcare Emergency Management

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

Office: 808-599-2899
Cell: 808-298-1168
Email: ccrabtree@hhemc.net
Fax: 855-439-5589

Sender:	Kadlec, Robert (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A182EDA693D040D3832BAE6EFCF7A255-KADLEC, ROB>
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Sent Date:	2020/03/18 15:13:29
Delivered Date:	2020/03/18 15:13:31

From:	Yechezkel Moskowitz <Info@mblaininternational.com>
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.DIBOHF23SPDLT)/cn=Recipients/cn=4b4e3852c87e48d68d12b6b06d12efb6-Onallah, Am>
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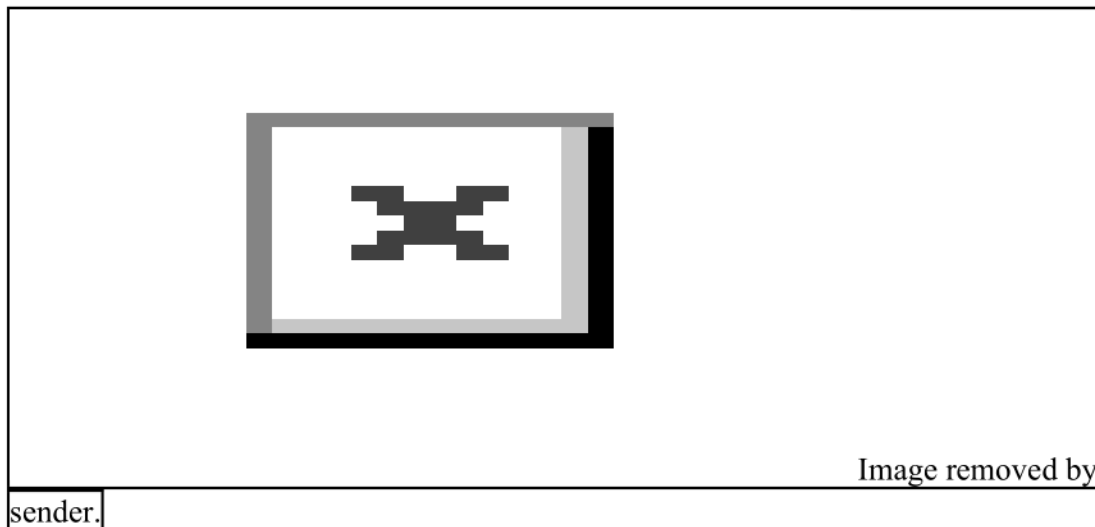
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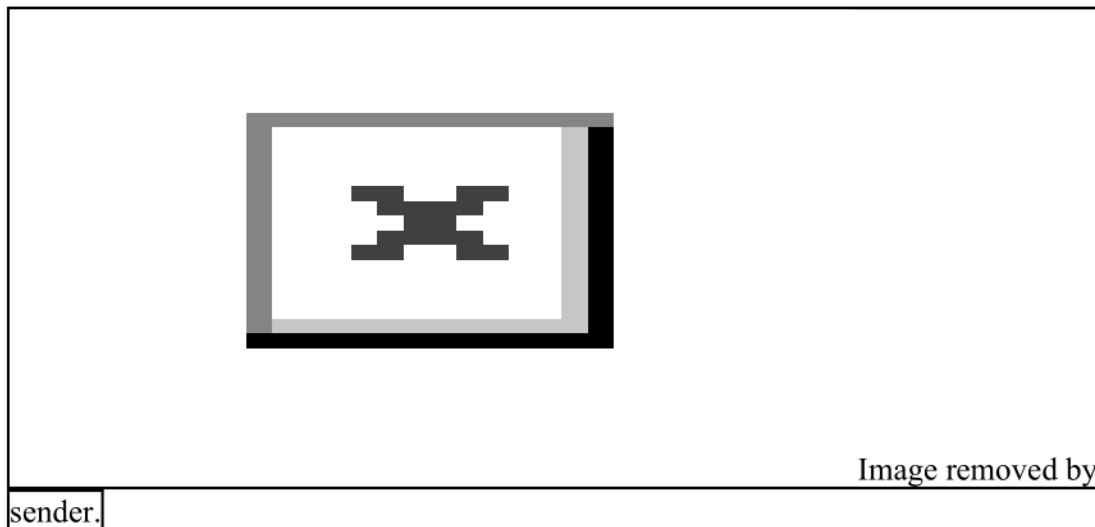
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Subject:	Skilled Nursing News article: Verma: Nursing Home COVID-19 Surveys Currently Focused on California, New York, Seattle Area
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<https://skillednursingnews.com/2020/03/verma-covid-19-nursing-home-surveys-currently-focused-on-california-new-york-seattle-area/>
Skilled Nursing News // By Alex Spanko // March 18, 2020

The federal government's emergency coronavirus survey apparatus for nursing homes is slowly coming to life, with a current focus on those areas hardest hit by COVID-19.

The Centers for Medicare & Medicaid Services (CMS) on March 4 took the early step of refocusing all nursing home inspections on infection control and reported cases of the coronavirus, while also indefinitely suspending all non-emergency surveys.

“The surveyors have already been in action,” CMS administrator Seema Verma said on a press call late Tuesday. “I can tell you that we’re focused right now on some of the hotspots — that’s in the Seattle area, California, and New York.”

The Seattle metropolitan area has been an epicenter of the coronavirus crisis in the United States, with a deadly outbreak at a Life Care Centers of America-operated nursing home in the suburb of Kirkland, Wash. serving as one of the earliest warning signs of the coronavirus’s deadly potential.

Seven counties in the San Francisco Bay Area have issued sweeping shelter-in-place orders closing most non-essential businesses, and New York Gov. Andrew Cuomo on Tuesday indicated that the rise in Empire State cases may not peak for another 45 days.

CMS has also heard increasing reports of COVID-19 cases in New York State nursing facilities, Verma said Tuesday evening.

Though word of CMS’s triaged survey strategy came down much earlier than the other restrictions the industry and the general public have seen this month — from a strict ban on non-essential visits to nursing homes and widespread social distancing protocols — implementing the plan still took time, Verma said Tuesday.

“It also took us a few days to make sure that our surveyors have the appropriate equipment, the protective equipment before they go into these facilities as well,” Verma said.

Surveyors are still considered essential visitors under current CMS rules, though they must be screened for symptoms of the virus and wear protective equipment before entering facilities.

Some confusion still remains over which kinds of health care professionals count as essential under the blanket restrictions, with the American Health Care Association affirming earlier this week that therapy services should continue — but there have been anecdotal reports of individual buildings turning away occupational, physical, and speech therapists over COVID concerns.

Verma acknowledged that lack of clarity Tuesday.

“We are getting a lot of questions from nursing homes, and we’re putting together some calls with the nursing homes to provide more guidance,” the administrator said.

In particular, CMS officials are advising operators to suspend all non-emergency maintenance work, though outside contractors can and should still enter the building for pressing issues such as broken refrigerators or heating and cooling equipment. As with all other visitors, these vital workers should be screened for signs of infection and furnished with the appropriate protective equipment.

###

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Sent Date:	2020/03/18 15:23:32
Delivered Date:	2020/03/18 15:23:33

From:	Robert Levitt (b)(6)
To:	Robert Levitt (b)(6)
Subject:	Dr. Levitt's COVID-19 Update for DAYTIME 18 March 2020
Date:	2020/03/18 15:25:52
Priority:	Normal
Type:	Note

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Thank you Mr. President.

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Delivered Date:	2020/03/18 15:25:52
Message Flags:	Unread

From:	Robert Levitt <(b)(6)>
To:	Robert Levitt <(b)(6)>
Subject:	Dr. Levitt's COVID-19 Update for DAYTIME 18 March 2020
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Sender:	Robert Levitt <(b)(6)>
Recipient:	Robert Levitt <(b)(6)>
Sent Date:	2020/03/18 15:23:41
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To:	Herrmann, Jack (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bebe389042ba411496b284f678ce7247-Herrmann, Ja>; Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
CC:	Williams, Rasheed (ACL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5572109f7d484972bc5d36ce97318ce0-Williams, R>; Lazare, Mary (ACL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=964c07681eac495e9623fb815d605ac4-Lazare, Mar>; Nicholls, Richard (ACL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fbd7ebe2c3b54c7ab98e4fd77ea59314-Nicholls, R>
Subject:	Departmental Action Group
Date:	2020/03/18 15:26:23
Importance:	High
Priority:	Urgent
Type:	Note

Bob, Kevin and Jack:

I was on this afternoon's call and I find them to be valuable. Thank you. For some reason, it kept telling me "You are muted by the host and cannot unmute yourself". Dang it – I tried twice. So, my report for you and distribution as you see fit:

- Tremendous amount of work being done to provide technical assistance to the aging, disability and tribal provider network.
 - We work with 22,000 community service providers. They are our eyes and ears on the ground.
 - They serve two of the highest at-risk populations for COVID-19: 77m older adults, 56m people with disabilities and 50m family caregivers
 - Produced seven (7) primary technical assistance FAQ documents
 - Offering state/community/tribal specific technical assistance as needed
 - Have held a number of national network calls to date
 - Ex1: yesterday was with meal providers – we traditionally serve 900,000/day
 - Ex2: tomorrow we are part of an AARP town hall – they had 100,000 participants last week
- Responding to a high volume of Congressional requests.
- Worked with CDC and OCR on an American Sign Language (ASL) request from the National Association of the Deaf as well as equity of care for hospitals.
- Collaborated with IHS on the dissemination of tribally-specific technical assistance.
- Collaborated with CMS, particularly CMCS on Medicaid issues that involve waiver flexibilities (1115/1135 waivers, employment, service continuity, etc.).
- Coordinated with ASFR on several active appropriations requests from The Hill.

- Launched ACL.GOV/COVID-19 website. This page is drawn from CDC information and links to resources from CDC and CMS to avoid version control issues.
- Within ACL, launched seven (7) task groups to handle key areas of focus
- Key challenges:
 - PPE to community based service providers
 - Communications that must be more sensitive to the target groups
 - Care access remains a high concern, both assuring it is available and equitable, particularly for people with disabilities

As you referenced, like CMS, we are in a “far-leaning posture” and softening many policy and reporting requirements for our service delivery network. All the best -

Lance A. Robertson

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Administrator & Assistant Secretary for Aging

Administration for Community Living (ACL)

U.S. Department of Health & Human Services

(b)(6) cell); 202-205-0399 (fax)

330 C Street SW, 1st Floor, Washington, DC 20201

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Subject:	HHS Announces New Public-Private Partnership to Develop U.S.-Based, High-Speed Emergency Drug...
Date:	2020/03/18 15:29:12
Priority:	Normal
Type:	Note



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News Release

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FOR IMMEDIATE RELEASE

Wednesday, March 18, 2020

HHS Announces New Public-Private Partnership to Develop U.S.-Based, High-Speed Emergency Drug Packaging Solutions

The U.S. Department of Health and Human Services (HHS) has launched a public-private partnership to create a U.S.-based, high-speed, high-volume emergency drug packaging solution using low-cost prefilled syringes.

Working with HHS' Office of the Assistant Secretary for Preparedness and Response (ASPR), the new consortium for Rapid Aseptic Packaging of Injectable Drugs, or RAPID, will enable the Strategic National Stockpile (SNS) to fill and finish, on a rapid basis, hundreds of millions of prefilled syringes to respond quickly and efficiently to widespread health emergencies, such as the novel coronavirus outbreak. Projects are under evaluation to expedite this process and could yield results within six months.

"The ability to deliver vaccines and therapeutic drugs when they are needed the most is among our top priorities. As vaccines and therapeutics become available, we must not be caught short on our capacity to deliver emergency drugs to Americans in need," said HHS Secretary Alex Azar. "The creation of RAPID is the right move at the right time, both for immediate and longer-term national public health emergency needs."

The RAPID consortium is being launched to build a surge capacity network of up to eight domestic facilities for the manufacture of prefilled syringes using a well-established process called Blow-Fill-Seal (BFS). The BFS process features a low cost, high volume, sterile plastic container that holds a pre-filled volume of medicines. This technology is already used for the delivery of billions of doses annually of sterile medicines such as eye drops, nasal sprays, and rotavirus oral vaccines. The RAPID consortium will combine well-established BFS technology with an innovative interlocking needle hub that eliminates the inefficiencies and difficulties of drawing medicines from glass vials. This will help the SNS to reduce its reliance on existing glass vial manufacturing and filling technology with very limited surge capacity.

HHS Assistant Secretary for Preparedness and Response Robert Kadlec commented, “We have been working over the past year on the creation of the RAPID consortium as an essential element of our nation’s ability to deliver medicines quickly to large and wide-spread populations affected by a health emergency.”

ASPR awarded Apiject Systems America, the public benefit corporation leading RAPID, with an award valued up to \$456 million for research and development of BFS prefilled syringes, rapid prototyping and stability testing of select medical countermeasures from the SNS in these devices. Apiject Systems America will recruit the private and philanthropic investment necessary to create year-round domestic manufacturing facilities of aseptic BFS prefilled syringes for population-scale surge response capacity during health emergencies.

About HHS, ASPR and SNS

HHS works to enhance and protect the health and well-being of all Americans, providing for effective health and human services and fostering advances in medicine, public health, and social services. The mission of ASPR is to save lives and protect Americans from 21st century health security threats. ASPR leads the federal government's healthcare and public health preparedness, response, and recovery efforts.

The SNS is the nation’s largest supply of potentially life-saving pharmaceuticals and medical supplies for use in a public health emergency severe enough to cause local supplies to run out. When state, local, tribal, and territorial responders request federal assistance to support their response efforts, the stockpile ensures that the right medicines and supplies get to those who need them most during an emergency. Organized for scalable response to a variety of public health threats, this repository contains enough supplies to respond to multiple large-scale emergencies simultaneously.

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