



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

March 7, 2023

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

Dear Mr. Evers:

This letter is the twenty-second 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 **440 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 **296 pages** to you in their entirety and I am further releasing in part **55 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 **92 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.

I have found that it is reasonably foreseeable that disclosure would harm an interest protected by one or more of the exemptions to the FOIA's general rule of disclosure and/or that disclosure is prohibited by law.

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: 351 pages

From:	HHS Office of Public Affairs <hhsopa@hhs.gov>
To:	Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>
Subject:	HHS Announces New Public-Private Partnership to Develop U.S.-Based, High-Speed Emergency Drug...
Date:	2020/03/18 15:29:20
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 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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U.S. Department of Health and Human Services (HHS), 200 Independence Avenue, SW 6th Floor Room 647-D, Washington, DC 20201 United States

Sender:	HHS Office of Public Affairs <hhsopa@hhs.gov>
Recipient:	Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>
Sent Date:	2020/03/18 15:28:46
Delivered Date:	2020/03/18 15:29:20

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To:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
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Subject:	HHS Announces New Public-Private Partnership to Develop U.S.-Based, High-Speed Emergency Drug...
Date:	2020/03/18 15:29:37
Priority:	Normal
Type:	Note



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Sent Date:	2020/03/18 15:28:46
Delivered Date:	2020/03/18 15:29:37

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CC:	Fortin-Garcia, Carolina (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b46a19129d3d480da4774ea17bed85fb-F395>; Good-Cohn, Meredith (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fa33f1c0abb54bf9acc798ae7f60d746-GAX8>; Harper, Bernice J. (CMS/OEDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=88de875a29fa4341ad5d03f6d2b78a06-H4SG>; Joy-Bush, Keya A. (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=55ada7c5cd1a4072b1e23fda9b6cfd63-j167>; Marcos, Nicole (CMS/OL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=77393f89c04f4418a476c75e37955154-MPMG>; Perez-Rivera, Diana (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=PT53>; Sokol, Lisa Y. (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=088ced9a3ae044b794d9fe255baeeb51-s1mf>
Subject:	RevCycle Intelligence article: AMA Unveils New CPT Code for Coronavirus Test
Date:	2020/03/18 15:28:49
Priority:	Normal
Type:	Note

AMA Unveils New CPT Code for Coronavirus Test

<https://revcycleintelligence.com/news/ama-unveils-new-cpt-code-for-coronavirus-test>

RevCycle Intelligence // By Jacqueline LaPointe // March 18, 2020

The American Medical Association (AMA) recently announced that the CPT Editorial Panel approved a new Current Procedural Terminology (CPT) code for a novel coronavirus test.

“In the face of the COVID-19 pandemic, the CPT Editorial Panel has expedited approval of a unique CPT code to report laboratory testing services that diagnose the presence of the novel coronavirus,” Patrice A. Harris, MD, MA, president of AMA, stated in the announcement.

“The new CPT code assigned to the test for the novel coronavirus provides analytical advantages for tracking, allocating and optimizing resources as testing ramps up in the United States.”

The CPT code created by the CPT Editorial Panel is a new Category I CPT code, the AMA revealed in the March 13 announcement. The code and the descriptor are as follows:

87635 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique

The AMA stated that the CPT code is now effective for use as the industry standard for reporting tests for the novel coronavirus in the US healthcare system. Additionally, the code has short and medium descriptors, which can be accessed on the [AMA website](#).

According to statistics gathered by Johns Hopkins University, there are over 205,400 confirmed cases of the novel coronavirus across the world at the time of this publication. Of those cases, over 6,500 are in the US where President Trump declared a national emergency.

Diagnostic testing for the novel coronavirus is critical to effectively managing the rapid outbreak already impacting thousands in other countries.

“Diagnostics are a critical need in the overall strategy to fight this newest global public health threat,” said Rick A. Bright, PhD, director of Biomedical Advanced Research and Development Authority (BARDA) at HHS.

“We need increased testing capacity in the US to rapidly identify, isolate, and treat those infected with COVID-19 in order to limit transmission of the virus, and we need those tests as close to the patients as possible,” Bright continued.

Industry stakeholders have criticized the administration’s efforts to increase access to diagnostic tests for the novel coronavirus, citing delays and shortages. Public health officials also raised concerns that an inability to access tests for the novel coronavirus would further delay care for those in need and impact the support given to those on the frontline of the outbreak.

The new CPT code for coronavirus tests is a key way providers will be able to approach the outbreak in a data-driven manner to achieve efficiency and optimal care delivery, the AMA stressed.

The CPT code set is used by the healthcare industry to describe the services rendered to a patient during an encounter. The code set is maintained by the AMA and is commonly used for medical billing, as well as for tracking healthcare utilization, gathering statistics about populations, and other management uses.

In addition to the CPT code set, healthcare providers also use the Healthcare Common Procedure Coding System (HCPCS), which is largely used to document patient encounters for public healthcare programs like Medicare.

CMS announced earlier this year the creation of two new HCPCS codes for testing of the novel coronavirus. The first billing code released in February (U0001) is for SARS-CoV-2 diagnostic tests performed specifically for CDC testing laboratories. The second billing code (U0002) released earlier this month will expand medical billing and coding for coronavirus lab tests, permitting laboratories to bill for

non-CDC laboratory tests for SARS-CoV-2/2019-nCoV, otherwise known as the novel coronavirus or COVID-19.

“Our new code will help encourage doctors and laboratories to use these essential tests for patients who need them,” CMS Administrator Seema Verma stated following the release of the second code.

As of March 16, coronavirus testing is occurring in all 50 states plus Washington DC, Guam, and Puerto Rico, according to the Centers for Disease Control and Prevention (CDC).

###

Sender:	Sokol, Lisa Y. (CMS/OC) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=088CED9A3AE044B794D9FE255BAEEB51-S1MF>
Recipient:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65acd6b5-Adams, Jero>; Aldana, Karen (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7d0464fed64d4ec9b8872aa4f78f5370-ASYX>; Brookes, Brady (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7a794d62ee454992a4268ae71690f3c1-BDI7>; Ceballos, Kelly L. (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3fbfa09c7c634a7db7f1ead6ebca82d1-CQRF>; CMS SV1 </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7e612386f0cc4e1584c203e2d6d8c943-VJWC>; Corry, Thomas (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b74db456173743369c53eb2ee724fa77-CUI7>; Fauci, Anthony (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau>; Kanellis, Elaine (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0c5dbba7921544b88c2ff99929aa0737-KP9D>; Monroe, Johnathan (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bac3634f930043efbc5ab5628376201f-MSGM>; Fortin-Garcia, Carolina (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b46a19129d3d480da4774ea17bed85fb-F395>; Good-Cohn, Meredith (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fa33f1c0abb54bf9acc798ae7f60d746-GAX8>; Harper, Bernice J. (CMS/OEDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=88de875a29fa4341ad5d03f6d2b78a06-H4SG>; Joy-Bush, Keya A. (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=55ada7c5cd1a4072b1e23fda9b6cfd63-j167>; Marcos, Nicole (CMS/OL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=77393f89c04f4418a476c75e37955154-MPMG>; Perez-Rivera, Diana (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=PT53>; Sokol, Lisa Y. (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=088ced9a3ae044b794d9fe255baeeb51-s1mf>
Sent Date:	2020/03/18 15:28:47
Delivered Date:	2020/03/18 15:28:49

From:	Chris Crabtree <ccrabtree@HHEMC.net>
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.up (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	RE: Follow-up and Update: Letters of Merit to Employers for Hasty 1 HMTF currently in Nebraska
Date:	2020/03/18 15:30:41
Priority:	Normal
Type:	Note

Aloha, Dr. Kadlec,

Thank your for your email and phone call. Great speaking with you. We appreciate the support and your kind words.

Very Respectfully,

Chris Crabtree, DrPH, CEM, CEDP
Executive Director
Hawaii Healthcare Emergency Management

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

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

From: Kadlec, Robert (OS/ASPR/IO)
Sent: Wednesday, March 18, 2020 2:14 PM
To: Chris Crabtree
Subject: Re: Follow-up and Update: Letters of Merit to Employers for Hasty 1 HMTF currently in Nebraska

Chris thanks for these and thanks for gentle reminder. Been following your plight and course and ever so grateful for the news that all is progressing well. Talk soon. Bob

Sent from my iPhone

On Mar 18, 2020, at 2:42 PM, Chris Crabtree <ccrabtree@hhemc.net>wrote:

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 (b)(6)

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

(b)(6)

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

(b)(6)

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: (b)(6)
Email: ccrabtree@hhemc.net
Fax: 855-439-5589

Sender:	Chris Crabtree <ccrabtree@HHEMC.net>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Sent Date:	2020/03/18 15:30:26
Delivered Date:	2020/03/18 15:30:41

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.P (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=96D2C1602DFA45E5A5E21452A098B96D-HAMEL, JOSE>
To:	Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>
CC:	Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; 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>
Subject:	RE: Chloroquine for COVID19
Date:	2020/03/18 11:43:13
Priority:	Normal
Type:	Note

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

(b)(5)

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?

(b)(5)

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

Washington, D.C. 20201

Office: 202-401-4680

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email: Robert.Johnson@HHS.gov

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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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(202) 205-3510

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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.

(b)(5)

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
Office of Strategy, Policy, Planning, and Requirements

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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

Office of Strategy, Policy, Planning, and Requirements

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

(202) 205-3510

www.phe.gov | [REMM](#) | [CHEMM](#)

From: 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,

Yes, ASPR has the authority to accept gifts under section 231 of the PHS Act. We would enter into a donation agreement, and the offer would be vetted by ethics officials.

(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,

(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)

Sender:	Hamel, Joseph (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=96D2C1602DFA45E5A5E21452A098B96D-HAMEL, JOSE>
Recipient:	Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; 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 11:43:05
Delivered Date:	2020/03/18 11:43:13
From:	Hamel, Joseph (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=96D2C1602DFA45E5A5E21452A098B96D-HAMEL, JOSE>
To:	Houchens, Christopher (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7ac94a574bd04528b7c91bbd61893975-Houchens, C>; Disbrow, Gary (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0fd5845defda4dc0bb45f8fac629cf09-Disbrow, Ga>; Johnson, Robert (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0851e89240324306b78740a4a60745e2-Johnson, Ro>
CC:	Hernandez, Cameron (OS/ASPR/ORM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=44367e57cc4f4c098e4260bfe5acd5df-Hernandez,>; Sherman, Susan (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group

	(FYDIBOHF23SPDLT)/cn=Recipients/cn=user161a2a33>; Braxton, Makoto (OS/ASPR/ORM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=732ba978b99d4c91b175cebadaba7e4b-Braxton, Ma>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Ottem, Ronald (Ron) (ASPR/SNS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1aedd8f312d94f81b2449b3d9ceb4add-Ottem, Rona>; Adams, Steven A. (ASPR/SNS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f98462fe8d124743a437c7a80b3f60dd-Adams, Stev>; Bratcher-Bowman, Nikki (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7014813c9a244f839e5c01fdaad79179-Bratcher-Bo>; Hrdina, Chad (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c8ce8f1924b146179df90b1d99953414-Hrdina, Cha>; Courtney, Brooke (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=435939b5eab748a989b326804d3437be-brooke.cour>; Sadove, Elizabeth (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ae67103141a7491b98842bd017e466d7-elizabeth.s>
Subject:	RE: Chloroquine for COVID19
Date:	2020/03/17 15:57:00
Priority:	Normal
Type:	Note

All,

Just got the enclosed from Bayer.

Chris, Gary, and Robert,

Let me know what the clinical team says.

Brooke and Liz,

Heads up as well.

Best,

Joe

Strategic Innovation and Emerging Technology Manager

Assistant Secretary for Preparedness and Response

Office: 202-969-3852

Cell: (b)(6)

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Subject: RE: Chloroquine for COVID19

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Subject: RE: Chloroquine for COVID19

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(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,

(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](tel:202-969-3852)

Cell: (b)(6)

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Recipient:	Houchens, Christopher (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7ac94a574bd04528b7c91bbd61893975-Houchens, C>; Disbrow, Gary (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0fd5845defda4dc0bb45f8fac629cf09-Disbrow, Ga>; Johnson, Robert (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0851e89240324306b78740a4a60745e2-Johnson, Ro>; Hernandez, Cameron (OS/ASPR/ORM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=44367e57cc4f4c098e4260bfe5acd5df-Hernandez,>; Sherman, Susan (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user161a2a33>; Braxton, Makoto (OS/ASPR/ORM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=732ba978b99d4c91b175cebadaba7e4b-Braxton, Ma>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Ottem, Ronald (Ron) (ASPR/SNS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1aedd8f312d94f81b2449b3d9ceb4add-Ottem, Rona>; Adams, Steven A. (ASPR/SNS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f98462fe8d124743a437c7a80b3f60dd-Adams, Stev>; Bratcher-Bowman, Nikki (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7014813c9a244f839e5c01fdaad79179-Bratcher-Bo>; Hrdina, Chad (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c8ce8f1924b146179df90b1d99953414-Hrdina, Cha>; Courtney, Brooke (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=435939b5eab748a989b326804d3437be-brooke.cour>; Sadove, Elizabeth (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ae67103141a7491b98842bd017e466d7-elizabeth.s>
Sent Date:	2020/03/17 16:03:04
Delivered Date:	2020/03/17 15:57:00
From:	Brian Nagle <brian.nagle@bayer.com>
To:	Hamel, Joseph (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=96d2c1602dfa45e5a5e21452a098b96d-Hamel, Jose>
CC:	Kelly Childress Lange <kelly.childress@eastendgrp.com>
Subject:	Resochin information from Bayer
Date:	2020/03/17 15:46:23
Priority:	Normal
Type:	Note

Joe,

Thank you for taking the time to speak with use earlier today.

This information package is intended to provide a general overview of summary level information on safety, known efficacy in the use of Chloroquine (Resochin®) as a potential “Therapeutic / Investigational Agent” in Symptomatic Patients infected with SARS-CoV-2 / COVID-19 Disease of coronavirus, and Chinese guidelines on dosing for the treatment on COVID-19. Please note that the safety information

comes from the indicated uses, and not from the use to treat COVID-19. We are continuing to compile additional information and will send soon.

Best regards,

Brian Nagle

Senior Director, Federal Relations and Policy

//////////

Bayer U.S. LLC
Federal Relations & Policy
801 Pennsylvania Avenue N.W.
Washington D.C. DC 20004
United States

Tel: +1 202-756-3779

Mobile: (b)(6)

E-mail: brian.nagle@bayer.com

<https://protect2.fireeye.com/url?k=530247bc-0f565ec0-53027683-0cc47adc5fa2-a59714c55b488816&u=http://www.bayer.us/>

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Sender:	Brian Nagle < brian.nagle@bayer.com >
Recipient:	Hamel, Joseph (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=96d2c1602dfa45e5a5e21452a098b96d-Hamel, Jose>; Kelly Childress Lange < kelly.childress@eastendgrp.com >
Sent Date:	2020/03/17 15:42:47
Delivered Date:	2020/03/17 15:46:23

From:	Harrison, Brian (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D145EFC9C35C4865ACA6E9D47786B204-HARRISON, B>
To:	AMA2 (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c145629cc8ac4858bf1f0ce5dd0461dc-AMA2!>
CC:	Trueman, Laura (HHS/IEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=99dcba4c6ea342c08d58f63e37d997e7-Trueaman, La>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>
Subject:	FW: Essential services letter to POTUS
Date:	2020/03/18 15:44:30
Priority:	Normal
Type:	Note

From: Howard, Jack <jhoward@USChamber.com>
Sent: Wednesday, March 18, 2020 1:53 PM
To: Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>
Subject: Essential services letter to POTUS

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:	Harrison, Brian (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D145EFC9C35C4865ACA6E9D47786B204-HARRISON, B>
Recipient:	AMA2 (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c145629cc8ac4858bf1f0ce5dd0461dc-AMA2!>; Trueman, Laura (HHS/IEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=99dcba4c6ea342c08d58f63e37d997e7-Trueaman, La>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>
Sent Date:	2020/03/18 15:44:29
Delivered Date:	2020/03/18 15:44:30

From:	lisa barnes (b)(6)
To:	Donald J. Trump <contact@victory.donaldtrump.com>; Donald J. Trump <contact@team.donaldtrump.com>; <gtconway@wlrk.com>; <cdcexecsec@cdc.gov>; Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.DIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Fw: To Mr.Alex Azar,Mr.Ben Carson,Mrs.Elizabeth Warren,Mrs.Nancy Pelosi
Date:	2020/03/18 15:59:54
Priority:	Normal
Type:	Note

THE UNITED STATES ARE DESTROYING CHEMICALS .THIS IS BEING RELEASED INTO THE AIR.ALONG WITH THE NATURAL DEATHS IN THE NURSING HOMES.IT LOOKS LIKE THE SAME THING BUT ITS NOT.THOSE PEOPLE IN NURSING HOMES WERE PLACED ON HOSPICE AND SOME DIED AFTER GOJNG HOME TO DIE.THIS OUTBREAK WAS BIGGER DURING THE LAST 6 MONTHS.CHEMICALS HAVE BEEN IN THE AIR FROM CONTRACTS THIS UNITED STATES MADE.MY HOMETOWN OF ARKANSAS THE HOSPITALS WERE FILLED WITH PATIENTS WHO DIDNT TEST POSITIVE FOR ANYTHING.I NOTIFIED THE EPA AND HEALTH AND HUMAN SERVICES NO ONE CONTACTED ME BACK.YOU HAVE TWO DIFFERENT ISSUES.MAYBE YOU SHOULD REEVALUATE THE WHOLE PROCESS.YOU ARE DEPENDING ON EXPERTS.YOU MAY NEED TO LET OUTSIDERS IN.

THANK YOU
LISA MCNEELY

(b)(6)

Sent from Yahoo Mail on Android

----- Forwarded Message -----

From: "lisa barnes" (b)(6) >
To: "Elizabeth Warren" <info@elizabethwarren.com>, "Kamala Harris" <info@kamalaharris.org>, "Donald J. Trump" <contact@victory.donaldtrump.com>, "Vice. President" <vice.president@whitehouse.gov>, "Nancy Pelosi" <info@pelosiforcongress.org>, "kellyanne.conway@whitehouse.gov" <kellyanne.conway@whitehouse.gov>, "alex.azar@hhs.gov" <alex.azar@hhs.gov>, "gtconway@wlrk.com" <gtconway@wlrk.com>
Sent: Sun, Mar 15, 2020 at 4:01 PM
Subject: To Mr.Alex Azar,Mr.Ben Carson,Mrs.Elizabeth Warren,Mrs.Nancy Pelosi
 To Alex Azar,Mr.Ben Carson

Sent from Yahoo Mail on Android

----- Forwarded Message -----

From: "lisa barnes" (b)(6)

To: "gtconway@wlrk.com" <gtconway@wlrk.com>, "kellyanne.conway@whitehouse.gov" <kellyanne.conway@whitehouse.gov>

Sent: Sun, Mar 15, 2020 at 3:31 PM

Subject: Retest 3,100 Coronavirus in different labs require 2 test me

It's time for retest of all that tested positive for the

CORONAVIRUS in different labs.To double-check.

What about autopsy results.See if Coroner actually

put CORONAVIRUS as death.Release to

public.Doublecheck.Who designed test make sure

testing kit properly administered.Cross testing.See

the common medicines of those who died.Where

these people on hospice if so.Was a fatal dose of

any medication administered such as overdose of

pain medication.Fentanyl etc.The reason it's only

hitting the elderly is they may have been assigned

to hospice either at home or in a hospital.This

looks like Hospice deaths and not a

Coronavirus.This explains all the Nursing Home

deaths.being placed on Hospice to die.The cutting

down on oxygen,not feeding no water.a Dying body

sets up a contagious environment.Most deaths

occurred in nursing home where people are placed

to die deliberately when families are tired of taking

care of them

Lisa McNeely

(b)(6)

Sent from Yahoo Mail on Android

Sender:	lisa barnes (b)(6)
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To:	Hall, Bill (HHS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02b39f27f3b4469a960054b23545cc24-Hall, Bill>
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Subject:	Re: For review by 5 PM: CDC reactive statement on 50/10
Date:	2020/03/18 16:23:45
Priority:	Normal
Type:	Note

(b)(5)

Sent from my iPhone

On Mar 18, 2020, at 4:18 PM, Hall, Bill (HHS/ASPA) <bill.hall@hhs.gov> wrote:

CDC is getting calls asking for clarification between their Sunday guidance of no more than 50 vs WH's no more than 10. Please let me know if you have any edits **by 5 pm**. Thx Bill

(b)(5)

(b)(5)

Sender:	Stecker, Judy (OS/IOS) </o=EXCHANGELABS/ou=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0280B227911B40B6B30A81B8574EDE6B-STECKER, JU>
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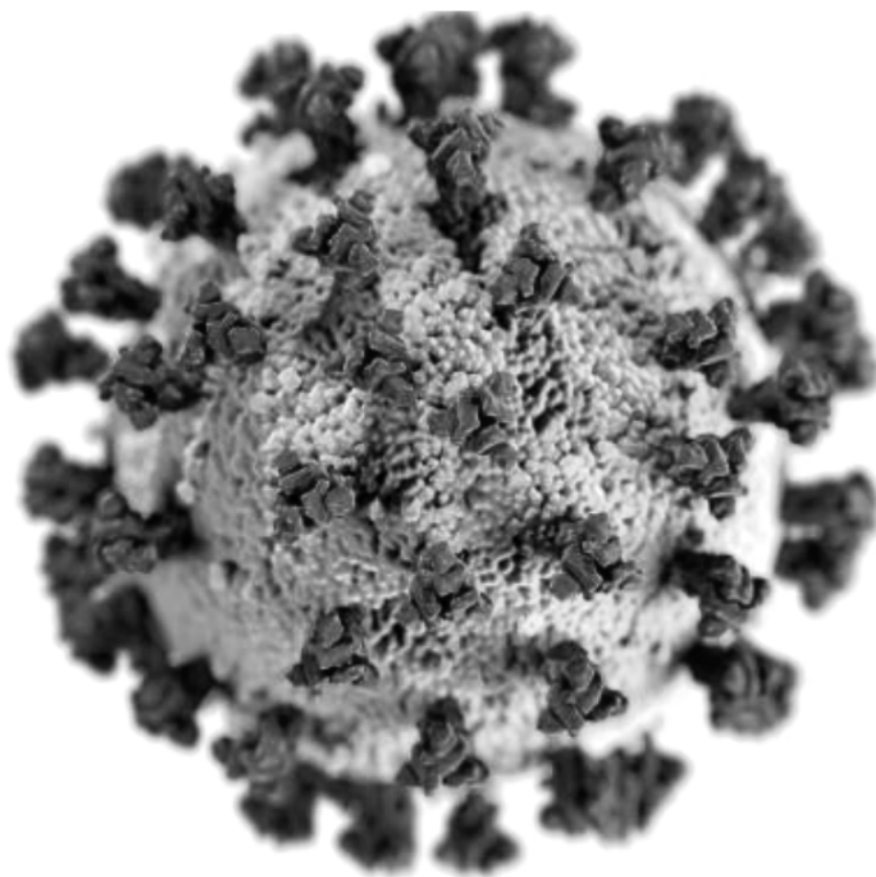
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Subject:	COVID-19 may be worse for smokers, vapers; FDA's CBD Report; Hemp You Can Feel™ Cocktails? Vaping sales rebound; Who's seeking pot licenses in Maine?
Date:	2020/03/18 16:26:26
Priority:	Normal
Type:	Note

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The Marijuana Report

Marijuana News Based on Science, Not Spin 3.18.2020



**Covid-19 could be severe threat to people with
substance use disorders**

The US National Institute on Drug Abuse advised the research community last week that COVID-19 could hit some populations with substance use disorders particularly hard:

- • Because COVID-19 attacks the lungs, it could pose a serious threat to people who smoke or vape tobacco and/or marijuana
- • Those with disorders related to opioids and methamphetamine use also may be more vulnerable because of these drugs' effects on respiratory and pulmonary health.
- • People with a substance abuse disorder are more likely to experience homelessness or incarceration than the general population, posing unique challenges to preventing spread of the virus.

“We know very little right now about COVID-19 and even less about its intersection with substance use disorders,” the advisory continues. “But we can make educated guesses based on past experience that people with compromised health due to smoking or vaping and people with opioid, methamphetamine, cannabis, and other substance use disorders could find themselves at increased risk of COVID-19 and its more serious complications—for multiple physiological and social/environmental reasons.”

NIDA encourages researchers to request grant supplements to study the risks of COVID-19 in people experiencing substance use disorders.

Read NIDA Advisory [here](#).



FDA's Report to Congress on CBD

As part of its 2020 appropriation to the Food and Drug Administration, Congress asked FDA to prepare a report determining how or whether FDA will regulate CBD products in the future. Since Congress legalized hemp in 2018, thousands of companies have emerged to make and market CBD products. This new industry is pressuring Congress to end regulatory oversight so that CBD can be marketed for an endless array of purposes, including as a medicine and an additive in human and animal foods.

FDA has approved only one product, pharmaceutical CBD, as safe and effective to treat Lennox Gastaut and Dravet syndromes, two rare forms of epilepsy. Safety and efficacy

were determined through a series of clinical trials. None of the other CBD products flooding stores and the internet have applied to FDA to test their products for approval, even though they all are marketed as drugs that will cure or relieve any number of conditions or as foods that will enhance health.

FDA says in the report that currently available data show CBD is associated with potential risks. These include liver injury, drowsiness, and the potential for drug interactions. Further, little is known about the impact of long-term use and the effect of the drug on vulnerable populations like children, pregnant and lactating women, the elderly, and unborn children.

Key questions the agency is seeking to address before it engages in any CBD rulemaking include:

1. • What happens if you use CBD daily for sustained periods of time?
2. • What level of intake triggers the known risks associated with CBD?
3. • How do different methods of exposure affect intake (e.g., oral consumption, topical, smoking or vaping)?
4. • What is the effect of CBD on the developing brain (such as children who take CBD)?
5. • What are the effects of CBD on an unborn child or breastfed newborn?
6. • How does CBD interact with herbs and botanicals?
7. • Does CBD cause male reproductive toxicity in humans, as has been reported in studies of animals?
8. • Are there differing safety concerns for use in certain animal species, breeds, or classes?
9. • Are any residues formed in edible tissues of food producing animals?

Congress and the CBD industry are pressuring FDA to allow CBD to be marketed as a dietary supplement. Under current law, CBD products cannot be sold as dietary supplements, but FDA has the authority to change that. However, it would lose the ability to regulate CBD as tightly as it regulates pharmaceutical drugs, leaving it up to the public to

determine whether a given product is safe and effective.

Read FDA Report [here](#).



Company launches “Hemp You Can Feel™” Cocktails

Coming on the heels of the FDA Report is a news release by The Marijuana Company of America, which describes itself as “an innovative hemp and cannabis corporation.” It invited reporters to an alcohol-free party at Mama Lion Nightclub and Restaurant in Los Angeles to launch its new “Hemp You Can Feel” cocktails last week. The new drinks consist of “all-natural hemp and CBD.”

Says Jesus Quintero, MCOA CEO, “This drink is groundbreaking because of the nanotechnology that allows the body to absorb the ingredients quickly and provide a sense of well-being without the ugly ‘hang-over’ effect . . . You can have fun and simultaneously nourish your body. What could be better?”

Read Marijuana Company of America news release [here](#).

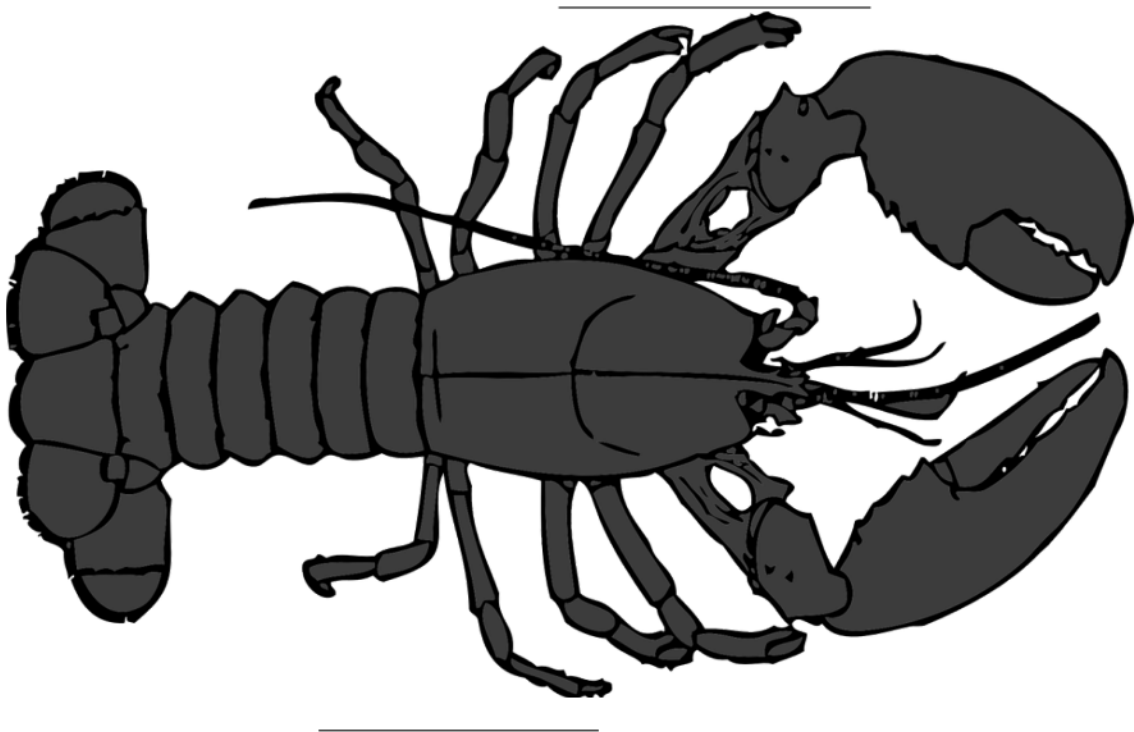


Vaping sales rebound as fallout from illnesses fades

E-cigarette sales at vape shops in Ohio plummeted from 50% to 70% between July and November 2019 at the height of the EVALI outbreak crisis, according to the Ohio Vapor Trade Association. But they are approaching pre-outbreak levels today as lung injuries decrease.

Vape oil sales at the state's medical marijuana dispensaries have also risen – from \$136,483 the week of September 21, 2019 to \$741,347 the week of February 29, 2020, according to the Ohio Department of Commerce records. Vape oils accounted for 16% of all sales in December, second only to sales of plant material.

Read the *Columbus Dispatch* article [here](#).



State releases list showing who's seeking marijuana licenses

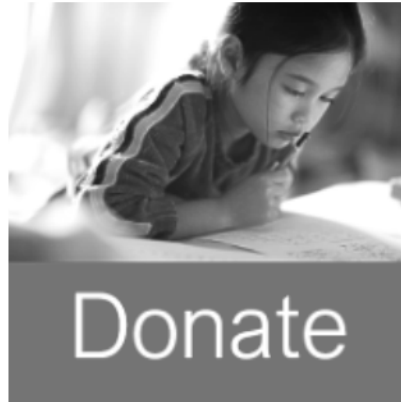
Maine's Office of Marijuana Policy released a list of some 300 people who are applying for more than 200 licenses to operate marijuana businesses in the state's long-awaited recreational market. On the list are names familiar to Mainers:

- Robert and Elizabeth Baldacci, brother and sister-in-law of former Maine Governor John Baldacci, are among investors of Coast 2 Coast Extracts, a medical marijuana extraction lab in Portland.
- Another Coast 2 Coast principal is Ray Payne, whose wife, attorney Hannah King, sits on the Marijuana Advisory Commission, "created to advise Maine lawmakers on marijuana laws."

Maine received applications for 81 recreational cultivation sites, 30 bakeries and extraction labs, and 99 retail stores. Many applications listed multiple owners.

Like most other legal states, what guides Maine public officials' decision-making appears to be personal profit rather than public health.

Read *Pressherald* story [here](#).



Subscribers to *The Marijuana Report* are forwarding copies of their issues to others, doubling and often tripling the number of people who read each issue! Thanks to those who are forwarding *The Marijuana Report* to others.

Your donation to NFIA supports the production of this e-newsletter. **Thanks in advance for your donation!**

Visit *The Marijuana Report's* Facebook page. In addition to current issues of *The Marijuana Report*, we post several more marijuana messages each month on our Facebook page. Search Facebook for [nationalfamilies](#) to access it.

Looking for a past issue of *The Marijuana Report*? Find it [here](#).

Did you know that in addition to The Marijuana Report e-newsletter, National Families in Action also publishes The Marijuana Report website? There you can find summaries of (and access to) scientific marijuana studies, the growth of the commercial marijuana industry, and what families and communities are doing to restrain it. Begin at our [Welcome Page](#) to access all the resources The Marijuana Report website offers.



The Marijuana Report is a weekly e-newsletter published by [National Families in Action](#) in partnership with [SAM \(Smart Approaches to Marijuana\)](#).

Visit National Families in Action's website, [The Marijuana Report.Org](#), to learn more about the marijuana story unfolding across the nation.

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Subject:	FW: Remarks by President Trump, Vice President Pence, and Members of the Coronavirus Task Force in Press Briefing
Date:	2020/03/18 16:41:11
Priority:	Normal
Type:	Note

Sir, Here is the transcript from today's press conference.

From: White House Press Office <info@mail.whitehouse.gov>
Sent: Wednesday, March 18, 2020 4:37 PM
To: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Subject: Remarks by President Trump, Vice President Pence, and Members of the Coronavirus Task Force in Press Briefing



The White House

Office of the Press Secretary

FOR IMMEDIATE RELEASE

March 18, 2020

REMARKS BY PRESIDENT TRUMP,
VICE PRESIDENT PENCE,
AND MEMBERS OF THE CORONAVIRUS TASK FORCE
IN PRESS BRIEFING

James S. Brady Press Briefing Room

12:06 P.M. EDT

THE PRESIDENT: Thank you very much. I would like to begin by announcing some important developments in our war against the Chinese virus.

We'll be invoking the Defense Production Act, just in case we need it. In other words, I think you all know what it is, and it can do a lot of good things if we need it. And we will -- we will have it all completed, signing it in just a little while. Right after I'm finished with this conference, I'll be signing it. It's prepared to go. So we will be invoking the Defense Production Act.

Last week, I signed an emergency declaration under the Stafford Act, which, as you know, we invoked previously and which activated FEMA's National Response Coordination Center. FEMA now is fully engaged at the highest levels.

Today, FEMA is activated in every region. We are at level one -- level one being the highest level -- which we will work with, and we've been working with FEMA. I've done a lot of work with FEMA. They're incredible. It's always been on hurricanes or tornadoes.

They're, right now, in Tennessee -- a large group working in Tennessee. Have been incredible. That was a tragic event. Alabama, last year, also a tornado. And then, obviously the numerous hurricanes in different locations that were, in some cases, very devastating. And, in every case, FEMA came through.

This is a very different kind of work for FEMA, but they will

come through as they always do. We have tremendous people, tremendous talent in FEMA.

We're sending, upon request, the two hospital ships; they're being prepared right now. They're massive ships. They're the big white ships with the red cross on the sides. One is called the Mercy and the other is called the Comfort. And they are in tip-top shape. They soon will be. They're getting ready to come up to New York. I spoke with Governor Cuomo about it. He's excited about it.

And I also -- we haven't made the final determination as to where it's going to go on the West Coast. The Comfort is located now in San Diego, and it's going to be -- we'll be picking the destination fairly shortly. So those two ships are being prepared to go, and they can be launched over the next week or so, depending on need.

Earlier this week, the first clinical trial of the vaccine candidate for the virus began in Washington State, as you probably know. The genetic sequence of the virus was first published in January. But thanks to the unprecedented partnership between the FDA, NIH, and the private sector, we've reached human trials for the vaccine just eight weeks later. That's a record by many, many months. It used to take years to do this, and now we did it just in a very short while.

That's the fastest development in history of what we're doing with regard to the vaccine. We're making very, very big progress.

Today I can announce further steps to expand testing capacity. We're working with several groups to determine if the

self-swab -- a much easier process than the current process that's not very nice to do, I can tell you, because I did it. But we have a current process that's a little bit difficult.

If you haven't done -- the groups are working on determining if a self-swab by an individual is as effective as the other. The other is very effective, very accurate. But we're going to see if we can do a self-swab, which is -- would be a lot more popular, I can tell you that. So -- and that would be administered also by a health official, but it would be a lot easier to do.

The -- the fact is that the health professionals would -- it would free -- it would free up a lot. Let me just say, the self-swab is what it is: It's a self-swab; you do it yourself. The other has to be issued by a health professional, and it's something that is quite difficult. And we think it's working out for the self-swab. And if it would test positive, the people would go and they would do what they have to do. But we think that's probably working out.

I've asked the FDA to cut through the red tape and reduce regulatory barriers. We are looking at some very exciting things. And I'm going to be holding a second news conference either today. We're going to talk about the FDA. Some things are happening that are quite exciting. And we're going to be doing that either later today or tomorrow -- fairly early tomorrow. So we'll see what happens.

But the FDA, at my instruction, is -- have been working very, very hard on a number of developments, and we'll be discussing them with you later today or tomorrow.

And this afternoon, I'll be meeting with nurses on the frontlines of the battle against the virus. They are truly American heroes. They want to get it done. They're incredible people. So we're going to be meeting with nurses, and I actually look forward to that. They're very brave. They're taking a lot of risk. And they -- they have done an incredible job and they never complain.

Today, I'm also announcing that the Department of Housing and Urban Development is providing immediate relief to renters and homeowners by suspending all foreclosures and evictions until the end of April. So we're working very closely with Dr. Ben Carson and everybody from HUD.

Every generation of Americans has been called to make shared sacrifices for the good of the nation. In World War Two, young people in their teenage years volunteered to fight. They wanted to fight so badly because they love our country. Workers refused to go home and slept on factory floors to keep assembly lines running.

And, you know, the numbers of ships that they built during World War Two, to this day has never -- nothing like that has ever been equal. They were doing ships on a -- literally on a daily basis. Nobody has ever seen anything like it. To this day, nobody has seen anything like what they were able to do during World War Two.

And now it's our time. We must sacrifice together because we are all in this together and we'll come through together. It's the invisible enemy. That's always the toughest enemy: the invisible enemy. But we're going to defeat the invisible enemy. I think

we're going to do it even faster than we thought. And it will be a complete victory. It'll be a total victory.

So we'll have a second conference, again, having to do with the FDA and this. I think it's going to be potentially a very exciting news conference. And we will do it as quickly as we can, so whether it's today or tomorrow.

And I'll, with that, ask Mike Pence to say a few words. And thank you very much.

THE VICE PRESIDENT: Thank you, Mr. President. The White House Coronavirus Task Force met this morning, and now that we have cases in all 50 states, we're continuing to move out on the President's call to bring the full resources of the federal government, the full partnership with every state and territory, the full power of the American economy, to support businesses and families.

As the President says to us and every day: We'll do whatever it takes. We're all in this together.

Yesterday, the President met with the tourism industry executives and also had an engaging discussion with all the top companies in our industrial and medical supply chain.

And the President, as you all are aware, also announced today that by mutual consent, the northern border to Canada will be closed to non-essential travel. This does not include essential travel or the transit of goods. But it was through a mutual discussion that took place this morning between the President and Prime Minister Trudeau. And the Department of Homeland Security

will be effectuating that decision.

The President spoke with some of the nation's top business leaders today, again, to speak about the supply chain in the country. And, for our part, we're going to be conducting a conference call later today with state and local health officials to renew our ongoing commitment of cooperation and collaboration.

As the President said last week in signing the Stafford Act, he stood up the National Response Coordination Center. And today at the President's direction, FEMA has gone to level one. FEMA's mission is to support disasters that are locally executed, state managed, and federally supported.

And tomorrow, the President will be hosting all the nation's governors, from a video conference at FEMA, to ensure that they have full connection to all of the activated regions for FEMA going forward.

With regard to testing, I'm pleased to report that we're increasing the number of tests being performed by the thousands, every day, thanks to the public-private partnership that President Trump forged with commercial laboratories around the country.

Our health experts tell us to remind every American: It's important to remember people without symptoms should not get tested. We want to make sure that the supply of testing is there for those that need it most or are symptomatic or in the vulnerable population.

Dr. Deborah Birx, in a moment, will address the progress that we're making on testing, the infection rate, our recommendations to every American, as well as some important new findings about the impact on youth that we're gaining from data that's coming in from Europe that'll be important to every -- every American.

On the subject of supplies, the President has our task force extremely focused. As the President mentioned yesterday -- mentioned that he's invoking the Defense Production Act today. Secretary Esper, in a few moments, will describe the ongoing efforts that the Department of Defense is taking to make medical resources available. Secretary Robert Wilkie will announce decisions the VA has made to expand hospital capacity within their system.

Also, with regard to medical personnel, at the President's direction, HHS is issuing a regulation today that will allow all doctors and medical professionals to practice across state lines to meet the needs of hospitals that may arise in adjoining areas.

In addition to that, we are again today asking every American and our medical community leaders and hospitals to partner with us in delaying elective procedures across the country in our healthcare system to ensure that medical supplies and medical capacity go where they're needed most. Seema Verma will describe guidance that CMS will be issuing on that front.

And finally, just, I want to remind every American of the President's 15-day guidance to slow the spread. We're grateful for members of the media and the general public that are adhering to these, sharing them with neighbors and friends. All of our experts continue to believe that if every American will do their

part, and embrace and put into practice these principles, that we can significantly limit the reach of the coronavirus in the weeks and months ahead.

Thank you, Mr. President.

THE PRESIDENT: Thank you very much. Dr. Birx, please.

DR. BIRX: Thank you. Thank you, Mr. President, Mr. Vice President. So, you know, we continue to look at data every single day. There are concerning reports coming out of France and Italy about some young people getting seriously ill, and very seriously ill in the ICUs.

We think part of this may be that people heeded the early data coming out of China and coming out of South Korea that the elderly or those with preexisting medical conditions were at particular risk. It may have been that the millennial generation, our largest generation, our future generation that will carry us through for the next multiple decades, there may be a disproportional number of infections among that group. And so even if it's a rare occurrence, it may be seen more frequently in that group and be evident now.

So we're looking at that information very carefully. We have not seen any significant mortality in the children, but we are concerned about the early reports coming out of Italy and France.

So, again, I'm going to call on that generation that's part of that group that brought us innovation, particularly throughout all of their ability to look around corners and skip through

games. I'm -- I always went level by level; I didn't realize that you could go from level three to level seven. That's what they've taught us. They look for things that we don't see. We need them to be healthy.

So, again, not only calling on you to heed what's in the guidance, but to really ensure that each and every one of you are protecting each other. And so we cannot have these large gatherings that continue to occur throughout the country for people who are off work, to then be socializing in large groups and spreading the virus. You have the potential then to spread it to someone who does have a condition that none of us knew about and cause them to have a disastrous outcome.

Finally, on the testing piece and what we're learning: I know you know, last week, in bringing the private sector -- I think what has been exciting to me over the last two and a half weeks is to see this administration harness the full capacity of the private sector, understanding that a lot of our solutions that we need to confront this virus, a lot rely on the private sector. Bringing the private-sector commercial labs was critical in -- to this process. We are now beginning to see that they have spread out in a prioritized way, because we asked them to prioritize the regions that were mostly affected.

And so you still may have difficulty getting tests in areas that do not have significant cases. We've had them prioritize the regions where we need diagnosis and their diagnostic percent. Remember, I told you South Korea was under 4 percent, so 96 percent of people were negative. The last report we've seen from the laboratories have about a 7-plus percent positivity rate. Still, 93-plus percent or 92 percent are negative. But I

think that's encouraging to me, personally, that we're prioritizing appropriately to those areas that have the greatest need

Today and yesterday, Thermo Fisher pushed out most of their laboratory testing capacity, and that will dramatically increase that platform and the ability to run additional tests, in addition to Roche.

So I appreciate everybody's attention to these numbers. I'm excited that we've prioritized where the need was the greatest. But again, please follow the guidance and please make sure in every report that you're putting out that you're talking about the presidential guidance to actually stop the spread of this virus.

Thank you.

THE PRESIDENT: Thank you, Deborah, very much.

THE PRESIDENT: Mark, please.

SECRETARY ESPER: Thank you, Mr. President. So, good afternoon, everyone. And I want to provide an update on DOD's coronavirus efforts as we continue to focus on our three priorities. That's, first of all, protecting our personnel and their families. Second, safeguarding our national security mission capabilities. And third, of course, supporting the administration's whole-of-government approach.

First of all, though, I do want to assure the American people that the United States military remains ready and capable of

defending the country and our interests abroad. Now, with that, the department is leaning forward in our response to COVID-19. We have issued international and domestic travel restrictions to all DOD personnel and families that should dramatically reduce potential exposure to the virus. Those have been in place for some time now.

As I announced yesterday, the Department of Defense will make available up to 5 million N95 respirator masks and other personal protective equipment from our own strategic reserves to the Department of Health and Human Services for distribution. The first 1 million masks will be available immediately. We are also prepared to distribute to HHS up to 2,000 operational deployable ventilators for use as needed.

Yesterday, I was at Fort Detrick, Maryland, which is probably the military's premier research institute, where I got updated on the incredible work our people are doing as part of the interagency team to work on vaccines and therapeutics. They're making great progress there.

We also have announced that we've certified our 16th lab -- or we'll soon certify our 16th lab to help with processing tests from across the country.

Additionally, I have directed, as the President mentioned, that the hospital ships, Mercy and Comfort, be prepared to deploy to increase the nation's medical capacity. And we have also alerted a variety of field and expeditionary hospitals to be prepared to deploy as well as needed based on direction from the Commander-in-Chief.

Today, leadership from the Army Corps of Engineers is in New York meeting with Governor Cuomo and his team. I spoke with Governor Cuomo yesterday and other governors. I will be speaking to more in the coming days to make sure that they know what DOD can provide through our system to address their needs.

In my conversations with governors and members of Congress about DOD's resources, I've made it clear that we will continue to support the administration's comprehensive efforts and the country every step of the way, while ensuring our nation's security remains the top priority.

I want to conclude by thanking again all of our service members and their families who have been affected by this outbreak. They're all great heroes. We are continuing to support them throughout this. We are all in this together.

Thank you all very much.

THE PRESIDENT: Thank you very much, Mark.

THE PRESIDENT: Seema, go ahead.

ADMINISTRATOR VERMA: Thank you. So, yesterday, the President made a very important announcement about telehealth, and this is allowing our 62 million seniors to be able to get some medical services from the safety of their home, reducing their risk and without any co-pays.

But we're also making sure that the healthcare system is prepared and that those on the frontlines have the support that they need. The reality is the stakes are high and we need to preserve

personal protective equipment for those that are on the frontlines of this fight.

And to that end, we have put out guidelines over the last two weeks to expand the types of masks that can be used in routine care and saving those N95s for the most risky situations.

Conserving personal protective equipment is also essential to combat the virus. So today, CMS will announce detailed recommendations to further promote this needed conservation, specifically by limiting non-essential elective medical and surgical procedures, including dental procedures.

We believe that these recommendations will help surgeons, patients, and hospitals prioritize what is essential while leaving the ultimate decision in the hands of state and local health officials and those clinicians who have direct responsibility to their patients.

And we urge providers and clinicians and patients to seriously consider these recommendations. They will not only preserve equipment, but it also allows doctors and nurses to help those that are on the frontlines, and it will protect patients from unnecessary exposure to the virus.

We fully appreciate that this is going to have a major impact on the healthcare system, but the shared sacrifice is essential to help those that are on the frontlines.

And I want to thank the medical societies, such as the American College of Surgeons and the American Dental Association, that took a proactive approach and already posted these

recommendations. And we've also talked to the American Medical Association, and they have fully indicated their support for this recommendation. We now invite the entire healthcare community to join us in this effort.

Thank you.

THE PRESIDENT: Thank you very much.

THE VICE PRESIDENT: Robert.

THE PRESIDENT: Robert, please.

SECRETARY WILKIE: Thank you, Mr. President. My instructions from the President were very clear. I was to do everything imaginable, as aggressively as possible, to protect the 9.5 million veterans who are part of the Department of Veterans Affairs.

Last month, we established 19 emergency operations centers across the country. We began to limit the number of visitors who entered our facilities. We began, I think, the first -- we were the first system to begin triaging, across the country in our 170 hospitals, the entrance of anyone into our facility without being questioned or tested.

We expanded those restrictions to those in our 135 community living centers, which have about 7,800 veterans who are in acute -- in acute conditions to make sure that they were protected. We also took the next step and made sure that we limited the dental surgeries that we were provided. We've cut back by one third the number of routine appointments we have had, and we have canceled elective surgeries.

These were all part of the President's directive to be as aggressive in a public health sense as we could be. I think we have set the pace for the entire country.

I will say, we've often said that we work the most noble mission in the federal government. Our veterans have been in the toughest spots in the world. They have been put in conditions that are unimaginable to most Americans, and they have responded. They have responded clearly. They have responded with passion. And also, the 400,000 members of our department who are out there on the frontlines.

The last thing I will say is that you've heard a lot about the fourth mission that VA has. Our first three missions are healthcare, benefits, and memorial affairs. Our fourth mission is to support the federal government in times of natural disasters and pandemics.

We are the buttress force in case that FEMA or HHS calls upon us to deploy medical professionals across the country to meet crises. We plan for that every day. We are gaming out emergency preparedness scenarios. And we stand ready, when the President needs us, to expand our mission.

Thank you.

THE PRESIDENT: Thank you very much. Robert, thank you. Thank you all. That's very nice.

Any questions? Please.

Q Mr. President, thank you. Two questions, if I may. Your Treasury Secretary was on Capitol Hill talking about the potential for what could come, and he said that unemployment could skyrocket to 20 percent. Are we looking -- that could rival the Great Depression. Are we looking at potentially historic devastation?

THE PRESIDENT: No, well, I don't agree with that. Yeah -- no, I don't agree. That's a absolute total worst-case scenario. But, no, we don't look at that at all.

Q And thank you. And my second question --

THE PRESIDENT: We're nowhere near it.

Q Okay. Why do you keep calling this the "Chinese virus"? There are reports of dozens of incidents of bias against Chinese Americans in this country. Your own aide, Secretary Azar, says he does not use this term. He says, "Ethnicity does not cause the virus." Why do you keep using this? A lot of --

THE PRESIDENT: Because it comes from China.

Q -- people say it's racist.

THE PRESIDENT: It's not racist at all. No. Not at all. It comes from China. That's why. It comes from China. I want to be accurate.

Q And no concerns about Chinese Americans --

THE PRESIDENT: Yeah, please, John.

Q -- in this country?

THE PRESIDENT: No.

Q And to the aides behind you, are you comfortable with this term?

THE PRESIDENT: No, I have a great -- I have great love for all of the people from our country. But, as you know, China tried to say at one point -- maybe they stopped now -- that it was caused by American soldiers. That can't happen. It's not going to happen -- not as long as I'm President. It comes from China.

John, please.

Q Two questions, if I could, Mr. President. First of all, in the Defense Procurement Act, you're invoking it today.

THE PRESIDENT: Yes.

Q Senator Schumer said on the floor, a short time ago, that it urgently needs to be put into action to produce medical supplies, particularly ventilators.

THE PRESIDENT: Yeah.

Q Do you have some targets that you would like to see immediately spooled up under the act?

THE PRESIDENT: We do have. We have tremendous numbers of ventilators, but there's never been an instance like this where

no matter what you have, it's not enough. That would be the case. And we will be -- it's being signed. It's essentially drawn, and I'm going to sign it in just a little while. If we need to use it, we'll be using it at full speed ahead.

Q He says it urgently needed to be used. Do you have some targets?

THE PRESIDENT: Well, we're going to know whether or not urgent. But we will -- yeah, we do have targets. We have targets for certain pieces of equipment. We have targets for masks. You know, the masks -- the numbers of masks are incredible. We've ordered millions of them. But we need millions more.

This -- a thing like this has never been requested, and it's never -- we've never had even to think in terms of these numbers, but we need millions of masks. And all of that will be ordered. We need respirators. We need -- ventilators is a big thing because it's a complex piece of equipment. So we have a lot of ventilators, but we're going to be ordering more.

Q And second question: What size will the checks be that will be sent out to Americans?

THE PRESIDENT: To be determined. We're working with the Senate right now. We're working with everybody on Capitol Hill. There's been tremendous -- there really has been. I mean, with some exceptions, obviously, because it's always the way it is. But there has been -- they've been getting along very well, Republicans and Democrats. It's a nice thing. Very bipartisan so far.

Q Would you like to see them more than \$1,000?

THE PRESIDENT: Well, we're going to see. I don't want to get into that right now, John. We are looking at different numbers. We're looking at timing that would be different -- splitting the times, splitting the payments. We're looking at a lot of different things. It hasn't been determined yet, but it will shortly be determined. And people want to go big, as opposed -- everybody seems to want to go big. And they want to get to the recovery.

The big day is -- the big thing we can do is get rid of this horrible -- I call it the "unseen" -- the unseen enemy. You call it -- there's a thousand different terms for it, but whatever -- it snuck up on us. And it's -- it did 128 countries, I think. It's in something like that -- very close to that. Think of that. So it spreads violently. It's a very contagious -- very, very contagious virus.

Q Do you consider America to be on a wartime footing, in terms of fighting this virus?

THE PRESIDENT: I do. I actually do. I'm looking at it that way because, you know, if -- if it got out of control -- the big thing we did was a very early stoppage of people coming in who could be very, very heavily infected. And that was a --that was a very good move.

And it was very early -- very, very early -- when most people, including a lot of professionals, they didn't want us to do it. That really saved a lot of lives.

And, yeah, I look at it -- I view it as a, in a sense, a wartime president. I mean, that's what we're fighting. I mean, it's --

it's a very tough situation. You're -- you have to do things. You have to -- you have to close parts of an economy that six weeks ago were the best they've ever been. We had the best economy we've ever had. And then, one day, you have to close it down in order to defeat this enemy. And -- but we're doing it, and we're doing it well.

And I'll tell you, the American people have been incredible. For the most part, they've been really incredible.

Yeah, please, Kaitlan.

Q I have a question for you and then I have one for Secretary Wilkie, as well. But I'll start with you. You just said there are a tremendous number of ventilators that we have, but, for weeks, hospitals have been worrying about a critical shortage that they say we are not prepared for. So why did it take so long to invoke the Defense Production Act?

THE PRESIDENT: Well, you know, hospitals are supposed to have ventilators, too. And when we have thousands of ventilators -- it sounds like a lot, but this is a very unforeseen thing. Nobody ever thought of these numbers. Nobody ever saw numbers like this, even with regard to testing. Normally, we wouldn't be doing testing. And they decided to do it. Very, very hard to ramp up. Now we're getting highly sophisticated tests, and it's going very well. But nobody has ever heard of testing in the kind of quantities that you're talking about.

Q But we knew for weeks we needed more ventilators, so why did it take so long?

THE PRESIDENT: Well, we knew -- it depends. It depends on how it

goes. Worst case, absolutely. Best case, not at all. So we're going to have to see where it goes. But we are ordering thousands and thousands of ventilators. And they're complex. You know, these are complex machines, and -- but we're ordering them.

Does anybody have a -- Mike, maybe you do. How many do we have and we're ordering?

Q Yeah. You said you'd get back to us with the number.

THE PRESIDENT: Please. Yeah, please. Do you know the number?

THE VICE PRESIDENT: We have a specific number of ventilators in the stockpile. It is in excess of 10,000. And you just heard the announcement from the Department of Defense; they'll be adding several more thousand to that.

But the President, even this morning and yesterday afternoon, speaking with the largest companies in the supply chain in this country, we're hearing a tremendous spirit among industry leaders who are ready to step in and add to that volume.

Now, the stockpiles don't count all of the ventilators that exist today in the marketplace and in healthcare facilities around the country. But the President has given us a directive to make sure that our stockpile but, just as importantly, working with industry leaders, that we're securing the increase in ventilators, the increase in masks, gloves, eye protective care, garments that are all necessary to lean forward.

And we're confident we'll be able to accomplish that with the incredible cooperation of the supply chain that exists in America today.

Q But we don't have an exact number for, nationwide, how many ventilators we have?

THE PRESIDENT: We can give you that exact number. We'll give it to you.

Q Okay. That's what we talked about on Monday.

THE PRESIDENT: But we're ordering -- we're ordering a lot more.

Yeah, go ahead, in the back, please.

Q Okay, so I have one question -- one question for the VA Secretary.

Q Two questions --

Q I had one question for the VA Secretary.

THE PRESIDENT: Yeah. One second. One second, Kaitlan. We'll do it in a second. You'll be able to.

Q Okay. Important.

Q Two questions, Mr. President. Thank you.

THE PRESIDENT: Yes.

Q The first one, on the Canadian border. What was the tipping point? Friday, we talked about it. Then, Monday, you said no, and you were not considering closing the border.

THE PRESIDENT: No, I said, "Not yet." I spoke with the Prime

Minister, Trudeau. Very good relationship, obviously, between us and our two countries.

And no tipping point. It's just that we want to -- we want to isolate from the standpoint we don't want people coming into contact. Because that's the way we're going to win this war. That is so important. And we both thought it was time.

Now, it's not affecting trade. It's non-essential. It's non-essential crossings. It won't affect trade at all, and it was just something we thought would be good for both countries. Yes, please.

Q A question. The second question, Mr. President: How can you be sure that trade --

THE PRESIDENT: Go ahead. Please.

Q -- is not going to be a vector of the virus? How can you be sure that trade and everything that's being shipped from one side to the other is not --

THE PRESIDENT: Well, they're doing it in a very careful manner. You can only be vigilant and very professional. But we're not -- it's not pertaining at this moment to trade between the two countries.

Yeah, please.

Q Mr. President, we are hearing that the trillion-dollar economic stimulus package could look something like \$50 billion for the airlines; \$150 billion in loan guarantees for critical

sectors of the economy; a \$250 billion payment on April 6th, directly to individuals; another \$250 billion payment on May 18th, again, directly to individuals; and as well, \$300 billion for small business loan guarantees. Is that, in the general sense, what you're looking at?

THE PRESIDENT: It could be. It could be. And we're also playing with a lot of numbers -- a lot of very big numbers and a lot of very small numbers, frankly. We want to take care of -- we have to help everybody. It was nobody's fault. This happened. I mean, some people could say it was somebody's fault, actually. But it was nobody's fault, and certainly none of these companies that, all of a sudden, had no passengers and planes and had no passengers on cruise ships and all of the things that have happened.

But I will say that they can't be blamed for this. And we want to keep those companies vibrant because it's -- there's going to be a comeback very, very quickly, as soon as this is solved. And it will be solved. We will win. And there will be a comeback, and it'll take place very quickly.

Q If you look at \$250 billion -- there's, give or take, 330 million Americans or so. If you just do the math on that, that's about \$750 a person. A family of four, that would be about \$3,000 on average. Again, rough, rough math, which -- is that where this is headed, potentially thousands of dollars?

THE PRESIDENT: Well, no, I don't want to say that because it's a moving -- these are all -- every number that you mentioned, yes, we've talked about those numbers; we're also moving those numbers in both directions. So we'll let you know. It'll be -- it's

moving along fast.

Again, there's a great bipartisan effort going on that I haven't really seen before to this extent.

Q Mr. President, on the self-swab that you mentioned at the beginning of this, has the FDA approved that test? Is that what you're waiting for?

THE PRESIDENT: No, they're looking at it. They're looking -- it's down the line and they're looking at it very seriously. And I think it would be a great thing because the other is, to use a nice word, it's very inconvenient, and it's very tough.

Q And a second question for you, sir. You tweeted this morning about your approval rating amongst Republicans. You have said that you give yourself a 10 in terms of handling this crisis. How do you reassure Americans at home who don't trust you to handle a crisis of this magnitude?

THE PRESIDENT: Well, I think we're doing a really good job. We started off with a termination of the border -- the people coming in from China, where this all started. That meant I took it very seriously. And when I use the word "calm" -- "calm" doesn't mean that I'm not taking it seriously. "Calm" means -- and we should be calm. We should be extremely calm.

But, yeah, 95 percent within the Republican Party, and over 50 percent. And I also have -- we have very great approval numbers. I mean, people like the job that we're doing. And when you compare this to other epidemics, or if you want to use a different term, you can, but within this country -- and you look

at what's happened over the years, this is being handled very, very professionally. We have the greatest professionals in the world. We're doing a good job. Nobody has ever been swamped like this in -- nothing has been so contagious -- the level of contagion has been incredible, actually. Nobody has seen anything quite like this.

Yeah. Peter, go ahead.

Q Can I ask about the test, sir, for a second? If federal officials have shipped millions of tests, as you and your colleagues have said, why, as the federal government says, have only 59,000 tests been processed to this point? We just heard from the Atlanta Public Health director saying that they have fewer than 50 test kits for more than 900,000 citizens. Where are the tests?

THE PRESIDENT: Yeah. Well, I'll let -- I'll let Mike answer that.

THE VICE PRESIDENT: Yeah. Go ahead. She's tracking that.

THE PRESIDENT: Deborah?

DR. BIRX: So that's a very critical question. And thank you for asking it. So the test kits that we put out last week through the approval -- the rapid movement of that meeting that President Trump called less than two weeks ago -- that has resulted in bringing our private sector to the table. Because the tests and the platform that was out there could only run between 4 and 12 tests per platform, per day. We've now moved into platforms that can run, basically, tens of thousands of tests per day.

So the reason I'm grateful for your question -- because it allows me to point out that, of course, then there was backlog. There were individuals who had been tested who hadn't had their specimen run because of the slow throughput. It's now in a high-speed platform.

So we will see the number of people diagnosed dramatically increase over the next four to five days. I know some of you will use that to raise an alarm that we are worse than Italy because of our slope of our curve.

To every American out there, it will be five to six days' worth of tests being run in 24 to 48 hours. So our curves will not be stable until sometime next week. The reason I talked about Thermo Fisher yesterday, is because their platform is in 2,000 laboratories. They're the ones that are putting out the million tests this week that will solve the issue that Atlanta and others have brought up.

I wanted to be clear: We prioritize the areas. We do county-by-county analysis. Based on those analyses on what counties had more than 50 cases, we prioritize the test kits we put out -- the 400,000. And that's why we're seeing a 7 percent-plus positivity rate. We'll be able to expand that platform and reprioritize based on the accessibility of the other kits.

Q Mr. President, perhaps I could second follow up. How are non-symptomatic professional athletes getting tests while others are waiting in line and can't get them? Do the well-connected go to the front of the line?

THE PRESIDENT: Well, that -- you'd have to ask them that

question. I mean, they -- I -- I've read --

Q Should that happen?

THE PRESIDENT: No, I wouldn't say so, but perhaps that's been the story of life. That does happen on occasion. And I've noticed where some people have been tested fairly quickly.

Look, we inherited a very --

Q Would you encourage them to defer their test to others?

THE PRESIDENT: Excuse me. Excuse me. We inherited a very obsolete system. This was a system that was out of date, obsolete, or it was a system that was never meant to take care of the kind of quantity, the number of people that we're talking about -- millions and millions of people.

If you go back in years past, like even recently with the flu, nobody had tests before. They didn't test the entire nation to see whether or not they had flu. They got the flu, they got better -- hopefully, they got better -- and that was it. Now, all of a sudden, they do this very complex testing.

What we've done is we've broken it down, we've broken up the system, but it was obsolete and/or you could say it was also a system that just wasn't meant to handle the kind of volume that you're talking about. We've rebuilt it into a system that, for the future, will be a very good system if you want to go this route.

But this was never done before. And I would imagine it will be

done in the future, but we've built it into a very good system by using private companies -- the great private companies. And I have to say Roche has been doing a very good job. They're doing a lot of work, a very good job.

But this was an obsolete system. This was not a system that was meant to do anything like this or even near this.

John?

Q Mr. President, a couple of things. A major trade coalition is calling on you to suspend tariffs with other countries as part of the response to the coronavirus.

THE PRESIDENT: Who heads that group? Those countries do, probably. Go check.

Q No. It's an American -- it's an American free trade --

THE PRESIDENT: No, I know. I'm sure free trade.

Look, China is paying us billions and billions of dollars in tariffs, and there's no reason to do that. They haven't even spoken to me about that. China hasn't asked me to do that, but we're getting billions of dollars a year from tariffs from China. And I can't imagine Americans asking for that, but it could be that China will ask for a suspension or something. We'll see what happens.

China is having a very rough time. They have their worst year in 76 years, as I understand it. They're having a very, very tough time. And then, on top of it, this happened with the virus.

But, no, we're taking in billions of dollars a year in tariffs. And this was caused by something totally unrelated to tariffs.

Q And on asylum -- on asylum seekers and people who cross the southern border illegally, are you planning to invoke 42 U.S.C. § 265 which would allow you to prohibit entry of certain people across the border?

THE PRESIDENT: The answer is yes.

Q And when will that happen?

THE PRESIDENT: Very soon. Probably today.

Yes?

Q Mr. President, a question for you and then a question for Dr. Birx.

THE PRESIDENT: Yeah.

Q On the border, firstly, are there plans to fully shut the Mexican border? And what do you define as essential travel when it comes to the U.S.-Canadian border?

THE PRESIDENT: Well, I think "essential" is medical. We have military working together; we have industry working together. And, again, it's not affecting trade. So things like that.

But just leisurely, "Let's go to a restaurant and have dinner" -- which a lot of people do. They come both ways; they go in both directions. That kind of thing, we have ended on a temporary basis.

Yeah, please go ahead.

Q And with the Mexican border -- are you planning to close the southern border?

THE PRESIDENT: Not close it. No, we're not going to close it. But we are invoking a certain provision that will allow us great latitude as to what we do.

Please.

Q May I ask Dr. Birx a question?

Q Two questions, if I could

THE PRESIDENT: Yeah, go ahead. You know what -- go ahead. Sure.

Q I just wanted to clarify something, because just a week ago, you all were standing here telling us that unless you had sustained contact with somebody who was symptomatic for COVID-19, you really didn't need to worry. You told the President, the Vice President that if they shook hands with somebody who had this, if they took a photograph with somebody who had this, they didn't really need to worry. And yet, several days later, we're in a situation where people are being told, "Don't leave your houses." There are curfews saying you cannot walk alone at night after a certain time.

Can you walk us through what seems like a very dramatic swing, a very dramatic disconnect from what we were hearing before to what we're hearing now?

DR. BIRX: So, two things. We look at data all the time. And I know you're looking at the China and South Korea data. And when you look at China and South Korea data, and you look what China and South Korea did, you can see that their curves are not only blunted outside of Wuhan. So the Chinese areas outside of Wuhan, blunted curve; and South Korea, blunted curve. If you look at their curve today, they're already on the far end of their epidemic curve. Of course, none of those countries are fully back to work. And so that's what we worry about too.

Secondly, there was a series of scientific articles published -- and I know you've seen them too -- about surface contamination. I think none of us really understood the level of surface piece. So we're still working out how much is it by human-human transmission and how much is it by surface. And this is why those fundamental guidelines were put out that says don't expose yourself to surfaces outside the home.

Basically, what those guidelines are is: Don't expose yourself to excess number of persons who could be asymptomatic and infected -- and then the person-to-person contact -- and don't expose yourself to surfaces that could have had the virus on it for which on hard surfaces -- I know we had the cardboard issue about shipping -- hard surfaces, not shown in fabric as much or in cardboard, but hard surface transmission.

These are issues that we haven't had to deal with before with a

level of respiratory infections. And that's why we have this concern, and that's why the President put out the guidelines.

And so it's to cover both of those pieces. That's all new science, all new models. I think many of you have the Imperial [sic] study available and looked at the impact of those. That's the first time those have been modeled as a comprehensive approach to mitigating an epidemic.

Q And, Dr. Birx, yesterday --

Q What about money?

THE PRESIDENT: Go ahead.

Q Mr. President, the Wall Street Journal is reporting that the administration looked at an executive order that would expand the use of investigational drugs against the virus, but that the FDA scientists are warning that this could put patients at risk.

THE PRESIDENT: I haven't seen the article.

Q Is this something you're looking at?

THE PRESIDENT: No, I haven't seen the article. We will -- we are making a lot of progress therapeutically, I will say that. And -- but I have not seen that article, no.

Go ahead.

Q Mr. President, we've shut down non-essential travel to Canada. Are you considering shutting down all travel to brunt the

spread of the virus? And we've heard from industries, like the airlines who are seeking relief. What other industries -- or what -- how exactly is your administration going to determine which industries and businesses get the help?

THE PRESIDENT: Well, there were certain industries that people know. I mean, the airlines would be number one. If you look at what's going on, they go from having the best year they've ever had to having no passengers because of what we've had to do in order to win this war. It's a war. And so, you know, basically, you know what many of the industries are.

What we want to do is we want to make sure that they all stay together so that after the war is won, we can immediately go right back up to where we were, and even beyond. I think we're going to go beyond where we were. And a lot of people are saying that, by the way. We're poised to do that, but we have to win the war first.

Yeah. Please, go ahead.

Q Mr. President, thank you. To follow up on that, Treasury proposed \$150 billion today for those industries, but their proposal doesn't detail which industries would get that money and how much. So aside from the airlines, which you just mentioned, what about the cruise industry, the hotels? How much of that money do you see them each getting?

THE PRESIDENT: Yeah. Sure. We're talking about all of it. I haven't detailed it yet. We have detailed it to senators and to members of the House. We have been talking about it, and we're coming up with numbers. Haven't gotten there yet, but, certainly,

hotel industry, the cruise ship industry, the airlines. Those are all prime candidates, absolutely.

Q On the border, sir. When you say "temporary" --

THE PRESIDENT: Which border?

Q The northern border.

THE PRESIDENT: Yeah.

Q When you say "temporary," which is what you said in your tweet, does that mean 30 days?

THE PRESIDENT: I would say 30 days, and hopefully, at the end of 30 days, we'll be in great shape.

Jeff, please.

Q Mr. President, I was struck by what Dr. Birx said about millennials and others perhaps not taking some of these warnings as seriously as you'd like. Some of those people also seem to be your supporters and conservatives who may be quoting some of what you said at the beginning of this, comparing it to the flu. What is your message to them to really follow what you've been saying so far? And are you concerned that they're still listening maybe to some of your earlier comments rather than your more recent ones?

THE PRESIDENT: Well, I think my earlier comments are to be calm. I mean, I do want people to be calm, because we're going to win this and we're going to win it. It's just a question of

time. And I want it to go quickly. So based on the fact that I want it to go quickly, I hope they just listen to what we've been saying over the last period of time.

We don't want them gathering. And I see they do gather, including on beaches and including in restaurants -- young people. They don't realize that -- they're feeling invincible. I don't know if you felt invincible when you were very young, but they were feeling totally invincible or -- are feeling that way, but they don't realize that they can be carrying lots of bad things home to grandmother and grandfather and even their parents.

So we want them to heed the advice. We mean the advice. And I think it's getting through. I do believe it's getting through, Jeff.

Q If they're watching -- if they're watching, what do you say to them if they're watching? Sorry.

THE PRESIDENT: If they're what?

Q I think there are a lot of them watching -- a lot of these people at home, these young people.

THE PRESIDENT: Well, I think I just said it.

Q I was going to say, what do you say to the --

THE PRESIDENT: Heed the advice. Heed the advice. I just said. Yeah. Thank you. Thank you, Peter.

Q Mr. President, how long do you think that this is going to

last?

Q Thank you, Mr. President.

Q Mr. President, how long do you think this is going to last?

THE PRESIDENT: We'll get to you next, okay?

Say it?

Q Thank you, Mr. President. In talking about China, you've been very clear about who you think is to blame or where the origins of blame for this virus is.

THE PRESIDENT: Not "think." No, no. I don't "think." I know who -- where it came from.

Q Right.

THE PRESIDENT: I don't know if you'd say China is to blame. Certainly, we didn't get an early run on it. It would have been helpful if we knew about it earlier. But it comes from China, and there's not a question about that. Nobody is questioning that.

Q So Senator Cotton is saying that they should be punished, in so many words, for inflicting this on the American people. Do you feel that way about it?

THE PRESIDENT: Well, I have a lot of respect for Tom Cotton, and I know exactly what he's been saying. And there are those people that say that. So we'll see what happens. Thank you.

Go ahead. It's your turn. Go ahead.

(Cross-talk.)

Please. He's been waiting a long time. Please. You've had your hand up so nicely for a long time. It's your time.

Q Thank you, sir. We've seen the Chinese government kick out reporters from the Wall Street Journal, the New York Times, the Washington Post. What is your message to the Chinese when it comes to transparency at a moment where you still have reporters asking you questions here at the White House?

THE PRESIDENT: Right. Yeah, I'm not happy to see it. I don't -- you know, I have my own disputes with all three of those media groups. I think you know that very well. But I don't like seeing that at all. I'm not happy about that at all.

Yes, please.

Q But you didn't correct the language, so I wonder if you agree with it. Do you believe that China is inflicting this upon our country?

THE PRESIDENT: No, I don't believe they're inflicting it. I think they could have given us a lot earlier notice, absolutely.

Please. Go ahead, please.

Q Yeah. Mr. President, your credibility ratings are very low. There was a recent NPR poll --

THE PRESIDENT: Who are you asking with that question?

Q I'm asking --

THE PRESIDENT: Because I see that they're very high. You know, if you look, I'm 95 percent in the Republican Party.

Q Credibility, sir --

THE PRESIDENT: We just had a poll that was done by a very reputable group. We're -- I'm beating Sleepy Joe Biden by a lot in Florida -- in the state of Florida and in other states. You know, so I don't really know who you're talking about.

All right. Jennifer, go ahead, please. Please.

Q Two questions, if you're willing, sir. Would you give us an update on your conversations with the airline executives?

THE PRESIDENT: Yeah.

Q Did you explain to them what's coming? What was their reaction?

THE PRESIDENT: I did, and they explained to me where they're coming from. I mean, they went from, as I said, full planes -- packed, the best year they've ever had, by far -- to, boom -- one day, empty -- because of what we have to do to get rid of -- to win this war or we would have a level of deaths like people haven't seen before.

So they've been fantastic. I mean, they've been great, but you know, they went from being extremely happy to being people that are running companies that are going to need some help. And we'll help them, Jennifer.

Q On SBA loans, would you be willing to give us an update on how that's going? We've been getting some reports that counties have been having difficulty getting designated as disaster areas.

THE PRESIDENT: Well, it's going. I mean, there's a lot of influx to those loans, as you can imagine. A lot of people are looking at it. But we're going to be increasing funding a lot. They're very well prepared to do what they have to do and the SBA is doing a fantastic job. She is doing a really good job, the administrator.

John?

Q Dr. Birx -- Mr. President, a couple of questions for Dr. Birx --

THE PRESIDENT: Yeah.

Q -- if I could. Dr. Birx, French researchers have had some luck with hydroxychloroquine in shortening the duration of disease. Is that something that might be in the arsenal of therapeutics here in the United States?

DR. BIRX: I think we're exploring every one of those issues. The President asked for a critical briefing on that today; he opened with that.

It is more than that single drug. There are other drugs that individuals are looking at. Just to go back to what we've talked about many times, there is things that look really good in cell culture against the virus that may look good in small animals, and then don't have an impact in humans. And so those are the pieces that we're looking at very carefully. Of course, there's always anecdotal reports and we're trying to figure out how many anecdotal reports equal real scientific breakthroughs.

Q And second question: Are you confident of the seasonality of coronavirus?

DR. BIRX: All we can do is look at the past to inform the future. We know what SARS looked like. We also know -- and I just want to put this out; I know you can get it online -- look at the curve in China and look at the curve in South Korea. Those curves were accomplished in still the winter season. And so we're trying to understand what those relationships are. We're very interested in the curves in Italy because of their different approach and we're following every single country's curves.

And so all we can do is look at prior coronavirus and prior respiratory infection RNA viruses. These are RNA viruses. When you look at flu in the Northern Hemisphere, when you look at parainfluenza and some of the other cold viruses, and if you look at SARS, that's the way the peak normally occurs.

But that is a November to April. We all started later. And so you're asking me to predict based on a later start and that's what we're trying to really look at China and South Korea to really inform that.

THE PRESIDENT: All right. Kaitlan, go ahead.

Q A question for Secretary Wilkie, if you don't mind, or you could answer if you'd like. How many veterans of those that need to be tested have been tested?

SECRETARY WILKIE: Those that have needed to be tested, we believe we've caught most of them. Right now, we have 44 veterans who have tested positive. Sadly, one has passed in Portland. We are working with state labs and private companies to make sure that testing is available.

Because the President had us out aggressively early, we have -- we have been in a better place than most healthcare systems in the country. I cannot predict, as Dr. Birx said, when the next surge will be -- if it will be.

But one of the things that we do at VA is that we prepare for national emergencies, be they national disasters or epidemics. We started preparing for this. We started stockpiling equipment. Our equipment is stable. And I think that's in large part because of the instructions the President gave me.

Q But do you have a number of how many have been tested out of the number that needs to be tested?

SECRETARY WILKIE: We've tested several hundred. I can't give you the direct --

Q It was 200 the other day.

SECRETARY WILKIE: Yeah. We've tested several hundred.

Q Is it higher than that?

SECRETARY WILKIE: Yes. We've tested several hundred.

Q Do you know exactly?

SECRETARY WILKIE: I don't know exactly. I do know that 44 veterans have the virus. Most of those are quarantined at home.

Q Can you get us the number of exact? Thank you.

SECRETARY WILKIE: Yeah, I'll get you that.

THE PRESIDENT: Go ahead in the back. Please.

Q Thank you, Mr. President. A question for Dr. Birx, quickly. I'm trying to understand what we -- it's about the mortality rate. Yesterday, we underlined the fact that we had reached 100 deaths. And this morning, we wake up and we're at 110. Within 12 hours, we -- we climbed by 10 percent. Is it something we have to expect from now on: a 10 percent increase every 12 hours?

DR. BIRX: So very early on in each one of these cases, if you look at all of the countries to date, the mortality is higher at the beginning because you're diagnosing the sickest -- the ones who came in quite ill. And I just want to remind the American public that still the majority -- the risk for serious illness in the majority of Americans are low. But that doesn't mean that you can't transmit it to one of those higher-risk groups, and that's why we're asking for all Americans to take responsibility.

You're seeing mortality or deaths today from infections that occurred two to three weeks ago, in general. The other thing that you're seeing is the dramatic and very difficult impact of this virus in nursing homes.

And that's why, very early on, the President and Vice President had us come out and CMS put those very strict rules in place and everybody thought we were being too strict and keeping loved ones away from their family in nursing homes. If we're going to solve this with a lower death rate, we have to protect the elderly because their percent is much higher in mortality than any other age group.

THE PRESIDENT: Go ahead. Please.

Q Mr. President -- Mr. President --

THE PRESIDENT: Go ahead.

Q There's federal -- there's reporting that the federal government has a plan that shows that this coronavirus outbreak might last as much -- as long as 18 months. Are you seeing those numbers? Could this actually last --

THE PRESIDENT: No, we're not seeing that at all.

Q And then the -- my second question is, there are some -- at least one White House official who used the term "Kung flu," referring to the fact that this virus started in China. Is that acceptable? Is it wrong? Are you worried that that having this virus be talked about as a "Chinese virus," that that might help

--

THE PRESIDENT: I wonder who said that.

Q That might (inaudible) --

THE PRESIDENT: Do you know who said that?

Q That -- I'm not sure the person's name, but would you condemn the fact --

THE PRESIDENT: He used --

Q -- the "Kung flu" --

THE PRESIDENT: Say the term again.

Q The -- a person at the White House used the --

THE PRESIDENT: No, just the term.

Q -- term "Kung flu." My question is --

THE PRESIDENT: "Kung flu"?

Q -- do you think that's wrong? "Kung flu." And do you think using the term "Chinese virus" -- that puts Asian Americans at risk, that people might target them?

THE PRESIDENT: No, not at all. No, not at all. I think they probably would agree with it 100 percent. It comes from China. There's nothing not to agree on.

Okay, how about the last question. Please, go ahead.

Q Switching gears very quickly --

THE PRESIDENT: Say it?

Q Switching gears to a larger question here. We've seen that before the pandemic there were a lot of Americans that were already alienated. We saw deaths of despair increasing through suicide and other things. Now, as these individuals, a lot of times in rural parts of the country, are self-isolating, what is your message to those individuals and what do you hope that individuals, communities, and churches will do to reach out to them?

THE PRESIDENT: So my message is to all Americans, but to those Americans who are going through a lot: We love them, we're with them, and we will not let them down.

Thank you all very much.

END

1:03 P.M. EDT

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Subject:	Fwd: White House Announces Partnership with Ad Council, Major Media Networks, and Digital Platforms for COVID-19 Messages
Date:	2020/03/18 17:04:25
Priority:	Normal
Type:	Note

Sent from my iPhone

Begin forwarded message:

From: White House Press Office <info@mail.whitehouse.gov>
Date: March 18, 2020 at 5:03:06 PM EDT
To: "Stecker, Judy (OS/IOS)" <Judy.Stecker@hhs.gov>
Subject: White House Announces Partnership with Ad Council, Major Media Networks, and Digital Platforms for COVID-19 Messages
Reply-To: White House Press Office <info@mail.whitehouse.gov>

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The White House

Office of the Press Secretary

FOR IMMEDIATE RELEASE

March 18, 2020

White House Announces Partnership with Ad Council, Major Media Networks, and Digital Platforms for COVID-19 Messages

President Donald J. Trump today announced a major partnership with the Ad Council, major media networks, and digital platforms to effectively communicate accurate and timely information directly to the American people. This partnership is another important component of the all-of-America response to coronavirus disease 2019 (COVID-19), and will benefit high-risk populations and the general public with public service announcements (PSAs) around social distancing, personal hygiene, and mental health.

As a result of this announcement, the following products are created as a result of this partnership:

- • First Lady of the United States Melania Trump, Surgeon General Jerome M. Adams, Dr. Anthony Fauci, Dr. Deborah Birx, and other Administration officials will appear in national broadcast PSAs that communicate the most important ways Americans can protect themselves and those most at risk;
- • NBCUniversal will create a series of videos and graphics, available in both English and Spanish, to inform high-risk populations about the steps they can take to protect themselves and to inform the public how to help stop of the spread of coronavirus;
- • ViacomCBS is leveraging its portfolio of brands to deliver multi-channel, multi-platform PSA campaigns that educate audiences around public health imperatives related to COVID-19. In partnership with the Ad Council, ViacomCBS' Entertainment & Youth Brands led by MTV, Comedy Central, Paramount Network, CMT, and VH1, launched #AloneTogether, a national social and talent-led campaign that educates audiences on the importance of social distancing and drives unity through entertainment. Available in English and Spanish, the campaign will also be tailored and supported by Nickelodeon, BET, CBS and CBS All-Access, Awesomeness, Pluto TV, and Showtime. CBS is rolling out a "We're In This Together" campaign that will include essential public health messages. Nickelodeon is also developing PSA content on appropriate topics for kids, such as hand

washing, and sharing educational library content for children who are home from school;

- • iHeartMedia will support messaging around social distancing and high-risk populations, among other important COVID-19-related topics, across their network of stations; and
- • ABC/Walt Disney Television will promote priority messaging for parents and families for distribution across their channels and platforms.

The PSAs direct audiences to visit coronavirus.gov, a centralized resource that includes up-to-date information on the crisis.

All PSAs and content will air and run during air time and space that will be donated by the media and coordinated through the Centers for Disease Control and Prevention and the Department of Health and Human Services.

For media assets, visit coronavirus.adcouncilkit.org

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Subject:	18Mar20 COVID-19 Open Media Report
Date:	2020/03/18 17:06:18
Priority:	Normal
Type:	Note

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Good afternoon all,

Attached is the 18Mar20 COVID-19 Open Media Report.

BLUF: The Trump Administration continues to announce emergency actions, including plans to deploy two Navy hospital ships and to invoke the Defense Production Act to increase production of medical supplies. Carmakers halt production at U.S. factories. Test shortages continue to be reported.

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

- □Traditional media reports over 201,000 cases and more than 8,200 deaths globally.
- □Media reports over 58,000 tests given in the U.S. with over 5,900 cases and over 100 deaths.
- 30 New York City subway workers directed to self-quarantine due to possible exposure. The subway system employs 71,000 people

Working/Business:

- Facebook is building a tool using anonymized data for researchers to track whether people are following social distancing orders.
- Carmakers including Ford, GM, and Honda shut down U.S. factories.
- Companies monitoring internet traffic report they have observed increased traffic but no reduction in reliability of networks.

Healthcare System:

- Louisiana will close two state parks and use them as medical staging areas.
- Two Navy hospital ships, USNS Comfort and USNS Mercy, will deploy, one to New York and the other to a location on the west coast.

Public Sentiment:

- News of multiple proposals for individual stimulus packages has been met with mostly positive reactions with some expressing concerns regarding the details of the plans. Some worry the help won't come soon enough for those who already live paycheck to paycheck. Others feel it should not be framed as a stimulus because they feel it will primarily be used to address critical needs (*Social Listening Analysis*)
- There is frustration over long lines and closures of drive-thru test sites. Some sites have been running low on test kits and have had to cut hours short. This is leaving people to question if people who do not need to be tested are using valuable supplies (*Social Listening Analysis*)

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

Prepared by:

Secretary's Operations Center

U.S. Department of Health and Human Services (HHS)
 Assistant Secretary for Preparedness and Response (ASPR)
 200 Independence Ave. S.W.
 Washington D.C. 20201
 Office (202) 619-7800
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Prepared by:

Secretary's Operations Center

U.S. Department of Health and Human Services (HHS)
 Assistant Secretary for Preparedness and Response (ASPR)
 200 Independence Ave. S.W.
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 Office (202) 619-7800
 Fax: 800-514-4256
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Healthcare System:

- Louisiana will close two state parks and use them as medical staging areas.
- Two Navy hospital ships, USNS Comfort and USNS Mercy, will deploy, one to New York and the other to a location on the west coast.

Public Sentiment:

- News of multiple proposals for individual stimulus packages has been met with mostly positive reactions with some expressing concerns regarding the details of the plans. Some worry the help won't come soon enough for those who already live paycheck to paycheck. Others feel it should not be framed as a stimulus because they feel it will primarily be used to address critical needs (*Social Listening Analysis*)
- There is frustration over long lines and closures of drive-thru test sites. Some sites have been running low on test kits and have had to cut hours short. This is leaving people to question if people who do not need to be tested are using valuable supplies (*Social Listening Analysis*)

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

Prepared by:

Secretary's Operations Center

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



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Recipient:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Sent Date:	2020/03/18 17:05:29
Delivered Date:	2020/03/18 17:05:45
Message Flags:	Unread

From:	Sherman, Jennifer (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F30FE7FAE664419FA654B20EDCCB1E78-SHERMAN, JE>
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CC:	Heck, Mia (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=70dbe2065d644b8dadbf56c5d63553d-Heck, Mia>; Broido, Tara (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2c3cd5c5afe049b6a8b48c25324c7465-Broido, Tar>; Migliaccio-Grabill, Kate (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f902e34652a84a61ac85adaa853d80f6-Migliaccio, >; Kotwicki, Lauren (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=54d62ddb3fc4b358ab573ccc13fbbb7-Kotwicki, L>; Channer, Amber (OS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b74c322c69df44669a06155edd78c7fa-Channer, Am>
Subject:	FW: White House Announces Partnership with Ad Council, Major Media Networks, and Digital Platforms for COVID-19 Messages
Date:	2020/03/18 17:05:31
Priority:	Normal
Type:	Note

FYI on announcement of partnership – you are mentioned, sir. PSAs will be pushed out imminently – will keep all posted.

From: White House Press Office <info@mail.whitehouse.gov>
Sent: Wednesday, March 18, 2020 5:02 PM
To: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Subject: White House Announces Partnership with Ad Council, Major Media Networks, and Digital Platforms for COVID-19 Messages



The White House

Office of the Press Secretary

FOR IMMEDIATE RELEASE

March 18, 2020

White House Announces Partnership with Ad Council, Major Media Networks, and Digital Platforms for COVID-19 Messages

President Donald J. Trump today announced a major partnership with the Ad Council, major media networks, and digital platforms to effectively communicate accurate and timely information directly to the American people. This partnership is another important component of the all-of-America response to coronavirus disease 2019 (COVID-19), and will benefit high-risk populations and the general public with public service announcements (PSAs) around social distancing, personal hygiene, and mental health.

As a result of this announcement, the following products are created as a result of this partnership:

- First Lady of the United States Melania Trump, Surgeon General Jerome M. Adams, Dr. Anthony Fauci, Dr. Deborah Birx, and other Administration officials will appear in national broadcast PSAs that communicate the most important ways Americans can protect themselves and those most at risk;
- NBCUniversal will create a series of videos and graphics, available in both English and Spanish, to inform high-risk populations about the steps they can take to protect themselves and to inform the public how to help stop the spread of coronavirus;
- ViacomCBS is leveraging its portfolio of brands to deliver multi-channel, multi-platform PSA campaigns that educate audiences around public health imperatives related to COVID-19. In partnership with the Ad Council, ViacomCBS' Entertainment & Youth Brands led by MTV, Comedy Central, Paramount Network, CMT, and VH1, launched #AloneTogether, a national social and talent-led campaign that educates audiences on the importance of social distancing and drives unity through entertainment. Available in English and Spanish, the campaign will also be tailored and supported by Nickelodeon, BET, CBS and CBS All-Access, Awesomeness, Pluto TV, and Showtime. CBS is rolling out a "We're In This Together" campaign that will include essential public health messages. Nickelodeon is also developing PSA content on appropriate topics for kids, such as hand washing, and sharing educational library content for children who are home from school;
- iHeartMedia will support messaging around social distancing and high-risk populations, among other important COVID-19-related topics, across their network of stations; and

- ABC/Walt Disney Television will promote priority messaging for parents and families for distribution across their channels and platforms.

The PSAs direct audiences to visit coronavirus.gov, a centralized resource that includes up-to-date information on the crisis.

All PSAs and content will air and run during air time and space that will be donated by the media and coordinated through the Centers for Disease Control and Prevention and the Department of Health and Human Services.

For media assets, visit coronavirus.adcouncilkit.org

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Sent Date:	2020/03/18 17:05:30
Delivered Date:	2020/03/18 17:05:31
Message Flags:	Unread

From:	Oakley, Caitlin B. (OS/ASPA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=E5EE4C35534C4AF9BDAC46789C034790-OAKLEY, CAI>
To:	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>; Chang, William (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3cf70c842da144ab9bee61f353d932a0-Chang, Will>; Stannard, Paula (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f0892a057f83497e9390288c813b61d9-Stannard, P>; Barry, Daniel J (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user3e449ce0>
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>; Murphy, Ryan (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya>; McKeogh, Katherine (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c652f2c415b44dff8369dd7f4596f030-McKeogh, Ka>; Hall, Bill (HHS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02b39f27f3b4469a960054b23545cc24-Hall, Bill>
Subject:	RE: Nationalized US health-care system?
Date:	2020/03/18 17:25:34
Priority:	Normal
Type:	Note

+ Dan Barry

From: Oakley, Caitlin B. (OS/ASPA)
Sent: Wednesday, March 18, 2020 4:48 PM
To: Charrow, Robert (HHS/OGC) <Robert.Charrow@hhs.gov>; Stimson, Brian (HHS/OGC) <Brian.Stimson@hhs.gov>; Chang, William (HHS/OGC) <William.Chang@hhs.gov>; Stannard, Paula (HHS/IOS) <Paula.Stannard@hhs.gov>
Cc: Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>; Hall, Bill (HHS/ASPA) <bill.hall@hhs.gov>
Subject: FW: Nationalized US health-care system?
Importance: High

OGC—could you please help here?

Thanks.

From: Stein, Shira <sstein@bloomberglaw.com>
Sent: Wednesday, March 18, 2020 4:45 PM
To: Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Subject: Nationalized US health-care system?

The EO gives Azar "the proper nationwide priorities and allocation of all health and medical resources."

Is this ALL health resources, public and private? Or just stuff you have in stockpiles and government controlled resources?

.....

Shira Stein
Health policy reporter

Bloomberg Law

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sstein@bloomberglaw.com

Twitter: [@shiramstein](https://twitter.com/shiramstein)



The White House

Office of the Press Secretary

FOR IMMEDIATE RELEASE

March 18, 2020

EXECUTIVE ORDER

- - - - -

PRIORITIZING AND ALLOCATING HEALTH AND MEDICAL RESOURCES TO RESPOND TO THE SPREAD OF COVID-19

By the authority vested in me as President by the Constitution and the laws of the United States of America, including the Defense Production Act of 1950, as amended (50 U.S.C. 4501 *et seq.*) (the "Act"), and section 301 of title 3, United States Code, it is hereby ordered as follows:

Section 1. Policy and Findings. On March 13, 2020, I declared a national emergency recognizing the threat that the novel (new) coronavirus known as SARS-CoV-2 poses to our national security. In recognizing the public health risk, I noted that on March 11, 2020, the World Health Organization announced that the outbreak of COVID-19 (the disease caused by SARS-CoV-2) can be characterized as a pandemic. I also noted that while the Federal Government, along with State and local governments, have taken preventive and proactive measures to slow the spread of the virus and to treat those affected, the spread of COVID-19 within our Nation's communities threatens to strain our Nation's healthcare system. To ensure that our healthcare system is able to surge capacity and capability to respond to the spread of COVID-19, it is critical that all health and medical resources needed to respond to the spread of COVID-19 are properly distributed to the Nation's healthcare system and others that need them most at this time.

Accordingly, I find that health and medical resources needed to respond to the spread of COVID-19, including personal protective equipment and ventilators, meet the criteria specified in section 101(b) of the Act (50 U.S.C. 4511(b)). Under the delegation of authority provided in this order, the Secretary of Health and Human Services may identify additional specific health and medical resources that meet the criteria of section 101(b).

Sec. 2. Priorities and Allocation of Medical Resources.

(a) Notwithstanding Executive Order 13603 of March 16, 2012 (National Defense Resource Preparedness), the authority of the President conferred by section 101 of the Act to require performance of contracts or orders (other than contracts of employment) to promote the national defense over performance of any other contracts or orders, to allocate materials, services, and facilities as deemed necessary or appropriate to promote the national defense, and to implement the Act in subchapter III of chapter 55 of title 50, United States Code, is delegated to the Secretary of Health and Human Services with respect to all health and medical resources needed to respond to the spread of COVID-19 within the United States.

(b) The Secretary of Health and Human Services may use the authority under section 101 of the Act to determine, in consultation with the Secretary of Commerce and the heads of other executive departments and agencies as appropriate, the proper nationwide priorities and allocation of all health and medical resources, including controlling the distribution of such materials (including applicable services) in the civilian market, for responding to the spread of COVID-19 within the United States.

(c) The Secretary of Health and Human Services shall issue such orders and adopt and revise appropriate rules and regulations as may be necessary to implement this order.

Sec. 3. General Provisions. (a) Nothing in this order shall be construed to impair or otherwise affect:

(i) the authority granted by law to an executive department or agency, or the head thereof; or

(ii) the functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.

(b) This order shall be implemented consistent with applicable law and subject to the availability of appropriations.

(c) This order is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

DONALD J. TRUMP

THE WHITE HOUSE,
March 18, 2020.

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Sent Date:	2020/03/18 17:25:33
Delivered Date:	2020/03/18 17:25:34

From:	Sherman, Jennifer (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F30FE7FAE664419FA654B20EDCCB1E78-SHERMAN, JE>
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Subject:	FW: Remarks by President Trump and Vice President Pence in a Briefing with Nurses on COVID-19 Response
Date:	2020/03/18 17:37:49
Priority:	Normal
Type:	Note

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

Sent: Wednesday, March 18, 2020 5:36 PM

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

Subject: Remarks by President Trump and Vice President Pence in a Briefing with Nurses on COVID-19 Response



The White House

Office of the Press Secretary

FOR IMMEDIATE RELEASE

March 18, 2020

REMARKS BY PRESIDENT TRUMP
AND VICE PRESIDENT PENCE
IN A BRIEFING WITH NURSES
ON COVID-19 RESPONSE

Cabinet Room

3:53 P.M. EDT

THE PRESIDENT: Well, thank you very much. And today I welcome the great nurses of our country to the White House and express our gratitude for those on the frontlines in our war against the global pandemic. And it's been something, but we're winning it. We will win. It's a question of when, and I think it's going -- it's going to go quickly. We hope it's going to go quickly. I think we all agree.

We're glad to be joined by Vice President Mike Pence, Secretary Alex Azar, Administrator Seema Verma, Dr. Robert Redfield, and Dr. Deborah Birx. Thank you all very much for being here. Thank you very much.

We're using the full power of government in response to the Chinese virus. I declared a state of national emergency that will make up to \$50 billion in disaster relief funds available, which we can use to assist hospitals -- which, as you know, we need.

I asked states to set up emergency operation centers and hospitals to activate emergency plans. And they've been fully notified. We're urging hospitals to cancel all elective medical procedures.

My emergency declaration allowed us to waive regulations to give nurses and doctors maximum flexibility to respond to the virus and to protect our frontline professionals that we've authorized through telehealth nationwide, which is really becoming big stuff -- telehealth. It makes it a lot easier for patients, and it really has been working out amazingly well.

We empowered states to authorize tests developed in their state. And we are working with the private sector to rapidly expand testing capacity. We have literally rebuilt that whole system. It was an obsolete system, and it's been rebuilt. And a lot of good things are happening.

We've ordered 500 million N-95 masks to drive private production. American manufacturers are repurposing factories. One major manufacturer has already doubled capacity, and we've asked construction companies to donate unused masks. And they have actually, quite a few of them -- the construction companies. Who would think that? But they're going to be donating unused masks. And the Defense Department is making millions of masks available for healthcare workers.

And we're asking every American to make major changes to reduce social interactions over the next two weeks. As we all know, we must make shared sacrifices, and that's what we're doing as a country. It's been amazing to see the way the country has come together. There's tremendous spirit. And even Republicans and Democrats are getting together -- for the most part, but they're getting together. So that's a good thing to see.

I thought maybe I'd go around the room and we'll just say your name and who you're representing. And it's great to have you. Thank you very much. Please.

DR. HATMAKER: I'm Dr. Debbie Hatmaker. I'm the Chief Nursing Officer for the American Nurses Association.

THE PRESIDENT: Great. Thank you, Debbie.

DR. MIYAMOTO: I'm Dr. Suzanne Miyamoto. I'm the CEO of the American Academy of Nursing.

MR. HEBERT: I'm David Hebert. I'm the CEO of the American Association of Nurse Practitioners. Thank you for having us.

THE PRESIDENT: Thank you very much.

DR. TRAUTMAN: Hi, Mr. President. I'm Dr. Deborah Trautman. I'm the President and CEO for the American Association of Colleges of Nursing.

THE PRESIDENT: Great. Wow.

DR. DAVIS: Hello, I am Theresa Davis and I'm the Clinical Operations Director of an eICU, but I am representing the American Association of Critical Care Nurses.

THE PRESIDENT: Thank you very much. Great.

MR. KRAUS: Hi, I'm Ron Kraus. I'm the 2021 National President for the Emergency Nurses Association.

THE PRESIDENT: Thank you very much.

MS. BEGLEY: Hello, Mr. President. I'm Robyn Begley, the CEO of the American Organization for Nursing Leaders and the CNO for the American Hospital Association.

THE PRESIDENT: That's great. Thank you very much.

I know who he is. Mike, do you have anything to say?

THE VICE PRESIDENT: Well, just -- Mr. President, I just want to join you in welcoming these great healers to the White House. The President spoke today to the leaders of physician organizations from around the country. We garnered from them recommendations about how we can further support those of you that are coming alongside Americans that are impacted by coronavirus.

And as the President said, we are absolutely committed to bringing the full resources of the federal government, the full resources of the American economy to work with states across the country, to be there for Americans struggling with coronavirus.

But at the same level of priority, the President has made it clear that we are to make sure that the men and women who are serving those patients, and -- the nurses, the nurse practitioners, the emergency room nurses so well represented here and around the country -- are in the forefront of the President's mind.

And as he said, we've taken decisive steps. We've enabled the expansion, availability of N-95 masks. And Congress has worked a bipartisan way to make those more available. We're working on gowns and gloves and all of the personal protective equipment that all of you rely on every day.

And I look forward to the discussion today about how we might be most helpful. But I hope you will carry back the gratitude of your President and of our entire team on the White House Coronavirus Task Force for the work that all of your members are doing every single day. They are the hands and feet of American compassion, and every American is grateful to our nurses.

THE PRESIDENT: Thank you, Mike. And just for the media: FEMA is fully engaged. They're -- they're working with them very closely. They're going around, they're seeing many of the states. They're engaged all over the country. But some areas have far greater problems than others. Some areas don't have very much of a problem at all, as you know. But FEMA is very much engaged. They're fully engaged as of about two hours ago.

And tomorrow, we're having a -- what I think will be a very interesting news conference, and I think you know what that's all about. So, we'll see.

The FDA will be -- they've been working very, very hard, and I appreciate what they're doing. And I think we have some very interesting things that will be brought up tomorrow at the news conference. It'll be set up, I think, at around 11 o'clock or so, but we look forward to seeing you tomorrow.

Thank you very much, everybody.

END

4:00 P.M. EDT

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Sender:	Sherman, Jennifer (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F30FE7FAE664419FA654B20EDCCB1E78-SHERMAN, JE>
Recipient:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group

	(FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Dulaigh, Joel (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02b15e96dc484db29682c1d336e63441-Dulaigh, Jo>; Wright, Janet (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=41f672e2527b4f44891fb4fbe08cdfd-Wright, Jan>; Kotwicki, Lauren (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=54d62ddb3fc4b358ab573ccc13fbbb7-Kotwicki, L>
Sent Date:	2020/03/18 17:37:48
Delivered Date:	2020/03/18 17:37:49

From:	Tomar, Eli <etomar@akingump.com>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; <david.hassell@mail.house.gov>
CC:	Hussey, Kendall <khussey@akingump.com>
Subject:	RE: ResMed's Response to COVID-19
Date:	2020/03/18 18:59:25
Priority:	Normal
Type:	Note

Good afternoon all,

I wanted to follow up regarding the status of the RFP for ventilators. Could you please alert us when it has been posted?

Additionally, we wanted to provide the attached white paper, which discusses the clinical need for not only invasive ventilation, but also noninvasive ventilation and other respiratory assistance, in the treatment of COVID-19 patients. Please let us know if you need additional information.

Thank you,

Eli Z. Tomar, J.D., M.P.H.

Counsel | **AKIN GUMP STRAUSS HAUER & FELD LLP**

2001 K Street N.W. | Washington, DC 20006 | USA | Direct: [+1 202.887.4209](tel:+12028874209) | Internal: [24209](tel:24209)

Fax: [+1 202.887.4288](tel:+12028874288) | etomar@akingump.com | akingump.com | Bio

From: Hussey, Kendall <khussey@akingump.com>
Sent: Friday, March 13, 2020 4:32 PM
To: robert.kadlec@hhs.gov; david.hassell@mail.house.gov
Cc: Tomar, Eli <etomar@akingump.com>
Subject: ResMed's Response to COVID-19

Dr. Bob and Dr. Hassell,

On behalf of ResMed, a medical technology manufacturer of respiratory devices, they want to ensure that home-use ventilators are available for all who need them. Please find attached to this email a letter outlining ResMed's COVID-19 response plan to prioritize manufacturing resources for devices that support higher acuity patients, as well as their intent to fulfill orders to DME suppliers whereby the devices will be immediately furnished to patients rather than held in inventory.

If you have any questions or would like to discuss further, please let me know.

Thank you for all your doing during this pandemic!

Best,
Kendall

Kendall B. Hussey | Policy Advisor

AKIN GUMP STRAUSS HAUER & FELD LLP

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Fax: [+1 202.887.4288](tel:+12028874288) | khussey@akingump.com | akingump.com | [Bio](#)

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Sender:	Tomar, Eli <etomar@akingump.com>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; <david.hassell@mail.house.gov>; Hussey, Kendall <khussey@akingump.com>
Sent Date:	2020/03/18 18:58:33
Delivered Date:	2020/03/18 18:59:25

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To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	RE: For approval by 9 PM: draft Sec. Azar quote for Hillrom press release
Date:	2020/03/18 19:17:02
Priority:	Normal
Type:	Note

Thanks, Dr. Kadlec!

From: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Sent: Wednesday, March 18, 2020 7:15 PM
To: Brennan, Patrick (OS/ASPA) <Patrick.Brennan@hhs.gov>
Cc: Charrow, Robert (HHS/OGC) <Robert.Charrow@hhs.gov>; Parker, Jim (HHS/IOS) <Jim.Parker@hhs.gov>; Caliguiri, Laura (FDA/OC) <Laura.Caliguiri@fda.hhs.gov>; Caccamo, Stephanie (FDA/OC) <Stephanie.Caccamo@fda.hhs.gov>; Mango, Paul (HHS/IOS) <Paul.Mango@hhs.gov>; Pratt, Michael (OS/ASPA) <Michael.Pratt@hhs.gov>; Hayes, Jonathan (OS/ASPR/IO) <Jonathan.Hayes@hhs.gov>; Uehlecke, Nick (HHS/IOS) <Nicholas.Uehlecke@hhs.gov>
Subject: Re: For approval by 9 PM: draft Sec. Azar quote for Hillrom press release

Approved

Sent from my iPhone

On Mar 18, 2020, at 6:50 PM, Brennan, Patrick (OS/ASPA) <Patrick.Brennan@hhs.gov> wrote:

Mr. Charrow, Jim, FDA, and ASPR,

Below and tracked in the attached is a draft quote from the Secretary that we would like to put in a press release from the company Hillrom regarding a donation they are making of medical devices needed for ICUs.

Mr. Charrow and ASPR, can you let me know if you're OK with this by 9 PM? I am also including FDA and Jim here more as an FYI, if you could let us know if you have any concerns with this idea.

Thank you!

- Patrick

"Close cooperation with the private sector has been a key piece of the Trump Administration's response to the COVID-19 outbreak, and Hillrom's donation is the latest example of how those partnerships are bearing fruit," said HHS Secretary Alex Azar. "The active engagement we've seen from companies like

Hillrom will be essential to ensuring that American healthcare providers have the supplies they need to combat the COVID-19 outbreak and save American lives.”

Patrick Brennan

Director of Speechwriting

Department of Health and Human Services

Office: 202-205-2819 | Cell: (b)(6)

<3 18 20 hillrom release.docx>

Sender:	Brennan, Patrick (OS/ASPA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=B51C3D9A49FD4882951ECA2417C19DCF-BRENNAN, PA>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Sent Date:	2020/03/18 19:17:01
Delivered Date:	2020/03/18 19:17:02
Message Flags:	Unread

From:	Emily Murry <emilymurry@tdyllc.com>
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	Re: Reaching out regarding new COVID-19 testing / Abbott - Abbott test received the EUA
Date:	2020/03/18 19:34:05
Priority:	Normal
Type:	Note

No problem. Hang in there.

Sent from my iPhone

On Mar 18, 2020, at 7:29 PM, Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>wrote:

Thanks, Emily. Sorry we couldn't connect last night. Appreciate you closing the loop.

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

On Mar 18, 2020, at 7:20 PM, Emily Murry <emilymurry@tdyllc.com>wrote:

Brian –

Sorry we couldn't connect.

Abbott received the EUA for their m2000 COVID tests this afternoon. Attached is a presser with more detail, but in summary:

- Abbott is deploying 150,000 COVID-19 m2000 tests in 18 states. They are ramping up manufacturing to the fullest possible capacity – with the goal of providing about 1M tests a week.
- There are more than 175 m2000 instruments used in hospital and reference laboratories throughout the U.S.
- m2000 can run high volumes of 470 tests in 24 hours, helping meet the increasing demand for testing.
- We're working with health systems and government authorities in the US to deploy testing in the hardest hit by outbreak.

Thanks!

From: Emily Murry
Sent: Tuesday, March 17, 2020 8:01 PM
To: Brian Harrison (HHS/IOS) <Brian.Harrison@hhs.gov>
Subject: Reaching out regarding new COVID-19 testing / Abbott

Brian -

I know your swamped so we have ben trying to keep outreach to a minimum.

However, I did want to flag that one of the companies we work with, Abbott Laboratories, has been working around the clock with agencies within HHS and the White House (and specifically VP Pence) on COVID-19 response to develop and get their diagnostic tests ready to go (for the m2000 - large scale machine which CDC has on site- and ID Now - portable machine the size of a microwave).

For background Abbott's CEO attended the White House diagnostic meeting two weeks ago and they received the contrived sample from the FDA and positive (clinical) samples from CDC to run on both machines.

As such I wanted to flag the latest developments to make sure you knew (and to be shared with others as appropriate) as we are very close to being able to roll it out and I wanted to provide the details I am able to share.

If you have any time tonight or tomorrow for me to call you and provide the details of next steps after EUA let me know - I am available at your convenience (b)(6)
<ABT-m2000 COVID Press Release FINAL 3-18-20.pdf>

Sender:	Emily Murry <emilymurry@tdyllc.com>
Recipient:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
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To:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>
Subject:	Fwd: TheHill.com: CDC analysis shows coronavirus poses serious risk for younger people
Date:	2020/03/18 19:35:02
Priority:	Normal
Type:	Note

Sent from my iPhone

Begin forwarded message:

From: "Hall, Bill (HHS/ASPA)" <bill.hall@hhs.gov>
Date: March 18, 2020 at 6:46:21 PM EDT
To: ASPA-Deputies <ASPA-Deputies@hhs.gov>
Subject: **TheHill.com: CDC analysis shows coronavirus poses serious risk for younger people**

TheHill.com

CDC analysis shows coronavirus poses serious risk for younger people

By Reid Wilson - 03/18/20 05:16 PM EDT

Early data analyzed by the Centers for Disease Control and Prevention (CDC) shows that younger Americans are at substantial risk of experiencing serious medical problems from the coronavirus sweeping the globe.

That data runs counter to some of the early messaging from public health officials in other parts of the world.

A new CDC analysis of more than 2,400 cases of COVID-19 that have occurred in the United States in the last month shows that at least 1 in 7 and perhaps as many as 1 in 5 people between the ages of 20 and 44 who contract the virus require hospitalization, a level exponentially higher than the hospitalization rates for influenza.

Between 2 percent and 4 percent of people that young are admitted to intensive care units. The fatality rate is low, only 0.1 percent to 0.2 percent, but is about two times higher than a bad flu season.

Health outcomes are much worse among those who are older and those who have underlying health conditions. The early estimates show that a fifth to a third of those between the ages of 45 and 65 who contract the disease are hospitalized. Among those over 75 years old, hospitalization estimates range from 30 percent to more than 70

percent.

Among the oldest cohort, those over the age of 85, somewhere between 10 percent and a quarter of all patients die. The data show adults over the age of 65 account for 80 percent of the deaths associated with the coronavirus.

But younger Americans are contracting the virus at the same rates as those who are older. The initial round of data actually found more people between the ages of 20 and 44 who landed in the hospital than those over the age of 75 who wound up in treatment, even though mortality rates were lower for the younger set.

"Lots of young people are getting hospitalized, a lot more than we're messaging, and, yes, maybe you don't die, but living with a damaged lung or damaged organ is not a good outcome," said Prabhjot Singh, a health systems expert at Mount Sinai Health System and the Icahn School of Medicine.

Deborah Birx, one of the Trump administration's top experts on its coronavirus task force, said Wednesday that early data from France and Italy, both dealing with thousands of coronavirus cases, seemed to underscore the threat to younger people.

"There are concerning reports coming out of France and Italy about some young people getting seriously ill and very seriously ill in the ICUs,"

Birx said at a White House briefing. She did not offer further details.

The data, Singh said, shows the importance of government messaging to millennials and members of Generation Z that the virus poses a substantial risk no matter someone's age. And even if someone does not show serious symptoms, they can still spread the disease to friends, neighbors or relatives who will.

"We're talking to young people about doing their part and being good millennials because they could be asymptomatic spreaders," Singh said.

"That's true, but it's also true that some high number of them will also get sick enough to be hospitalized, and many of them may have lasting consequences."

The survey of the 2,449 cases in the United States for which outcomes are known offers only an initial glance at the havoc the virus has created in American hospitals, explaining why the ranges are so broad.

The World Health Organization has said the mortality rate from the COVID-19 disease could be up to 3.4 percent, the top end of a range that CDC's data agrees with. The CDC pegs the mortality rate among cases in which the outcome is known at between 1.8 percent and 3.4 percent -- though that figure does not count what are likely tens of thousands of other people who had more mild or no symptoms at all.

The CDC warned that the 49 million Americans who are over the age of 65 should maintain a monthlong supply of necessary medications and stay home as much as possible.

Another survey released Wednesday by the CDC shows that a substantial number of the victims of the coronavirus at a nursing home near Seattle

had underlying conditions such as hypertension, cardiac disease, kidney disease or diabetes. Of the 129 people connected to the facility who contracted the virus, more than 40 percent had hypertension, nearly 40 percent also had cardiac disease, and more than a quarter had either kidney problems or diabetes.

"This isn't being megaphoned enough. In plain language, anyone who has high blood pressure or heart problems is at significantly increased risk. People often don't think about that as being a chronic condition or underlying health problem like diabetes for some reason," Singh said.

The data echoes expert concerns that as many people could die because of the coronavirus as from it -- especially if the number of COVID-19 cases overwhelms the health care system and delays treatment or medicine for those who have some other malady.

"As this pandemic expands, continued implementation of public health measures targeting vulnerable populations such as residents of long-term care facilities and health care personnel will be critical," the report says.

Sender:	Stecker, Judy (OS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0280B227911B40B6B30A81B8574EDE6B-STECKER, JU>
Recipient:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>
Sent Date:	2020/03/18 19:35:01
Delivered Date:	2020/03/18 19:35:02

From:	Kathleen Lester <klester@lesterhealthlaw.com>
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.up (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
CC:	Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>; Ford-Barnes, Arwenithia (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d533abc24cbe44b79f6fddc6b08737a6-Ford-Barnes>
Subject:	Re: American Ambulance Association COVID-19 Request and Meeting Request for April
Date:	2020/03/18 19:39:50
Priority:	Normal
Type:	Note

Dear Assistant Secretary Kadlec and Deputy Assistant Secretary Yeskey,

Thank you again for agreeing to meet with the American Ambulance Association President. I know it has been all hands on deck and we will get the timing worked out in the near future.

In the meantime, I wanted to touch base about PPE for ambulance services. We have heard from members across the country that they cannot get supplies and when they do find them, the prices are incredibly high. I wondered if the President's decision to invoke the powers of the Defense Production Act would help. Is it possible for ground ambulances of all types could be prioritized. This would include the emergency calls, but also the non-emergency calls as hospitals try to triage patients to other locations to open up high acuity beds.

Sorry to mix clients, but I have a similar ask for the home respiratory therapy suppliers who have respiratory therapists and a few other designated personnel entering people's homes to help with respiratory equipment. The masks are very important not only to protect the workforce, but to make sure that the patient is protected as well. They having serious difficulties with the states and when they can get supplies, it is usually a surgical mask and not the N-95 masks. They have tried washing them, the way their counterparts in Europe have been able to do, but the materials used in the US masks do not allow that to be an effective solution. I wanted to raise their plight with you because home respiratory therapy supplies are not usually on the front-lines of an epidemic. But, as you know, this outbreak is unique in many ways.

If there is any additional background that I can share with you to help, please let me know. If there is a process for seeking prioritization, I am happy to work with my clients to get that started immediately.

Again, I appreciate your work on these issues!

Kathy

On Wed, Mar 11, 2020 at 1:00 PM Kathleen Lester <klester@lesterhealthlaw.com>wrote:
Thank you for the quick response! I will coordinate with your team. Thanks again!

On Wed, Mar 11, 2020 at 12:58 PM Kadlec, Robert (OS/ASPR/IO)
<Robert.Kadlec@hhs.gov> wrote:

Dear Kathleen happy to accommodate. Arwenhthia will make the necessary arrangements. Bob

From: Kathleen Lester <klester@lesterhealthlaw.com>
Sent: Wednesday, March 11, 2020 12:28 PM
To: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Yeskey, Kevin (OS/ASPR/IO) <Kevin.Yeskey@hhs.gov>
Subject: American Ambulance Association COVID-19 Request and Meeting Request for April

Dear Assistant Secretary Kadlec and Deputy Assistant Secretary Yeskey,

I work with the American Ambulance Association (AAA), which is a coalition of the large and small; urban, rural, and super-rural; and for-profit, not-for-profit, governmental, and volunteer ground ambulance organizations throughout the United States. Its members provide mobile health care services to more than 75 percent of Americans.

I had intended to write today to request a meeting for April 21 when the AAA's President Aaron Reinert is in town. He is also the Executive Director of Lakes Region EMS in North Branch, MN.

While we'd still like to have that meeting, I also wanted to share a letter the AAA sent to the Centers for Medicare & Medicaid Services (CMS) to seek its assistance with certain issues related to providing services to Medicare beneficiaries and the current regulatory structures. It also includes a request for prioritizing access to PPE for ambulance organizations that you might be able to help with as well.

I hope we can find a time on April 21 to meet and in the meantime, please do not hesitate to reach out to me if you have any questions about the COVID-19 letter and response from ground ambulance organizations.

Thanks!

Kathy

--

Kathleen J. Lester

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601 13th Street, NW

11th Floor

Washington, DC 20005

phone 202.534.1773

cell (b)(6)

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cell (b)(6)

klester@lesterhealthlaw.com

Sender:	Kathleen Lester <klester@lesterhealthlaw.com>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>; Ford-Barnes, Arwenithia (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d533abc24cbe44b79f6fddc6b08737a6-Ford-Barnes>
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To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Subject:	FW: In-Town Pool Report #9: Physicians' Call
Date:	2020/03/18 19:44:04
Priority:	Normal
Type:	Note

From: White House Press Office <info@mail.whitehouse.gov>
Sent: Wednesday, March 18, 2020 7:43 PM
To: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Subject: In-Town Pool Report #9: Physicians' Call

From: Philip Wegmann <pwegmann@realclearpolitics.com>
Sent: Wednesday, March 18, 2020 7:39 PM
Subject: In-Town Pool Report #9: Physicians' Call

White House passes along the following:

Today, President Donald J. Trump, Vice President Mike Pence, and members of the White House Coronavirus Task Force spoke by telephone with American physicians, and later in person with American nurses, about the response to COVID-19. President Trump thanked them for their tireless work on the front lines. The President reiterated that American medical professionals are the heroes we trust to save lives during this pandemic. The physicians and nurses thanked the President for his decisive action to cut regulation on Medicare telehealth, and for empowering States and the private sector to develop testing, treatments, and vaccines. All participants agreed that no resource should be spared to protect American patients. The Administration is doing everything possible to ensure the full weight of the Federal Government is behind the response to this pandemic, but also underscored that health providers need to work closely with State and local leaders to ensure their needs are met and no resources are spared.

[Unsubscribe](#)

The White House · 1600 Pennsylvania Ave NW · Washington, DC 20500 · USA · 202-456-1111

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>
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To:	Sherman, Jennifer (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f30fe7fae664419fa654b20edccb1e78-Sherman, Je>
Subject:	Re: POLITICO - profiling the Surgeon General
Date:	2020/03/18 19:57:33
Priority:	Normal
Type:	Note

The Surgeon General went on Fox News on March 2 and made this statement: *"I remain convinced that more people are going to die by far from the flu than from coronavirus -- not only in our country, but across the planet."*

The surgeon General made that statement prior to the WHO declaring the current outbreak a global pandemic. That said, it is important to note that 650,000 die worldwide from the flu each year. It is not a competition- both diseases can be deadly if we aren't vigilant.

VADM Jerome Adams
20th US Surgeon General

On Mar 18, 2020, at 7:17 PM, Sherman, Jennifer (HHS/OASH)
<Jennifer.Sherman@hhs.gov>wrote:

The Surgeon General went on Fox News on March 2 and made this statement: *"I remain convinced that more people are going to die by far from the flu than from coronavirus -- not only in our country, but across the planet."*

Sender:	Adams, Jerome (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=184FE51F7350400B8A99DABD65AC0DB5-ADAMS, JERO>
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Sent Date:	2020/03/18 19:57:33

From:	Destro, Brenda (HHS/ASPE) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=497B4FB84974401D8D24E98AAE25931B-DESTRO, BRE>
To:	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>; Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>
Subject:	Acumen request from CEA
Date:	2020/03/18 20:15:41
Importance:	High
Priority:	Urgent
Type:	Note

All –

(b)(5)

And please let me know if you have questions/concerns.

Brenda

From: Delew, Nancy (HHS/ASPE) <Nancy.Delew@hhs.gov>
Sent: Wednesday, March 18, 2020 7:05 PM
To: Destro, Brenda (HHS/ASPE) <Brenda.Destro@hhs.gov>; Kiley, Matthew (HHS/ASPE) <Matthew.Kiley@hhs.gov>
Subject: Acumen request from CEA

Brenda,

This is a heads up.

(b)(5)

(b)(5)

Thank you

Nancy De Lew
Associate Deputy Assistant Secretary, Office of Health Policy
Assistant Secretary for Planning and Evaluation / US Dept. of Health and Human Services
200 Independence Avenue, SW Washington, DC 20201
Personal Line: 202-260-6810/ Cell: (b)(6)

For appointment and other requests, please contact Rosemary Casarez at 202-260-1741 or rosemary.casarez@hhs.gov

Sender:	Destro, Brenda (HHS/ASPE) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=497B4FB84974401D8D24E98AAE25931B-DESTRO, BRE>
Recipient:	Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>
Sent Date:	2020/03/18 20:15:38
Delivered Date:	2020/03/18 20:15:41

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.P (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=B51C3D9A49FD4882951ECA2417C19DCF-BRENNAN, PA>
To:	Bird, Catherine (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb9d9180497c49c4a06a0dd1f6043dc7-Bird, Cathe>
CC:	Hayes, Jonathan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8cdfb7232de4428794f2901218bc1360-Hayes, Jona>; Charrow, Robert (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00531138af454ce3ac0b5885bead345f-Charrow, Ro>; Parker, Jim (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7f7ac2e66aa043a6b7cb2eaf967ffa3-Parker, Jam>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Caliguiri, Laura (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=40352e099c9a46dca3310df0ac5afd0e-laura.calig>; Caccomo, Stephanie (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3b415b3f6cff4b18980c5f723fad2ce0-stephanie.c>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>; Pratt, Michael (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7c8eed0423de458d801882c30fd16c99-Pratt, Mich>; Uehlecke, Nick (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=28c03fceb7a34a1da29be85d1a74daf0-Uehlecke, N>
Subject:	Re: For approval by 9 PM: draft Sec. Azar quote for Hillrom press release
Date:	2020/03/18 20:24:03
Priority:	Normal
Type:	Note

Thank you!

Sent from my iPhone

On Mar 18, 2020, at 8:18 PM, Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>wrote:

Thanks! Bob Charrow clears legally. His one non-legal but good comment is that Azar's quote should mention what it is that Hillrom is giving.

Thanks!
Catherine

From: Hayes, Jonathan (OS/ASPR/IO) <Jonathan.Hayes@hhs.gov>
Sent: Wednesday, March 18, 2020 8:17 PM
To: Brennan, Patrick (OS/ASPA) <Patrick.Brennan@hhs.gov>; Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>
Cc: Charrow, Robert (HHS/OGC) <Robert.Charrow@hhs.gov>; Parker, Jim (HHS/IOS) <Jim.Parker@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Caliguiri, Laura (FDA/OC) <Laura.Caliguiri@fda.hhs.gov>; Caccomo, Stephanie (FDA/OC) <Stephanie.Caccomo@fda.hhs.gov>; Mango, Paul (HHS/IOS) <Paul.Mango@hhs.gov>; Pratt, Michael (OS/ASPA) <Michael.Pratt@hhs.gov>; Uehlecke, Nick (HHS/IOS) <Nicholas.Uehlecke@hhs.gov>
Subject: Re: For approval by 9 PM: draft Sec. Azar quote for Hillrom press release

+ Catherine B

On Mar 18, 2020, at 6:50 PM, Brennan, Patrick (OS/ASPA) <Patrick.Brennan@hhs.gov> wrote:

Mr. Charrow, Jim, FDA, and ASPR,

Below and tracked in the attached is a draft quote from the Secretary that we would like to put in a press release from the company Hillrom regarding a donation they are making of medical devices needed for ICUs.

Mr. Charrow and ASPR, can you let me know if you're OK with this by 9 PM? I am also including FDA and Jim here more as an FYI, if you could let us know if you have any concerns with this idea.

Thank you!

- Patrick

"Close cooperation with the private sector has been a key piece of the Trump Administration's response to the COVID-19 outbreak, and Hillrom's donation is the latest example of how those partnerships are bearing fruit," said HHS Secretary Alex Azar. "The active engagement we've seen from companies like Hillrom will be essential to ensuring that American healthcare providers have the supplies they need to combat the COVID-19 outbreak and save American lives."

Patrick Brennan

Director of Speechwriting

Department of Health and Human Services

Office: 202-205-2819 | Cell: (b)(6)

<3 18 20 hillrom release.docx>

Sender:	Brennan, Patrick (OS/ASPA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=B51C3D9A49FD4882951ECA2417C19DCF-BRENNAN, PA>
Recipient:	Bird, Catherine (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb9d9180497c49c4a06a0dd1f6043dc7-Bird, Cathe>; Hayes, Jonathan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8cdfb7232de4428794f2901218bc1360-Hayes, Jona>; Charrow, Robert (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00531138af454ce3ac0b5885bead345f-Charrow, Ro>; Parker, Jim (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7f7ac2e66aa043a6b7cb2eaaf967ffa3-Parker, Jam>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Caliguiri, Laura (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=40352e099c9a46dca3310df0ac5afd0e-laura.calig>; Caccommo, Stephanie (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group

	(FYDIBOHF23SPDLT)/cn=Recipients/cn=3b415b3f6cff4b18980c5f723fad2ce0-stephanie.c>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>; Pratt, Michael (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7c8eed0423de458d801882c30fd16c99-Pratt, Mich>; Uehlecke, Nick (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=28c03fceb7a34a1da29be85d1a74daf0-Uehlecke, N>
Sent Date:	2020/03/18 20:23:59
Delivered Date:	2020/03/18 20:24:03

From:	Robertson, Lance (ACL) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=4E938BE0D69E4311A7AA44B0915297A3-ROBERTSON,>
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:	RE: Departmental Action Group
Date:	2020/03/18 21:07:24
Priority:	Normal
Type:	Note

Absolutely. But – a BIGGER THANKS to you fabulous colleagues at ASPR!!! Praying for you. You guys are top notch!!

Lance A. Robertson

Administrator, HHS Administration for Community Living (ACL)
Assistant Secretary for Aging

From: Herrmann, Jack (OS/ASPR/OEA) <John.Herrmann@hhs.gov>
Sent: Wednesday, March 18, 2020 4:06 PM
To: Robertson, Lance (ACL) <Lance.Robertson@acl.hhs.gov>; Yeskey, Kevin (OS/ASPR/IO) <Kevin.Yeskey@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Cc: Williams, Rasheed (ACL) <Rasheed.Williams@acl.hhs.gov>; Lazare, Mary (ACL) <Mary.Lazare@acl.hhs.gov>; Nicholls, Richard (ACL) <Richard.Nicholls@acl.hhs.gov>
Subject: RE: Departmental Action Group

Lance,

We apologize for the technical difficulty and appreciate you writing up your report. Thank you for all your efforts and the support you have been giving to ASPR and our shared mission. I will make sure the ASPR is aware.

Warm Regards,
Jack

Jack Herrmann, MEd, NCC, LMHC
Director (Acting), National Healthcare Preparedness Programs

Office of Emergency Management and Medical Operations, Readiness Division
Office of the Assistant Secretary for Preparedness and Response

HEALTH AND HUMAN SERVICES (DHHS) | Thomas P. O'Neill Federal Building | 200 C Street SW | Washington, DC 20515
o. (202) 205-5886 | m. (b)(6)
jack.herrmann@hhs.gov | www.phe.gov

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From: Robertson, Lance (ACL) <Lance.Robertson@acl.hhs.gov>
Sent: Wednesday, March 18, 2020 3:26 PM
To: Herrmann, Jack (OS/ASPR/OEA) <John.Herrmann@hhs.gov>; Yeskey, Kevin (OS/ASPR/IO) <Kevin.Yeskey@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Cc: Williams, Rasheed (ACL) <Rasheed.Williams@acl.hhs.gov>; Lazare, Mary (ACL) <Mary.Lazare@acl.hhs.gov>; Nicholls, Richard (ACL) <Richard.Nicholls@acl.hhs.gov>
Subject: Departmental Action Group
Importance: High

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

Lance A. Robertson

Administrator & Assistant Secretary for Aging

Administration for Community Living (ACL)

U.S. Department of Health & Human Services

202-401-4541; 202-823-2172 (cell); (b)(6) (fax)

330 C Street SW, 1st Floor, Washington, DC 20201

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Recipient:	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>; 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>
Sent Date:	2020/03/18 21:07:23
Delivered Date:	2020/03/18 21:07:24
Message Flags:	Unread

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.DIBOHF23SPDLT)/CN=RECIPIENTS/CN=02B39F27F3B4469A960054B23545CC24-HALL, BILL>
To:	Hamel, Joseph (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=96d2c1602dfa45e5a5e21452a098b96d-Hamel, Jose>; Sellman, Suzanne (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5bfe40dc98b54fc7989a00075a9c8ab7-Sellman, Su>; Michael, Gretchen (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0632b4526d6447b5af26552afde05c33-Michael, Gr>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Murphy, Ryan (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya>; 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>; Waters, Cicely (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00e638c4ddf64006bcc009e8032dd700-Waters, Cic>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>; Phillips, Sally (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d6ce8134846423cb83b5b28464edb60-Phillips, S>
Subject:	RE: [Non-DoD Source] Bloomberg query -- the Aviano mission
Date:	2020/03/18 17:11:12
Priority:	Normal
Type:	Note

Reporter is now ping me. Does anyone have a clue as to what this is?

From: Hamel, Joseph (OS/ASPR/IO) <Joseph.Hamel@hhs.gov>
Sent: Wednesday, March 18, 2020 4:11 PM
To: Sellman, Suzanne (OS/ASPR/OEA) <Suzanne.Sellman@hhs.gov>; Michael, Gretchen (OS/ASPR/OEA) <Gretchen.Michael@hhs.gov>; Hall, Bill (HHS/ASPA) <bill.hall@hhs.gov>; Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Waters, Cicely (OS/ASPR/OEA) <Cicely.Waters@hhs.gov>
Subject: RE: [Non-DoD Source] Bloomberg query -- the Aviano mission

Not tracking that one!

Best,
Joe

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

From: Sellman, Suzanne (OS/ASPR/OEA) <Suzanne.Sellman@hhs.gov>
Sent: Wednesday, March 18, 2020 4:05 PM
To: Michael, Gretchen (OS/ASPR/OEA) <Gretchen.Michael@hhs.gov>; Hall, Bill (HHS/ASPA) <bill.hall@hhs.gov>; Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Waters, Cicely (OS/ASPR/OEA) <Cicely.Waters@hhs.gov>; Hamel, Joseph (OS/ASPR/IO) <Joseph.Hamel@hhs.gov>
Subject: RE: [Non-DoD Source] Bloomberg query -- the Aviano mission

Joe. This seems different than what you and I discussed. Do you have any insight in what's going on with the "Aviano mission"?

Suzanne

From: Michael, Gretchen (OS/ASPR/OEA) <Gretchen.Michael@hhs.gov>
Sent: Wednesday, March 18, 2020 4:03 PM
To: Hall, Bill (HHS/ASPA) <bill.hall@hhs.gov>; Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Waters, Cicely (OS/ASPR/OEA) <Cicely.Waters@hhs.gov>; Sellman, Suzanne (OS/ASPR/OEA) <Suzanne.Sellman@hhs.gov>
Subject: RE: [Non-DoD Source] Bloomberg query -- the Aviano mission

Aviano Air Base in Italy?

From: Hall, Bill (HHS/ASPA) <bill.hall@hhs.gov>
Sent: Wednesday, March 18, 2020 4:00 PM
To: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Waters, Cicely (OS/ASPR/OEA) <Cicely.Waters@hhs.gov>; Michael, Gretchen (OS/ASPR/OEA) <Gretchen.Michael@hhs.gov>; Sellman, Suzanne (OS/ASPR/OEA) <Suzanne.Sellman@hhs.gov>
Subject: FW: [Non-DoD Source] Bloomberg query -- the Aviano mission

Does anyone know what the Aviano mission is?

From: Maxwell, Jessica R CIV OSD PA (USA) <jessica.r.maxwell8.civ@mail.mil>
Sent: Wednesday, March 18, 2020 3:21 PM
To: Hall, Bill (HHS/ASPA) <bill.hall@hhs.gov>
Subject: FW: [Non-DoD Source] Bloomberg query -- the Aviano mission

Mr. Hall,
We received a query from one of our Pentagon correspondents (Tony Capaccio, Bloomberg), asking to talk to someone from HHS about the Aviano mission. Would you have a good POC I can put him in touch with him?

Jessica R. Maxwell
DOD Spokesperson
jessica.r.maxwell8.civ@mail.mil
Office: 703-697-7794
Cell: (b)(6)

From: Anthony Capaccio (BLOOMBERG/ NEWSROOM:) <acapaccio@bloomberg.net>
Sent: Wednesday, March 18, 2020 3:14 PM
To: Hoffman, Jonathan R SES OSD OSD (USA) <jonathan.r.hoffman6.civ@mail.mil>; Maxwell, Jessica R CIV OSD PA (USA) <jessica.r.maxwell8.civ@mail.mil>
Subject: Re: [Non-DoD Source] Bloomberg query -- the Aviano mission

All active links contained in this email were disabled. Please verify the identity of the sender, and confirm the authenticity of all links contained within the message prior to copying and pasting the address to a Web browser.

Thanks...it's a pretty good story, as the general said today. The pick-up mission but also these are made in Italy, helping the US..

From: jessica.r.maxwell8.civ@mail.mil At: 03/18/20 15:11:16
To: Anthony Capaccio (BLOOMBERG/ NEWSROOM:) <Caution-mailto:acapaccio@bloomberg.net > ,
jonathan.r.hoffman6.civ@mail.mil <Caution-mailto:jonathan.r.hoffman6.civ@mail.mil >
Subject: Re: [Non-DoD Source] Bloomberg query -- the Aviano mission

Sure - let me see what I can do.

From: "Hoffman, Jonathan R SES OSD OSD (USA)" <jonathan.r.hoffman6.civ@mail.mil <Caution-mailto:jonathan.r.hoffman6.civ@mail.mil > >
Date: Wednesday, March 18, 2020 at 3:09:03 PM
To: "Anthony Capaccio" <acapaccio@bloomberg.net <Caution-mailto:acapaccio@bloomberg.net > >
Cc: "Maxwell, Jessica R CIV OSD PA (USA)" <jessica.r.maxwell8.civ@mail.mil <Caution-mailto:jessica.r.maxwell8.civ@mail.mil > >
Subject: RE: [Non-DoD Source] Bloomberg query -- the Aviano mission

Will try.

Jess – can you take?

From: Anthony Capaccio (BLOOMBERG/ NEWSROOM:) <acapaccio@bloomberg.net>
Sent: Wednesday, March 18, 2020 3:04 PM
To: Hoffman, Jonathan R SES OSD OSD (USA) <jonathan.r.hoffman6.civ@mail.mil>
Cc: Maxwell, Jessica R CIV OSD PA (USA) <jessica.r.maxwell8.civ@mail.mil>
Subject: [Non-DoD Source] Bloomberg query -- the Aviano mission

Jon.. Can you get me an HHS contact on these Aviano missions?
The story is that the swabs are Italian-made by a company there
who drove them to Aviano.

BTW.. Good try on the phone bridge.

Sender:	Hall, Bill (HHS/ASPA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=02B39F27F3B4469A960054B23545CC24-HALL, BILL>
Recipient:	Hamel, Joseph (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=96d2c1602dfa45e5a5e21452a098b96d-Hamel, Jose>; Sellman, Suzanne (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5bfe40dc98b54fc7989a00075a9c8ab7-Sellman, Su>; Michael, Gretchen (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0632b4526d6447b5af26552afde05c33-Michael, Gr>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Murphy, Ryan (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya>; 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>; Waters, Cicely (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00e638c4ddf64006bcc009e8032dd700-Waters, Cic>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>; Phillips, Sally (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d6ce8134846423cb83b5b28464edb60-Phillips, S>
Sent Date:	2020/03/18 17:11:11
Delivered Date:	2020/03/18 17:11:12
From:	Anthony Capaccio (BLOOMBERG/ NEWSROOM:) <acapaccio@bloomberg.net>
To:	Hall, Bill (HHS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02b39f27f3b4469a960054b23545cc24-Hall, Bill>
CC:	OS Media (HHS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e08dfe7931ea430090077ccc4a535c7c-OS Media>
Subject:	(BFW) Swabs for 500,000 Virus Kits on Way to U.S. From Italy (Correct)
Date:	2020/03/18 16:59:19
Priority:	Normal
Type:	Note

Hi Mr. Hall -- Bloomberg News query -- Tony Capaccio -- I cover the Pentagon

See enclosed story. Can HHS PA put me in touch with the official monitoring the test kit situation who requested the initial Air Force mission?

This is a good story of interagency/international cooperation.

I'm very interested in the Italian company that produces the swabs. I heard company reps actually drove the cargo to Aviano -- 13 pallets worth.

I also hear there are more missions planned to pick up from Aviano, etc. How did the mission come together in the first place, etc. How many more swabs are available for pick-up, etc.?

Let me know.

Tony

BN 03/18 18:04 *U.S. OFFICIAL DISCUSSES MILITARY ROLE IN SECURING VIRUS TESTS

BN 03/18 18:04 *U.S. MILITARY FLYING VIRUS TEST KITS FROM ITALY; MORE EXPECTED

Swabs for 500,000 Virus Kits on Way to U.S. From Italy (Correct)
2020-03-18 18:21:53.85 GMT

By Tony Capaccio

(Bloomberg) -- Swabs for virus testing kits are being flown to U.S. aboard a military C-17 plane from Memphis-based 164th National Guard Airlift Wing, according to a U.S. official who spoke on condition of anonymity.

* Italian manufacturer delivered the swabs as the U.S. seeks to ramp up testing

* U.S. Air Force plans a similar mission in the coming days: official

* NOTE: In Coronavirus Testing Ramp-Up, U.S. Called Private Sector in Late

To contact the reporter on this story:

Tony Capaccio in Washington at acapaccio@bloomberg.net

To contact the editor responsible for this story:

Bill Faries at wfaries@bloomberg.net

Sender:	Anthony Capaccio (BLOOMBERG/ NEWSROOM:) < acapaccio@bloomberg.net >
Recipient:	Hall, Bill (HHS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02b39f27f3b4469a960054b23545cc24-Hall, Bill>; OS Media (HHS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e08dfe7931ea430090077ccc4a535c7c-OS Media>
Sent Date:	2020/03/18 16:58:02

Delivered Date: 2020/03/18 16:59:19

From:	The Alchemist (b)(6)
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau>; Beaver, Julia (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a05286b19a7b4895a71b9d1087666b25-julia.beave>; <Norman.Sharpless@fda.hhs.gov>; Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>; <michael.strong@cihr-irsc.gc.ca>; Keegan, Patricia (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2c9b1a0f14e84a819dcddf7a997a9999-patricia.ke>; Lowy, Douglas (NIH/NCI) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=aad7e8b13b6740959f2bec763a1a3217-douglas.low>; Woodcock, Janet (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5f925e9a0f9147b186d40072d474d13d-janet.woodc>; Langevin, Helene (NIH/NCCIH) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=27585df077174daf87a437e2b492ea2b-helene.lang>; Biabie, Missiratch (Mimi) (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=16ecd42585564abea7003ada035df689-missiratch.>; Ibrahim, Amna (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ddefd991104249dd83c6586bfc7c19e-amna.ibrahi>
Subject:	Hmm, Pakistan is doing more than Canada
Date:	2020/03/18 21:22:43
Priority:	Normal
Type:	Note

<https://youtu.be/fPWfD7-Q4qU>

The passengers from Pakistan said in Pakistan they are doing more screening, including temperature checks before flying.

There is also this story

<https://gulfnnews.com/world/asia/pakistan/pakistans-response-to-coronavirus-among-worlds-best-says-who-country-head-1.70388431>

The WHO representative is a Sri Lankan doctor.

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Unfortunately a few people have died in Pakistan

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On Wed, Mar 18, 2020, 7:30 PM The Alchemist (b)(6) wrote:
Automakers shut North American plants over coronavirus fears
ABC News · 4 hours ago

Ford, GM, Fiat Chrysler join Honda in closing US factories to slow pandemic
The Verge · 9 hours ago

Ford, GM: North American factories will close due to virus
4 hours ago - The United Auto Workers union wants Detroit's three automakers to shut down their factories for two weeks to keep its members safe from the ...

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Anyways I told you what I know,

- peace

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Recipient:	Fauci, Anthony (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau>; Beaver, Julia (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a05286b19a7b4895a71b9d1087666b25-julia.beave>; <Norman.Sharpless@fda.hhs.gov>; Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>; <michael.strong@cihr-irsc.gc.ca>; Keegan, Patricia (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2c9b1a0f14e84a819dcddf7a997a9999-patricia.ke>; Lowy, Douglas (NIH/NCI) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=aad7e8b13b6740959f2bec763a1a3217-douglas.low>; Woodcock, Janet (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5f925e9a0f9147b186d40072d474d13d-janet.woodc>; Langevin, Helene (NIH/NCCIH) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=27585df077174daf87a437e2b492ea2b-helene.lang>; Biabie, Missiratch (Mimi) (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=16ecd42585564abea7003ada035df689-missiratch.>; Ibrahim, Amna (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ddefd991104249dd83c6586bfc7c19e-amna.ibrahi>
Sent Date:	2020/03/18 21:22:15
Delivered Date:	2020/03/18 21:22:43
Message Flags:	Unread

From:	Ottem, Ronald (Ron) (ASPR/SNS) <rco9@cdc.gov>
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.up (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	Fwd: Princeton BioMeditech Corporation for 10,000 flu test kits
Date:	2020/03/18 21:23:14
Priority:	Normal
Type:	Note

Done

From: Kelley, David (ASPR/SNS) <vrb7@cdc.gov>

Sent: Wednesday, March 18, 2020 9:09 PM

To: Adams, Steven A. (ASPR/SNS); Ottem, Ronald (Ron) (ASPR/SNS)

Subject: Fwd: Princeton BioMeditech Corporation for 10,000 flu test kits

Awarded.

From: McCoy, Lawrence (ASPR/SNS) <gwg8@cdc.gov>

Sent: Wednesday, March 18, 2020 9:07:42 PM

To: Kang, Roger <roger.kang@pbmc.com>

Cc: Kelley, David (ASPR/SNS) <vrb7@cdc.gov>; Wright, Annette (ASPR/SNS) <owf8@cdc.gov>; Hubbs, Vivian (ASPR/SNS) <vdh6@cdc.gov>; Braxton, Makoto (OS/ASPR/ORM) <Makoto.Braxton@hhs.gov>

Subject: RE: Princeton BioMeditech Corporation for 10,000 flu test kits

(b)(4)

Congratulations on your award!

If you have any questions or I can be of further assistance, please don't hesitate to contact me.

Sincerely,

Mac

Lawrence R. McCoy

Contracting Officer

Office of Resource Management

Office of Assistant Secretary for Preparedness and Response (ASPR)

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

2945 Flowers Rd. South

Atlanta, GA 30341

Office: 770-488-2087

Cell : (b)(6)

Email: GWG8@cdc.gov



cid:image001.jpg@01D56D36.87268D90

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Kind regards,

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(b)(4)

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cid:image001.jpg@01D56D36.87268D90

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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 21:22:59
Delivered Date:	2020/03/18 21:23:14

From:	The Alchemist (b)(6)
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau>; Beaver, Julia (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a05286b19a7b4895a71b9d1087666b25-julia.beave>; <Norman.Sharpless@fda.hhs.gov>; Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>; <michael.strong@cihr-irsc.gc.ca>; Keegan, Patricia (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2c9b1a0f14e84a819dcdf7a997a9999-patricia.ke>; Lowy, Douglas (NIH/NCI) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=aad7e8b13b6740959f2bec763a1a3217-douglas.low>; Woodcock, Janet (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5f925e9a0f9147b186d40072d474d13d-janet.woodc>; Langevin, Helene (NIH/NCCIH) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=27585df077174daf87a437e2b492ea2b-helene.lang>; Biabie, Missiratch (Mimi) (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=16ecd42585564abea7003ada035df689-missiratch.>; Ibrahim, Amna (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ddefd991104249dd83c6586bfc7c19e-amna.ibrahi>
Subject:	Re: Hmm, Pakistan is doing more than Canada
Date:	2020/03/18 21:23:48
Priority:	Normal
Type:	Note

https://protect2.fireeye.com/url?k=8344acc9-df11a519-83449df6-0cc47a6a52de-48633b24c0631097&u=https://www.rebelnews.com/more_coronavirus_screening_in_pakistan_tan_in_toronto_pearson_international_airport_arrivals_are_surprised_no_one_in_canada_took_their_temperature

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How it got there is two cases i could find an Iranian business man who goes to china

And Chinese worker came to Iran.

//note this a right wing (independent) media guy but he is entitled to report his pov

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Delivered Date:	2020/03/18 21:23:48

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To:	Ottem, Ronald (Ron) (ASPR/SNS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1aedd8f312d94f81b2449b3d9ceb4add-Ottem, Rona>
Subject:	Re: Princeton BioMeditech Corporation for 10,000 flu test kits
Date:	2020/03/18 21:27:58
Priority:	Normal
Type:	Note

Outstanding. Well done. (b)(5)

(b)(5)

Sent from my iPhone

On Mar 18, 2020, at 9:23 PM, Ottem, Ronald (Ron) (ASPR/SNS) <rco9@cdc.gov>wrote:

Done

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(b)(4)

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Office of Assistant Secretary for Preparedness and Response (ASPR)

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Office: 770-488-2087

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<image001.jpg>

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<image001.jpg>

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Sent Date:	2020/03/18 21:27:58

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.YDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0280B227911B40B6B30A81B8574EDE6B-STECKER, JU>
To:	Tignor, Beth (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=464729cc8a584516addbbc50d76a94a8-Tignor, Bet>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	Fwd: DAILY GUIDANCE AND PRESS SCHEDULE FOR THURSDAY, MARCH 19, 2020
Date:	2020/03/18 21:45:58
Priority:	Normal
Type:	Note

Sent from my iPhone

Begin forwarded message:

From: White House Press Office <info@mail.whitehouse.gov>
Date: March 18, 2020 at 9:44:39 PM EDT
To: "Stecker, Judy (OS/IOS)" <Judy.Stecker@hhs.gov>
Subject: **DAILY GUIDANCE AND PRESS SCHEDULE FOR THURSDAY, MARCH 19, 2020**
Reply-To: White House Press Office <info@mail.whitehouse.gov>

-->



The White House

Office of the Press Secretary

FOR IMMEDIATE RELEASE

March 18, 2020

**DAILY GUIDANCE AND PRESS SCHEDULE FOR
THURSDAY, MARCH 19, 2020**

In-Town Pool

Wires: AP, Reuters, Bloomberg
Wire Photos: AP, Reuters, AFP, NYT
TV Corr & Crew: ABC
Print: Regional Reporters
Radio: SRN

EDT

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

12:15PM **THE PRESIDENT receives his intelligence briefing**

Oval Office

Closed Press

1:50PM **THE PRESIDENT departs the White House en route to
Federal Emergency Management Agency Headquarters**

South Portico

In-Town Travel Pool

1:55PM **THE PRESIDENT arrives at the Federal Emergency
Management Agency Headquarters**

Washington, D.C.

In-Town Travel Pool

2:00PM **THE PRESIDENT participates in a video teleconference**

with Governors on partnership to prepare, mitigate, and respond to COVID-19

Washington, D.C.

Restricted In-Town Travel Pool

3:20PM THE PRESIDENT departs Federal Emergency Management Agency Headquarters en route to the White House

Washington, D.C.

In-Town Travel Pool

3:25PM THE PRESIDENT arrives at the White House

South Portico

In-Town Travel Pool

Briefing Schedule

11:00AM Members of the Coronavirus Task Force hold a press briefing

James S. Brady Briefing Room

On Camera

###

[Unsubscribe](#)

The White House · 1600 Pennsylvania Ave NW · Washington, DC 20500-0003 · USA · 202-456-1111

Sender:	Stecker, Judy (OS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0280B227911B40B6B30A81B8574EDE6B-STECKER, JU>
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>> Subject: RE: TPS on SNS

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>> ASAP please

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>> <Strategic National Stockpile talkers.docx>

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Recipient:	Pratt, Michael (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7c8eed0423de458d801882c30fd16c99-Pratt, Mich>; Brennan, Patrick (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group

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Sent Date:	2020/03/18 22:14:04
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From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D145EFC9C35C4865ACA6E9D47786B204-HARRISON, B>
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CC:	Arbes, Sarah (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=106db0ac70a241a8b1323647c093d9bf-Arbes, Sara>; Steele, Danielle (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=38849c1f1ea74f2eb9eff75b531a9544-Steele, Dan>
Subject:	Re: Niclosamide, ANA Therapeutics and COVID-19
Date:	2020/03/18 22:14:39
Priority:	Normal
Type:	Note

Yes. And pls have appropriate folks review.

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

On Mar 18, 2020, at 9:45 PM, Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov> wrote:

Sent from my iPhone

Begin forwarded message:

From: "Arbes, Sarah (HHS/ASL)" <Sarah.Arbes@hhs.gov>
Date: March 18, 2020 at 9:43:01 PM EDT
To: "Stecker, Judy (OS/IOS)" <Judy.Stecker@hhs.gov>
Subject: FW: Niclosamide, ANA Therapeutics and COVID-19

Do you want AMA to personally see this? It's from former Governor John Engler. They know each other personally and the message has also been sent to Dr. Collins. Up to you.

In the meantime, I'll get this routed to Danielle and a few others for awareness.

Sarah

From: John Engler <john@englerllc.org>
Sent: Wednesday, March 18, 2020 2:58 PM
To: Azar, Alex (OS/IOS) <Alex.Azar@HHS.GOV>

Cc: Arbes, Sarah (HHS/ASL) <Sarah.Arbes@hhs.gov>
Subject: FW: Niclosamide, ANA Therapeutics and COVID-19

Dear Alex,

Thank you for your service. I can't tell you how glad I am that you are the Secretary at this critical time. I imagine this is 24-7 for you but this is citizen that feels better because you and your team are working this crisis.

Alex, below is a letter with attachments that I sent to Francis Collins at NIH. I wanted you to have it as well. I told Sarah Arbes that Sarah Kunst had called me yesterday about a possible treatment utilizing an existing drug called niclosamide.

Since my medical is zero, I wanted to pass it on for appropriate assessment. The contact information for Sarah and ANA and some background is included. I hope someone will reach out and see if this can help.

Anything that can bring back a bit of normalcy has to be considered.

Thanks for looking at this.
All the best to you and the HHS team.
We are counting on you.

John

From: John Engler
Sent: Wednesday, March 18, 2020 1:04 PM
To: francis.collins@nih.gov
Cc: Sarah Kunst <Sarah@cleocap.com>
Subject: Niclosamide, ANA Therapeutics and COVID-19

Dear Dr. Collins,

These are challenging times and I am glad you are in your role. I can only imagine how busy you are so I would not write you unless I thought it necessary and that it might be helpful to your team at NIH.

Yesterday, Sarah Kunst, Managing Director, Cleo Capital reached out to me. We met during my ill-fated time as Interim President of MSU. I was quite impressed with her work in finance and venture capital. Plus, she grew up in my hometown of Mt. Pleasant so we had that in common.

The reason she called from San Francisco was her desire on behalf of ANA Therapeutics to connect with senior leaders at NIH. She and ANA desire to understand how they could help support & accelerate a clinical trial of their COVID-19 therapeutic. They are confident their drug, which has an extremely long track record of safety via oral administration and has previously been shown effective against coronavirus, could be in trial in a matter of weeks.

I asked Sarah for a brief background on ANA and, in addition to the attachment, she said ANA Therapeutics is a company pursuing an immediate-term path to a treatment for COVID-19 based on a drug called niclosamide. The team previously developed significant research and commercial expertise

with this drug for other applications, and is planning to begin a clinical trial for a COVID-19 therapeutic in a matter of weeks.

Niclosamide is an extremely attractive drug candidate: it has already been demonstrated to be effective against closely related viruses (SARS and MERS); it has a 60+ year history of safety, allowing a trial to proceed directly to Phase III; and it is effective at extremely low doses, making it suitable for oral administration.

ANA has acquired sufficient supply of niclosamide to support a clinical trial and is currently preparing an IND filing. The company is backed by noted Silicon Valley investors including YCombinator, Paul Buchheit - the founder of Gmail, and the Khosla Ventures family.

Additional information about ANA is available here: <https://protect2.fireeye.com/url?k=c0216a93-9c7573ef-c0215bac-0cc47adc5fa2-8d622fe18bc6640d&u=https://docsend.com/view/5ag8rwz>. (The attachment contains the material from the link)

Below is contact info for Sarah:

Sarah Kunst
Managing Director, Cleo Capital
Cleocap.com
517.980.1362

Francis, since you are doing everything possible to find proper treatments and vaccines, I thought I should share this material with you. I understand the need to balance new treatments and patient safety so it would seem if existing drug therapies can be redesigned and be effective that would be highly desirable.

If you wish someone to talk directly to ANA, Sarah will expedite that. I hope this proves to be helpful.

I wish you strength and good fortune as you lead efforts to solve this crisis.

All the best,

John Engler

<ANA Therapeutics 031720 - Govt.pdf>

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Recipient:	Arbes, Sarah (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=106db0ac70a241a8b1323647c093d9bf-Arbes, Sara>; Steele, Danielle (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=38849c1f1ea74f2eb9eff75b531a9544-Steele, Dan>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>
Sent Date:	2020/03/18 22:14:38
Delivered Date:	2020/03/18 22:14:39

From:	HHS Office of Public Affairs <hhsopa@hhs.gov>
To:	Brooks, John (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=646c7a34da9148189df0d76a885388b9-Brooks, Joh>
Subject:	HHS Secretary Azar Issues Statement on President Trump's Invoking the Defense Production Act
Date:	2020/03/18 22:44:08
Priority:	Normal
Type:	Note



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FOR IMMEDIATE RELEASE
 Wednesday, March 18, 2020

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###

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Message Flags:	Unread

From:	HHS Office of Public Affairs <hhsopa@hhs.gov>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	HHS Secretary Azar Issues Statement on President Trump's Invoking the Defense Production Act
Date:	2020/03/18 22:44:05
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To:	Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>
Subject:	HHS Secretary Azar Issues Statement on President Trump's Invoking the Defense Production Act
Date:	2020/03/18 22:44:07
Priority:	Normal
Type:	Note



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Subject:	HHS Secretary Azar Issues Statement on President Trump's Invoking the Defense Production Act
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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 Secretary Azar Issues Statement on President Trump's Invoking the Defense Production Act
Date:	2020/03/18 22:44:08
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Type:	Note



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To:	Robertson, Lance (ACL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4e938be0d69e4311a7aa44b0915297a3-Robertson,>
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Subject:	Re: Departmental Action Group
Date:	2020/03/18 23:24:46
Priority:	Normal
Type:	Note

Bless you Lance sorry for the technical difficulties. Appreciate all you and your team are doing. These are the Americans we owe much to and must shield them from this virus. Best. Bob

Sent from my iPhone

On Mar 18, 2020, at 3:26 PM, Robertson, Lance (ACL) <Lance.Robertson@acl.hhs.gov>wrote:

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

Lance A. Robertson

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



<Picture (Device Independent Bitmap) 1.jpg>

www.acl.gov

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Sent Date:	2020/03/18 23:24:44
Delivered Date:	2020/03/18 23:24:46

From:	Caitlin Owens <caitlin@axios.com>
To:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	Axios Vitals: Labs scramble to avoid shortages — Patients' burden to bear — Phase 2 of coronavirus
Date:	2020/03/19 06:18:23
Priority:	Normal
Type:	Note



Good morning.

Join me and my Axios colleagues at 9am ET this morning live for an in-depth discussion of

• • *Watch here.*

Today's word count is 1,552, or a 6-minute read.

1 big thing: Labs scrambling to stay ahead of test supply sh



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Sent Date:	2020/03/19 06:17:14
Delivered Date:	2020/03/19 06:18:23

From:	Mike Allen <mike@axios.com>
To:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	Axios AM: Mike's Great 8 — Phase 2 of the crisis — Join our virtual event, 9 a.m. ET
Date:	2020/03/19 06:19:43
Priority:	Normal
Type:	Note

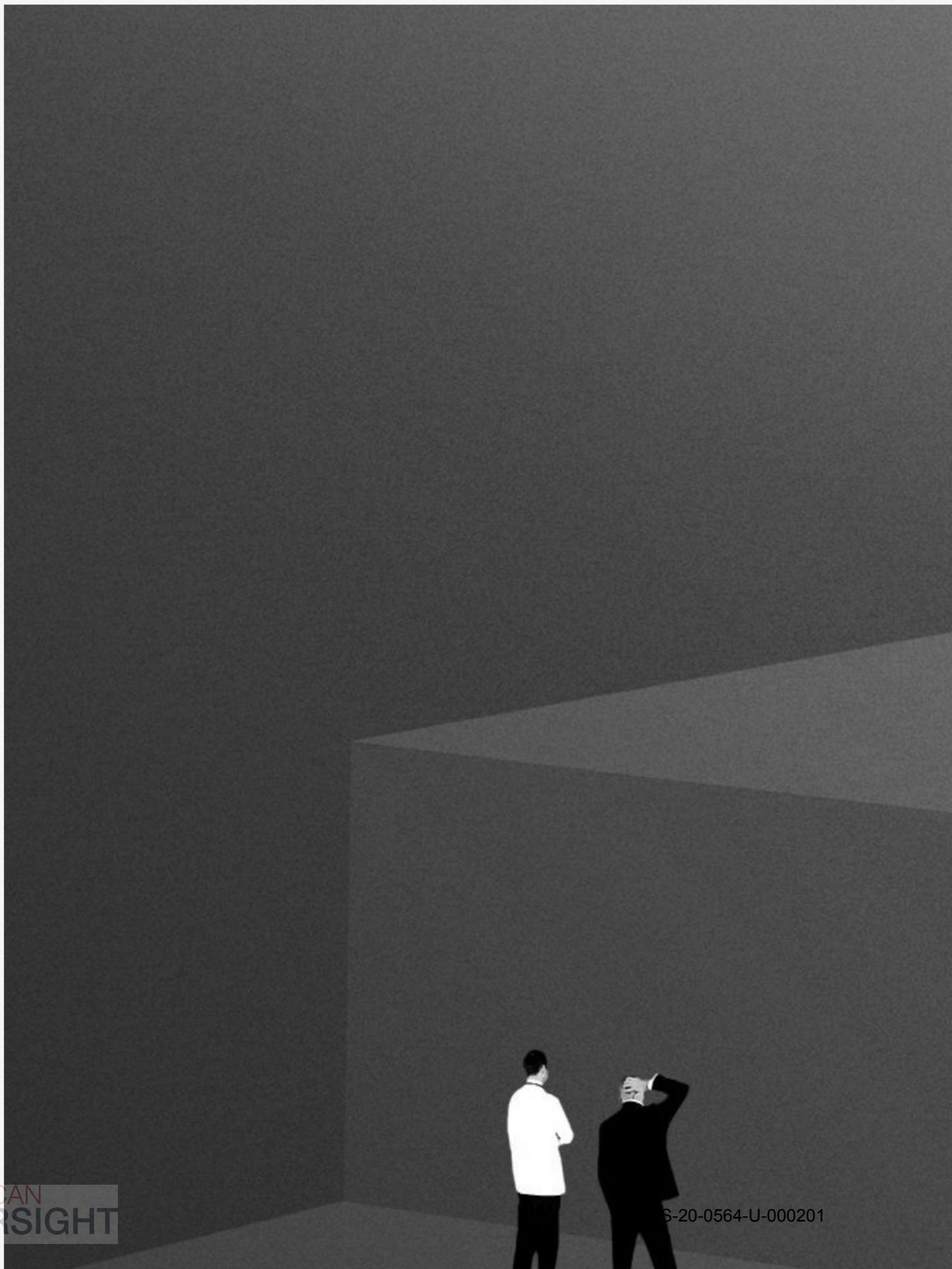


🌱 **Good Thursday morning**, and welcome to spring. We needed that.

🗣️ **We did a run-through** yesterday (keeping social distance, of course) of the live *virtual event*

• • ***Join the conversation*** via livestream at 9 a.m. ET. Register here.

1 big thing: Phase 2 of the coronavirus crisis is here



Sender:	Mike Allen <mike@axios.com>
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To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	HHS Executive Summary 19Mar20
Date:	2020/03/19 06:40:35
Priority:	Normal
Type:	Note

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HHS Executive Summary: Thursday, 19Mar20

1. HHS

Today's Noteworthy Topics:

COVID-19 (Novel Coronavirus)

As of 18Mar20, 1700ET, the CDC has confirmed that presumptive positive U.S. cases of COVID-19 have reached 6,103 across 50 states and D.C. with 105 deaths. Combined CDC and WHO reported global cases: 181,712; global deaths: 7,473; Countries with cases: 161. In order to facilitate rapid deployment of telehealth and data sharing amongst healthcare professionals the Office for Civil Rights announced enforcement discretion and will waive potential penalties for HIPAA violations against health care providers that serve patients through everyday communications technologies during the COVID-19 outbreak.

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
1100 – Public Health and Medical Services Call
1300 – IMD Sync Call for COVID-19 and Repatriation
1400 – COVID-19 Resource Coordination Call
1500 – Cross-Sector Business and Infrastructure Conference 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 = 1,488)

ASPR: 1,187 – (9) Earthquake Puerto Rico, (1,164) 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: 301 – (255) COVID-19, (18) Polio, (28) Ebola

FMS Status:

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

New Mission Assignments (MA): NSTR**Active Situations (7):**

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

U.S. International Health Regulation National Focal Point Status: NSTR**2. FEMA:****Interagency Response Status Summary:**

NWC: Monitoring

NRCC: Level I

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

Regional IMATs: Region IV-2, TN; Region IX-2, RRCC; Region X, RRCC

Significant National Weather:

Enhanced risk of severe thunderstorms across portions of the Upper/Middle Mississippi and Ohio Valleys.

3. OPDIV/STAFFDIV Overnight Reports:**CDC:**

- COVID-19 – 152 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)
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Office: (202) 619 – 7800
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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:	2020/03/19 06:40:03
Delivered Date:	2020/03/19 06:40:35

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 19Mar20
Date:	2020/03/19 06:40:38
Priority:	Normal
Type:	Note

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HHS Executive Summary: Thursday, 19Mar20

1. HHS

Today's Noteworthy Topics:

COVID-19 (Novel Coronavirus)

As of 18Mar20, 1700ET, the CDC has confirmed that presumptive positive U.S. cases of COVID-19 have reached 6,103 across 50 states and D.C. with 105 deaths. Combined CDC and WHO reported global cases: 181,712; global deaths: 7,473; Countries with cases: 161. In order to facilitate rapid deployment of telehealth and data sharing amongst healthcare professionals the Office for Civil Rights announced enforcement discretion and will waive potential penalties for HIPAA violations against health care providers that serve patients through everyday communications technologies during the COVID-19 outbreak.

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
1100 – Public Health and Medical Services Call
1300 – IMD Sync Call for COVID-19 and Repatriation
1400 – COVID-19 Resource Coordination Call
1500 – Cross-Sector Business and Infrastructure Conference 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 = 1,488)

ASPR: 1,187 – (9) Earthquake Puerto Rico, (1,164) 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: 301 – (255) COVID-19, (18) Polio, (28) Ebola

FMS Status:

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

New Mission Assignments (MA): NSTR**Active Situations (7):**

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

U.S. International Health Regulation National Focal Point Status: NSTR**2. FEMA:****Interagency Response Status Summary:**

NWC: Monitoring

NRCC: Level I

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

Regional IMATs: Region IV-2, TN; Region IX-2, RRCC; Region X, RRCC

Significant National Weather:

Enhanced risk of severe thunderstorms across portions of the Upper/Middle Mississippi and Ohio Valleys.

3. OPDIV/STAFFDIV Overnight Reports:**CDC:**

- COVID-19 – 152 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
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From:	Sherman, Jennifer (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F30FE7FAE664419FA654B20EDCCB1E78-SHERMAN, JE>
To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Subject:	FW: HHS Secretary Azar Issues Statement on President Trump's Invoking the Defense Production Act
Date:	2020/03/19 07:26:33
Priority:	Normal
Type:	Note

FYI, Sec's statement on Defense Production Act

From: HHS Office of Public Affairs <hhsopa@hhs.gov>
Sent: Wednesday, March 18, 2020 10:44 PM
To: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Subject: HHS Secretary Azar Issues Statement on President Trump's Invoking the Defense Production Act



U.S. Department of Health and
Human Services

Press Statement

202-690-6343
media@hhs.gov
www.hhs.gov/news
Twitter @SpoxHHS

FOR IMMEDIATE RELEASE
Wednesday, March 18, 2020

HHS Secretary Azar Issues Statement on President Trump's Invoking the Defense Production Act

On Wednesday, President Trump signed an executive order invoking the Defense Production Act and delegating to the Secretary of Health and Human Services authority, if necessary, to order the production and distribution of healthcare supplies as they are most needed. HHS Secretary Alex Azar issued the following statement:

“HHS has been working since January with American manufacturers to prepare for responding to the COVID-19 outbreak. We are coordinating closely with private suppliers,

healthcare purchasers, and our federal partners like the Commerce Department to ensure that resources are going where they're needed. President Trump's bold invocation of the Defense Production Act gives his administration the necessary power to allocate healthcare supplies in the event that such a step is necessary. Through measures like a February notice of procurement for 500 million respirators, the Trump Administration is taking every step necessary to help American industry ramp up production of the products we will need to save lives."

###

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

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Subject:	CDC COVID-19 Update March 19, 2020
Date:	2020/03/19 07:36:01
Priority:	Normal
Type:	Note

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COVID-19 Response update Mar 19, 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 (Confirmed Cases)

(Data as of 03:00 ET 19 Mar)

Jurisdictions = 55 50 states + DC, NYC, Guam, PR, and USVI	Total Cases*	Total Deaths**	New Cases**	New Deaths**
Alabama	51	0	12	0
Alaska	6	0	0	0
Arizona	27	0	7	0
Arkansas	37	0	15	0
California	849	17	158	4
Colorado	216	2	33	0
Connecticut	96	1	28	1
Delaware	26	0	10	0
Florida	299	8	104	1
Georgia	197	3	51	2
Hawaii	16	0	3	0
Idaho	11	0	2	0
Illinois	289	1	129	0
Indiana	39	2	9	0
Iowa	38	0	9	0
Kansas	21	1	5	0
Kentucky	35	1	9	0
Louisiana	280	8	84	4
Maine	43	0	11	0
Maryland	85	1	28	1
Massachusetts	256	0	38	0
Michigan	110	1	45	1

Jurisdictions = 55 50 states + DC, NYC, Guam, PR, and USVI	Total Cases*	Total Deaths**	New Cases**	New Deaths**
Minnesota	77	0	17	0
Mississippi	34	0	13	0
Missouri	24	1	11	1
Montana	12	0	3	0
Nebraska	27	0	3	0
Nevada	83	1	28	0
New Hampshire	39	0	13	0
New Jersey	427	5	160	2
New Mexico	28	0	5	0
New York (excluding NYC)	1043	9	313	5
New York City	1871	11	1057	4
North Carolina	92	0	45	0
North Dakota	7	0	2	0
Ohio	88	0	21	0
Oklahoma	33	0	14	0
Oregon	75	3	10	2
Pennsylvania	133	1	37	1
Rhode Island	33	0	10	0
South Carolina	60	1	13	0
South Dakota	11	1	0	0
Tennessee	98	0	25	0
Texas	193	2	80	1
Utah	53	0	12	0
Vermont	19	0	9	0
Virginia	77	2	10	0
Washington	1187	67	175	15
West Virginia	2	0	1	0
Wisconsin	106	0	34	0
Wyoming	18	0	3	0
American Samoa	0	0	0	0
District of Columbia	39	0	8	0
Guam	5	0	0	0
Northern Mariana Islands	0	0	0	0
Palau	0	0	0	0
Puerto Rico*	2	0	0	0
U.S. Virgin Islands	3	0	1	0
Federated States of Micronesia	0	0	0	0
Republic of Marshall Islands	0	0	0	0
Total	9026	150	2923	45

*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 16 Mar: 37

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	290
Close contact with known case	310
Under investigation	8426
Total cases	9026

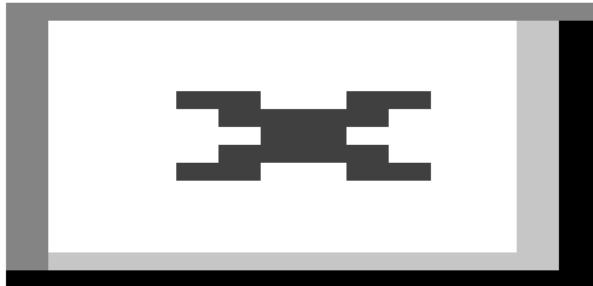
*These data represent cases detected and tested in the United States through U.S. public health surveillance systems since January 21, 2020. This includes confirmed cases reported to CDC. It does not include people who returned to the U.S. via State Department-chartered flights (Hubei or Diamond Princess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

Other Situational Awareness

Healthcare workers in U.S. Case-Count (N=144)

- 17 Travel-related
- 29 Close contact with known case
- 98 Under investigation

Domestic Updates – Notes from the Field



Source: Preparedness Workforce Management System (PWMS)

* CERT – CDC Emergency Response Team

Updates from Field Teams

California

- Cases in Santa Clara are increasing daily
- New cases have developed in San Mateo, near Santa Clara, including in several LCTFs; the Santa Clara team conducted an on-site assessment and TA session in San Mateo and will be moving some field staff to San Mateo for a few days
- All Santa Clara surveillance data now in CalRedie
- Shelter in place in Bay Area including these counties

Colorado

- 216 total cases, 2 confirmed deaths, 4 deaths in probable COVID cases, one is being tested but no results yet
- Emerging problem areas for outbreak (ex LTCF)
 - 16 facilities, including LTCF, ALF, dialysis, home health, pulmonary rehab facility are under investigation. One LTCF has a confirmed outbreak
 - A low-income apartment building in providing housing to retired and developmentally disabled individuals has a confirmed case.
 - Multiple persons experiencing homelessness who have tested positive in the Denver metro area. No clusters at this time as far as we know.
- Community mitigation: closures
 - Working on a response approach for LTCFs.
 - Appreciated the WA MMWR that was published today.
- Logistical issues: shortages with PPE, testing supplies, etc.
 - Testing turnaround time is increasing at the state and commercial laboratories.

- • Read on health system resources
- • Other
 - • Lab and case reporting is now transmitted through Co's surveillance and ELR systems to local jurisdictions and providers.

Georgia

- • CDC activities:
 - • CDC staff person is analyzing the testing request dataset to help GADPH better understand requests from providers for testing that were approved and denied and to understand the number of samples being sent to GADPHL
- • Testing:
 - • The laboratory anticipates being able to increase its daily testing capacity from 130 to 200 this week
 - • 13 drive thru testing sites have been set up – at least one was overwhelmed and shut down early
 - • Rumors are circulating that after ARUP had stopped receiving samples for testing, that LabCorps may be stopping also.
 - • Messaging coming out about prioritizing testing.
- • Communication to districts re containment vs mitigation:
 - • Recognition that there is a lot of variation across districts with regard to community transmission and that there cannot yet be one message about where to focus efforts for the entire state.

Nebraska

- • 6 new cases in the past 24 hours, 24 total, 0 deaths
- • State is moving toward community transmission mitigation strategy, stronger recommendations of store and school closures
- • CDC lab staff tasks:
 - • developing a laboratory protocol for NPHL for use of the Roche MagNA Pure LC in nucleic acid extraction towards SARS-CoV-2 testing
 - • Continuing to work on a basic inventory spreadsheet with some projection calculations for NPHL to help track their critical reagents and supplies needed for SARS-CoV-2 testing.
 - • Spoke to IRR about the current backlogged orders from NPHL and helpful ways to prioritize and expedite our orders.
 - • Continuing to inquire with Qiagen for procurement of another automated extraction instrument to help diversify the testing platforms at NPHL

New York

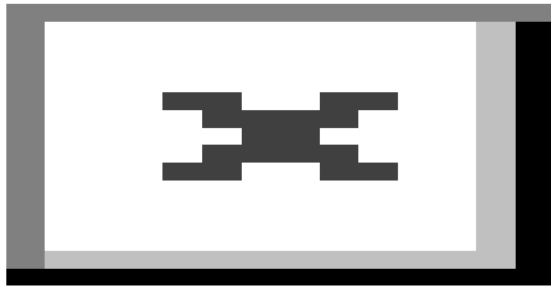
- • Due to discrepancies between state and county case numbers, case counts between NY State and NYC may differ.
 - • 2,382 cases statewide (NYC=1,339, Westchester=538) spanning 30 counties.
 - • 20 deaths (+8)
 - • 548 (23%) currently hospitalized
- • There are 15 LTCF and 1 assisted living facility with COVID-19 cases; 63 health care facilities (including hospitals) with known HCW exposure

- • NY team continues to provide IPC guidance to nursing homes affected by COVID-19 and piloted a rapid tele-assessment tool, named *COVID-19 Video Evaluation and Outreach (COVIDEO)*, created to disseminate IPC information and assess IPC practices at nursing homes and assisted living facilities
- • Team investigating a *COVID outbreak in a dialysis center* associated with a nursing home with multiple confirmed COVID-19 patients
- • Team investigating *possibility for COVID transmission in a 57-resident group home for developmentally disabled persons (8-21 years of age)* where there are two current cases and one PUI, including potential exposure of up to 250 group housing staff.
- • Community Mitigation: Gov Cuomo issued an executive order directing non-essential businesses to implement work from home policies, businesses that require in-office personnel must decrease in-office workforce by 50% (exceptions include shipping industry, warehouses, grocery and food production, pharmacies, media, banks and related financial institutions, and businesses essential to supply chain. Gov Cuomo is meeting with Army Corp of Engineers to discuss hospital surge capacity.
- • Governor Cuomo announced the *USNS Comfort will be deployed to New York harbor and is expected to arrive in April* to increase New York's hospital surge capacity.

Washington

****Please note that SKC is transitioning into using the state reporting system exclusively starting 18 Mar – this may disrupt our case counts and reporting style.*

- • 562 confirmed cases (*up 44* from yesterday).
- • 56 confirmed deaths (*up 10* from yesterday)
 - • 5 confirmed death report in a resident of Life Care.
 - • 4 confirmed death reported across various facilities and/or pending investigation.
 - • 1 confirmed death reported from a facility in Federal Way. Please note that we have yet to determine the residency of the deceased prior to their move to the AFH (3 days prior to death).
- • MMWR article on COVID-19 outbreak in the first LTCF published today
- • Team continues to support SKC remotely
- • See epi-curve below



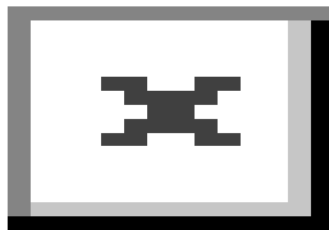
Wisconsin

- • Cases and deaths
 - • Wisconsin has reported 106 cases; however, we are aware of 2 additional cases that have not been officially reported for a total of 108 cases
 - • 14 of the 108 cases are in Fond du Lac (FDL) County
 - • 47 of the 108 cases are in Milwaukee County, which is an increase from 24 cases officially reported on 17 Mar
 - • No deaths have been reported in the state
- • Emerging problem areas for outbreak (ex LTCF)
 - • Healthcare worker (HCW) exposure event in Milwaukee. Surgeon tested positive, his wife who is also a surgeon and worked at 2 additional hospitals is symptomatic with test result pending.
- • Community mitigation
 - • Wisconsin governor shuts malls, bars, and restaurants and limits gatherings to no more than 10
- • Logistical issues
 - • Plan to purchase labels, ice packs, and coolers
- • Read on health system resources
 - • Local Milwaukee hospital is conducting planning exercise and intends to share with other local hospitals
- • Other
 - • We had a follow-up conference call today with Children's Hospital of Wisconsin, Wauwatosa HD, North Shore HD, and WI DHS to discuss updates and plans for the team
 - • 1-2 team members will visit the hospital tomorrow morning and assess needs, including possibly attending a preparedness meeting on Friday
 - • 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

Domestic Updates – Laboratory

Data as of 18 Mar (unless otherwise specified)

- • 89 public-health labs now up and running with CDC assay (50 states plus DC, Guam and Puerto Rico)
 - • 87/89 are using the CDC EUA assay. Two PHLs (NYS and NYC) are using the New York SARS-CoV-2 Real-time Reverse Transcriptase (RT)-PCR Diagnostic Panel (Wadsworth Center, NYSDOH).
- • 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



Partial count for 3/18: 22,659

	Cutoff time	Total Ordered (or Accessioned)	Total with Results	Positive
Selected Commercial Labs	18 Mar 14:30	144,851	32,204	3,238 (10.1%)
CDC	18 Mar 16:00	5851*	4743*	1144 (24%)*
State/Local Public-Health Labs	18 Mar 16:00	N/A	40,367	4,016 (9.9%)

* Since 14 March, FDA has no longer been requiring confirmatory testing at CDC for specimens tested at state PHLs; for that reason, these numbers are unlikely to change much going forward as CDC labs redirect towards other COVID-19 priorities, including testing alternative extraction methods; the higher proportion positive here reflects the large amount of confirmatory testing that has been done at CDC; the 4743 results represent 1577 patients.

IRR Reagents	Data as of 18 Mar (09:00)			
	Ordered	Shipped	Approved	Inventory
CDC rRT-PCR Kits	497	394	103	206
Human Specimen Controls (Negative)	321	279	42	440
EUA Positive Controls	127	82	45	82

IRR Reagents	Data as of 18 Mar (09:00)			
	Ordered	Shipped	Approved	Inventory
Enzyme Mastermix	637	516	121	688
Qiagen – Manual Extraction Kit	1165	801	364	93
Qiagen – Automated Extraction Kit	466	188	278	0
Roche – Automated Extraction Kit	297	0	297	226
Roche – High-throughput Extraction Kit	40	14	26	157

IRR reagent update – Reagents above 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 17 Mar

Airport Entry Screening

- 58,744* 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 17 Mar
 - • Air travelers screened: 398
 - • Hospital Referrals: 1
 - o • JFK: Ill traveler from UK (tourist on outbound flight)
 - • 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 17 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](#))

Widespread ongoing spread (Level 3)

- • South Korea ([Level 3](#))
- • Malaysia ([Level 3](#))
- • Cruise ([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

- • Global Level 3 Travel Notice being cleared and readied in case State Department decides to post their Global Level 4
- • Updating traveler health advisory notice (THAN) so that it may be given to all travelers arriving in the US at international airport terminals and updating websites with same changes

- • Continuing issuance of legal quarantine orders for Grand Princess passengers
 - • Updating protocols based on new guidance

Cruise Ship Updates

Data as of 18 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 (non-AMCIT)	Brazil; charter flight to Miami planned (evening of 19 Mar)
Silver Explorer	45	1 (non-AMCIT)	Chile; two charter flights One charter for 37 well passengers (arrived @ 11am on 18 Mar in Miami) Epi-X sent to states on 18 Mar One medical ambulance planned for 8 ill persons
Celebrity Eclipse	1165	unknown	Denied port in Chile; to sail to San Diego (~27 Mar)
Azamara Pursuit	265	unknown	Denied port while in Chile; will get provisions and plan to sail to Miami (~27 Mar)

Grand Princess Summary

data as of 17 Mar 2020

-

COVID-19 Status

- 37 total positives (including 21 original); 16 of these are in U.S. residents
 - 3 Asimolar
 - 22 San Carlos-Fairfield
 - 3 Travis
 - 4 Miramar
 - 4 Currently hospitalized
 - 1 Other
- Of 37 positives
 - 7 CA residents
 - 9 non-CA residents
 - 21 foreign nationals (crew)

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 19:00 EST, 17 Mar 2020 [Source: [WHO SitRep - 58](#)]

WHO Region	Confirmed Cases	New Cases	Deaths	New Deaths
Western Pacific (WPRO)	91845	312	3357	23
European (EURO)	74760	10911	3352	604
South-East Asia (SEARO)	538	63	9	1
Eastern Mediterranean (EMRO)	18,060	1552	1010	140
Americas (PAHO)	4979	2243	68	18
African (AFRO)	233	42	4	0
Subtotal for all regions	190415	15123	7800	786
International Conveyance (Diamond Princess)	712	0	7	0
Total	191127	15123	7807	786

*Starting 17 Mar, WHO stopped reporting cases by 'China' and 'Outside of China' and began reporting cases by WHO Regions.

The [China NHC Update](#) reports Hong Kong has 167 cases (0 new), 4 deaths (0 new) as of 18 Mar 2020.

**As of 18 Mar, WHO changed their COVID-19 SitRep to reflect data as of midnight local time (CET). As such, there is an overlap of data with WHO SitRep 57, and the number of new cases may not equal the difference between total cases in the two reports.

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

Data as of 19:00 EST, 17 Mar 2020* [Source: [WHO SitRep - 58](#)]

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	0	0	0	Imported cases only	1

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
Territories**												
French Polynesia							3	0	0	0	Imported cases only	2
French Polynesia	3	0	0	0	Imported cases only	2						
Guam	3	3	0	0	Local transmission	0						
Guam							3	3	0	0	Local transmission	0
European Region												
Italy							31506	3526	2503	345	Local transmission	0
Spain							11178	1987	491	182	Local transmission	0
France							7652	1079	175	27	Local transmission	0
Germany							7156	1144	13	0	Local transmission	0
Switzerland							2650	450	14	5	Local transmission	0
The United Kingdom							1954	407	55	5	Local transmission	0
Netherlands							1705	292	43	19	Local transmission	0
Belgium							1486	401	14	9	Local transmission	0
Austria							1332	373	3	2	Local transmission	0
Norway							1308	139	3	0	Local transmission	0
Sweden							1167	108	3	0	Local transmission	0
Denmark							977	79	4	3	Local transmission	0
Portugal							448	117	1	1	Local transmission	0
Czechia							434	136	0	0	Local transmission	0
Greece							387	56	4	0	Local transmission	0
Finland							319	47	0	0	Local transmission	0
Israel							304	0	0	0	Local transmission	1
Ireland							292	69	2	0	Local transmission	0
Slovenia							275	22	1	1	Local transmission	0
Poland							246	96	5	2	Local transmission	0
Estonia							225	20	0	0	Local transmission	0
Iceland							225	45	0	0	Local transmission	0
Romania							184	26	0	0	Local transmission	0
Luxembourg							140	59	1	0	Local transmission	0
San Marino							104	2	11	2	Local transmission	0
Slovakia							97	25	0	0	Local transmission	0
Russian Federation							93	0	0	0	Imported cases only	1
Bulgaria							81	14	2	0	Local transmission	0
Serbia††							85	23	0	0	Local transmission	0
Croatia							65	9	0	0	Local transmission	0
Latvia							60	24	0	0	Imported cases only	0
Albania							55	4	1	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
Armenia	52	0	0	0	Local transmission	1
Hungary	50	11	1	0	Local transmission	0
Turkey	47	0	0	0	Imported cases only	1
Malta	38	8	0	0	Imported cases only	0
Belarus	36	0	0	0	Local transmission	1
Georgia	34	1	0	0	Imported cases only	0
Cyprus	33	0	0	0	Imported cases only	1
Kazakhstan	33	27	0	0	Imported cases only	0
North Macedonia	31	12	0	0	Local transmission	0
Republic of Moldova	30	1	0	0	Local transmission	0
Lithuania	25	8	0	0	Imported cases only	0
Azerbaijan	21	0	0	0	Imported cases only	2
Bosnia and Herzegovina	19	0	0	0	Local transmission	2
Andorra	16	2	0	0	Imported cases only	0
Uzbekistan	16	12	0	0	Imported cases only	0
Ukraine	14	9	2	1	Local transmission	0
Monaco	9	0	0	0	Under investigation	1
Liechtenstein	7	0	0	0	Imported cases only	1
Montenegro	2	2	0	0	Imported cases only	0
Holy See	1	0	0	0	Under investigation	11
Territories**						
Faroe Islands	47	36	0	0	Imported cases only	0
Jersey	5	3	0	0	Imported cases only	0
Gibraltar	3	0	0	0	Under investigation	1
Guernsey	1	0	0	0	Imported cases only	8
South-East Asia Region						
Thailand	177	30	1	0	Local transmission	0
Indonesia	172	0	5	0	Local transmission	1
India	137	23	3	1	Local transmission	0
Sri Lanka	29	10	0	0	Local transmission	0
Maldives	13	0	0	0	Local transmission	2
Bangladesh	8	0	0	0	Local transmission	1
Bhutan	1	0	0	0	Imported cases only	11
Nepal	1	0	0	0	Imported cases only	54
Eastern Mediterranean Region						
Iran (Islamic Republic of)	16169	1178	988	135	Local transmission	0
Qatar	442	41	0	0	Local transmission	0
Bahrain	237	16	1	0	Local transmission	0
Pakistan	187	134	0	0	Imported cases only	0
Saudi Arabia	171	38	0	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
Egypt	166	40	4	2	Local transmission	0
Iraq	154	30	11	2	Local transmission	0
Kuwait	130	7	0	0	Local transmission	0
Lebanon	120	21	3	0	Local transmission	0
United Arab Emirates	98	0	0	0	Local transmission	2
Morocco	38	9	2	1	Local transmission	0
Jordan	35	29	0	0	Imported cases only	0
Oman	24	2	0	0	Imported cases only	0
Tunisia	24	4	0	0	Local transmission	0
Afghanistan	22	1	0	0	Imported cases only	0
Somalia	1	0	0	0	Imported cases only	1
Sudan	1	0	1	0	Imported cases only	3
Territories**						
occupied Palestinian territory	41	2	0	0	Local transmission	0
Region of the Americas						
United States of America	3536	1822	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
Mexico	82	29	0	0	Imported cases only	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
Colombia	45	11	0	0	Local transmission	0
Costa Rica	41	6	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
Jamaica	12	2	0	0	Local transmission	0
Bolivia (Plurinational State of)	11	0	0	0	Imported cases only	1
Paraguay	9	1	0	0	Local transmission	0
Honduras	8	6	0	0	Imported cases only	0
Guatemala	6	5	1	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	2
Saint Lucia	2	0	0	0	Imported cases only	2
Antigua and Barbuda	1	0	0	0	Imported cases only	4
Bahamas	1	1	0	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
Saint Vincent and the Grenadines	1	0	0	0	Imported cases only	4
Suriname	1	0	0	0	Imported cases only	2
Territories**						
Guadeloupe	18	12	0	0	Imported cases only	0
Martinique	16	0	0	0	Imported cases only	1
French Guiana	7	0	0	0	Imported cases only	3
Curacao	3	1	0	0	Imported cases only	0
Puerto Rico	3	0	0	0	Imported cases only	3
Saint Barthélemy	3	0	0	0	Under investigation	2
Aruba	2	2	0	0	Imported cases only	0
Saint Martin	2	0	0	0	Under investigation	15
United States Virgin Islands	2	1	0	0	Imported cases only	0
Cayman Islands	1	0	1	0	Imported cases only	4
African Region						
South Africa	62	11	0	0	Local transmission	0
Algeria	60	11	4	0	Local transmission	0
Senegal	27	1	0	0	Local transmission	0
Burkina Faso	20	5	0	0	Imported cases only	0
Rwanda	7	2	0	0	Local transmission	0
Cote d'Ivoire	6	3	0	0	Imported cases only	0
Ghana	6	4	0	0	Imported cases only	0
Cameroon	5	0	0	0	Local transmission	1
Ethiopia	5	1	0	0	Imported cases only	0
Seychelles	4	0	0	0	Imported cases only	1
Democratic Republic of the Congo	3	1	0	0	Imported cases only	0
Kenya	3	0	0	0	Local transmission	1
Namibia	2	0	0	0	Imported cases only	3
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	3
Congo	1	0	0	0	Imported cases only	2
Equatorial Guinea	1	0	0	0	Imported cases only	3
Eswatini	1	0	0	0	Imported cases only	3
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	3
Togo	1	0	0	0	Imported cases only	10
United Republic of Tanzania	1	1	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
Territories**						
Réunion	9	0	0	0	Imported cases only	2
Mayotte	1	0	0	0	Imported cases only	3
Subtotal for all regions	190415	15123	7800	786		
International conveyance (Diamond Princess)	712	0	7	0	Local transmission	2
Grand total	191127	15123	7807	786		

*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 (8 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 differences in reporting methods, retrospective data consolidation, and reporting delays, the number of new cases may not always 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)

169 WHO member countries and areas affected

Over previous 24 hours:

- 15,123 new cases and 786 deaths globally
 - EURO has 72% of new cases; PAHO has 15%
- 1 new countries/territories/areas reporting cases
- Countries reporting most cases: Italy (+4,207), US (+3,551), Spain (+2,538), Germany (+2,186), Iran (+1,192), France (+1,079)
- Eleven countries reported more than one hundred cases, eight from WHO/EUR and one each from WHO/AMR (PAHO), WHO/EMR, and WHO/WPR: United Kingdom (+672), Austria (+514), Switzerland (+353), Norway (+254), Belgium (+243), Portugal (+194), Canada (+145), Israel (+123), Malaysia (+120), Sweden (+112), and Saudi Arabia (+105)

Total (new) cases and deaths by region:

	Global	WPRO	EURO	SEARO	EMRO	PAHO	AFRO
Total (new) cases	191,127 (15,123)	91,845 (312)	74,760 (10,911)	538 (63)	18,060 (1552)	4,9179 (2,243)	233 (42)
Total (new) deaths	7,807 (786)	3,357 (23)	3,108 (428)	9 (1)	1010 (140)	68 (18)	4 (0)

- Sustained local transmission in China, Korea, Iran, Japan, Europe, North America
- Regional spread in European, Eastern Mediterranean, Americas regions
- Most countries in WPRO (92%), EURO (75%), SEARO (75%) have reported local transmission
- African countries predominantly reporting imported cases (76%), likely because of limited testing capacity
 - Burkina Faso reports Sub-Saharan Africa's first coronavirus death (early report)
- Provisional WHO numbers for 3/19/20: more than 200K will be reported in official numbers today (208,708 cases and 8,663 deaths)

Top countries reporting cases:

Italy – since last Sit Rep, 35,713 cases, 2,978 deaths

- • Today was Italy's biggest single-day increase of cases (CNN)
- • PM announced community measures ("lockdown") will be extended beyond the end of March

Iran – since last Sit Rep, 17,361 cases, 1135 deaths

Spain – since last Sit Rep, 13,716 cases, 598 deaths

France – since last Sit Rep, 9,134 cases, 244 deaths

South Korea – since last Sit rep, 8,413 cases, 84 deaths

- • Forth day with fewer than 100 infections

Germany – since last Sit Rep 8,198 cases, 12 deaths

Switzerland – since last Sit Rep, 2,772 cases, 21 deaths

UK – since last Sit Rep, 2,626 cases, 103 deaths

- • Schools will close after Friday 3/20; children of healthcare workers and essential professions will continue to go to school
- • London Underground discourages people from using services

Other:

- Air Canada will gradually suspend majority of international and US trans-border flights to non-essential traffic per media reports
- China: for five days now, imported infections have outnumbered cases of local transmission
 - Early reports for 3/19/20: will report no cases of local transmission, only imported cases
- Jordan's capital (Amman) placed in lockdown by military, only authorized personnel will be able to cross checkpoints in and out of city
- Partial or complete border closures implemented in several countries and regions (e.g., EU, Israel, Jordan, Nigeria, Brazil, US/Canada, Australia, New Zealand) per media reports
 - UAE to ban return of ex-pats/foreign residents for 14 days, banned emratis from traveling abroad
- Israel using cell phone data to notify contacts and need for self-isolation (end date of isolation also provided in message); civil rights groups have raised concerns
- Canada – 680 cases; 8 deaths

- British Colombia (231 cases); Ontario (214 cases); Alberta (119 cases); Quebec (94 cases); New Brunswick (3); Saskatchewan (2); Prince Edward Island (1); Manitoba (7); Repatriations (9)
- Mexico – 118 cases:
 - CDMX (25); Sinaloa (2); Queretaro (7); Nuevo Leon (17); Quintana Roo (6); Yucatan (8); Puebla (10); Coahuila (1); Chiapas (1); State of Mexico (10); Durango (3); San Luis Potosi (3); Jalisco (6); Oaxaca (2); Tamaulipas (2); Sonora (1); Chihuahua (1); Guanajuato (4); Aguascalientes (1); Guerrero (2); Baja California (2); Veracruz (2); Colima (1); Tabasco (1)
 - Number of cases in border states: 22
 - Announces first death, while few containment measures are in place (media)

Very Respectfully,

Secretary's Operations Center

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 Assistant Secretary for Preparedness and Response (ASPR)
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Subject:	CDC COVID-19 Update March 19, 2020
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COVID-19 Response update Mar 19, 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 (Confirmed Cases)

(Data as of 03:00 ET 19 Mar)

Jurisdictions = 55 50 states + DC, NYC, Guam, PR, and USVI	Total Cases*	Total Deaths**	New Cases**	New Deaths**
Alabama	51	0	12	0
Alaska	6	0	0	0
Arizona	27	0	7	0
Arkansas	37	0	15	0
California	849	17	158	4
Colorado	216	2	33	0
Connecticut	96	1	28	1
Delaware	26	0	10	0
Florida	299	8	104	1
Georgia	197	3	51	2
Hawaii	16	0	3	0
Idaho	11	0	2	0
Illinois	289	1	129	0
Indiana	39	2	9	0
Iowa	38	0	9	0
Kansas	21	1	5	0
Kentucky	35	1	9	0
Louisiana	280	8	84	4
Maine	43	0	11	0
Maryland	85	1	28	1
Massachusetts	256	0	38	0
Michigan	110	1	45	1

Jurisdictions = 55 50 states + DC, NYC, Guam, PR, and USVI	Total Cases*	Total Deaths**	New Cases**	New Deaths**
Minnesota	77	0	17	0
Mississippi	34	0	13	0
Missouri	24	1	11	1
Montana	12	0	3	0
Nebraska	27	0	3	0
Nevada	83	1	28	0
New Hampshire	39	0	13	0
New Jersey	427	5	160	2
New Mexico	28	0	5	0
New York (excluding NYC)	1043	9	313	5
New York City	1871	11	1057	4
North Carolina	92	0	45	0
North Dakota	7	0	2	0
Ohio	88	0	21	0
Oklahoma	33	0	14	0
Oregon	75	3	10	2
Pennsylvania	133	1	37	1
Rhode Island	33	0	10	0
South Carolina	60	1	13	0
South Dakota	11	1	0	0
Tennessee	98	0	25	0
Texas	193	2	80	1
Utah	53	0	12	0
Vermont	19	0	9	0
Virginia	77	2	10	0
Washington	1187	67	175	15
West Virginia	2	0	1	0
Wisconsin	106	0	34	0
Wyoming	18	0	3	0
American Samoa	0	0	0	0
District of Columbia	39	0	8	0
Guam	5	0	0	0
Northern Mariana Islands	0	0	0	0
Palau	0	0	0	0
Puerto Rico*	2	0	0	0
U.S. Virgin Islands	3	0	1	0
Federated States of Micronesia	0	0	0	0
Republic of Marshall Islands	0	0	0	0
Total	9026	150	2923	45

*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 16 Mar: 37

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	290
Close contact with known case	310
Under investigation	8426
Total cases	9026

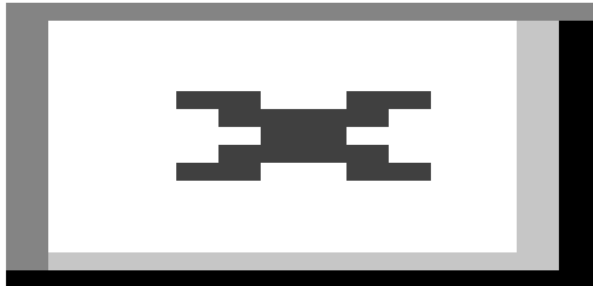
*These data represent cases detected and tested in the United States through U.S. public health surveillance systems since January 21, 2020. This includes confirmed cases reported to CDC. It does not include people who returned to the U.S. via State Department-chartered flights (Hubei or Diamond Princess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

Other Situational Awareness

Healthcare workers in U.S. Case-Count (N=144)

- 17 Travel-related
- 29 Close contact with known case
- 98 Under investigation

Domestic Updates – Notes from the Field



Source: Preparedness Workforce Management System (PWMS)

* CERT – CDC Emergency Response Team

Updates from Field Teams

California

- Cases in Santa Clara are increasing daily
- New cases have developed in San Mateo, near Santa Clara, including in several LCTFs; the Santa Clara team conducted an on-site assessment and TA session in San Mateo and will be moving some field staff to San Mateo for a few days
- All Santa Clara surveillance data now in CalRedie
- Shelter in place in Bay Area including these counties

Colorado

- 216 total cases, 2 confirmed deaths, 4 deaths in probable COVID cases, one is being tested but no results yet
- Emerging problem areas for outbreak (ex LTCF)
 - 16 facilities, including LTCF, ALF, dialysis, home health, pulmonary rehab facility are under investigation. One LTCF has a confirmed outbreak
 - A low-income apartment building in providing housing to retired and developmentally disabled individuals has a confirmed case.
 - Multiple persons experiencing homelessness who have tested positive in the Denver metro area. No clusters at this time as far as we know.
- Community mitigation: closures
 - Working on a response approach for LTCFs.
 - Appreciated the WA MMWR that was published today.
- Logistical issues: shortages with PPE, testing supplies, etc.
 - Testing turnaround time is increasing at the state and commercial laboratories.

- • Read on health system resources
- • Other
 - • Lab and case reporting is now transmitted through Co's surveillance and ELR systems to local jurisdictions and providers.

Georgia

- • CDC activities:
 - • CDC staff person is analyzing the testing request dataset to help GADPH better understand requests from providers for testing that were approved and denied and to understand the number of samples being sent to GADPHL
- • Testing:
 - • The laboratory anticipates being able to increase its daily testing capacity from 130 to 200 this week
 - • 13 drive thru testing sites have been set up – at least one was overwhelmed and shut down early
 - • Rumors are circulating that after ARUP had stopped receiving samples for testing, that LabCorps may be stopping also.
 - • Messaging coming out about prioritizing testing.
- • Communication to districts re containment vs mitigation:
 - • Recognition that there is a lot of variation across districts with regard to community transmission and that there cannot yet be one message about where to focus efforts for the entire state.

Nebraska

- • 6 new cases in the past 24 hours, 24 total, 0 deaths
- • State is moving toward community transmission mitigation strategy, stronger recommendations of store and school closures
- • CDC lab staff tasks:
 - • developing a laboratory protocol for NPHL for use of the Roche MagNA Pure LC in nucleic acid extraction towards SARS-CoV-2 testing
 - • Continuing to work on a basic inventory spreadsheet with some projection calculations for NPHL to help track their critical reagents and supplies needed for SARS-CoV-2 testing.
 - • Spoke to IRR about the current backlogged orders from NPHL and helpful ways to prioritize and expedite our orders.
 - • Continuing to inquire with Qiagen for procurement of another automated extraction instrument to help diversify the testing platforms at NPHL

New York

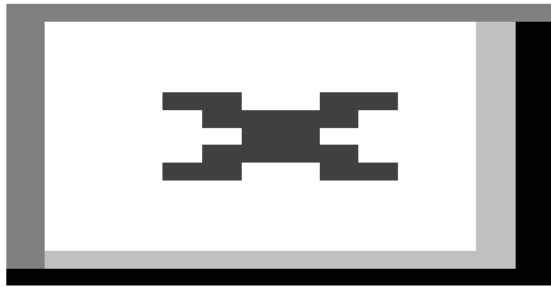
- • Due to discrepancies between state and county case numbers, case counts between NY State and NYC may differ.
 - • 2,382 cases statewide (NYC=1,339, Westchester=538) spanning 30 counties.
 - • 20 deaths (+8)
 - • 548 (23%) currently hospitalized
- • There are 15 LTCF and 1 assisted living facility with COVID-19 cases; 63 health care facilities (including hospitals) with known HCW exposure

- • NY team continues to provide IPC guidance to nursing homes affected by COVID-19 and piloted a rapid tele-assessment tool, named *COVID-19 Video Evaluation and Outreach (COVIDEO)*, created to disseminate IPC information and assess IPC practices at nursing homes and assisted living facilities
- • Team investigating a *COVID outbreak in a dialysis center* associated with a nursing home with multiple confirmed COVID-19 patients
- • Team investigating *possibility for COVID transmission in a 57-resident group home for developmentally disabled persons (8-21 years of age)* where there are two current cases and one PUI, including potential exposure of up to 250 group housing staff.
- • Community Mitigation: Gov Cuomo issued an executive order directing non-essential businesses to implement work from home policies, businesses that require in-office personnel must decrease in-office workforce by 50% (exceptions include shipping industry, warehouses, grocery and food production, pharmacies, media, banks and related financial institutions, and businesses essential to supply chain. Gov Cuomo is meeting with Army Corp of Engineers to discuss hospital surge capacity.
- • Governor Cuomo announced the *USNS Comfort will be deployed to New York harbor and is expected to arrive in April* to increase New York's hospital surge capacity.

Washington

****Please note that SKC is transitioning into using the state reporting system exclusively starting 18 Mar – this may disrupt our case counts and reporting style.*

- • 562 confirmed cases (*up 44* from yesterday).
- • 56 confirmed deaths (*up 10* from yesterday)
 - • 5 confirmed death report in a resident of Life Care.
 - • 4 confirmed death reported across various facilities and/or pending investigation.
 - • 1 confirmed death reported from a facility in Federal Way. Please note that we have yet to determine the residency of the deceased prior to their move to the AFH (3 days prior to death).
- • MMWR article on COVID-19 outbreak in the first LTCF published today
- • Team continues to support SKC remotely
- • See epi-curve below



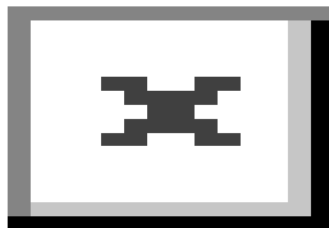
Wisconsin

- • Cases and deaths
 - • Wisconsin has reported 106 cases; however, we are aware of 2 additional cases that have not been officially reported for a total of 108 cases
 - • 14 of the 108 cases are in Fond du Lac (FDL) County
 - • 47 of the 108 cases are in Milwaukee County, which is an increase from 24 cases officially reported on 17 Mar
 - • No deaths have been reported in the state
- • Emerging problem areas for outbreak (ex LTCF)
 - • Healthcare worker (HCW) exposure event in Milwaukee. Surgeon tested positive, his wife who is also a surgeon and worked at 2 additional hospitals is symptomatic with test result pending.
- • Community mitigation
 - • Wisconsin governor shuts malls, bars, and restaurants and limits gatherings to no more than 10
- • Logistical issues
 - • Plan to purchase labels, ice packs, and coolers
- • Read on health system resources
 - • Local Milwaukee hospital is conducting planning exercise and intends to share with other local hospitals
- • Other
 - • We had a follow-up conference call today with Children's Hospital of Wisconsin, Wauwatosa HD, North Shore HD, and WI DHS to discuss updates and plans for the team
 - • 1-2 team members will visit the hospital tomorrow morning and assess needs, including possibly attending a preparedness meeting on Friday
 - • 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

Domestic Updates – Laboratory

Data as of 18 Mar (unless otherwise specified)

- • 89 public-health labs now up and running with CDC assay (50 states plus DC, Guam and Puerto Rico)
 - • 87/89 are using the CDC EUA assay. Two PHLs (NYS and NYC) are using the New York SARS-CoV-2 Real-time Reverse Transcriptase (RT)-PCR Diagnostic Panel (Wadsworth Center, NYSDOH).
- • 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



Partial count for 3/18: 22,659

	Cutoff time	Total Ordered (or Accessioned)	Total with Results	Positive
Selected Commercial Labs	18 Mar 14:30	144,851	32,204	3,238 (10.1%)
CDC	18 Mar 16:00	5851*	4743*	1144 (24%)*
State/Local Public-Health Labs	18 Mar 16:00	N/A	40,367	4,016 (9.9%)

* Since 14 March, FDA has no longer been requiring confirmatory testing at CDC for specimens tested at state PHLs; for that reason, these numbers are unlikely to change much going forward as CDC labs redirect towards other COVID-19 priorities, including testing alternative extraction methods; the higher proportion positive here reflects the large amount of confirmatory testing that has been done at CDC; the 4743 results represent 1577 patients.

IRR Reagents	Data as of 18 Mar (09:00)			
	Ordered	Shipped	Approved	Inventory
CDC rRT-PCR Kits	497	394	103	206
Human Specimen Controls (Negative)	321	279	42	440
EUA Positive Controls	127	82	45	82

IRR Reagents	Data as of 18 Mar (09:00)			
	Ordered	Shipped	Approved	Inventory
Enzyme Mastermix	637	516	121	688
Qiagen – Manual Extraction Kit	1165	801	364	93
Qiagen – Automated Extraction Kit	466	188	278	0
Roche – Automated Extraction Kit	297	0	297	226
Roche – High-throughput Extraction Kit	40	14	26	157

IRR reagent update – Reagents above 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 17 Mar

Airport Entry Screening

- 58,744* 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 17 Mar
 - • Air travelers screened: 398
 - • Hospital Referrals: 1
 - o • JFK: Ill traveler from UK (tourist on outbound flight)
 - • 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 17 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](#))

Widespread ongoing spread (Level 3)

- • South Korea ([Level 3](#))
- • Malaysia ([Level 3](#))
- • Cruise ([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

- • Global Level 3 Travel Notice being cleared and readied in case State Department decides to post their Global Level 4
- • Updating traveler health advisory notice (THAN) so that it may be given to all travelers arriving in the US at international airport terminals and updating websites with same changes

- • Continuing issuance of legal quarantine orders for Grand Princess passengers
 - • Updating protocols based on new guidance

Cruise Ship Updates

Data as of 18 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 (non-AMCIT)	Brazil; charter flight to Miami planned (evening of 19 Mar)
Silver Explorer	45	1 (non-AMCIT)	Chile; two charter flights One charter for 37 well passengers (arrived @ 11am on 18 Mar in Miami) Epi-X sent to states on 18 Mar One medical ambulance planned for 8 ill persons
Celebrity Eclipse	1165	unknown	Denied port in Chile; to sail to San Diego (~27 Mar)
Azamara Pursuit	265	unknown	Denied port while in Chile; will get provisions and plan to sail to Miami (~27 Mar)

Grand Princess Summary

data as of 17 Mar 2020

-

COVID-19 Status

- 37 total positives (including 21 original); 16 of these are in U.S. residents
 - 3 Asimolar
 - 22 San Carlos-Fairfield
 - 3 Travis
 - 4 Miramar
 - 4 Currently hospitalized
 - 1 Other
- Of 37 positives
 - 7 CA residents
 - 9 non-CA residents
 - 21 foreign nationals (crew)

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 19:00 EST, 17 Mar 2020 [Source: [WHO SitRep - 58](#)]

WHO Region	Confirmed Cases	New Cases	Deaths	New Deaths
Western Pacific (WPRO)	91845	312	3357	23
European (EURO)	74760	10911	3352	604
South-East Asia (SEARO)	538	63	9	1
Eastern Mediterranean (EMRO)	18,060	1552	1010	140
Americas (PAHO)	4979	2243	68	18
African (AFRO)	233	42	4	0
Subtotal for all regions	190415	15123	7800	786
International Conveyance (Diamond Princess)	712	0	7	0
Total	191127	15123	7807	786

*Starting 17 Mar, WHO stopped reporting cases by 'China' and 'Outside of China' and began reporting cases by WHO Regions.

The [China NHC Update](#) reports Hong Kong has 167 cases (0 new), 4 deaths (0 new) as of 18 Mar 2020.

**As of 18 Mar, WHO changed their COVID-19 SitRep to reflect data as of midnight local time (CET). As such, there is an overlap of data with WHO SitRep 57, and the number of new cases may not equal the difference between total cases in the two reports.

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

Data as of 19:00 EST, 17 Mar 2020* [Source: [WHO SitRep - 58](#)]

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	0	0	0	Imported cases only	1

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
Territories**												
French Polynesia							3	0	0	0	Imported cases only	2
French Polynesia	3	0	0	0	Imported cases only	2						
Guam	3	3	0	0	Local transmission	0						
Guam							3	3	0	0	Local transmission	0
European Region												
Italy							31506	3526	2503	345	Local transmission	0
Spain							11178	1987	491	182	Local transmission	0
France							7652	1079	175	27	Local transmission	0
Germany							7156	1144	13	0	Local transmission	0
Switzerland							2650	450	14	5	Local transmission	0
The United Kingdom							1954	407	55	5	Local transmission	0
Netherlands							1705	292	43	19	Local transmission	0
Belgium							1486	401	14	9	Local transmission	0
Austria							1332	373	3	2	Local transmission	0
Norway							1308	139	3	0	Local transmission	0
Sweden							1167	108	3	0	Local transmission	0
Denmark							977	79	4	3	Local transmission	0
Portugal							448	117	1	1	Local transmission	0
Czechia							434	136	0	0	Local transmission	0
Greece							387	56	4	0	Local transmission	0
Finland							319	47	0	0	Local transmission	0
Israel							304	0	0	0	Local transmission	1
Ireland							292	69	2	0	Local transmission	0
Slovenia							275	22	1	1	Local transmission	0
Poland							246	96	5	2	Local transmission	0
Estonia							225	20	0	0	Local transmission	0
Iceland							225	45	0	0	Local transmission	0
Romania							184	26	0	0	Local transmission	0
Luxembourg							140	59	1	0	Local transmission	0
San Marino							104	2	11	2	Local transmission	0
Slovakia							97	25	0	0	Local transmission	0
Russian Federation							93	0	0	0	Imported cases only	1
Bulgaria							81	14	2	0	Local transmission	0
Serbia††							85	23	0	0	Local transmission	0
Croatia							65	9	0	0	Local transmission	0
Latvia							60	24	0	0	Imported cases only	0
Albania							55	4	1	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
Armenia	52	0	0	0	Local transmission	1
Hungary	50	11	1	0	Local transmission	0
Turkey	47	0	0	0	Imported cases only	1
Malta	38	8	0	0	Imported cases only	0
Belarus	36	0	0	0	Local transmission	1
Georgia	34	1	0	0	Imported cases only	0
Cyprus	33	0	0	0	Imported cases only	1
Kazakhstan	33	27	0	0	Imported cases only	0
North Macedonia	31	12	0	0	Local transmission	0
Republic of Moldova	30	1	0	0	Local transmission	0
Lithuania	25	8	0	0	Imported cases only	0
Azerbaijan	21	0	0	0	Imported cases only	2
Bosnia and Herzegovina	19	0	0	0	Local transmission	2
Andorra	16	2	0	0	Imported cases only	0
Uzbekistan	16	12	0	0	Imported cases only	0
Ukraine	14	9	2	1	Local transmission	0
Monaco	9	0	0	0	Under investigation	1
Liechtenstein	7	0	0	0	Imported cases only	1
Montenegro	2	2	0	0	Imported cases only	0
Holy See	1	0	0	0	Under investigation	11
Territories**						
Faroe Islands	47	36	0	0	Imported cases only	0
Jersey	5	3	0	0	Imported cases only	0
Gibraltar	3	0	0	0	Under investigation	1
Guernsey	1	0	0	0	Imported cases only	8
South-East Asia Region						
Thailand	177	30	1	0	Local transmission	0
Indonesia	172	0	5	0	Local transmission	1
India	137	23	3	1	Local transmission	0
Sri Lanka	29	10	0	0	Local transmission	0
Maldives	13	0	0	0	Local transmission	2
Bangladesh	8	0	0	0	Local transmission	1
Bhutan	1	0	0	0	Imported cases only	11
Nepal	1	0	0	0	Imported cases only	54
Eastern Mediterranean Region						
Iran (Islamic Republic of)	16169	1178	988	135	Local transmission	0
Qatar	442	41	0	0	Local transmission	0
Bahrain	237	16	1	0	Local transmission	0
Pakistan	187	134	0	0	Imported cases only	0
Saudi Arabia	171	38	0	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
Egypt	166	40	4	2	Local transmission	0
Iraq	154	30	11	2	Local transmission	0
Kuwait	130	7	0	0	Local transmission	0
Lebanon	120	21	3	0	Local transmission	0
United Arab Emirates	98	0	0	0	Local transmission	2
Morocco	38	9	2	1	Local transmission	0
Jordan	35	29	0	0	Imported cases only	0
Oman	24	2	0	0	Imported cases only	0
Tunisia	24	4	0	0	Local transmission	0
Afghanistan	22	1	0	0	Imported cases only	0
Somalia	1	0	0	0	Imported cases only	1
Sudan	1	0	1	0	Imported cases only	3
Territories**						
occupied Palestinian territory	41	2	0	0	Local transmission	0
Region of the Americas						
United States of America	3536	1822	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
Mexico	82	29	0	0	Imported cases only	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
Colombia	45	11	0	0	Local transmission	0
Costa Rica	41	6	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
Jamaica	12	2	0	0	Local transmission	0
Bolivia (Plurinational State of)	11	0	0	0	Imported cases only	1
Paraguay	9	1	0	0	Local transmission	0
Honduras	8	6	0	0	Imported cases only	0
Guatemala	6	5	1	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	2
Saint Lucia	2	0	0	0	Imported cases only	2
Antigua and Barbuda	1	0	0	0	Imported cases only	4
Bahamas	1	1	0	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
Saint Vincent and the Grenadines	1	0	0	0	Imported cases only	4
Suriname	1	0	0	0	Imported cases only	2
Territories**						
Guadeloupe	18	12	0	0	Imported cases only	0
Martinique	16	0	0	0	Imported cases only	1
French Guiana	7	0	0	0	Imported cases only	3
Curacao	3	1	0	0	Imported cases only	0
Puerto Rico	3	0	0	0	Imported cases only	3
Saint Barthélemy	3	0	0	0	Under investigation	2
Aruba	2	2	0	0	Imported cases only	0
Saint Martin	2	0	0	0	Under investigation	15
United States Virgin Islands	2	1	0	0	Imported cases only	0
Cayman Islands	1	0	1	0	Imported cases only	4
African Region						
South Africa	62	11	0	0	Local transmission	0
Algeria	60	11	4	0	Local transmission	0
Senegal	27	1	0	0	Local transmission	0
Burkina Faso	20	5	0	0	Imported cases only	0
Rwanda	7	2	0	0	Local transmission	0
Cote d'Ivoire	6	3	0	0	Imported cases only	0
Ghana	6	4	0	0	Imported cases only	0
Cameroon	5	0	0	0	Local transmission	1
Ethiopia	5	1	0	0	Imported cases only	0
Seychelles	4	0	0	0	Imported cases only	1
Democratic Republic of the Congo	3	1	0	0	Imported cases only	0
Kenya	3	0	0	0	Local transmission	1
Namibia	2	0	0	0	Imported cases only	3
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	3
Congo	1	0	0	0	Imported cases only	2
Equatorial Guinea	1	0	0	0	Imported cases only	3
Eswatini	1	0	0	0	Imported cases only	3
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	3
Togo	1	0	0	0	Imported cases only	10
United Republic of Tanzania	1	1	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
Territories**						
Réunion	9	0	0	0	Imported cases only	2
Mayotte	1	0	0	0	Imported cases only	3
Subtotal for all regions	190415	15123	7800	786		
International conveyance (Diamond Princess)	712	0	7	0	Local transmission	2
Grand total	191127	15123	7807	786		

*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 (8 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 differences in reporting methods, retrospective data consolidation, and reporting delays, the number of new cases may not always 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)

169 WHO member countries and areas affected

Over previous 24 hours:

- 15,123 new cases and 786 deaths globally
 - EURO has 72% of new cases; PAHO has 15%
- 1 new countries/territories/areas reporting cases
- Countries reporting most cases: Italy (+4,207), US (+3,551), Spain (+2,538), Germany (+2,186), Iran (+1,192), France (+1,079)
- Eleven countries reported more than one hundred cases, eight from WHO/EUR and one each from WHO/AMR (PAHO), WHO/EMR, and WHO/WPR: United Kingdom (+672), Austria (+514), Switzerland (+353), Norway (+254), Belgium (+243), Portugal (+194), Canada (+145), Israel (+123), Malaysia (+120), Sweden (+112), and Saudi Arabia (+105)

Total (new) cases and deaths by region:

	Global	WPRO	EURO	SEARO	EMRO	PAHO	AFRO
Total (new) cases	191,127 (15,123)	91,845 (312)	74,760 (10,911)	538 (63)	18,060 (1552)	4,9179 (2,243)	233 (42)
Total (new) deaths	7,807 (786)	3,357 (23)	3,108 (428)	9 (1)	1010 (140)	68 (18)	4 (0)

- Sustained local transmission in China, Korea, Iran, Japan, Europe, North America
- Regional spread in European, Eastern Mediterranean, Americas regions
- Most countries in WPRO (92%), EURO (75%), SEARO (75%) have reported local transmission
- African countries predominantly reporting imported cases (76%), likely because of limited testing capacity
 - Burkina Faso reports Sub-Saharan Africa's first coronavirus death (early report)
- Provisional WHO numbers for 3/19/20: more than 200K will be reported in official numbers today (208,708 cases and 8,663 deaths)

Top countries reporting cases:

Italy – since last Sit Rep, 35,713 cases, 2,978 deaths

- • Today was Italy's biggest single-day increase of cases (CNN)
- • PM announced community measures ("lockdown") will be extended beyond the end of March

Iran – since last Sit Rep, 17,361 cases, 1135 deaths

Spain – since last Sit Rep, 13,716 cases, 598 deaths

France – since last Sit Rep, 9,134 cases, 244 deaths

South Korea – since last Sit rep, 8,413 cases, 84 deaths

- • Forth day with fewer than 100 infections

Germany – since last Sit Rep 8,198 cases, 12 deaths

Switzerland – since last Sit Rep, 2,772 cases, 21 deaths

UK – since last Sit Rep, 2,626 cases, 103 deaths

- • Schools will close after Friday 3/20; children of healthcare workers and essential professions will continue to go to school
- • London Underground discourages people from using services

Other:

- Air Canada will gradually suspend majority of international and US trans-border flights to non-essential traffic per media reports
- China: for five days now, imported infections have outnumbered cases of local transmission
 - Early reports for 3/19/20: will report no cases of local transmission, only imported cases
- Jordan's capital (Amman) placed in lockdown by military, only authorized personnel will be able to cross checkpoints in and out of city
- Partial or complete border closures implemented in several countries and regions (e.g., EU, Israel, Jordan, Nigeria, Brazil, US/Canada, Australia, New Zealand) per media reports
 - UAE to ban return of ex-pats/foreign residents for 14 days, banned emratis from traveling abroad
- Israel using cell phone data to notify contacts and need for self-isolation (end date of isolation also provided in message); civil rights groups have raised concerns
- Canada – 680 cases; 8 deaths

- British Colombia (231 cases); Ontario (214 cases); Alberta (119 cases); Quebec (94 cases); New Brunswick (3); Saskatchewan (2); Prince Edward Island (1); Manitoba (7); Repatriations (9)
- Mexico – 118 cases:
 - CDMX (25); Sinaloa (2); Queretaro (7); Nuevo Leon (17); Quintana Roo (6); Yucatan (8); Puebla (10); Coahuila (1); Chiapas (1); State of Mexico (10); Durango (3); San Luis Potosi (3); Jalisco (6); Oaxaca (2); Tamaulipas (2); Sonora (1); Chihuahua (1); Guanajuato (4); Aguascalientes (1); Guerrero (2); Baja California (2); Veracruz (2); Colima (1); Tabasco (1)
 - Number of cases in border states: 22
 - Announces first death, while few containment measures are in place (media)

Very Respectfully,

Secretary's Operations Center

U.S. Department of Health and Human Services (HHS)
 Assistant Secretary for Preparedness and Response (ASPR)
 200 Independence Ave. S.W.
 Washington D.C. 20201
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Recipient:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Sent Date:	2020/03/19 07:35:46
Delivered Date:	2020/03/19 07:36:00

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To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	CDC COVID-19 Update March 19, 2020
Date:	2020/03/19 07:36:04
Priority:	Normal
Type:	Note

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COVID-19 Response update Mar 19, 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 (Confirmed Cases)

(Data as of 03:00 ET 19 Mar)

Jurisdictions = 55 50 states + DC, NYC, Guam, PR, and USVI	Total Cases*	Total Deaths**	New Cases**	New Deaths**
Alabama	51	0	12	0
Alaska	6	0	0	0
Arizona	27	0	7	0
Arkansas	37	0	15	0
California	849	17	158	4
Colorado	216	2	33	0
Connecticut	96	1	28	1
Delaware	26	0	10	0
Florida	299	8	104	1
Georgia	197	3	51	2
Hawaii	16	0	3	0
Idaho	11	0	2	0
Illinois	289	1	129	0
Indiana	39	2	9	0
Iowa	38	0	9	0
Kansas	21	1	5	0
Kentucky	35	1	9	0
Louisiana	280	8	84	4
Maine	43	0	11	0
Maryland	85	1	28	1
Massachusetts	256	0	38	0
Michigan	110	1	45	1

Jurisdictions = 55 50 states + DC, NYC, Guam, PR, and USVI	Total Cases*	Total Deaths**	New Cases**	New Deaths**
Minnesota	77	0	17	0
Mississippi	34	0	13	0
Missouri	24	1	11	1
Montana	12	0	3	0
Nebraska	27	0	3	0
Nevada	83	1	28	0
New Hampshire	39	0	13	0
New Jersey	427	5	160	2
New Mexico	28	0	5	0
New York (excluding NYC)	1043	9	313	5
New York City	1871	11	1057	4
North Carolina	92	0	45	0
North Dakota	7	0	2	0
Ohio	88	0	21	0
Oklahoma	33	0	14	0
Oregon	75	3	10	2
Pennsylvania	133	1	37	1
Rhode Island	33	0	10	0
South Carolina	60	1	13	0
South Dakota	11	1	0	0
Tennessee	98	0	25	0
Texas	193	2	80	1
Utah	53	0	12	0
Vermont	19	0	9	0
Virginia	77	2	10	0
Washington	1187	67	175	15
West Virginia	2	0	1	0
Wisconsin	106	0	34	0
Wyoming	18	0	3	0
American Samoa	0	0	0	0
District of Columbia	39	0	8	0
Guam	5	0	0	0
Northern Mariana Islands	0	0	0	0
Palau	0	0	0	0
Puerto Rico*	2	0	0	0
U.S. Virgin Islands	3	0	1	0
Federated States of Micronesia	0	0	0	0
Republic of Marshall Islands	0	0	0	0
Total	9026	150	2923	45

*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 16 Mar: 37

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	290
Close contact with known case	310
Under investigation	8426
Total cases	9026

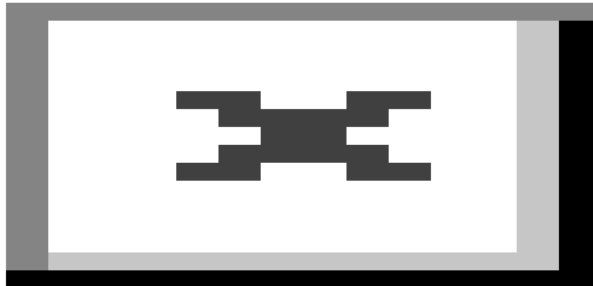
*These data represent cases detected and tested in the United States through U.S. public health surveillance systems since January 21, 2020. This includes confirmed cases reported to CDC. It does not include people who returned to the U.S. via State Department-chartered flights (Hubei or Diamond Princess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

Other Situational Awareness

Healthcare workers in U.S. Case-Count (N=144)

- 17 Travel-related
- 29 Close contact with known case
- 98 Under investigation

Domestic Updates – Notes from the Field



Source: Preparedness Workforce Management System (PWMS)

* CERT – CDC Emergency Response Team

Updates from Field Teams

California

- Cases in Santa Clara are increasing daily
- New cases have developed in San Mateo, near Santa Clara, including in several LTCFs; the Santa Clara team conducted an on-site assessment and TA session in San Mateo and will be moving some field staff to San Mateo for a few days
- All Santa Clara surveillance data now in CalRedie
- Shelter in place in Bay Area including these counties

Colorado

- 216 total cases, 2 confirmed deaths, 4 deaths in probable COVID cases, one is being tested but no results yet
- Emerging problem areas for outbreak (ex LTCF)
 - 16 facilities, including LTCF, ALF, dialysis, home health, pulmonary rehab facility are under investigation. One LTCF has a confirmed outbreak
 - A low-income apartment building in providing housing to retired and developmentally disabled individuals has a confirmed case.
 - Multiple persons experiencing homelessness who have tested positive in the Denver metro area. No clusters at this time as far as we know.
- Community mitigation: closures
 - Working on a response approach for LTCFs.
 - Appreciated the WA MMWR that was published today.
- Logistical issues: shortages with PPE, testing supplies, etc.
 - Testing turnaround time is increasing at the state and commercial laboratories.

- • Read on health system resources
- • Other
 - • Lab and case reporting is now transmitted through Co's surveillance and ELR systems to local jurisdictions and providers.

Georgia

- • CDC activities:
 - • CDC staff person is analyzing the testing request dataset to help GADPH better understand requests from providers for testing that were approved and denied and to understand the number of samples being sent to GADPHL
- • Testing:
 - • The laboratory anticipates being able to increase its daily testing capacity from 130 to 200 this week
 - • 13 drive thru testing sites have been set up – at least one was overwhelmed and shut down early
 - • Rumors are circulating that after ARUP had stopped receiving samples for testing, that LabCorps may be stopping also.
 - • Messaging coming out about prioritizing testing.
- • Communication to districts re containment vs mitigation:
 - • Recognition that there is a lot of variation across districts with regard to community transmission and that there cannot yet be one message about where to focus efforts for the entire state.

Nebraska

- • 6 new cases in the past 24 hours, 24 total, 0 deaths
- • State is moving toward community transmission mitigation strategy, stronger recommendations of store and school closures
- • CDC lab staff tasks:
 - • developing a laboratory protocol for NPHL for use of the Roche MagNA Pure LC in nucleic acid extraction towards SARS-CoV-2 testing
 - • Continuing to work on a basic inventory spreadsheet with some projection calculations for NPHL to help track their critical reagents and supplies needed for SARS-CoV-2 testing.
 - • Spoke to IRR about the current backlogged orders from NPHL and helpful ways to prioritize and expedite our orders.
 - • Continuing to inquire with Qiagen for procurement of another automated extraction instrument to help diversify the testing platforms at NPHL

New York

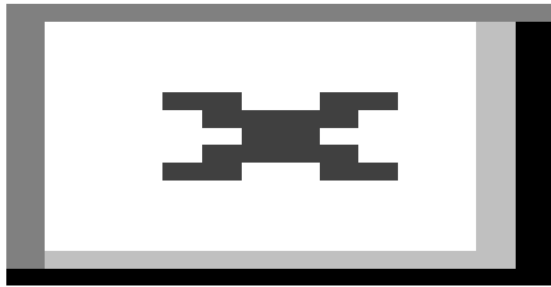
- • Due to discrepancies between state and county case numbers, case counts between NY State and NYC may differ.
 - • 2,382 cases statewide (NYC=1,339, Westchester=538) spanning 30 counties.
 - • 20 deaths (+8)
 - • 548 (23%) currently hospitalized
- • There are 15 LTCF and 1 assisted living facility with COVID-19 cases; 63 health care facilities (including hospitals) with known HCW exposure

- • NY team continues to provide IPC guidance to nursing homes affected by COVID-19 and piloted a rapid tele-assessment tool, named *COVID-19 Video Evaluation and Outreach (COVIDEO)*, created to disseminate IPC information and assess IPC practices at nursing homes and assisted living facilities
- • Team investigating a *COVID outbreak in a dialysis center* associated with a nursing home with multiple confirmed COVID-19 patients
- • Team investigating *possibility for COVID transmission in a 57-resident group home for developmentally disabled persons (8-21 years of age)* where there are two current cases and one PUI, including potential exposure of up to 250 group housing staff.
- • Community Mitigation: Gov Cuomo issued an executive order directing non-essential businesses to implement work from home policies, businesses that require in-office personnel must decrease in-office workforce by 50% (exceptions include shipping industry, warehouses, grocery and food production, pharmacies, media, banks and related financial institutions, and businesses essential to supply chain. Gov Cuomo is meeting with Army Corp of Engineers to discuss hospital surge capacity.
- • Governor Cuomo announced the *USNS Comfort will be deployed to New York harbor and is expected to arrive in April* to increase New York's hospital surge capacity.

Washington

****Please note that SKC is transitioning into using the state reporting system exclusively starting 18 Mar – this may disrupt our case counts and reporting style.*

- • 562 confirmed cases (*up 44* from yesterday).
- • 56 confirmed deaths (*up 10* from yesterday)
 - • 5 confirmed death report in a resident of Life Care.
 - • 4 confirmed death reported across various facilities and/or pending investigation.
 - • 1 confirmed death reported from a facility in Federal Way. Please note that we have yet to determine the residency of the deceased prior to their move to the AFH (3 days prior to death).
- • MMWR article on COVID-19 outbreak in the first LTCF published today
- • Team continues to support SKC remotely
- • See epi-curve below



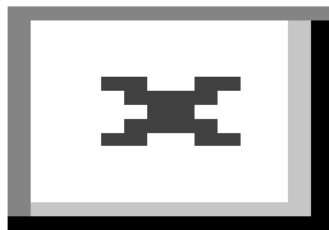
Wisconsin

- • Cases and deaths
 - • Wisconsin has reported 106 cases; however, we are aware of 2 additional cases that have not been officially reported for a total of 108 cases
 - • 14 of the 108 cases are in Fond du Lac (FDL) County
 - • 47 of the 108 cases are in Milwaukee County, which is an increase from 24 cases officially reported on 17 Mar
 - • No deaths have been reported in the state
- • Emerging problem areas for outbreak (ex LTCF)
 - • Healthcare worker (HCW) exposure event in Milwaukee. Surgeon tested positive, his wife who is also a surgeon and worked at 2 additional hospitals is symptomatic with test result pending.
- • Community mitigation
 - • Wisconsin governor shuts malls, bars, and restaurants and limits gatherings to no more than 10
- • Logistical issues
 - • Plan to purchase labels, ice packs, and coolers
- • Read on health system resources
 - • Local Milwaukee hospital is conducting planning exercise and intends to share with other local hospitals
- • Other
 - • We had a follow-up conference call today with Children's Hospital of Wisconsin, Wauwatosa HD, North Shore HD, and WI DHS to discuss updates and plans for the team
 - • 1-2 team members will visit the hospital tomorrow morning and assess needs, including possibly attending a preparedness meeting on Friday
 - • 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

Domestic Updates – Laboratory

Data as of 18 Mar (unless otherwise specified)

- 89 public-health labs now up and running with CDC assay (50 states plus DC, Guam and Puerto Rico)
 - 87/89 are using the CDC EUA assay. Two PHLs (NYS and NYC) are using the New York SARS-CoV-2 Real-time Reverse Transcriptase (RT)-PCR Diagnostic Panel (Wadsworth Center, NYSDOH).
- 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



Partial count for 3/18: 22,659

	Cutoff time	Total Ordered (or Accessioned)	Total with Results	Positive
Selected Commercial Labs	18 Mar 14:30	144,851	32,204	3,238 (10.1%)
CDC	18 Mar 16:00	5851*	4743*	1144 (24%)*
State/Local Public-Health Labs	18 Mar 16:00	N/A	40,367	4,016 (9.9%)

* Since 14 March, FDA has no longer been requiring confirmatory testing at CDC for specimens tested at state PHLs; for that reason, these numbers are unlikely to change much going forward as CDC labs redirect towards other COVID-19 priorities, including testing alternative extraction methods; the higher proportion positive here reflects the large amount of confirmatory testing that has been done at CDC; the 4743 results represent 1577 patients.

IRR Reagents	Data as of 18 Mar (09:00)			
	Ordered	Shipped	Approved	Inventory
CDC rRT-PCR Kits	497	394	103	206
Human Specimen Controls (Negative)	321	279	42	440
EUA Positive Controls	127	82	45	82

IRR Reagents	Data as of 18 Mar (09:00)			
	Ordered	Shipped	Approved	Inventory
Enzyme Mastermix	637	516	121	688
Qiagen – Manual Extraction Kit	1165	801	364	93
Qiagen – Automated Extraction Kit	466	188	278	0
Roche – Automated Extraction Kit	297	0	297	226
Roche – High-throughput Extraction Kit	40	14	26	157

IRR reagent update – Reagents above 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 17 Mar

Airport Entry Screening

- 58,744* 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 17 Mar
 - • Air travelers screened: 398
 - • Hospital Referrals: 1
 - o • JFK: Ill traveler from UK (tourist on outbound flight)
 - • 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 17 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](#))

Widespread ongoing spread (Level 3)

- • South Korea ([Level 3](#))
- • Malaysia ([Level 3](#))
- • Cruise ([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

- • Global Level 3 Travel Notice being cleared and readied in case State Department decides to post their Global Level 4
- • Updating traveler health advisory notice (THAN) so that it may be given to all travelers arriving in the US at international airport terminals and updating websites with same changes

- • Continuing issuance of legal quarantine orders for Grand Princess passengers
 - • Updating protocols based on new guidance

Cruise Ship Updates

Data as of 18 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 (non-AMCIT)	Brazil; charter flight to Miami planned (evening of 19 Mar)
Silver Explorer	45	1 (non-AMCIT)	Chile; two charter flights One charter for 37 well passengers (arrived @ 11am on 18 Mar in Miami) Epi-X sent to states on 18 Mar One medical ambulance planned for 8 ill persons
Celebrity Eclipse	1165	unknown	Denied port in Chile; to sail to San Diego (~27 Mar)
Azamara Pursuit	265	unknown	Denied port while in Chile; will get provisions and plan to sail to Miami (~27 Mar)

Grand Princess Summary

data as of 17 Mar 2020

-

COVID-19 Status

- 37 total positives (including 21 original); 16 of these are in U.S. residents
 - 3 Asimolar
 - 22 San Carlos-Fairfield
 - 3 Travis
 - 4 Miramar
 - 4 Currently hospitalized
 - 1 Other
- Of 37 positives
 - 7 CA residents
 - 9 non-CA residents
 - 21 foreign nationals (crew)

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 19:00 EST, 17 Mar 2020 [Source: [WHO SitRep - 58](#)]

WHO Region	Confirmed Cases	New Cases	Deaths	New Deaths
Western Pacific (WPRO)	91845	312	3357	23
European (EURO)	74760	10911	3352	604
South-East Asia (SEARO)	538	63	9	1
Eastern Mediterranean (EMRO)	18,060	1552	1010	140
Americas (PAHO)	4979	2243	68	18
African (AFRO)	233	42	4	0
Subtotal for all regions	190415	15123	7800	786
International Conveyance (Diamond Princess)	712	0	7	0
Total	191127	15123	7807	786

*Starting 17 Mar, WHO stopped reporting cases by 'China' and 'Outside of China' and began reporting cases by WHO Regions.

[The China NHC Update](#) reports Hong Kong has 167 cases (0 new), 4 deaths (0 new) as of 18 Mar 2020.

**As of 18 Mar, WHO changed their COVID-19 SitRep to reflect data as of midnight local time (CET). As such, there is an overlap of data with WHO SitRep 57, and the number of new cases may not equal the difference between total cases in the two reports.

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

Data as of 19:00 EST, 17 Mar 2020 [Source: [WHO SitRep - 58](#)]*

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	0	0	0	Imported cases only	1

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
Territories**												
French Polynesia							3	0	0	0	Imported cases only	2
French Polynesia	3	0	0	0	Imported cases only	2						
Guam	3	3	0	0	Local transmission	0						
Guam							3	3	0	0	Local transmission	0
European Region												
Italy							31506	3526	2503	345	Local transmission	0
Spain							11178	1987	491	182	Local transmission	0
France							7652	1079	175	27	Local transmission	0
Germany							7156	1144	13	0	Local transmission	0
Switzerland							2650	450	14	5	Local transmission	0
The United Kingdom							1954	407	55	5	Local transmission	0
Netherlands							1705	292	43	19	Local transmission	0
Belgium							1486	401	14	9	Local transmission	0
Austria							1332	373	3	2	Local transmission	0
Norway							1308	139	3	0	Local transmission	0
Sweden							1167	108	3	0	Local transmission	0
Denmark							977	79	4	3	Local transmission	0
Portugal							448	117	1	1	Local transmission	0
Czechia							434	136	0	0	Local transmission	0
Greece							387	56	4	0	Local transmission	0
Finland							319	47	0	0	Local transmission	0
Israel							304	0	0	0	Local transmission	1
Ireland							292	69	2	0	Local transmission	0
Slovenia							275	22	1	1	Local transmission	0
Poland							246	96	5	2	Local transmission	0
Estonia							225	20	0	0	Local transmission	0
Iceland							225	45	0	0	Local transmission	0
Romania							184	26	0	0	Local transmission	0
Luxembourg							140	59	1	0	Local transmission	0
San Marino							104	2	11	2	Local transmission	0
Slovakia							97	25	0	0	Local transmission	0
Russian Federation							93	0	0	0	Imported cases only	1
Bulgaria							81	14	2	0	Local transmission	0
Serbia††							85	23	0	0	Local transmission	0
Croatia							65	9	0	0	Local transmission	0
Latvia							60	24	0	0	Imported cases only	0
Albania							55	4	1	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
Armenia	52	0	0	0	Local transmission	1
Hungary	50	11	1	0	Local transmission	0
Turkey	47	0	0	0	Imported cases only	1
Malta	38	8	0	0	Imported cases only	0
Belarus	36	0	0	0	Local transmission	1
Georgia	34	1	0	0	Imported cases only	0
Cyprus	33	0	0	0	Imported cases only	1
Kazakhstan	33	27	0	0	Imported cases only	0
North Macedonia	31	12	0	0	Local transmission	0
Republic of Moldova	30	1	0	0	Local transmission	0
Lithuania	25	8	0	0	Imported cases only	0
Azerbaijan	21	0	0	0	Imported cases only	2
Bosnia and Herzegovina	19	0	0	0	Local transmission	2
Andorra	16	2	0	0	Imported cases only	0
Uzbekistan	16	12	0	0	Imported cases only	0
Ukraine	14	9	2	1	Local transmission	0
Monaco	9	0	0	0	Under investigation	1
Liechtenstein	7	0	0	0	Imported cases only	1
Montenegro	2	2	0	0	Imported cases only	0
Holy See	1	0	0	0	Under investigation	11
Territories**						
Faroe Islands	47	36	0	0	Imported cases only	0
Jersey	5	3	0	0	Imported cases only	0
Gibraltar	3	0	0	0	Under investigation	1
Guernsey	1	0	0	0	Imported cases only	8
South-East Asia Region						
Thailand	177	30	1	0	Local transmission	0
Indonesia	172	0	5	0	Local transmission	1
India	137	23	3	1	Local transmission	0
Sri Lanka	29	10	0	0	Local transmission	0
Maldives	13	0	0	0	Local transmission	2
Bangladesh	8	0	0	0	Local transmission	1
Bhutan	1	0	0	0	Imported cases only	11
Nepal	1	0	0	0	Imported cases only	54
Eastern Mediterranean Region						
Iran (Islamic Republic of)	16169	1178	988	135	Local transmission	0
Qatar	442	41	0	0	Local transmission	0
Bahrain	237	16	1	0	Local transmission	0
Pakistan	187	134	0	0	Imported cases only	0
Saudi Arabia	171	38	0	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
Egypt	166	40	4	2	Local transmission	0
Iraq	154	30	11	2	Local transmission	0
Kuwait	130	7	0	0	Local transmission	0
Lebanon	120	21	3	0	Local transmission	0
United Arab Emirates	98	0	0	0	Local transmission	2
Morocco	38	9	2	1	Local transmission	0
Jordan	35	29	0	0	Imported cases only	0
Oman	24	2	0	0	Imported cases only	0
Tunisia	24	4	0	0	Local transmission	0
Afghanistan	22	1	0	0	Imported cases only	0
Somalia	1	0	0	0	Imported cases only	1
Sudan	1	0	1	0	Imported cases only	3
Territories**						
occupied Palestinian territory	41	2	0	0	Local transmission	0
Region of the Americas						
United States of America	3536	1822	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
Mexico	82	29	0	0	Imported cases only	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
Colombia	45	11	0	0	Local transmission	0
Costa Rica	41	6	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
Jamaica	12	2	0	0	Local transmission	0
Bolivia (Plurinational State of)	11	0	0	0	Imported cases only	1
Paraguay	9	1	0	0	Local transmission	0
Honduras	8	6	0	0	Imported cases only	0
Guatemala	6	5	1	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	2
Saint Lucia	2	0	0	0	Imported cases only	2
Antigua and Barbuda	1	0	0	0	Imported cases only	4
Bahamas	1	1	0	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
Saint Vincent and the Grenadines	1	0	0	0	Imported cases only	4
Suriname	1	0	0	0	Imported cases only	2
Territories**						
Guadeloupe	18	12	0	0	Imported cases only	0
Martinique	16	0	0	0	Imported cases only	1
French Guiana	7	0	0	0	Imported cases only	3
Curacao	3	1	0	0	Imported cases only	0
Puerto Rico	3	0	0	0	Imported cases only	3
Saint Barthélemy	3	0	0	0	Under investigation	2
Aruba	2	2	0	0	Imported cases only	0
Saint Martin	2	0	0	0	Under investigation	15
United States Virgin Islands	2	1	0	0	Imported cases only	0
Cayman Islands	1	0	1	0	Imported cases only	4
African Region						
South Africa	62	11	0	0	Local transmission	0
Algeria	60	11	4	0	Local transmission	0
Senegal	27	1	0	0	Local transmission	0
Burkina Faso	20	5	0	0	Imported cases only	0
Rwanda	7	2	0	0	Local transmission	0
Cote d'Ivoire	6	3	0	0	Imported cases only	0
Ghana	6	4	0	0	Imported cases only	0
Cameroon	5	0	0	0	Local transmission	1
Ethiopia	5	1	0	0	Imported cases only	0
Seychelles	4	0	0	0	Imported cases only	1
Democratic Republic of the Congo	3	1	0	0	Imported cases only	0
Kenya	3	0	0	0	Local transmission	1
Namibia	2	0	0	0	Imported cases only	3
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	3
Congo	1	0	0	0	Imported cases only	2
Equatorial Guinea	1	0	0	0	Imported cases only	3
Eswatini	1	0	0	0	Imported cases only	3
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	3
Togo	1	0	0	0	Imported cases only	10
United Republic of Tanzania	1	1	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
Territories**						
Réunion	9	0	0	0	Imported cases only	2
Mayotte	1	0	0	0	Imported cases only	3
Subtotal for all regions	190415	15123	7800	786		
International conveyance (Diamond Princess)	712	0	7	0	Local transmission	2
Grand total	191127	15123	7807	786		

*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 (8 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 differences in reporting methods, retrospective data consolidation, and reporting delays, the number of new cases may not always 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)

169 WHO member countries and areas affected

Over previous 24 hours:

- 15,123 new cases and 786 deaths globally
 - EURO has 72% of new cases; PAHO has 15%
- 1 new countries/territories/areas reporting cases
- Countries reporting most cases: Italy (+4,207), US (+3,551), Spain (+2,538), Germany (+2,186), Iran (+1,192), France (+1,079)
- Eleven countries reported more than one hundred cases, eight from WHO/EUR and one each from WHO/AMR (PAHO), WHO/EMR, and WHO/WPR: United Kingdom (+672), Austria (+514), Switzerland (+353), Norway (+254), Belgium (+243), Portugal (+194), Canada (+145), Israel (+123), Malaysia (+120), Sweden (+112), and Saudi Arabia (+105)

Total (new) cases and deaths by region:

	Global	WPRO	EURO	SEARO	EMRO	PAHO	AFRO
Total (new) cases	191,127 (15,123)	91,845 (312)	74,760 (10,911)	538 (63)	18,060 (1552)	4,9179 (2,243)	233 (42)
Total (new) deaths	7,807 (786)	3,357 (23)	3,108 (428)	9 (1)	1010 (140)	68 (18)	4 (0)

- Sustained local transmission in China, Korea, Iran, Japan, Europe, North America
- Regional spread in European, Eastern Mediterranean, Americas regions
- Most countries in WPRO (92%), EURO (75%), SEARO (75%) have reported local transmission
- African countries predominantly reporting imported cases (76%), likely because of limited testing capacity
 - Burkina Faso reports Sub-Saharan Africa's first coronavirus death (early report)
- Provisional WHO numbers for 3/19/20: more than 200K will be reported in official numbers today (208,708 cases and 8,663 deaths)

Top countries reporting cases:

Italy – since last Sit Rep, 35,713 cases, 2,978 deaths

- • Today was Italy's biggest single-day increase of cases (CNN)
- • PM announced community measures ("lockdown") will be extended beyond the end of March

Iran – since last Sit Rep, 17,361 cases, 1135 deaths

Spain – since last Sit Rep, 13,716 cases, 598 deaths

France – since last Sit Rep, 9,134 cases, 244 deaths

South Korea – since last Sit rep, 8,413 cases, 84 deaths

- • Forth day with fewer than 100 infections

Germany – since last Sit Rep 8,198 cases, 12 deaths

Switzerland – since last Sit Rep, 2,772 cases, 21 deaths

UK – since last Sit Rep, 2,626 cases, 103 deaths

- • Schools will close after Friday 3/20; children of healthcare workers and essential professions will continue to go to school
- • London Underground discourages people from using services

Other:

- Air Canada will gradually suspend majority of international and US trans-border flights to non-essential traffic per media reports
- China: for five days now, imported infections have outnumbered cases of local transmission
 - Early reports for 3/19/20: will report no cases of local transmission, only imported cases
- Jordan's capital (Amman) placed in lockdown by military, only authorized personnel will be able to cross checkpoints in and out of city
- Partial or complete border closures implemented in several countries and regions (e.g., EU, Israel, Jordan, Nigeria, Brazil, US/Canada, Australia, New Zealand) per media reports
 - UAE to ban return of ex-pats/foreign residents for 14 days, banned emratis from traveling abroad
- Israel using cell phone data to notify contacts and need for self-isolation (end date of isolation also provided in message); civil rights groups have raised concerns
- Canada – 680 cases; 8 deaths

- British Colombia (231 cases); Ontario (214 cases); Alberta (119 cases); Quebec (94 cases); New Brunswick (3); Saskatchewan (2); Prince Edward Island (1); Manitoba (7); Repatriations (9)
- Mexico – 118 cases:
 - CDMX (25); Sinaloa (2); Queretaro (7); Nuevo Leon (17); Quintana Roo (6); Yucatan (8); Puebla (10); Coahuila (1); Chiapas (1); State of Mexico (10); Durango (3); San Luis Potosi (3); Jalisco (6); Oaxaca (2); Tamaulipas (2); Sonora (1); Chihuahua (1); Guanajuato (4); Aguascalientes (1); Guerrero (2); Baja California (2); Veracruz (2); Colima (1); Tabasco (1)
 - Number of cases in border states: 22
 - Announces first death, while few containment measures are in place (media)

Very Respectfully,

Secretary's Operations Center

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 Assistant Secretary for Preparedness and Response (ASPR)
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 Washington D.C. 20201
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Subject:	VP DAILY GUIDANCE AND PRESS SCHEDULE FOR THURSDAY, MARCH 19, 2020
Date:	2020/03/19 08:11:40
Priority:	Normal
Type:	Note

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The White House

Office of the Vice President

FOR IMMEDIATE RELEASE

March 19, 2020

DAILY GUIDANCE AND PRESS SCHEDULE FOR THURSDAY, MARCH 19, 2020

EDT

**9:00 AM THE VICE PRESIDENT leads a White House Coronavirus Task
Force meeting**

Situation Room

Closed Press

2:00 PM THE VICE PRESIDENT joins THE PRESIDENT for a video teleconference with Governors on partnership to prepare, mitigate, and respond to COVID-19

Washington, D.C.

POTUS Restricted In-Town Travel Pool

Briefing Schedule

11:00 AM Members of the Coronavirus Task Force hold a press briefing

James S. Brady Briefing Room

On Camera

###

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Delivered Date:	2020/03/19 08:11:40

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Subject:	AMA to attend FEMA Governors call
Date:	2020/03/19 08:28:13
Start Date:	2020/03/19 14:30:00
End Date:	2020/03/19 15:30:00
Priority:	Normal
Type:	Appointment
Location:	FEMA HQ,
Attendees:	AMA2 (OS/IOS); Apple, Matthew (HHS/IOS); Harrison, Brian (HHS/IOS); Paul Mango ; Puesan, Cesar (HHS/OS/IOS); Stecker, Judy (OS/IOS); Tignor, Beth (HHS/IOS); Darcie Johnston (HHS/IEA) (Darcie.Johnston@hhs.gov); Trueman, Laura (HHS/IEA); Brett Giroir (HHS/OASH) (Brett.Giroir@hhs.gov); Bante, Katie (OS/OASH); Lukens, IV, Mel (HHS/IOS) (Mel.Lukens@hhs.gov); Steven Valentine (HHS/OASH) (Steven.Valentine@hhs.gov); Stephen Hahn (sh1@fda.hhs.gov); Sheehy, Janice (FDA/ORA)

GOVERNORS VIDEO TELECONFERENCE ON PARTNERSHIP TO PREPARE, MITIGATE, AND RESPOND TO COVID-19

Quick update – the VTC has been pushed back to 2:30 PM. Please adjust your principal’s arrival time accordingly.

WHEN: Thursday, March 19, 2020
2:00 p.m. – 3:00 p.m.

LOCATION: Federal Emergency Management Agency (FEMA) Headquarters

FORMAT: Remarks and Discussion

PURPOSE: To continue the dialogue on the important partnership with our Nation's governors on COVID-19 preparedness, response, and mitigation.

PRESS PLAN: POOL at Top

ATTIRE: Business

PROJECT OFFICER: Doug Hoelscher, *Deputy Assistant to the President & Director, Intergovernmental Affairs (IGA)*; (b)(6)

(b)(6)

WORKING POC: Tucker Obenshain, *Associate Director of External Affairs for the Vice President*; (b)(6) (b)(6)

Nic Pottebaum, *Special Assistant to the President & Deputy Director, IGA*;

(b)(6)

(b)(6)

EXTERNAL PARTICIPANTS:

- Approximately 50 of our Nation's governors via video teleconference/phone and Mayor Muriel Bowser (D, Washington, DC), (*See Appendix I for list of external participants*). Additionally, governors will be asked to convene relevant department heads at the State-level who are active in COVID-19 response, preparedness, and mitigation activities (e.g., state health director, emergency manager, homeland security advisor, transportation director, economic development director, chief state school officer, etc.).

INTERNAL PARTICIPANTS:

At Table:

- The Vice President
- Secretary Alex Azar, *U.S. Department of Health & Human Services*
- Secretary Chad Wolf, *U.S. Department of Homeland Security*
- Ambassador Debbie Birx, M.D., *White House Coronavirus Coordinator*
- Jared Kushner, *Assistant to the President & Senior Advisor*
- Administrator Pete Gaynor, *Federal Emergency Management Agency*
- Commissioner Stephen Hahn, *Food & Drug Administration*
- Admiral Brett Giroir, M.D, *Assistant Secretary for Health, HHS*

Backbench:

- Marc Short, *Assistant to the President & Chief of Staff to the Vice President*
- Kellyanne Conway, *Assistant to the President & Senior Counselor*,
- Dan Scavino, *Assistant to the President & Senior Advisor for Digital Strategy*
- Doug Hoelscher, *Deputy Assistant to the President & Director, IGA*
- Dr. Julia Nesheiwat, *Deputy Assistant to the President & Homeland Security & Counterterrorism Advisor, NSC*
- Nic Pottebaum, *Special Assistant to the President & Deputy Director, IGA*
- Katie Miller, *Special Assistant to the President & Press Secretary, OVP*
- Olivia Troye, *Special Advisor to the Vice President for Homeland Security, OVP*

- Tucker Obenshain, *Associate Director for Intergovernmental Affairs, OVP*

EVENT BACKGROUND:

Federal officials are working diligently to communicate with State, local, and tribal officials on Nation's COVID-19 efforts for preparedness, response, and mitigation, and to underscore the importance of leadership by governors and local officials. Public health incidents, like natural disasters, are locally-executed, State-managed, and Federally-supported – the tens of thousands of innovative State and local leaders have direct relationships with private sector partners and know their communities best. This is the President's second time and the Vice President's fourth participation in a COVID-19 VTC/call with governors. IGA and Federal agency intergovernmental affairs offices have briefed nearly 30,000 State, local, and tribal leaders in every State and territory in the Nation in at least 40 briefings and events (briefings, meetings, remarks, and roundtables) since January 2020. In addition, there have been thousands of additional one-on-one conversations between Federal officials and State, local, and tribal leaders.

SEQUENCE OF EVENTS:

**Pool at top during Federal Leaders Initial Remarks ~2:00 p.m. – 2:20 p.m., then CLOSED.*

- The President thanks governors and their teams for their hard work to drive solutions to this historic shared challenge, provides an update on Federal actions, and underscores the importance of local, state, and tribal leadership to an effective response.
- The Vice President welcomes governors and Federal participants and provides high-level update on COVID-19 efforts, including:
 - Highlights the importance of State, local, and community leaders to champion the community mitigation efforts in partnership with private sector and community leaders.
 - Applauds specific governors on driving innovative solutions to this unprecedented challenge, including:
 - Gov. Mike DeWine (R, OH) for his aggressive community mitigation efforts and for aggressively moving to cancel elective medical.
 - Gov. Andrew Cuomo (D, NY) for helping scale testing in New York and effectively coordinating State-Federal coordination.
 - Gov. Jay Inslee (D, WA) for his deep devotion to his citizens and sharing lessons learned on the local response to care for the elderly and individuals with underlying health conditions.
 - Gov. Greg Abbott (R, TX) for proactively communicating with city and county leaders and state legislators.
 - Gov. Kim Reynolds (R, IA) and Gov. Jared Polis (D, CO) for waiving state regulatory barriers to ensure a more nimble response.
 - Gov. Larry Hogan (R, MD) for utilizing the State's established emergency management structure to ensure coordinated efforts and communications across all levels of government.
 - Emphasizes the importance of having open and productive lines of communication with every level of government; encourage governors to

proactively reach out to Federal leaders and the White House to triage issues – that could not be solved through the normal escalation within the emergency management system.

- Encourages governors to fully utilize the entrepreneurial spirit of private sector leaders in their State to help solve shared challenges.
 - Thanks governors for their leadership and partnership.
- Administrator Gaynor discusses FEMA’s support, reminds governors of the importance of State-local coordination and emergency management discipline, and utilizing existing emergency management systems.
 - Dr. Birx provides a global update, and discusses the following leadership actions for governors and their teams, including:
 - Encourages governors to engage all leaders in their State – elected, faith, private sector, and community leaders -- to ensure a steady drumbeat on mitigation guidance.
 - Urges governors to surge supply management capabilities within their state to better understand the critical supply ecosystem in their State – they need a clear dashboard and they need to help communicate that information into the emergency management system.
 - Encourages governors to move their focus away from state laboratory testing capabilities by leveraging private sector, higher-throughput testing capabilities. If they have not talked to the contract lobbyists in their state and region for Roche and Thermo Fisher, etc., they should do so today.
 - Underscores Governor Inslee’s point from Monday’s call about the need to prioritize resources to areas with community spread as that is an effective way to help bend down the curve moving forward for other communities and level resources over time. Prioritization within and across states is prudent.
 - Stressing the need to cancel elective medical appointments and procedures.
 - Admiral Giroir provides testing update including underscoring private sector surge.
 - Commissioner Hahn provides updates on recent regulatory flexibilities and approvals.
 - The Vice President opens up the dialogue with governors on State, local, and community efforts to improve preparedness and to answer questions from governors.
 - The President thanks attendees, commits to continued close communication and coordination to solve shared challenges, and closes the call.

ADDENDUMS

- **Appendix I:** List of External Participants

Appendix I: List of External Participants

By Video-Teleconference (VTC)

Gov. Doug Ducey (R, AZ)
Gov. Brian Kemp (R, GA)
Gov. John Bel Edwards (D, LA)
Gov. Larry Hogan (R, MD)
Gov. Roy Cooper (D, NC)
Gov. Pete Ricketts (R, NE)
Gov. Phil Murphy (D, NJ)
Gov. Henry McMaster (R, SC)
Gov. Phil Scott (R, VT)
Gov. Jim Justice (R, WV)

By Audio – For Governors to Ask a Question: Press “#” and “2”

1. Gov. Kay Ivey (R, AL)

Gov. Mike Dunleavy (R, AK)
Gov. Asa Hutchinson (R, AR)4. Gov. Lolo Matalasi Moliga (D, AS)*
Gov. Gavin Newsom (D, CA)6. Gov. Ralph Torres (R, CNMI)*
Gov. Jared Polis (D, CO)
Gov. Ned Lamont (D, CT)9. Mayor Muriel Bowser (D, Washington DC)
Gov. John Carney (D, DE)
Gov. Ron DeSantis (R, FL)
Gov. Lou Leon Guerrero (D, GU)
Gov. David Ige (D, HI)
Gov. Kim Reynolds (R, IA)
Gov. Brad Little (R, ID)
Gov. JB Pritzker (D, IL)
Gov. Eric Holcomb (R, IN)
Gov. Laura Kelly (D, KS)
Gov. Andy Beshear (D, KY)
Gov. Charlie Baker (R, MA)

Gov. Janet Mills (D, ME)
Gov. Gretchen Whitmer (D, MI)
Gov. Tim Walz (D, MN)
Gov. Mike Parson (R, MO)
Gov. Tate Reeves (R, MS)
Gov. Steve Bullock (D, MT)
Gov. Doug Burgum (R, ND)
Gov. Chris Sununu (R, NH)
Gov. Michelle Lujan Grisham (D, NM)
Gov. Steve Sisolak (D, NV) ³¹ . Gov. Andrew Cuomo (D, NY)*
Gov. Kevin Stitt (R, OK)
Gov. Kate Brown (D, OR)
Gov. Tom Wolf (D, PA)
Gov. Wanda Vázquez Garced (R, PR)
Gov. Gina Raimondo (D, RI)
Gov. Kristi Noem (R, SD)
Gov. Bill Lee (R, TN)
Gov. Greg Abbott (R, TX)
Gov. Albert Bryan (D, USVI) ⁴¹ . Gov. Gary Herbert (R, UT)
Gov. Ralph Northam (D, VA)
Gov. Jay Inslee (D, WA)
Gov. Tony Evers (D, WI)
Gov. Mark Gordon (R, WY)

**Tentative*

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Recipient:	Secretary Scheduler (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6801b3307d554c04b245714132602e16-Secretary S>; AMA2 (OS/IOS) <AMA2@HHS.GOV>; Apple, Matthew (HHS/IOS) <Matthew.Apple@hhs.gov>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Mango, Paul (HHS/IOS) <paul.mango@hhs.gov>; Puesan, Cesar (HHS/OS/IOS) <Cesar.Puesan@hhs.gov>; Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Tignor, Beth (HHS/IOS) <Beth.Tignor@hhs.gov>; Johnston, Darcie (HHS/IEA) <Darcie.Johnston@hhs.gov>; Trueman, Laura (HHS/IEA) <Laura.Trueman@hhs.gov>; Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Bante, Katie (OS/OASH) <Katie.Bante@hhs.gov>; Lukens IV, Mel (HHS/IOS) <Mel.Lukens@hhs.gov>; Valentine, Steven (HHS/OASH) <Steven.Valentine@hhs.gov>;

	Stephen Hahn (sh1@fda.hhs.gov) <sh1@fda.hhs.gov>; Sheehy, Janice (FDA/ORR) <Janice.Sheehy@fda.hhs.gov>
Sent Date:	2020/03/19 08:28:13

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.YDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0280B227911B40B6B30A81B8574EDE6B-STECKER, JU>
To:	Apple, Matthew (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b2d31099399446eab9bff69d52880932-Apple, Matt>; Puesan, Cesar (HHS/OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1704b662180d4631b7b64cb17de301cd-Puesan Juar>; 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>
Subject:	Fwd: CDC COVID-19 Update March 19, 2020
Date:	2020/03/19 08:28:40
Priority:	Normal
Type:	Note

Please print this for ama book so he has more updated information.

Sent from my iPhone

Begin forwarded message:

From: OS Secretarys Operations Center <hhs.soc@hhs.gov>
Date: March 19, 2020 at 7:36:01 AM EDT
To: OS Secretarys Operations Center <hhs.soc@hhs.gov>
Subject: CDC COVID-19 Update March 19, 2020

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COVID-19 Response update Mar 19, 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 (Confirmed Cases)

(Data as of 03:00 ET 19 Mar)

Jurisdictions = 55 50 states + DC, NYC, Guam, PR, and USVI	Total Cases*	Total Deaths**	New Cases**	New Deaths**
Alabama	51	0	12	0
Alaska	6	0	0	0

Jurisdictions = 55 50 states + DC, NYC, Guam, PR, and USVI	Total Cases*	Total Deaths**	New Cases**	New Deaths**
Arizona	27	0	7	0
Arkansas	37	0	15	0
California	849	17	158	4
Colorado	216	2	33	0
Connecticut	96	1	28	1
Delaware	26	0	10	0
Florida	299	8	104	1
Georgia	197	3	51	2
Hawaii	16	0	3	0
Idaho	11	0	2	0
Illinois	289	1	129	0
Indiana	39	2	9	0
Iowa	38	0	9	0
Kansas	21	1	5	0
Kentucky	35	1	9	0
Louisiana	280	8	84	4
Maine	43	0	11	0
Maryland	85	1	28	1
Massachusetts	256	0	38	0
Michigan	110	1	45	1
Minnesota	77	0	17	0
Mississippi	34	0	13	0

Jurisdictions = 55 50 states + DC, NYC, Guam, PR, and USVI	Total Cases*	Total Deaths**	New Cases**	New Deaths**
Missouri	24	1	11	1
Montana	12	0	3	0
Nebraska	27	0	3	0
Nevada	83	1	28	0
New Hampshire	39	0	13	0
New Jersey	427	5	160	2
New Mexico	28	0	5	0
New York (excluding NYC)	1043	9	313	5
New York City	1871	11	1057	4
North Carolina	92	0	45	0
North Dakota	7	0	2	0
Ohio	88	0	21	0
Oklahoma	33	0	14	0
Oregon	75	3	10	2
Pennsylvania	133	1	37	1
Rhode Island	33	0	10	0
South Carolina	60	1	13	0
South Dakota	11	1	0	0
Tennessee	98	0	25	0
Texas	193	2	80	1
Utah	53	0	12	0

Jurisdictions = 55 50 states + DC, NYC, Guam, PR, and USVI	Total Cases*	Total Deaths**	New Cases**	New Deaths**
Vermont	19	0	9	0
Virginia	77	2	10	0
Washington	1187	67	175	15
West Virginia	2	0	1	0
Wisconsin	106	0	34	0
Wyoming	18	0	3	0
American Samoa	0	0	0	0
District of Columbia	39	0	8	0
Guam	5	0	0	0
Northern Mariana Islands	0	0	0	0
Palau	0	0	0	0
Puerto Rico†	2	0	0	0
U.S. Virgin Islands	3	0	1	0
Federated States of Micronesia	0	0	0	0
Republic of Marshall Islands	0	0	0	0
Total	9026	150	2923	45

*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 16 Mar: 37

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	290
Close contact with known case	310
Under investigation	8426
Total cases	9026

*These data represent cases detected and tested in the United States through U.S. public health surveillance systems since January 21, 2020. This includes confirmed 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=144)

- • 17 Travel-related
- • 29 Close contact with known case
- • 98 Under investigation

Domestic Updates – Notes from the Field

Sender:	Stecker, Judy (OS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0280B227911B40B6B30A81B8574EDE6B-STECKER, JU>
Recipient:	Apple, Matthew (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b2d31099399446eab9bff69d52880932-Apple, Matt>; Puesan, Cesar (HHS/OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1704b662180d4631b7b64cb17de301cd-Puesan Juar>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Sent Date:	2020/03/19 08:28:30
Delivered Date:	2020/03/19 08:28:40

From:	Jarris, Paul <pjarris@mitre.org>
To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
CC:	Wright, Janet (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=41f672e2527b4f44891fb4fbe08cdfd-Wright, Jan>
Subject:	RE: [EXT] RE: Draft note for CDC leaders
Date:	2020/03/19 08:32:05
Priority:	Normal
Type:	Note

Jerome,

(b)(4)

Thanks!
Stay well.
Paul

From: Jarris, Paul <pjarris@mitre.org>
Sent: Wednesday, March 18, 2020 10:12 PM
To: Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>
Cc: Wright, Janet (HHS/OASH) <Janet.Wright@HHS.GOV>
Subject: Re: [EXT] RE: Draft note for CDC leaders

Thanks for responding so quickly, Jerome.

(b)(4)

Thank you for your time and consideration.
Be well!
Paul

Get [Outlook for iOS](#)

From: Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>
Sent: Wednesday, March 18, 2020 4:23:21 PM
To: Jarris, Paul <pjarris@mitre.org>
Subject: RE: [EXT] RE: Draft note for CDC leaders

What would be needed to move it forward? I'm not tracking as it sounds like it would be up to the health departments to implement, and you've already been in touch with their respective associations.

Jerome

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

From: Jarris, Paul <pjarris@mitre.org>
Sent: Wednesday, March 18, 2020 4:17 PM
To: Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>
Cc: Wright, Janet (HHS/OASH) <Janet.Wright@HHS.GOV>; Thomas, Mark D <mdthomas@mitre.org>; Kaplan, April <akaplan@mitre.org>
Subject: RE: [EXT] RE: Draft note for CDC leaders

Thanks for responding so quickly.
Any chance to move it forward?
Paul

From: Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>
Sent: Wednesday, March 18, 2020 4:14 PM
To: Jarris, Paul <pjarris@mitre.org>
Cc: Wright, Janet (HHS/OASH) <Janet.Wright@HHS.GOV>; Thomas, Mark D <mdthomas@mitre.org>; Kaplan, April <akaplan@mitre.org>
Subject: [EXT] RE: Draft note for CDC leaders

This is great! Thanks for sharing!

Jerome

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

From: Jarris, Paul <pjarris@mitre.org>
Sent: Wednesday, March 18, 2020 2:18 PM
To: Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>
Cc: Wright, Janet (HHS/OASH) <Janet.Wright@HHS.GOV>; Thomas, Mark D <mdthomas@mitre.org>; Kaplan, April <akaplan@mitre.org>
Subject: FW: Draft note for CDC leaders

Dear Jerome,

First, let me thank you for your leadership in this time of crisis. I always feel reassured when I see you at the podium, on the task force, or flanking the president during press conferences. The country needs you to help us feel well cared for.

(b)(4)

(b)(4)



Please feel free to reach out directly on my personal cell (b)(6) I am also happy to arrange a demonstration for your staff.

Thank you and stay healthy!

Paul

Paul E. Jarris, MD, MBA

Chief Medical Advisor
Health Transformation Center
MITRE Corporation
pjarris@MITRE.org
(703) 983-7354 Office
(b)(6) Mobile

Sender:	Jarris, Paul <pjarris@mitre.org>
Recipient:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Wright, Janet (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=41f672e2527b4f44891fb4fbe08cdfd-Wright, Jan>
Sent Date:	2020/03/19 08:31:40
Delivered Date:	2020/03/19 08:32:05

From:	Sokol, Lisa Y. (CMS/OC) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=088CED9A3AE044B794D9FE255BAEEB51-S1MF>
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CC:	Fortin-Garcia, Carolina (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b46a19129d3d480da4774ea17bed85fb-F395>; Good-Cohn, Meredith (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fa33f1c0abb54bf9acc798ae7f60d746-GAX8>; Harper, Bernice J. (CMS/OEDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=88de875a29fa4341ad5d03f6d2b78a06-H4SG>; Joy-Bush, Keya A. (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=55ada7c5cd1a4072b1e23fda9b6cfd63-j167>; Marcos, Nicole (CMS/OL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=77393f89c04f4418a476c75e37955154-MPMG>; Perez-Rivera, Diana (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=PT53>; Sokol, Lisa Y. (CMS/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=088ced9a3ae044b794d9fe255baeeb51-s1mf>
Subject:	Patient Engagement HIT article: CMS Guides Community-Based Organizations in Coronavirus Elder Care
Date:	2020/03/19 09:06:03
Priority:	Normal
Type:	Note

CMS Guides Community-Based Organizations in Coronavirus Elder Care

<https://patientengagementhit.com/news/cms-guides-community-based-organizations-in-coronavirus-elder-care>

Patient Engagement HIT // By [Sara Heath](#) // March 18, 2020

The Centers for Medicare & Medicaid Services (CMS) has issued key [guidance](#) to Programs of All-Inclusive Care for the Elderly (PACE) organizations, specifically outlining how community-based organizations should be tackling and mitigating the coronavirus pandemic.

PACE organizations (POs) are community-based healthcare providers that aim to help older adult [patients access healthcare](#) within their own communities rather than being admitted into a nursing home or other healthcare facility.

This latest guidance is to help POs understand the changes they must make to better care for the elderly, a high-risk population amid the coronavirus pandemic. PACE primarily serves older adult

patients who experience multiple chronic illnesses, CMS noted, which is the highest-risk bracket for succumbing to COVID-19.

This guidance comes as a part of the White House Coronavirus Task Force, and sets in place best practices for treating older adult patients and control infection. The guidance also acknowledges areas where CMS will have to use discretion, for example, when a PACE is advised to implement policies that are not in full compliance with typical PACE protocol.

“Today we announced guidance to PACE Organizations to keep the beneficiaries who use these services healthy and safe,” CMS Administrator Seema Verma said in a [statement](#). “It is critically important to ensure that those most at risk of serious illness from COVID-19 are protected in every care setting, including the seniors who rely on PACE Centers as healthcare providers in their daily lives.”

Specifically, the guidance reminds all PACE organizations to establish a set of clear infection control protocol. This should include efforts to monitor, track, and report the situation. PACE organizations that see an influx of patients, caregivers, or PACE clinicians or employees with a respiratory illness should contact state or local government for next steps.

Those working in PACE organizations should also be trained in using the suggested personal protective equipment (PPE), like face masks, eye protection, gowns, and gloves.

There will be some instances in which CMS guidance comes in opposition to what have traditionally been PACE organization protocol. CMS said it will take those instances into consideration to ensure patients accessing care at a community-based organization receive the best care possible.

For instance, the guidance will make it easier for PACE organizations to deploy [telehealth](#). Telehealth has been lauded in light of the pandemic as an effective strategy for enabling patient access to care while protecting the health of medical providers. These procedures would normally be conducted on an in-person basis in PACE organizations.

The guidance also floats the idea of limiting PACE attendance.

PACE organizations also received information about how they can enable patient access to Part D drugs. PACE organization providers may relax “refill-too-soon” edits to provide a maximum day supply of medications, offer home and mail delivery for drugs, and waive prior authorization for certain medications that are being used to prevent or treat COVID-19.

Community-based care, like that offered at PACE organizations, is going to play a significant role in addressing the coronavirus pandemic. [Patient access to care](#) is of critical concern, with healthcare professionals questioning whether hospitals and clinics even have the supplies or room to treat an influx of patients. Keeping PACE organizations open and operating will be essential for stemming some of that flow.

However, it is also critical that community-based organizations follow the protocol to ensure the safety of patients and staffed providers.

These guidances are the next step forward toward ensuring adequate patient access to care as part of the coronavirus pandemic.

###

Sender:	Sokol, Lisa Y. (CMS/OC) </o=EXCHANGELABS/ou=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=088CED9A3AE044B794D9FE255BAEEB51-S1MF>
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Subject:	Modern Healthcare article: GOP-led states diverge on easing Medicaid access during COVID-19
Date:	2020/03/19 09:10:45
Priority:	Normal
Type:	Note

GOP-led states diverge on easing Medicaid access during COVID-19

<https://www.modernhealthcare.com/medicaid/gop-led-states-diverge-easing-medicaid-access-during-covid-19>

Modern Healthcare // Harris Meyer // March 18, 2020 04:04 PM

At least two Republican-led states want to temporarily ease their Medicaid waiver requirements and make it easier for residents to get and keep coverage under Medicaid and the Children's Health Insurance Program during the [coronavirus](#) pandemic.

On Tuesday, [Arizona](#) and [Iowa](#) sent requests to the CMS so they can make temporary changes to their Medicaid programs, including eliminating premiums and pausing disenrollments.

Meanwhile, two other Republican-led states, [Oklahoma](#) and Utah, are pushing ahead with Medicaid waiver changes intended to tighten eligibility for expanded coverage to low-income adults under the Affordable Care Act, including work requirements.

The sharply different directions these states are taking illustrate the pull between pragmatic and ideological pressures in the midst of the COVID-19 outbreak, which experts say requires making testing and treatment as accessible and affordable as possible to limit the spread of the epidemic.

Congress is considering allowing states to broaden Medicaid to cover uninsured people for COVID-19 testing, treatment, and recovery.

"Work requirements and premiums are precisely the kinds of policies that are dangerous now and divert energy for state government staff, who are under enormous stress," said Joan Alker, executive director of the Center for Children and Families at Georgetown University. "They need to focus on facilitating as many people's access to care as they can."

The Arizona Health Care Cost Containment System's request would help them mitigate any disruption in care for their members during the emergency declaration, the agency said in a March 17 letter to CMS Administrator Seema Verma.

Arizona also wants to use Medicaid money to provide temporary housing for beneficiaries who are homeless or at risk of homelessness and have tested positive for COVID-19.

Iowa asked to temporarily waive premiums and copays and permit continuous eligibility for adults and children. That runs counter to the Trump administration's effort to test beneficiaries for eligibility more often to ensure program integrity, which has led to hundreds of thousands of people being disenrolled.

Going in the other direction, the Oklahoma Health Care Authority on Monday published its Medicaid Section 1115 waiver application and announced the start of a 30-day public comment period. The waiver would include a work requirement, premiums and co-pays.

Oklahoma wants to expand Medicaid coverage by July 1, but the state also wants to impose conservative-friendly features on the expansion under the Trump administration's Healthy Adult Opportunity demonstration program.

"At this time, we don't anticipate changing our timeline for the submission of the Healthy Adult Opportunity demonstration waiver," an Oklahoma Health Care Authority spokesman said. "However, we are in communication with CMS discussing flexibility with the public comment period and evaluating all options available."

Utah is proceeding with its plan to require Medicaid expansion enrollees report at least 48 job searches in the first 90 days of eligibility, as well as to complete an online job readiness survey.

"At a time when the job market is collapsing, the absurdity of that requirement is even more apparent," Alker said. "I hope good-faith leaders in Utah will drop that requirement, which is a threat to public health."

A spokeswoman for Utah's Republican Gov. Gary Herbert could not immediately respond to requests for comment because the administration is focused on the major earthquake that hit the Salt Lake City area Wednesday.

Indiana, another Republican-led state that established premiums and other restrictive conditions on coverage through a Section 1115 waiver, did not respond to requests for comment on its plans in light of the pandemic.

A handful of states have limited Medicaid's traditional 90-day retroactive eligibility when people seek care. Experts warn that may put a heavy financial burden on hospitals serving lots of uninsured, low-income coronavirus patients.

Arizona and Iowa, which want to ease coverage requirements, have restricted retroactive eligibility under 1115 waivers. That's also true for Florida, which received an emergency Section 1135 waiver this week to loosen provider payment and certification rules.

Some experts want the CMS and the states to do what they've done in past emergencies and implement fast-tracked waivers temporarily extending Medicaid coverage to those affected, as happened following Hurricane Katrina and other catastrophes.

"Our state has moved toward the proper response to this pandemic, bringing more people into coverage," said Siman Qasim, CEO of the Children's Action Alliance in Arizona. "This is really promising. It will be interesting to see if CMS approves it."

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Sent Date:	2020/03/19 09:10:44
Delivered Date:	2020/03/19 09:10:45
Message Flags:	Unread

From:	The Alchemist <(b)(6)>
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau>; Beaver, Julia (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a05286b19a7b4895a71b9d1087666b25-julia.beave>; <Norman.Sharpless@fda.hhs.gov>; Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>; <michael.strong@cihr-irsc.gc.ca>; Keegan, Patricia (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2c9b1a0f14e84a819dcddf7a997a9999-patricia.ke>; Lowy, Douglas (NIH/NCI) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=aad7e8b13b6740959f2bec763a1a3217-douglas.low>; Woodcock, Janet (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5f925e9a0f9147b186d40072d474d13d-janet.woodc>; Langevin, Helene (NIH/NCCIH) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=27585df077174daf87a437e2b492ea2b-helene.lang>; Biable, Missiratch (Mimi) (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=16ecd42585564abea7003ada035df689-missiratch.>; Ibrahim, Amna (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ddefd991104249dd83c6586bfc7c19e-amna.ibrahi>
Subject:	Re: n95 mask shortages (word from the frontline)
Date:	2020/03/19 09:29:03
Priority:	Normal
Type:	Note

Hi

I seen this point on my company yammer, a colleague is saying her emergency room doctor friend told her they are running out of masks.

On Wed, Mar 18, 2020, 9:28 PM The Alchemist <(b)(6)> wrote:
<https://www.nejm.org/doi/full/10.1056/NEJMoa2001282>

A Trial of Lopinavir–Ritonavir in Adults Hospitalized with Severe Covid-19

CONCLUSIONS

In hospitalized adult patients with severe Covid-19, no benefit was observed with lopinavir–ritonavir treatment beyond standard care.

i told you so...

Sender:	The Alchemist (b)(6)
Recipient:	Fauci, Anthony (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau>; Beaver, Julia (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a05286b19a7b4895a71b9d1087666b25-julia.beave>; <Norman.Sharpless@fda.hhs.gov>; Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>; <michael.strong@cihr-irsc.gc.ca>; Keegan, Patricia (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2c9b1a0f14e84a819dcddf7a997a9999-patricia.ke>; Lowy, Douglas (NIH/NCI) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=aad7e8b13b6740959f2bec763a1a3217-douglas.low>; Woodcock, Janet (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5f925e9a0f9147b186d40072d474d13d-janet.woodc>; Langevin, Helene (NIH/NCCIH) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=27585df077174daf87a437e2b492ea2b-helene.lang>; Biable, Missiratch (Mimi) (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=16ecd42585564abea7003ada035df689-missiratch.>; Ibrahim, Amna (FDA/CDER) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ddefd991104249dd83c6586bfc7c19e-amna.ibrahi>
Sent Date:	2020/03/19 09:28:32
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Message Flags:	Unread

From:	Betsy Feist <bfbresources@rcn.com>
To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Subject:	United States
Date:	2020/03/19 09:50:11
Priority:	Normal
Type:	Note

Dear Members of the Coronavirus Task Force:

I urge you, as members of the President's Coronavirus Task Force, to exercise your authority to ensure that the administration protects the human rights of all people, including the right to health, as governmental authorities at the federal, state, tribal, and local level respond to the humanitarian and public health challenges presented by the COVID-19 pandemic.

The response to COVID-19 has the potential to affect the human rights of millions of people, and human rights must be centered at all stages of the crisis – prevention, preparedness, containment, and treatment – in order to best protect public health and support people who are most at risk of adverse impacts.

Respecting human rights is not a luxury that can only be afforded once the threat to public health has been minimized. Human rights violations hinder, rather than facilitate, responses to public health emergencies, and undercut their efficiency.

I call on the U.S. government to ensure that all responses to the COVID-19 pandemic are compliant with international human rights law and standards, taking into account the specific needs of marginalized groups and people and those most at risk, and to address and mitigate the specific human rights risks associated with any particular response.

Specifically, I urge you to ensure that the U.S. government:

- Provides accurate, timely, and science-based information about how people can protect themselves, and acts aggressively to correct misinformation;
- Provides free testing for all persons who request it, and that any goods and services necessary for prevention, diagnosis, care, vaccines, and cures are available, affordable, and accessible to all persons without discrimination;
- Ensures that psychosocial support is available for potential mental health consequences of the COVID-19 pandemic and the subsequent containment measures;
- Fully accounts in its plans and strategies for the needs of people adversely impacted and marginalized groups – including, but not limited to, migrant workers, people in precarious or insecure employment including in the “gig” economy, undocumented immigrants, persons with disabilities, people who are incarcerated or held in immigration detention, Indigenous and tribal persons, people working in the informal sector, people living in poverty, people who are homeless, people without access to adequate water and safe sanitation, people with chronic health conditions, older persons, and people who are pregnant;
- Includes a gender analysis in all response efforts to ensure that the rights of women, girls, and gender non-conforming people are protected and that they receive appropriate support;
- Ensures that all people have access to social support that enables security and dignity, including through paid sick leave, health care, and parental leave where people are unable to work because of the COVID-19 pandemic;
- Ensures that a person's race, ethnicity, nationality, immigration status, or actual or perceived health status is not a barrier to accessing care or subjects them to harassment, ostracism, racism, or other stigmatization;
- Takes concrete, deliberate, and targeted measures to address and prevent discrimination and stigma, protect all individuals from mistreatment, and prevent scapegoating of individuals or groups; and
- Ensures there is adequate equipment, training, and support for health workers and other workers facing a higher risk of exposure, as well as mechanisms in place to guarantee support for the families of health workers and others who have died or become ill as a consequence of exposure to COVID-19.

At this time of great uncertainty, I call on THE administration to lead by protecting the health, safety, security, and other human rights of all people.

Respectfully,

Betsy Feist

Sender:	Betsy Feist <bfbresources@rcn.com>
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Recipient:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
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From:	Americans for Limited Government <media@limitgov.org>
To:	Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>
Subject:	Will Trump get a rally around the flag effect by fighting Chinese coronavirus? Ask seniors.
Date:	2020/03/19 09:54:11
Priority:	Normal
Type:	Note



6

March 19, 2020

Permission to republish original opeds and cartoons granted.

Will Trump get a rally around the flag effect by fighting Chinese coronavirus? Ask seniors.

President Donald Trump, the federal and state governments are leading an unprecedented nationwide response to the Chinese coronavirus outbreak, shutting down vast portions of the U.S. economy, closing schools and government offices, all to save the lives of seniors and those with underlying conditions who are the most endangered by the virus. More than 52 million Americans are aged 65-years-old-and-older. Of those, 21 million are 75-years-old-and-older, and 12.6 million are 80-years-old-and-older. The fatality rates reported out of South Korea suggest a 4 percent fatality rate for those 65-years-old-and-older infected with the coronavirus, versus about 0.9 percent fatality rate for the seasonal flu. The fatality rate rises to 15 percent for those 80-years-old-and-older. If everyone got sick, that suggests more than 2 million might perish as hospitals, doctors and nurses were suddenly overwhelmed. To prevent that, tens of millions Americans are

uniting and mobilizing for one purpose in order to save the lives of as many as possible and to salvage as much of the economy as can be from the fallout. Sometimes, such a prolonged crisis politically can result in a rally around the flag effect for the incumbent. The idea is that in a time of national crisis, the American people will rally to the President regardless of party. The overall political outcome will likely depend on how seniors respond to the crisis. All these sacrifices are being made to protect the most vulnerable, and so do they feel protected? For Trump's war on the virus to be victorious, he needs older Americans to fully opt in. Do you support the President's plan to save the lives of potentially millions of older Americans?

Video: When the coronavirus ends, everyone needs to get back to work or we'll have a deep, long recession

If the government provides enough of an incentive for people to stay home, millions of Americans will respond by ceasing labor participation. And if too many give into this mindset, when the pandemic is over it has the potential to utterly devastate the U.S. economy, with reverberations felt for a generation just like the financial crisis. Back then, Congress kept on readily extending unemployment benefits for up to 99 weeks. Remember? Do we want to do that again? That is why as soon as the virus passes, the unemployment assistance should automatically transform into a rehiring tax credit for employers to quickly get back up and running. For essentially the same price as the unemployment assistance being dispensed, the government could provide tax credits to businesses to bring back and rehire everyone they put on unpaid sick leave at the beginning of the shutdown. In principle, that would shorten the duration of expanded government assistance, hopefully saving taxpayers billions and ensure that when this over, the nation can get back on its feet as quickly as possible.

President Trump praised for nomination of Russ Vought to head OMB

Americans for Limited Government President Rick Manning: "President Trump got it exactly right by nominating Russ Vought to become the Director of the Office of Management and Budget. Vought has proven himself to be an outstanding steward of the OMB during Director Mick Mulvaney's stints as head of the Consumer Finance Protection Board and White House Chief of Staff. Our nation faces a perilous time with previously unseen levels of emergency spending to meet the Chinese virus crisis and its impacts on the economy. Vought understands where this money is going and will help the President ensure that it is properly spent. What's more, there is no better person to prepare the way out of the economic disaster left in the wake of the Chinese virus, which has shuttered many American businesses in an attempt to contain it. With Vought at the helm, America can

be sure that a plan to achieve fiscal sanity will be in place when the threat subsides. I am also heartened by the fact that the lesser known part of the OMB's functions, reviewing regulations, will continue under Vought's steady hand. To meet the Chinese virus challenge and come out the other end with a restored and robust economic rebound requires someone who truly understands the connection between the federal regulatory regime and economic growth. In short, the President could not have appointed someone more qualified to meet our nation's fiscal and regulatory challenges than Russ Vought."

Letter: Conservative groups urge no government rate setting for out-of-network visits

"As you debate and consider a legislative response for those affected by COVID-19, the undersigned groups representing millions of taxpayers and consumers urge you to reject any attempt to include any language that would seek to address surprise medical billing by creating a government-mandated benchmark (i.e. rate-setting) to determine out-of-network rates for physicians. Government price controls for medical bills would be particularly devastating at a time of great stress for our nation's patients and healthcare providers. Doctors and hospitals are on the front line of treating and fighting this disease. Mandating in-network rates would result in direct government price controls that would artificially suppress rates for providers offering out-of-network care, resulting in enormous financial losses that would be shifted to local hospitals and emergency rooms."

Will Trump get a rally around the flag effect by fighting Chinese coronavirus? Ask seniors.

President Donald Trump, the federal and state governments are leading an unprecedented nationwide response to the Chinese coronavirus outbreak, shutting down vast portions of the U.S. economy, closing schools and government offices, all to save the lives of seniors and those with underlying conditions who are the most endangered by the virus.

More than 52 million Americans are aged 65-years-old-and-older. Of those, 21 million are 75-years-old-and-older, and 12.6 million are 80-years-old-and-older.

The fatality rates reported out of South Korea suggest a 4 percent fatality rate for those 65-years-old-and-older infected with the coronavirus, versus about 0.9 percent fatality rate for the seasonal flu. The fatality rate rises to 15 percent for those 80-years-old-and-older.

If everyone got sick, that suggests more than 2 million might perish as hospitals, doctors and nurses were suddenly overwhelmed. A national catastrophe. But a preventable one if we stay away from one another.

To avert the worst case scenario, the government is sacrificing the economy and most probably causing a major recession while tens of millions of Americans are being temporarily furloughed and placed on paid and unpaid sick and family medical leave. A national emergency has been called, and the President is invoking several provisions of federal statute to suspend regulations to get a vaccine developed and testing across the country, build hospitals and manufacture needed medical supplies. International travel has been mostly suspended.

It is a nationwide mobilization akin to wartime, necessitating tens of millions Americans to unite for one purpose in order to save the lives of as many as possible and to salvage as much of the economy as can be from the fallout.

Sometimes, such a prolonged crisis politically can result in a rally around the flag effect for the incumbent. This was the case for Franklin Roosevelt with the Great Depression and World War II, and George W. Bush following the terrorist attacks of Sept. 11, 2001.

The idea is that in a time of national crisis, the American people will rally to the President regardless of party. The cases mentioned, the Great Depression and World War II, truly were national efforts where Americans united with common cause to rebuild the nation

shattered by deep economic recession and monetary deflation, and then to defeat fascist Italy, Nazi Germany and imperial Japan.

Arguably, Landon Johnson in 1964 had a similar effect following the assassination of John F. Kennedy in 1963, as did George H.W. Bush following the Persian Gulf War in 1991, albeit short-lived as he went on to lose his reelection bid in 1992 to Bill Clinton.

Conversely, Herbert Hoover in 1932 with the Great Depression, Jimmy Carter in 1980 with the Iran hostage crisis and the aforementioned elder Bush in 1992 with a recession show presidents who didn't make the cut when it came to addressing a national crisis when they faced voters for a second time.

This is why we elect presidents, to deal with crises. Some succeed, and others fail.

So, which will happen for Trump? Certainly, he gets credit for trying, taking unprecedented emergency actions to contain a deadly virus, and one can argue that the nation has already rallied to the cause, working together across party lines. Governors Andrew Cuomo (D-N.Y.) and Gavin Newsom (D-Calif.) have praised the administration's response to provide assistance to New York, California and other states hit hard by the virus.

But the overall political outcome will likely depend on how successful the coronavirus public policy response is at convincing Americans to engage in social distancing, thereby reducing the number of cases and saving lives. And on how well the government deals with the certain economic fallout of millions of Americans being temporarily out of work.

And, perhaps most importantly, on how seniors respond to the crisis. All these sacrifices are being made to protect the most vulnerable, and so do they feel protected? For Trump's war on the virus to be victorious, he needs older Americans to fully opt in.

Early indicators in Florida — which has among the highest percentage populations of seniors — show President Trump faring pretty well in match-ups against former Vice President Joe Biden. For example, a March 6-12 Univision poll shows Trump leading Florida 48 percent to 45 percent, and 51 percent to 44 percent among those older than 50.

53 percent say the government is doing enough to contain the virus, including 56 percent of those older than 50. That's about as well as Trump did nationally in 2016, when he beat Hillary Clinton among seniors in the CNN exit poll nationally and in Florida. Watch for that

number to rise significantly over the coming days and weeks once the de facto national lockdown is taken into account.

So, if Trump does experience a surge, particularly among older Americans across party lines most concerned about the virus and favoring his aggressive approach to containing it, it has the significant possibility of tilting the election in his favor come November. It is hard to imagine Trump wining without seniors.

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If the President's efforts are in vain, the next time we have a crisis like this, the government might just let the vulnerable die out of economic and downstream political concerns. One thing the Trump administration can absolutely say is that it is prioritizing the lives of Americans, particularly seniors, over any political advantage or economic concerns.

The thing to watch in the coming days will be the number of new cases, now increasing as nationwide testing proliferates.

It's risky, particularly with the economic turmoil but that fallout may very well have been unavoidable whether the government proclaimed a shutdown or it didn't. Europe resisted a lockdown until the situation was untenable in Italy and it was forced on them. Likely businesses and states would have shut down either way even if Trump had preferred a *laissez faire* approach. Trump chose early on to get ahead of the curve, sealed the border with China and has been ramping up every since.

The question now is will Trump's approach, including by banning overseas travel and encouraging businesses and schools to close, help to bend that curve downward? If it does, when the number of new cases are dropping, Trump will be able to campaign in November on having saved the lives of potentially millions of seniors, who may thank him by reelecting him President.

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

Video: When the coronavirus ends, everyone needs to get back to work or we'll have a deep, long recession

 6

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“Our nation faces a perilous time with previously unseen levels of emergency spending to meet the Chinese virus crisis and its impacts on the economy. Vought understands where this money is going and will help the President ensure that it is properly spent. What’s more, there is no better person to prepare the way out of the economic

disaster left in the wake of the Chinese virus, which has shuttered many American businesses in an attempt to contain it. With Vought at the helm, America can be sure that a plan to achieve fiscal sanity will be in place when the threat subsides.

“I am also heartened by the fact that the lesser known part of the OMB’s functions, reviewing regulations, will continue under Vought’s steady hand. To meet the Chinese virus challenge and come out the other end with a restored and robust economic rebound requires someone who truly understands the connection between the federal regulatory regime and economic growth. In short, the President could not have appointed someone more qualified to meet our nation’s fiscal and regulatory challenges than Russ Vought.”

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Letter: Conservative groups urge no government rate setting for out-of-network visits

As you debate and consider a legislative response for those affected by COVID-19, the undersigned groups representing millions of taxpayers and consumers urge you to reject any attempt to include any language that would seek to address surprise medical billing by creating a government-mandated benchmark (i.e. rate-setting) to determine out-of-network rates for physicians. Government price controls for medical bills would be particularly devastating at a time of great stress for our nation’s patients and healthcare providers.

Doctors and hospitals are on the front line of treating and fighting this disease. Mandating in-network rates would result in direct government price controls that would artificially suppress rates for providers offering out-of-network care, resulting in enormous financial losses that would be shifted to local hospitals and emergency rooms.

Many of these facilities — particularly the ones serving rural, hard-to-reach communities across the nation — are already operating under razor-thin profit margins, if they are even profitable at all. Further compounding their financial woes could exacerbate a growing doctor shortage and lead to an increase in rural provider consolidation or even

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It is critical that at a time of a national emergency you focus on the needs of the country and not use the pandemic as an opportunity to enact government rate-setting that would harm our patients and our healthcare system.

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Subject:	Will Trump get a rally around the flag effect by fighting Chinese coronavirus? Ask seniors.
Date:	2020/03/19 09:54:09
Priority:	Normal
Type:	Note



6

March 19, 2020

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Will Trump get a rally around the flag effect by fighting Chinese coronavirus? Ask seniors.

President Donald Trump, the federal and state governments are leading an unprecedented nationwide response to the Chinese coronavirus outbreak, shutting down vast portions of the U.S. economy, closing schools and government offices, all to save the lives of seniors and those with underlying conditions who are the most endangered by the virus. More than 52 million Americans are aged 65-years-old-and-older. Of those, 21 million are 75-years-old-and-older, and 12.6 million are 80-years-old-and-older. The fatality rates reported out of South Korea suggest a 4 percent fatality rate for those 65-years-old-and-older infected with the coronavirus, versus about 0.9 percent fatality rate for the seasonal flu. The fatality rate rises to 15 percent for those 80-years-old-and-older. If everyone got sick, that suggests more than 2 million might perish as hospitals, doctors and nurses were suddenly overwhelmed. To prevent that, tens of millions Americans are

uniting and mobilizing for one purpose in order to save the lives of as many as possible and to salvage as much of the economy as can be from the fallout. Sometimes, such a prolonged crisis politically can result in a rally around the flag effect for the incumbent. The idea is that in a time of national crisis, the American people will rally to the President regardless of party. The overall political outcome will likely depend on how seniors respond to the crisis. All these sacrifices are being made to protect the most vulnerable, and so do they feel protected? For Trump's war on the virus to be victorious, he needs older Americans to fully opt in. Do you support the President's plan to save the lives of potentially millions of older Americans?

Video: When the coronavirus ends, everyone needs to get back to work or we'll have a deep, long recession

If the government provides enough of an incentive for people to stay home, millions of Americans will respond by ceasing labor participation. And if too many give into this mindset, when the pandemic is over it has the potential to utterly devastate the U.S. economy, with reverberations felt for a generation just like the financial crisis. Back then, Congress kept on readily extending unemployment benefits for up to 99 weeks. Remember? Do we want to do that again? That is why as soon as the virus passes, the unemployment assistance should automatically transform into a rehiring tax credit for employers to quickly get back up and running. For essentially the same price as the unemployment assistance being dispensed, the government could provide tax credits to businesses to bring back and rehire everyone they put on unpaid sick leave at the beginning of the shutdown. In principle, that would shorten the duration of expanded government assistance, hopefully saving taxpayers billions and ensure that when this over, the nation can get back on its feet as quickly as possible.

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Americans for Limited Government President Rick Manning: "President Trump got it exactly right by nominating Russ Vought to become the Director of the Office of Management and Budget. Vought has proven himself to be an outstanding steward of the OMB during Director Mick Mulvaney's stints as head of the Consumer Finance Protection Board and White House Chief of Staff. Our nation faces a perilous time with previously unseen levels of emergency spending to meet the Chinese virus crisis and its impacts on the economy. Vought understands where this money is going and will help the President ensure that it is properly spent. What's more, there is no better person to prepare the way out of the economic disaster left in the wake of the Chinese virus, which has shuttered many American businesses in an attempt to contain it. With Vought at the helm, America can

be sure that a plan to achieve fiscal sanity will be in place when the threat subsides. I am also heartened by the fact that the lesser known part of the OMB's functions, reviewing regulations, will continue under Vought's steady hand. To meet the Chinese virus challenge and come out the other end with a restored and robust economic rebound requires someone who truly understands the connection between the federal regulatory regime and economic growth. In short, the President could not have appointed someone more qualified to meet our nation's fiscal and regulatory challenges than Russ Vought."

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If everyone got sick, that suggests more than 2 million might perish as hospitals, doctors and nurses were suddenly overwhelmed. A national catastrophe. But a preventable one if we stay away from one another.

To avert the worst case scenario, the government is sacrificing the economy and most probably causing a major recession while tens of millions of Americans are being temporarily furloughed and placed on paid and unpaid sick and family medical leave. A national emergency has been called, and the President is invoking several provisions of federal statute to suspend regulations to get a vaccine developed and testing across the country, build hospitals and manufacture needed medical supplies. International travel has been mostly suspended.

It is a nationwide mobilization akin to wartime, necessitating tens of millions Americans to unite for one purpose in order to save the lives of as many as possible and to salvage as much of the economy as can be from the fallout.

Sometimes, such a prolonged crisis politically can result in a rally around the flag effect for the incumbent. This was the case for Franklin Roosevelt with the Great Depression and World War II, and George W. Bush following the terrorist attacks of Sept. 11, 2001.

The idea is that in a time of national crisis, the American people will rally to the President regardless of party. The cases mentioned, the Great Depression and World War II, truly were national efforts where Americans united with common cause to rebuild the nation

shattered by deep economic recession and monetary deflation, and then to defeat fascist Italy, Nazi Germany and imperial Japan.

Arguably, Lyndon Johnson in 1964 had a similar effect following the assassination of John F. Kennedy in 1963, as did George H.W. Bush following the Persian Gulf War in 1991, albeit short-lived as he went on to lose his reelection bid in 1992 to Bill Clinton.

Conversely, Herbert Hoover in 1932 with the Great Depression, Jimmy Carter in 1980 with the Iran hostage crisis and the aforementioned elder Bush in 1992 with a recession show presidents who didn't make the cut when it came to addressing a national crisis when they faced voters for a second time.

This is why we elect presidents, to deal with crises. Some succeed, and others fail.

So, which will happen for Trump? Certainly, he gets credit for trying, taking unprecedented emergency actions to contain a deadly virus, and one can argue that the nation has already rallied to the cause, working together across party lines. Governors Andrew Cuomo (D-N.Y.) and Gavin Newsom (D-Calif.) have praised the administration's response to provide assistance to New York, California and other states hit hard by the virus.

But the overall political outcome will likely depend on how successful the coronavirus public policy response is at convincing Americans to engage in social distancing, thereby reducing the number of cases and saving lives. And on how well the government deals with the certain economic fallout of millions of Americans being temporarily out of work.

And, perhaps most importantly, on how seniors respond to the crisis. All these sacrifices are being made to protect the most vulnerable, and so do they feel protected? For Trump's war on the virus to be victorious, he needs older Americans to fully opt in.

Early indicators in Florida — which has among the highest percentage populations of seniors — show President Trump faring pretty well in match-ups against former Vice President Joe Biden. For example, a March 6-12 Univision poll shows Trump leading Florida 48 percent to 45 percent, and 51 percent to 44 percent among those older than 50.

53 percent say the government is doing enough to contain the virus, including 56 percent of those older than 50. That's about as well as Trump did nationally in 2016, when he beat Hillary Clinton among seniors in the CNN exit poll nationally and in Florida. Watch for that

number to rise significantly over the coming days and weeks once the de facto national lockdown is taken into account.

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To:	Redfield, Robert R. (CDC/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ab74a26317547b8a754285d9eaa847c-robert.redf>; 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>; Verma, Seema (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e36583cd19bb453997718e4ca9ac8a93-SeemaVermaP>; OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>; Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
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Date:	2020/03/19 10:30:07
Priority:	Normal
Type:	Note

Approximately 109 long term care facilities and assisted living facilities across 21 states have suspected or confirmed cases.

Yesterday, we reported 35 facilities in 12 states. Today's data does not necessarily indicate a dramatic increase in 24 hours—it could also be indicative of more states reporting outbreaks in LTCs to us over the last day, as well as an increase in affected facilities.

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>
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MD (CDC/DDID/NCEZID/DHQP) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a0b28765eb214642ab98980eb2923959-Cardo, Deni>; Srinivasan, Arjun (CDC/DDID/NCEZID/DHQP) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1170e2a697cd486e9ea6d56c2d8044fc-Srinivasan,>; Bell, Michael MD (CDC/DDID/NCEZID/DHQP) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=15dbc2e3be2c41f0ace5f6406b3ade3a-michael.bel>; Moran, Kerri (CDC/DDID/NCEZID/DHQP) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bcaccbebcf9a45739a4a4ceb39a608fd-kerri.moran>; Stone, Nimalie (CDC/DDID/NCEZID/DHQP) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6c7e4e0741d145399c5fba1593e76152-nimalie.sto>; Jacobs Slifka, Kara (CDC/OID/NCEZID) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1ac2fc0e69ea4d2896e347bcf81df264-kara.jacobs>; Adams, Danielle N. 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	Saxon, Bobby (CMS/CCIIO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=08f6f33b24e24f00a2cf3650a8393f25-SYTP>; Meier, Patricia A. (CMS/CQISCO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=264f9032200c45f4ae9db9a52f5d3b3c-MB3L>; Ford-Barnes, Arwenithia (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d533abc24cbe44b79f6fddc6b08737a6-Ford-Barnes>; Payne, Skip (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=94ba9f17f14149b7b9d64b4b481059fa-PU1K>; Wright, David R. (CMS/CCSQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=924897ab42a24d8c98ee2ed7c010611c-Gr73>; Brandt, Kimberly (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d3e40f9c0e604ccfb9acbc4e69f49157-BKCN>; Ay, Jean (CMS/CCSQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c6c79da50041421f891930e3850ab76e-P3T3>; Chickering, Steven D. (CMS/CCSQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5b6b29354a524a62be0f5e74191837d4-Gi37>; Smith, Linda D. (CMS/CCSQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7980b1e172944b80b3b029558890b138-S1R5>; Reinertsen, Lauren (CMS/CCSQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=24365439082e45f79f57156753a14efa-Lauren.Rein>; Wardlow-Dotter, Dianna (CMS/CCSQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=50eb81d77ed047eb8b3e895e0cc0619a-W44S>; Garza, Alex (CMS/CCSQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=781ad34233364615bc03c87083531ecc-GU4W>; St Aubin, Francoise E. (CMS/CCSQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dfd4384d835449e9b91b88737c25ede1-SCSC>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Valentine, Steven (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fd508090f8984b1caf04069bc6000dc2-Valentine,>; Trent-Adams, Sylvia (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=650dc3276414421693345147bfafd132-Trent-Adams>; McGowan, Robert (Kyle) (CDC/OD/OCS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a2046e75239f48a28d2854bedbe5f899-robert.mcgo>; Romanik, Nikki Jo (CDC/OD/OCS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7ee8103f19c54892ba1017bd2bbdadac-nikki.roman>; Herrmann, Jack (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bebe389042ba411496b284f678ce7247-Hermann, Ja>; Dafflito, Scott (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9bd71e3aec6a4af3ad242da2c0961a9e-Dafflito,>; Williams, Teresa (CDC/OD/OCS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d75dfdae7a1c43dabdf96bad6f8b33cf-Williams, T>; Gershman, Lynn E. (CDC/DDPHSIS/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=217e953c4c9c4d17b257f97e95b9c7fd-lynn.gershm>; Schwartz, Erica (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=603e84a0e3744a5d8dcdb759f5dcad91-Schwartz, E>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
CC:	Joshi, Cecilia (CDC/DDID/NCEZID/DHQP) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ffe8465eba764bb5aca843d2fea11783-Curry, Ceci>; Hanns, Sheila R. (CMS/CCSQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e122d42e33dd48c982bbec7fdb7a6e03-H4NW>; Wright, David R. (CMS/CCSQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=924897ab42a24d8c98ee2ed7c010611c-Gr73>
Subject:	RE: CCDC/CMS/ASPR COVID-19 Nursing Home Coordination Call
Date:	2020/03/19 10:33:16
Priority:	Normal
Type:	Note

Everyone, this is the latest version of the survey process, that is also intended to be self-assessment for facilities. There have been a few changes since you last saw it (including changes based on CDC recommendations). This is on a very fast track, and expected to be released tomorrow. We will discuss at 11. Thanks! -Evan

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

From: McBride, Stefanie (CDC/DDID/NCEZID/DHQP) [mailto:wve1@cdc.gov]

Sent: Wednesday, March 4, 2020 1:24 PM

To: McBride, Stefanie (CDC/DDID/NCEZID/DHQP); Cardo, Denise M. MD (CDC/DDID/NCEZID/DHQP); Srinivasan, Arjun (CDC/DDID/NCEZID/DHQP); Bell, Michael MD (CDC/DDID/NCEZID/DHQP); Moran, Kerri (CDC/DDID/NCEZID/DHQP); Shulman, Evan T. (CMS/CCSQ); Stone, Nimalie (CDC/DDID/NCEZID/DHQP); Jacobs Slifka, Kara (CDC/OID/NCEZID); Adams, Danielle N. (CMS/CCSQ); Hayden, Megan R. (CMS/CCSQ); Tritz, Karen L. (CMS/CCSQ); Hittle, Matthew (CMS/OA); Harris, Melissa L. (CMS/CMCS); Finne, Kristen (OS/ASPR/EMMO); Levine, Cheryl (OS/ASPR/EMMO); Kallen, Alexander (CDC/DDID/NCEZID/DHQP); Schaefer, Melissa K. (CDC/DDID/NCEZID/DHQP); Autrey, Sophia (CMS/CCSQ); Archibald, Traci (CMS/CCSQ); Saunders, Adriane (CMS/CCSQ); Lollar, Ralph F. (CMS/CMCS); Davis, Angel (CMS/CCSQ); Tripp, Lisa C. (CMS/CCSQ); Pace, Sandra M. (CMS/CCSQ); Ling, Shari (CMS/CCSQ); Couch, Marion (CMS/OA); Perz, Joseph (CDC/DDID/NCEZID/DHQP); Coffin, Nicole (CDC/DDID/NCEZID/DHQP); Epstein, Lauren H. (CDC/DDID/NCEZID/DHQP); Phillips, Sally (OS/ASPR/SPPR); Blackfield, Anne (CMS/CMCS); Moody-Williams, Jean D. (CMS/CCSQ); Blackford, Carol W. (CMS/CM); Saxon, Bobby (CMS/CCIIO); Meier, Patricia A. (CMS/CQISCO); Ford-Barnes, Arwenethia (OS/ASPR/IO); Payne, Skip (CMS/OA); Wright, David R. (CMS/CCSQ); Brandt, Kimberly (CMS/OA); Ay, Jean (CMS/CCSQ); Chickering, Steven D. (CMS/CCSQ); Smith, Linda D. (CMS/CCSQ); Reinertsen, Lauren (CMS/CCSQ); Wardlow-Dotter, Dianna (CMS/CCSQ); Garza, Alex (CMS/CCSQ); St Aubin, Francoise E. (CMS/CCSQ); Shuy, Bryan (OS/ASPR/IO); Valentine, Steven (HHS/OASH); Trent-Adams, Sylvia (HHS/OASH); McGowan, Robert (Kyle) (CDC/OD/OCS); Romanik, Nikki Jo (CDC/OD/OCS); Herrmann, Jack (OS/ASPR/OEA); Dafflitt, Scott (OS/ASPR/EMMO); Williams, Teresa (CDC/OD/OCS); Gershman, Lynn E. (CDC/DDPHSIS/OD); Schwartz, Erica (HHS/OASH); Kadlec, Robert (OS/ASPR/IO)

Cc: Joshi, Cecilia (CDC/DDID/NCEZID/DHQP); Hanns, Sheila R. (CMS/CCSQ)

Subject: CCDC/CMS/ASPR COVID-19 Nursing Home Coordination Call

When: Thursday, March 19, 2020 11:00 AM-11:30 AM (UTC-05:00) Eastern Time (US & Canada).

Where: Skype Meeting or (b)(6)

Update (2020-03-11): Adding additional participants as requested. Resending invite to all so that everyone has correct distribution list.

Update (2020-03-10): Per guidance from the CMS Administrator, this call will move to a daily frequency.

Update (2020-03-09): Adding additional CDC and CMS participants, as requested.

Update (2020-03-08): Many people were forwarded the invite to this call over the weekend, and I also received requests to add people to the invite. I am resending this invite to the full group so that everyone has the full distribution list for the call and that all recipients receive updates to the invite series. There has been no change to the frequency or day/time of the meetings; only changes to the participant list. If there are others who should be added, please contact Stefanie Bumpus McBride. Thanks! - SBM

Update (2020-03-06): Renaming call to reflect all participants and adding additional participants.

Scheduling CDC/CMS COVID check-in: nursing homes for M/W/F from 11-11:30 am.

Please contact Stefanie Bumpus McBride if a call needs to be moved or cancelled, or if additional participants should be added.

If Stefanie is out of the office, please contact Kerri Moran.

CDC staff: if at least one person can join by Skype and monitor if anyone needs to be admitted to the call, that would be very helpful (especially on days I am unable to join).

.....

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Sender:	Shulman, Evan T. (CMS/CCSQ) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0D072B32B0E843F28045BA8306D62BE9-S7EL>
Recipient:	McBride, Stefanie (CDC/DDID/NCEZID/DHQP) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5b24c398e76c44658f80d8a662ddb0fe-stefanie.bu>; Cardo, Denise M. MD (CDC/DDID/NCEZID/DHQP) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a0b28765eb214642ab98980eb2923959-Cardo, Deni>; Srinivasan, Arjun (CDC/DDID/NCEZID/DHQP) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1170e2a697cd486e9ea6d56c2d8044fc-Srinivasan,>; Bell, Michael MD (CDC/DDID/NCEZID/DHQP) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=15dbc2e3be2c41f0ace5f6406b3ade3a-michael.bel>; Moran, Kerri (CDC/DDID/NCEZID/DHQP) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bcaccbebcf9a45739a4a4ceb39a608fd-kerri.moran>; Stone, Nimalie (CDC/DDID/NCEZID/DHQP) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6c7e4e0741d145399c5fba1593e76152-nimalie.sto>; Jacobs Slifka, Kara (CDC/OID/NCEZID) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1ac2fc0e69ea4d2896e347bcf81df264-kara.jacobs>; Adams, Danielle N. (CMS/CCSQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cb562597c1e84e33be580542e70f2edc-M70E>; Hayden, Megan R. (CMS/CCSQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=455cb960790e471db0b8933cb0834e49-H64F>; Tritz, Karen L. (CMS/CCSQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7089c550f8f64b69b9771adbc38a128c-T2LI>; Hittle, Matthew (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1df1a8669f7d418bb710d283dc73d1dd-HO8O>; Harris, Melissa L. (CMS/CMCS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=df7d53c167ca49aebfd8adc24b9cec42-QC06>; Finne, Kristen (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=12134683f939476ebb34530dc798dc3d-Finne, Kris>; Levine, Cheryl (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8c496822c9fb482cb961da78416ff7ef-Levine, Che>; Kallen, Alexander (CDC/DDID/NCEZID/DHQP) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6d091fd4ed384840a3c555c044979900-Kallen, Ale>;

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Sent Date:	2020/03/19 10:33:14
Delivered Date:	2020/03/19 10:33:16

From:	Nicholas Potts <nick@scriptdrop.co>
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.up (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Waters, Cicely (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00e638c4ddf64006bcc009e8032dd700-Waters, Cic>
Subject:	Re: ScriptDrop
Date:	2020/03/19 10:36:40
Priority:	Normal
Type:	Note

All,

I'm reaching out to ask for guidance and help from your team. ScriptDrop has thousands of pharmacies, across the country reaching out to us. We're launching them as quickly as possible and directing them to tell their patients about our patient process. But, it creates a significant bottleneck of the information not being out there in a uniform and standardized way. They each have to come to us for the info.

We're working with both NCPDP and NACDS on the idea of an announcement to provide a standardized solution. With us being members there, that should help out a lot.

Can you assist here?

Nick Potts
CEO

ScriptDrop

<https://protect2.fireeye.com/url?k=4e1fe861-124bf11d-4e1fd95e-0cc47adc5fa2-79332125a8a2d7d7&u=https://scriptdrop.co/>

855 Grandview Avenue #110
Columbus, OH 43215

On Sun, Mar 15, 2020 at 10:09 AM Nicholas Potts <nick@scriptdrop.co>wrote:
Perfect. Feel free to throw the time on my calendar, based on your availability. No need to reach out and check. I'll hop on a call at any time.

Nick Potts
CEO

ScriptDrop

<https://protect2.fireeye.com/url?k=b9c1cc31-e595d54d-b9c1fd0e-0cc47adc5fa2-b30240ac409275f5&u=https://scriptdrop.co/>
855 Grandview Avenue #110
Columbus, OH 43215

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

I will have my team set up a time. Nick. Thanks. Best. Bob

Sent from my iPhone

On Mar 15, 2020, at 8:09 AM, Nicholas Potts <nick@scriptdrop.co>wrote:

Bob and Bryan,

I can touch base with your team today and provide the resources needed on the process, so the message is easy for you to share. Several pharmacy chains starting Monday will include our process in every patient text they send, letting them know their prescription is ready and how to kick off a delivery.

A few pharmacy chains are working with us to plan to go a closed-door, delivery only model for weeks/months to help lessen the spread.

My team and I can be free to hop on a call **anytime** today. I'm also happy to loop in leadership of Lyft and DoorDash. Everyone is using our technology and we know this will be a total team effort to offer a nationwide solution for hospitals and patients for delivery of prescriptions and test kits.

My cell is 615-522-7117. Feel free to reach out, when you are free.

Nick Potts
CEO

ScriptDrop

<https://protect2.fireeye.com/url?k=215e278d-7d0a3ef1-215e16b2-0cc47adc5fa2-5f3e871e3769e369&u=https://protect2.fireeye.com/url?k=d6f7ca0b-8aa3d377-d6f7fb34-0cc47adc5fa2-2ccb6f88f9f413cc&u=https://scriptdrop.co/>
855 Grandview Avenue #110
Columbus, OH 43215

On Sun, Mar 15, 2020 at 7:53 AM Kadlec, Robert (OS/ASPR/IO)

<Robert.Kadlec@hhs.gov>wrote:

Dave thanks for the intro

Nick what a wonderful idea and service. I copied my CoS Bryan Shuy who will reach out.

What can we do to help get the word out?

Sent from my iPhone

On Mar 14, 2020, at 6:35 PM, Nicholas Potts <nick@scriptdrop.co>wrote:

Thanks so much for the intro, Dave.

Bob,

We launch our patient initiated delivery solution on Monday. ScriptDrop's solution is already used by thousands of pharmacies in the country. A patient can text a short code the word "DELIVER" and get their prescription delivered, from any pharmacy.

We're working with several national pharmacy groups that believe they'll need to go to a closed-door, delivery only model and we're their solution to execute on that.

Last night, I had a large hospital system reach out and ask about our ability to delivery at-home test kits through our platform. To add additional capacity to handle their request, we're working with Lyft to train their drivers on our technology across the country.

Between Lyft, DoorDash, Postmates, and our normal courier network, we have hundreds of thousands of drivers to help the healthcare system and patients, in all 50 states.

I'd love to hop on a quick call with you and identify ways we can help even more patients. I know this is an all-hands on deck scenario for anyone that can assist. ScriptDrop's technology and team are both ready for the challenge.

Nick Potts

CEO

ScriptDrop

[https://protect2.fireeye.com/url?k=f2fe9790-aeaa8eec-f2fea6af-0cc47adc5fa2-](https://protect2.fireeye.com/url?k=f2fe9790-aeaa8eec-f2fea6af-0cc47adc5fa2-9163f69c2ab48096&u=https://protect2.fireeye.com/url?k=a83c213b-f4683847-a83c1004-0cc47adc5fa2-255ce00ad0d67037&u=https://protect2.fireeye.com/url?k=c72ef8c0-9b7ae1bc-c72ec9ff-0cc47adc5fa2-c2081e4e02c1fe14&u=https://scriptdrop.co/)

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[c2081e4e02c1fe14&u=https://scriptdrop.co/](https://scriptdrop.co/)

855 Grandview Avenue #110

Columbus, OH 43215

On Sat, Mar 14, 2020 at 6:14 PM David Curley <david.curley@endogroupllc.com>wrote:

Hi Bob – I want to introduce you you Nick Potts, CEO of Scriptdrop. They are getting ready to go live on Monday in support of the COVID19 national effort. Take a look at this press release. I'm hoping to socialize this throughout the HHS and other gov't agencies so they can help let people know of this great service during this time of need.

<https://www.prnewswire.com/news-releases/scriptdrop-launches-nationwide-patient-focused-prescription-delivery-solution-in-response-to-covid-19-301022797.html>

It's amazing how Nick and his team have got this going so quickly. You can also check out:
<https://protect2.fireeye.com/url?k=03a99a88-5ffd83f4-03a9abb7-0cc47adc5fa2-c9d4a1787f84c75a&u=https://protect2.fireeye.com/url?k=da585c41-860c453d-da586d7e-0cc47adc5fa2-1310e8b61ce6e6a2&u=https://protect2.fireeye.com/url?k=e76f633e-bb3b7a42-e76f5201-0cc47adc5fa2-a604ed6463f4274e&u=http://www.scriptdrop.co/>

Best Regards,

Dave

David M. Curley

Endo Marketing Group, llc

O | 866.782.ENDO x1

C | (b)(6)

E | david.curley@endogroupllc.com

<image001.png>

Sender:	Nicholas Potts <nick@scriptdrop.co>
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Message Flags:	Unread

From:	David Beaudreau <(b)(6)>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Johnstown PA
Date:	2020/03/19 10:57:29
Priority:	Normal
Type:	Note

Hi again Alex,

I saw that you're originally from Johnstown PA. My mom's side of the family is all from there. I'm now a very concerned resident of Virginia. Here's a post below that is urgent.

As you may have seen, Bill Ackman is also calling for a 30 day shutdown to get this under control asap.

https://www.cnbc.com/video/2020/03/18/watch-cnbc-full-interview-with-billionaire-investor-bill-ackman-on-coronavirus-outbreak.html?fbclid=IwAR1q-aR4o5wx1i0Nicz_3kQ4MQqcZa6HyJByTRBcBZ980SeLYARPmkn2Ko

David

<https://www.theatlantic.com/international/archive/2020/03/italy-coronavirus-covid19-west-europe-future/607660/>

<https://www.washingtonpost.com/graphics/2020/world/corona-simulator/>

Every day that we delay implementing a national lockdown could mean tens or hundreds of thousands of lives lost in the future. The only reason China got ahead of the virus is that they first put in a lockdown almost immediately on Hubei province, then on the other major cities in China and then ramped up testing of everyone with symptoms. The steps we've taken to slow the spread recently are good steps, but NOT enough. We need a national lockdown. We are way behind so we need to take all of those steps here immediately. Every HOUR we waste there are more infections, and later, more deaths. If the White House is worried about the economy tanking in the short term, the economy will be decimated in the long run if we don't act NOW.

This is the speech the President should give.

The 30 Day Sacrifice

My fellow Americans, I come to you tonight amidst a crisis like our country has not seen in over 100 years, since the flu of 1918.

This is a crisis none of us have lived through before. This coronavirus is one of the fastest moving and most contagious ones we have ever seen. It is an invisible enemy and we are at war with

it. The number of infected people in the United States is currently doubling every 3 to 5 days.

This means that EVERY DAY we use effectively over the next several weeks and months to slow down the spread of the virus, the fewer people who will become infected, and as a result thousands of lives or more will be saved. Our efforts to cancel events and other large gatherings across the U.S. over the last week have already begun to save lives in the future.

Every day we now have ahead of us that we use effectively will buy us time. This will give our healthcare workers the time they need to adapt and treat more patients and as result, save more lives. As you likely know, there is currently no vaccine, but our government and private industry are both rushing to develop one. This is a longer term solution, and won't be available until at least a year from now.

The enormous challenge with this virus is that many people who have it do not have ANY symptoms. They feel fine and then transmit it to someone else, sometimes with serious or deadly consequences. Young people, while you may survive the illness, you may have long-term health problems if you get the virus, so you must listen to what I'm about to say. If you pass it onto an older relative or friend, unknowingly, they could die. This is why the only way to stop the spread of the virus right now is for everyone to shelter in place. The virus will then start to burn itself out. What I mean is that it will stop infecting people if it does not have anyone else to infect. We must limit all of our human interaction to our immediate family, right now for 30 days. This will not make sense to many of you and you won't understand why we are asking you to do this, but you must.

We must band together and call this the 30 Day Sacrifice, the moment where Americans came together and agreed to stay home

to prevent the spread of this deadly disease. Some of our greatest Americans have been called to urgent wars in the past; we're calling on you to simply stay at home.

Use this time to read a book, watch movies, and spend time with your family and loved ones in your home. Do not use this time to go visit friends and family who do not live in your home, simply call them to check in and make sure they are ok. If you live alone, this will be isolating, but please use technology, phones and other means to stay connected to your friends and family virtually. Remember to wash your hands regularly.

If during the next 30 days, you begin to feel sick with a fever and cough, please first call your doctor. Do NOT rush to go to the doctor's office or emergency room unless you believe your life is in immediate danger. Your doctor will tell you on the phone whether they think you should go to their office or a hospital.

Effective at midnight tonight, everyone must return to your home and stay there. All businesses must close and all commerce unrelated to health care support and the food supply chain must stop. Only essential employees including hospital workers, food producers and those supporting them should report to work. All travel, both international and domestic, must stop. The airplanes currently in the air will be allowed to land at their current destination, but all planes must then be parked.

In other countries where they have asked their citizens to stay at home, many people have not complied. We NEED you to comply. If you do not listen to this urgent request, we will use enforcement to make sure you stay at home. We realize that this will be a tremendous sacrifice for millions of Americans. The economy has already and will continue to take a tremendous hit. It will recover,

over time. It will. The stock market will bounce back and jobs will come back as soon as we are through this.

Many of you are wondering how we will do this. Many of you are thinking right now that you cannot afford to do this and wonder how you will put food on the table. Many of you are already sick and need regular doctor or hospital visits. We will make you whole. We will help you get the care you need. We are here for you. We will provide food for people in need, and medicine for those who need it the most.

Therefore, I am announcing that we will make \$1,000 available to every American who needs it during this 30 day period. If you and your family are doing well financially and do not need help at this time, please do not ask for it. This is your part in the 30 day sacrifice that we are all in together right now.

Many of you have already run to your local grocery store to stock up on supplies. If you have done so already, please do not go again for two weeks. Let this time be for those who have not gone to their grocery stores recently in preparation for this shutdown. If you must go to your local pharmacy, please do so only if you are nearly out of your medicine. Do not go if you have recently stocked up. When you are out of your house, stay 6 feet away from everyone else.

To our healthcare workers, you are the front line in this war with an invisible enemy. We will support you. We thank you for your tireless work. You will save many lives over the coming weeks.

Many of you will have many questions about how we will handle all of this. I will be mobilizing the military to coordinate this response. We have the greatest and most effective military in the world. That is why I am asking Chairman of the Joint Chiefs of

Staff, Mark Milley, to lead this effort. Over the next few days, he and his team will be rolling out the next steps to ensure that we are responding to this in the most effective way and so that everyone who needs help, gets it.

Thank you for being a key part of this 30 day sacrifice. Our action together is what makes America great. We're all in this together. Together, we will beat this invisible enemy. America's best days are ahead of us. We will get through this, together. God Bless you and God Bless the United States of America.

Sender:	David Beaudreau <david.beaudreau@gmail.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
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Delivered Date:	2020/03/19 10:57:29
Message Flags:	Unread

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.UP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A182EDA693D040D3832BAE6EFCF7A255-KADLEC, ROB>
To:	Wiesman, John (DOH) <jmwiesman@doh.wa.gov>
CC:	Herrmann, Jack (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bebe389042ba411496b284f678ce7247-Herrmann, Ja>; Postman, David (GOV) <David.Postman@gov.wa.gov>; Daugherty, Bret D. (MIL) <Bret.Daugherty@mil.wa.gov>; Ezelle, Robert (MIL) <Robert.Ezelle@mil.wa.gov>; Wilson, Morgan (GOV) <Morgan.Wilson@gov.wa.gov>; DOH-IC3 (DOH) <doh-ic3.imt@doh.wa.gov>
Subject:	Re: USS Mercy
Date:	2020/03/19 11:08:52
Priority:	Normal
Type:	Note

John call me (b)(6)

Sent from my iPhone

On Mar 19, 2020, at 10:00 AM, Wiesman, John (DOH) <jmwiesman@doh.wa.gov> wrote:

Bob and Jack:

On a similarly urgent note. We are anticipating very soon our hospital system to be overwhelmed with COVID-19 patients. Attached is our letter to the President requesting the USS Mercy to be deployed to Seattle. I am in full support of this request.

I anticipate that by tomorrow we will be hiring a most senior, experience physician military Admiral to lead our health care response. I can assure you that this asset will be put to best use and would serve as a critical infrastructure to our surge response.

I am requesting your support and appreciate all of your assistance.

John Wiesman, DrPH, MPH

Gender Pronouns: He/Him/His

Secretary of Health

Washington State Department of Health

101 Israel Rd SE; MS: 47890

Tumwater, WA 98504-7890

jmwiesman@doh.wa.gov

360-236-4030 | www.doh.wa.gov

<image002.png>

<Governor Inslee Ltr to President Trump re USS Mercy 03172020.pdf>

Sender:	Kadlec, Robert (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A182EDA693D040D3832BAE6EFCF7A255-KADLEC, ROB>
Recipient:	Herrmann, Jack (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bebe389042ba411496b284f678ce7247-Herrmann, Ja>; Postman, David (GOV) <David.Postman@gov.wa.gov>; Daugherty, Bret D. (MIL) <Bret.Daugherty@mil.wa.gov>; Ezelle, Robert (MIL) <Robert.Ezelle@mil.wa.gov>; Wilson, Morgan (GOV) <Morgan.Wilson@gov.wa.gov>; DOH-IC3 (DOH) <doh-ic3.imt@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>
Sent Date:	2020/03/19 11:08:52

From:	Anderson-Villaluz, Dennis (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=61DFC265C6CE45F686AD00F9DFD27901-ANDERSON-VI>
To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
CC:	Dulaigh, Joel (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02b15e96dc484db29682c1d336e63441-Dulaigh, Jo>; Brunson, Brandy (HHS/OASH/OSG) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3e7913b35e5d4ee09a57764c7f349838-Brunson, Br>
Subject:	Schedule for today
Date:	2020/03/19 11:35:13
Priority:	Normal
Type:	Note

Good Afternoon VADM Adams,

Since your departure, the following items have been added to your schedule.

(b)(5)

3:00 – 3:30: There is a Briefing on SGR 2020 Disparities Partnership Webinar but if you are still at the White House that will need to move.

3:30 – 5:00: Media run in the studio / your office

5:00: Call with Senator Rick Scott on COVID-19

Bottom-line: CAPT is seeing if it is better for you to stay at the White House until 3:00 or try to get you back after the press conference. We will adjust the schedule based on your location.

Respectfully,

LT Dennis Anderson-Villaluz MBA, RD, LDN, FAND

Special Assistant to the U.S. Surgeon General
Office of the Surgeon General (OSG)
United States Public Health Service
U.S. Department of Health and Human Services
200 Independence Ave SW, Suite 701-H
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OSG Office: (202) 401-8073
Direct Fax: (202) 260-4405

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