



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

May 8, 2023

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

Dear Mr. Evers:

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

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

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

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

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

Government Officials

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

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

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

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

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

~~vii. SARS~~

~~viii. Epidemic~~

~~ix. Pandemic~~

~~x. Outbreak~~

~~xi. "Public Health Emergency"~~

-

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

~~viii. Isolation~~

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

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

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

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

~~xiii. Containment~~

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

- i. Disease
- ii. Virus

The Department processed **403 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 **237 pages** to you in their entirety and I am further releasing in part **114 pages**, with portions redacted, pursuant to Exemptions (b)(5) and (b)(6) of the FOIA (5 U.S.C. §552 (b)(5) and (b)(6)). Furthermore, I have determined that **52 pages** should be sent for consultation to others and returned to this Department for final disposition.

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

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.DIBOHF23SPDLT)/CN=RECIPIENTS/CN=1D8863B643654B1AAD9A38C952AF613E-MANGO, PAUL>
To:	Shuren, Jeff (FDA/CDRH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bced884c4434f4da6f4fe4b4c3885cd-jeffrey.shu>
CC:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Polowczyk, John P (MIL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b9601fb487104533a91fbf61381d884e-john.p.polo>
Subject:	Re: Info to pass to HHS Sect. or others at HHS
Date:	2020/03/21 21:23:03
Priority:	Normal
Type:	Note

Thank you.

Sent from my iPhone

On Mar 21, 2020, at 9:09 PM, Shuren, Jeff <Jeff.Shuren@fda.hhs.gov>wrote:

We've been working on ECMO, as well.

From: Mango, Paul (HHS/IOS) <Paul.Mango@hhs.gov>
Date: March 21, 2020 at 8:54:20 PM EDT
To: Kadlec, Robert P (OS) <Robert.Kadlec@hhs.gov>, Shuren, Jeff <Jeff.Shuren@fda.hhs.gov>, Polowczyk, John P (MIL) <john.p.polowczyk.mil@mail.mil>
Subject: Fwd: Info to pass to HHS Sect. or others at HHS

Sent from my iPhone

Begin forwarded message:

From: "Uehlecke, Nick (HHS/IOS)" <Nicholas.Uehlecke@hhs.gov>
Date: March 21, 2020 at 7:00:46 PM EDT
To: "Mango, Paul (HHS/IOS)" <Paul.Mango@hhs.gov>, "Parker, Jim (HHS/IOS)" <Jim.Parker@hhs.gov>, "Smith, Brad (CMS/OA)" <Brad.Smith@cms.hhs.gov>
Subject: Fwd: Info to pass to HHS Sect. or others at HHS

FWIW from long time FDA staff re: effectiveness of vents

Sent from my iPhone

Begin forwarded message:

From: "Sheldon, Murray" <Murray.Sheldon@fda.hhs.gov>
Date: March 21, 2020 at 6:58:01 PM EDT
To: "Patel, Sandeep (OS/IOS)" <Sandeep.Patel@hhs.gov>, "Uehlecke, Nick (HHS/IOS)" <Nicholas.Uehlecke@hhs.gov>, "Lippold, Kumiko (HHS/OASH) (CTR)" <Kumiko.Lippold@hhs.gov>
Cc: "Hamel, Joseph (OS/ASPR/IO)" <Joseph.Hamel@hhs.gov>
Subject: RE: Info to pass to HHS Sect. or others at HHS

Sandeep, Nick and Kumiko,

I want to call your attention to an email I just received this afternoon (see attached) from Arnold Lande, an long-time colleague who built one of the first oxygenators many years ago. He also understands that if/when a virus such as COVID-19 enters the lungs and fibrosis develops, ventilators become relatively useless and the mortality rate is very high 9I obviously do not have the causes of death of those who have died from COVID-19, but I'd easily guess that more than 70% have died from hypoxemia, the inability to oxygenate cells throughout the body. The only solution currently available is ECMO (extra-corporeal membrane oxygenation - <https://protect2.fireeye.com/url?k=6c5d34a3-30092ddf-6c5d059c-0cc47adc5fa2-14fd801df99d6f32&u=https://protect2.fireeye.com/url?k=93a8a154-cffc887f-93a8906b-0cc47a6d17cc-9ac2f48fcedfcbf9&u=https://www.google.com/search?q=ECMO&cad=h>). This is a well-known but rarely used treatment, usually used with children and uncommonly with adults. And most hospital did not have the appropriate equipment or personnel trained to use it (an open-heart team is usually the primary resource. However, in this case, it is sufficiently life-saving that it attracts the kind of innovation that Arnold Lande has developed. He states that he has completely worked out circuitry for an ECMO machine that is simple to mass produce and operate under multiple conditions. While I have not seen his schemata, I can easily believe him. And I agree with his assessment that ARDS in ICU treated with Ventilator results in 50% mortality; and that we can do better!

He has asked that we call this to the attention of Secretary Azar and I'm hoping that you might be able to do so. I will also bring this to the attention of the Cardiac review branch at FDA/CDRH.

Murray

Murray Sheldon, MD
Associate Director for Technology and Innovation

Center for Devices and Radiological Health (CDRH)
Office of Strategic Partnerships and Technology Innovation (OSPTI)
Food and Drug Administration
10903 New Hampshire Ave; Silver Spring, MD 20903-1057
Tel: 301-796-5443; Fax: 301-847-8140
murray.sheldon@fda.hhs.gov

CDRH Innovation and Payor Communication Task Force

<image001.png>

<image002.jpg> <image003.jpg> <image004.jpg> <image005.jpg> <image006.jpg>

Excellent customer service is important to us. Please take a moment to provide feedback regarding the customer service you have received: <https://www.research.net/s/cdrhcustomerservice?!D=7000&S=E>

<mime-attachment>

Sender:	Mango, Paul (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=1D8863B643654B1AAD9A38C952AF613E-MANGO, PAUL>
Recipient:	Shuren, Jeff (FDA/CDRH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bced884c4434f4da6f4fe4b4c3885cd-jeffrey.shu>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Polowczyk, John P (MIL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b9601fb487104533a91fbf61381d884e-john.p.polo>
Sent Date:	2020/03/21 21:23:02
Delivered Date:	2020/03/21 21:23:03
Message Flags:	Unread

From:	Nils Becker <(b)(6)>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 21:32:09
Priority:	Normal
Type:	Note

Nils Becker
One Cranberry Hill
Lexington, MA 02421

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

The federal Clinical Laboratory Improvement Advisory Committee recently recommended allowing qualified professionals to review and interpret digital images remotely when data is exchanged via a secure connection but CMS has not yet authorized this policy. Many U.S. laboratories have well-validated digital systems to allow for quality remote diagnosis using secure virtual personal networks (VPNs). Given dire shortages of pathologists and laboratory personnel at many laboratories and the need to follow the President's call for social distancing, CLIA is unnecessarily putting our work force at risk and imposing barriers to optimal patient care.

Given that HHS just provided other physician specialties with the flexibility to provide telemedicine services, pathologists and laboratory professionals should also be allowed the same flexibility. I request expedited consideration of this request to ensure laboratories can promptly respond to our patients' needs now.

Sincerely,
Nils Becker, MD

Sender:	Nils Becker <(b)(6)>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 21:32:03
Delivered Date:	2020/03/21 21:32:09
Message Flags:	Unread

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.UP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=59CE6133DFA14F6D96B9662B7CFDEBC5-PETILLO, JA>
To:	Disbrow, Gary (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0fd5845defda4dc0bb45f8fac629cf09-Disbrow, Ga>
CC:	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>; Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Johnson, Robert (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0851e89240324306b78740a4a60745e2-Johnson, Ro>; Benford, Joffrey (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=475b27f64a8345d98908051b5f96d1d4-Benford, Jo>; Harris, James (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=72bc577bb4a94dd29acaef880f4411e2-Harris, Jam>; Manan, Enrique (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a97d7188e2e545c4b718608948bef5dd-Manan, Enri>; Angelastro, Michael (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=583e910528e7473d9dcdfce9d1a80b83-Angelastro,>
Subject:	Re: Urgent Funding Request
Date:	2020/03/21 21:54:04
Priority:	Normal
Type:	Note

Standing by for Bob's approval.

On Mar 21, 2020, at 8:09 PM, Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>wrote:

Team my email is not working. So phone it is
Jay and Bryan we have the team standing by to issue the letter tonight. Need Dr Kadlec's approval based on Jay's email

Sent from my iPhone

On Mar 21, 2020, at 8:07 PM, Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>wrote:

Copy that makes more sense now

Sent from my iPhone

On Mar 21, 2020, at 7:21 PM, Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>wrote:

Brian,

(b)(5)

(b)(5)

Gary

Gary L. Disbrow Ph.D.

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

BARDA

Assistant Secretary for Preparedness and Response ASPR
Department of Health and Human Services
330 Independence Avenue, S.W. Room 640 G
Washington, D.C. 20201
Office: 202-260-0899

Mobile: (b)(6)

Fax: 202-205-0873

email: Gary.Disbrow@HHS.gov

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

Sent: Saturday, March 21, 2020 7:15 PM

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

Cc: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Petillo, Jay (OS/ASPR/MFHC) <Jay.Petillo@HHS.GOV>; Bright, Rick (OS/ASPR/BARDA) <Rick.Bright@hhs.gov>; Johnson, Robert (OS/ASPR/BARDA) <Robert.Johnson@hhs.gov>; Benford, Joffrey (OS/ASPR/BARDA) <Joffrey.Benford@hhs.gov>; Harris, James (OS/ASPR/BARDA) <James.Harris2@hhs.gov>; Manan, Enrique (OS/ASPR/BARDA) <Enrique.Manan@hhs.gov>; Angelastro, Michael (OS/ASPR/BARDA) <Michael.Angelastro@hhs.gov>

Subject: Re: Urgent Funding Request

Hi Gary,

First two look fine. Which of the 6 COAs did we pursue re the third item? And what's the tail?
Best, Bryan

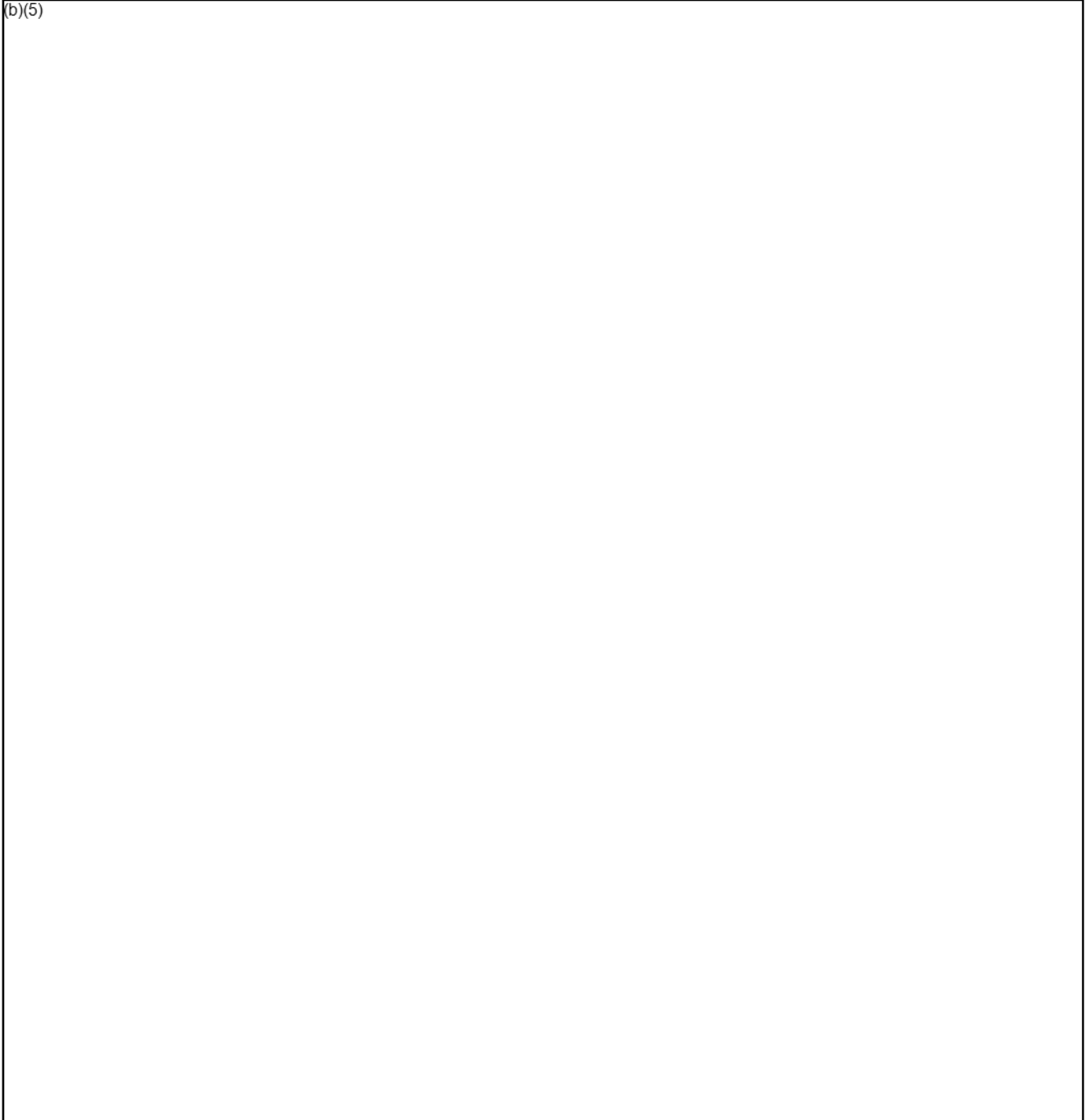
Sent from my iPhone

On Mar 21, 2020, at 7:02 PM, Disbrow, Gary (OS/ASPR/BARDA)
<Gary.Disbrow@hhs.gov>wrote:

Bob, Bryan and Jay,

Three funding actions below but the one of prime concern is the last one. We will need approval to allow for pre-award activities to move forward tonight.

(b)(5)



(b)(5)

Gary L. Disbrow Ph.D.

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

BARDA

Assistant Secretary for Preparedness and Response ASPR
Department of Health and Human Services
330 Independence Avenue, S.W. Room 640 G
Washington, D.C. 20201

Office: 202-260-0899

Mobile: (b)(6)

Fax: 202-205-0873

email: Gary.Disbrow@HHS.gov

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contractor must disregard that portion of the communication and contact the Contracting Officer for direction

Sender:	Petillo, Jay (OS/ASPR/MFHC) </o=EXCHANGELABS/ou=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/cn=RECIPIENTS/cn=59CE6133DFA14F6D96B9662B7CFDEBC5-PETILLO, JA>
Recipient:	Disbrow, Gary (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0fd5845defda4dc0bb45f8fac629cf09-Disbrow, Ga>; 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>; Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Johnson, Robert (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0851e89240324306b78740a4a60745e2-Johnson, Ro>; Benford, Joffrey (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=475b27f64a8345d98908051b5f96d1d4-Benford, Jo>; Harris, James (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=72bc577bb4a94dd29acae880f4411e2-Harris, Jam>; Manan, Enrique (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a97d7188e2e545c4b718608948bef5dd-Manan, Enri>; Angelastro, Michael (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=583e910528e7473d9dcdfce9d1a80b83-Angelastro,>
Sent Date:	2020/03/21 21:54:03
Delivered Date:	2020/03/21 21:54:04

From:	Robert Levitt (b)(6)
To:	Robert Levitt (b)(6)
Subject:	Dr. Levitt's COVID-19 Update for EVENING 21 March 2020/ARTICLES TO READ/NO U.S. LOCKDOWN YET
Date:	2020/03/21 21:57:23
Priority:	Normal
Type:	Note

Dear All,

Recipients of my Updates have different backgrounds, expertise, and missions. I think it is important that all recipients understand something about the novel coronavirus so that my Updates have maximum effect for the fight against this miserable virus. So tonight I have included two articles which give the basic knowledge about COVID-19, the pneumonia caused by SARS-CoV-2, and the virus itself.

See: <https://jcm.asm.org/content/jcm/early/2020/03/05/JCM.00187-20.full.pdf>
to learn about the virus and the options for treatment and the options for vaccines. It's scientific but a review so it makes sense.

See: <https://protect2.fireeye.com/url?k=fa27a34d-a6738a66-fa279272-0cc47a6d17cc-e0e45d1673518f97&u=https://instituteofdiseasemodeling.github.io/COVID-public/reports/Working%20paper%20%E2%80%93%20model-based%20estimates%20of%20COVID-19%20burden%20in%20King%20and%20Snohomish%20counties%20through%20April%207.pdf>
to learn about 'modeling' in epidemics. This paper talks about the modeling for Seattle region.

I have also included a short article by **Bill McClellan**, a great columnist for the Saint Louis Post Dispatch, who is fighting two cancers and makes the **case for social distancing and self-isolation very personal**. See:

https://www.stltoday.com/news/local/columns/bill-mcclellan/mcclellan-a-view-on-the-coronavirus-from-the-back-of/article_a1693c18-fd5e-532a-84eb-35ffebbb0952.html#utm_source=stltoday.com&utm_campaign=%2Fnewsletter-templates%2Fcoronavirus&utm_medium=PostUp&utm_content=6964eebf66ec63b07702b6fa4a18ca400830102b

I have added one of many articles online tonight about **why Italy got hit so hard with the novel coronavirus**. See: <http://www.msn.com/en-us/news/world/why-italy-the-factors-behind-a-coronavirus-disaster/ar-BB11vu3h?li=BBnb7Kz&ocid=1PRCDEFE>

Remember when you read this article that the **U.S. is on the same curve as Italy re: exponential rise in infections**. So we need to act fast, like Gov. Cuomo.

Last article is from **WSJ** and calls for a **scientific czar to oversee the protocols for vaccine development and therapeutics for COVID-19**. The author states that FDR did that very action when it came to overseeing the reconfiguring of American industry to build the weapons and

make the materiel for WWII. The author suggests the scientific czar by the Director of the Broad Institute at Harvard. See:

<https://www.wsj.com/articles/the-history-of-pfizer-and-penicillin-and-lessons-for-coronavirus-11584723787>

I think czars are a good plan for the scientific effort, the retooling of industry effort (a.k.a. War Production Board) and so on. The Task Force needs more help. **The only NEVER is: these czars cannot be chosen because of their political views but only because of their expertise and experience.**

Note: The article posted a few days ago regarding the coronavirus living on surfaces up to 72 hours **also states that the virus can stay in the air alive for one hour.** I should have noted that in my Update.

Regarding how we are doing with regard to Dr. Max Starkloff's action plan for Saint Louis in 1918, we are doing pretty good. One other measure the Task Force should take is **not to allow any goods into U.S. from a foreign port or manufacturer without checking packaging and goods for the novel coronavirus.** This step should be taken before the Task Force considers a lock-down for the U.S. **We are too dependent on foreign countries for meds, rare metals, reagents, etc. for a total lockdown at this time.**

RGL, M.D.

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Sent from Outlook

Sender:	Robert Levitt (b)(6)
Recipient:	Robert Levitt (b)(6)
Sent Date:	2020/03/21 21:57:08
Delivered Date:	2020/03/21 21:57:23
Message Flags:	Unread

From:	Jennifer Hornor (b)(6)
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 22:02:18
Priority:	Normal
Type:	Note

Jennifer Hornor
(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

The federal Clinical Laboratory Improvement Advisory Committee recently recommended allowing qualified professionals to review and interpret digital images remotely when data is exchanged via a secure connection but CMS has not yet authorized this policy. Many U.S. laboratories have well-validated digital systems to allow for quality remote diagnosis using secure virtual personal networks (VPNs). Given dire shortages of pathologists and laboratory personnel at many laboratories and the need to follow the President's call for social distancing, CLIA is unnecessarily putting our work force at risk and imposing barriers to optimal patient care.

Given that HHS just provided other physician specialties with the flexibility to provide telemedicine services, pathologists and laboratory professionals should also be allowed the same flexibility. I request expedited consideration of this request to ensure laboratories can promptly respond to our patients' needs now.

Sincerely,
Jennifer Hornor

Sender:	Jennifer Hornor (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 22:02:04
Delivered Date:	2020/03/21 22:02:18
Message Flags:	Unread

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9BA3FED4EE8646EC849A5A87136A24F6-REDD, JOHN>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
CC:	Work, James P COL USARMY HQDA DCS G-8 (USA) <james.p.work2.mil@mail.mil>; Perez, Blenda (HHS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=85d36497e8064f5f860f28bb12396f85-Perez, Blen>; McCabe, Melissa (OS/ASA/PSC/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0ac0b851b0a941ee9ec54b3160c10315-McCabe, Mel>; <bernadette.stout@mckinsey.com>; Zealan Hoover <zealan_hoover@mckinsey.com>
Subject:	Re: Ventilator RFI for approval
Date:	2020/03/21 22:02:06
Priority:	Normal
Type:	Note

Received sir - thank you. We will execute.

On Mar 21, 2020, 9:59 PM -0400, Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>, wrote:

Thank you I have reviewed and approved. Kadlec sends.

Sent from my iPhone

On Mar 21, 2020, at 9:50 PM, Redd, John (OS/ASPR/SPPR) <John.Redd@hhs.gov> wrote:

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

From: Zealan Hoover <Zealan_Hoover@mckinsey.com>

Date: Mar 21, 2020, 9:46 PM -0400

To: Redd, John (OS/ASPR/SPPR) <John.Redd@hhs.gov>

Cc: Work, James P COL USARMY HQDA DCS G-8 (USA) <james.p.work2.mil@mail.mil>, Perez, Blenda (HHS/ASFR) <Blenda.Perez@hhs.gov>, McCabe, Melissa (OS/ASA/PSC/OD) <Melissa.McCabe@psc.hhs.gov>, Bernadette Stout <Bernadette_Stout@mckinsey.com>

Subject: Ventilator RFI for approval

Sir,

I am conveying the RFI from Office of Acquisition Program Support that is ready for posting pending final review and approval by yourself and/or Dr. Kadlec. As discussed, once approval is received Blenda Perez (copied) is standing by to post.

Thank you,

Zealan

Please note: McKinsey is providing a fact based analysis of technical options for the agency's consideration but not providing advice or recommendations on what acquisition procedures or methods should be used. The agency remains solely responsible for making such decisions.

--

Zealan T. Hoover
McKinsey & Company
M: (b)(6)

zealan_hoover@mckinsey.com

+=====

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This email is confidential and may be privileged. If you have received it in error, please notify us immediately and then delete it. Please do not copy it, disclose its contents or use it for any purpose.

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<RFI #HHS-2020-COVID-19-1 - Ventilators COVID-19.pdf>
<RFI #HHS-2020-COVID-19-1 -Attachment 1, Ventilators COVID-19 Response Sh....xlsx>
<RFI #HHS-2020-COVID-19-1 - Ventilators COVID-19.docx>

Sender:	Redd, John (OS/ASPR/SPPR) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9BA3FED4EE8646EC849A5A87136A24F6-REDD, JOHN>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Work, James P COL USARMY HQDA DCS G-8 (USA) <james.p.work2.mil@mail.mil>; Perez, Blenda (HHS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=85d36497e8064f5f860f28bb12396f85-Perez, Blen>; Mcabee, Melissa (OS/ASA/PSC/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0ac0b851b0a941ee9ec54b3160c10315-Mcabee, Mel>; <bernadette.stout@mckinsey.com>; Zealan Hoover <zealan_hoover@mckinsey.com>
Sent Date:	2020/03/21 22:02:05
Delivered Date:	2020/03/21 22:02:06
Message Flags:	Unread

From:	Shaoli Sun (b)(6)
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 22:23:38
Priority:	Normal
Type:	Note

Shaoli Sun

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

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Sincerely,
Shaoli Sun

Sender:	Shaoli Sun (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 22:23:33
Delivered Date:	2020/03/21 22:23:38
Message Flags:	Unread

From:	Zaibo Li <(b)(6)>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 22:35:00
Priority:	Normal
Type:	Note

Zaibo Li

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

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Sincerely,
Zaibo Li

Sender:	Zaibo Li <(b)(6)>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 22:33:33
Delivered Date:	2020/03/21 22:35:00
Message Flags:	Unread

From:	Marc Plante (b)(6)
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>; <seth.moulton@mail.house.gov>; Elizabeth Warren <Elizabeth_Warren@warren.senate.gov>; <WGBHNews@wgbh.org>; <Investigations@npr.org>; <evening@cbsnews.com>
Subject:	IgM/IgG test, \$7, 15 minutes. Where is it?
Date:	2020/03/21 22:40:50
Priority:	Normal
Type:	Note

Dear Health and Human Services Secretary Alex Azar,

In February , the World Health Organisation created a test for short-term and long-term immune-reponse proteins. The test costs about \$7. The test takes 15 minutes. This test is apparently sitting with the FDA for approval. [1]

Question: why is the United States the only country in the civilised world denying the use of this test? The CDC test, for viral RNA[2], is too complicated for simple labs to perform, too expensive (seeing reports of \$3000 bills), results are too delayed, reports of insufficient reagents, etc.... please explain these deficiencies where they can easily be avoided with the use of the IgG test.

Question: why was testing ordered "stopped" by state and federal authorities in Washington State? [3]. I would think that testing patients for this highly contagious virus would be a good idea: they could isolate themselves to avoiding infecting others, and they can trace their contacts to have them tested. This is how you mitigate the spread.

Your handling of this health pandemic by you and your staff is an absolute disgrace and clearly shows signs of poor judgement and incompetency.

The next diagnoses will be the bodies piling up at crematoriums because people could not get tested, then there are too many people to treat, and then they die. This is the result of the unregulated, capitalist structure of American society: low-wage workers who cannot afford to stay home, have no or poor insurance and cannot afford to be tested, people who are "ineligible" to be tested, and federal administrative incompetence.

My diagnosis is American capitalist greed, which explains all of the above. Perhaps you should consider the health of the people of our country above the profiteering of American corporations. Test numbers are increasing exponentially, with 98% of people who are allowed to take the test already infected. All of their contacts are likely as well. Congratulations.

I would be interested on hearing your counter-explanation along with answers to my two questions above.

Oh, when might this cheap, fast, accurate, and readily-available test be made available during this pandemic, or it the problem more by intent?

Sincerely,
Marc Plante, PhD

References:

1. <https://protect2.fireeye.com/url?k=6455001b-38012930-64553124-0cc47a6d17cc-a9e8de5ef4afd945&u=https://www.biomedomics.com/biomedomics-receives-ce-ivd-certification-for-its-new-covid-19-igm-igg-rapid-test-for-novel-coronavirus/>

2. <https://www.usnews.com/news/top-news/articles/2020-02-27/mixed-messages-test-delays-hamper-us-coronavirus-response>

3. https://www.yahoo.com/news/seattle-lab-uncovered-washingtons-coronavirus-053628224.html?soc_src=social-sh&soc_trk=fb

Sender:	Marc Plante <(b)(6)>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>; <seth.moulton@mail.house.gov>; Elizabeth Warren <Elizabeth_Warren@warren.senate.gov>; <WGBHNews@wgbh.org>; <Investigations@npr.org>; <evening@cbsnews.com>
Sent Date:	2020/03/21 22:40:28
Delivered Date:	2020/03/21 22:40:50

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0851E89240324306B78740A4A60745E2-JOHNSON, RO>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	Re: Urgent Funding Request
Date:	2020/03/21 22:45:57
Priority:	Normal
Type:	Note

Thank you so very much.

Robert

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

Cell: (b)(6)

email: Robert.Johnson@HHS.gov

On Mar 21, 2020, at 10:43 PM, Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>wrote:

Kadlec sends and approves.

Sent from my iPhone

On Mar 21, 2020, at 7:21 PM, Disbrow, Gary (OS/ASPR/BARDA)

<Gary.Disbrow@hhs.gov>wrote:

Brian,

(b)(5)

Gary

Gary L. Disbrow Ph.D.

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

BARDA

Assistant Secretary for Preparedness and Response ASPR
Department of Health and Human Services
330 Independence Avenue, S.W. Room 640 G
Washington, D.C. 20201
Office: 202-260-0899
Mobile: (b)(6)
Fax: 202-205-0873
email: Gary.Disbrow@HHS.gov

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

Sent: Saturday, March 21, 2020 7:15 PM

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

Cc: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Petillo, Jay (OS/ASPR/MFHC) <Jay.Petillo@HHS.GOV>; Bright, Rick (OS/ASPR/BARDA) <Rick.Bright@hhs.gov>; Johnson, Robert (OS/ASPR/BARDA) <Robert.Johnson@hhs.gov>; Benford, Joffrey (OS/ASPR/BARDA) <Joffrey.Benford@hhs.gov>; Harris, James (OS/ASPR/BARDA) <James.Harris2@hhs.gov>; Manan, Enrique (OS/ASPR/BARDA) <Enrique.Manan@hhs.gov>; Angelastro, Michael (OS/ASPR/BARDA) <Michael.Angelastro@hhs.gov>

Subject: Re: Urgent Funding Request

Hi Gary,

First two look fine. Which of the 6 COAs did we pursue re the third item? And what's the tail?
Best, Bryan

Sent from my iPhone

On Mar 21, 2020, at 7:02 PM, Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov> wrote:

Bob, Bryan and Jay,

Three funding actions below but the one of prime concern is the last one. We will need approval to allow for pre-award activities to move forward tonight.

(b)(5)

Gary L. Disbrow Ph.D.

Deputy Assistant Secretary

Director, Medical Countermeasure Programs

Biomedical Advanced Research and Development Authority

BARDA

Assistant Secretary for Preparedness and Response ASPR

Department of Health and Human Services

330 Independence Avenue, S.W. Room 640 G

Washington, D.C. 20201

Office: 202-260-0899

Mobile: (b)(6)

Fax: 202-205-0873

email: Gary.Disbrow@HHS.gov

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Sender:	Johnson, Robert (OS/ASPR/BARDA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0851E89240324306B78740A4A60745E2-JOHNSON, RO>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>

Sent Date:	2020/03/21 22:45:55
Delivered Date:	2020/03/21 22:45:57

From:	Mary Ann Barwicki <(b)(6)>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 23:04:01
Priority:	Normal
Type:	Note

Mary Ann Barwicki

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

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Sincerely,

Mary Ann Barwicki

Sender:	Mary Ann Barwicki <(b)(6)>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/21 23:03:35
Delivered Date:	2020/03/21 23:04:01
Message Flags:	Unread

From:	Xiaoyan Liao (b)(6)
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/21 23:13:51
Priority:	Normal
Type:	Note

Xiaoyan Liao

(b)(6)

March 21, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

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Sent Date:	2020/03/21 23:13:36
Delivered Date:	2020/03/21 23:13:51
Message Flags:	Unread

From:	Mark Wu <mwu@biopath.org>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/22 00:46:47
Priority:	Normal
Type:	Note

Mark Wu

(b)(6)

March 22, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

The federal Clinical Laboratory Improvement Advisory Committee recently recommended allowing qualified professionals to review and interpret digital images remotely when data is exchanged via a secure connection but CMS has not yet authorized this policy. Many U.S. laboratories have well-validated digital systems to allow for quality remote diagnosis using secure virtual personal networks (VPNs). Given dire shortages of pathologists and laboratory personnel at many laboratories and the need to follow the President's call for social distancing, CLIA is unnecessarily putting our work force at risk and imposing barriers to optimal patient care.

Given that HHS just provided other physician specialties with the flexibility to provide telemedicine services, pathologists and laboratory professionals should also be allowed the same flexibility. I request expedited consideration of this request to ensure laboratories can promptly respond to our patients' needs now.

Sincerely,
Mark Li-cheng Wu

Sender:	Mark Wu <mwu@biopath.org>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/22 00:43:42
Delivered Date:	2020/03/22 00:46:47
Message Flags:	Unread

From:	James Phillips, MD (b)(6)
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>; <beth.tegnor@hhs.gov>
Subject:	Physician and healthcare worker HHS request for isolation housing
Date:	2020/03/22 00:50:06
Priority:	Normal
Type:	Note

With respect,

We the physicians of the George Washington University Department of Emergency Medicine Disaster and Operational Medicine Fellowship submit the following letter for your consideration. Our request is for HHS to consider using Covid-19 appropriations to fund alternative, hotel-based temporary housing for infected and quarantined physicians and health care workers in an effort to prevent spread between families and the hardship of in-home isolation. We hope for a positive response. We ask that such accommodations be made here in Washington, D.C. and across the United States immediately.

Professionally yours,

James P. Phillips, MD, FACEP

Assistant Professor of Emergency Medicine
Fellowship Director and Chief, Disaster and Operational Medicine
George Washington University Hospital
CNN Medical Analyst

Senior Fellow, Center for Cyber and Homeland Security
Auburn University
2017 Emerging Leader in Biosecurity Fellow,
Center for Health Security
Johns Hopkins University School of Public Health

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Sender:	James Phillips, MD (b)(6)
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>; <beth.tegnor@hhs.gov>

Sent Date:	2020/03/22 00:48:54
Delivered Date:	2020/03/22 00:50:06

From:	James Phillips, MD (b)(6)
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>; <beth.tegnor@hhs.gov>
Subject:	Physician and healthcare worker HHS request for isolation housing
Date:	2020/03/22 00:50:07
Priority:	Normal
Type:	Note

With respect,

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Sender:	James Phillips, MD (b)(6)
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>; <beth.tegnor@hhs.gov>

Sent Date:	2020/03/22 00:48:54
Delivered Date:	2020/03/22 00:50:07

From:	Qun Wang (b)(6)
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/22 00:53:46
Priority:	Normal
Type:	Note

Qun Wang

(b)(6)

March 22, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

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Sincerely,
Qun Wang

Sender:	Qun Wang (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/22 00:53:42
Delivered Date:	2020/03/22 00:53:46
Message Flags:	Unread

From:	Roberta Beckers <roberta.beckers@ypii.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/22 00:53:46
Priority:	Normal
Type:	Note

Roberta Beckers

(b)(6)

March 22, 2020

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Sincerely,
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Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/22 00:53:42
Delivered Date:	2020/03/22 00:53:46
Message Flags:	Unread

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.DIBOHF23SPDLT)/CN=RECIPIENTS/CN=1D8863B643654B1AAD9A38C952AF613E-MANGO, PAUL>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Shuren, Jeff (FDA/CDRH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bcede884c4434f4da6f4fe4b4c3885cd-jeffrey.shu>; Polowczyk, John P (MIL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b9601fb487104533a91fbf61381d884e-john.p.polo>
Subject:	Fwd: Info to pass to HHS Sect. or others at HHS
Date:	2020/03/21 20:54:14
Priority:	Normal
Type:	Note

Sent from my iPhone

Begin forwarded message:

From: "Uehlecke, Nick (HHS/IOS)" <Nicholas.Uehlecke@hhs.gov>
Date: March 21, 2020 at 7:00:46 PM EDT
To: "Mango, Paul (HHS/IOS)" <Paul.Mango@hhs.gov>, "Parker, Jim (HHS/IOS)" <Jim.Parker@hhs.gov>, "Smith, Brad (CMS/OA)" <Brad.Smith@cms.hhs.gov>
Subject: Fwd: Info to pass to HHS Sect. or others at HHS

FWIW from long time FDA staff re: effectiveness of vents

Sent from my iPhone

Begin forwarded message:

From: "Sheldon, Murray" <Murray.Sheldon@fda.hhs.gov>
Date: March 21, 2020 at 6:58:01 PM EDT
To: "Patel, Sandeep (OS/IOS)" <Sandeep.Patel@hhs.gov>, "Uehlecke, Nick (HHS/IOS)" <Nicholas.Uehlecke@hhs.gov>, "Lippold, Kumiko (HHS/OASH) (CTR)" <Kumiko.Lippold@hhs.gov>
Cc: "Hamel, Joseph (OS/ASPR/IO)" <Joseph.Hamel@hhs.gov>
Subject: RE: Info to pass to HHS Sect. or others at HHS

Sandeep, Nick and Kumiko,

I want to call your attention to an email I just received this afternoon (see attached) from Arnold Lande, an long-time colleague who built one of the first oxygenators many years ago. He also understands that if/when a virus such as COVID-19 enters the lungs and fibrosis develops, ventilators become relatively useless and the mortality rate is very high 9I obviously do not have the causes of death of those who have died from COVID-19, but I'd easily guess that more than 70% have died from hypoxemia, the

inability to oxygenate cells throughout the body. The only solution currently available is ECMO (extra-corporeal membrane oxygenation - <https://protect2.fireeye.com/url?k=93a8a154-cffc887f-93a8906b-0cc47a6d17cc-9ac2f48fcedfcbf9&u=https://www.google.com/search?q=ECMO&cad=h>). This is a well-known but rarely used treatment, usually used with children and uncommonly with adults. And most hospital did not have the appropriate equipment or personnel trained to use it (an open-heart team is usually the primary resource. However, in this case, it is sufficiently life-saving that it attracts the kind of innovation that Arnold Lande has developed. He states that he has completely worked out circuitry for an ECMO machine that is simple to mass produce and operate under multiple conditions. While I have not seen his schemata, I can easily believe him. And I agree with his assessment that ARDS in ICU treated with Ventilator results in 50% mortality; and that we can do better!

He has asked that we call this to the attention of Secretary Azar and I'm hoping that you might be able to do so. I will also bring this to the attention of the Cardiac review branch at FDA/CDRH.

Murray

Murray Sheldon, MD
Associate Director for Technology and Innovation

Center for Devices and Radiological Health (CDRH)
 Office of Strategic Partnerships and Technology Innovation (OSPTI)
 Food and Drug Administration
 10903 New Hampshire Ave; Silver Spring, MD 20903-1057
 Tel: 301-796-5443; Fax: 301-847-8140
murray.sheldon@fda.hhs.gov

CDRH Innovation and Payor Communication Task Force

<image001.png>
 <image002.jpg> <image003.jpg> <image004.jpg> <image005.jpg> <image006.jpg>

Excellent customer service is important to us. Please take a moment to provide feedback regarding the customer service you have received: <https://www.research.net/s/cdrhcustomerservice?!D=7000&S=E>

<mime-attachment>

Sender:	Mango, Paul (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=1D8863B643654B1AAD9A38C952AF613E-MANGO, PAUL>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Shuren, Jeff (FDA/CDRH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bcede884c4434f4da6f4fe4b4c3885cd-jeffrey.shu>; Polowczyk, John P (MIL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b9601fb487104533a91fbf61381d884e-john.p.polo>
Sent Date:	2020/03/21 20:54:13
Delivered Date:	2020/03/21 20:54:14
From:	Arnold Lande (b)(6)
To:	Sheldon, Murray (FDA/CDRH) </o=ExchangeLabs/ou=Exchange Administrative Group

	(FYDIBOHF23SPDLT)/cn=Recipients/cn=55db1dd6f9564a83b88931a8ed712665-murray.shel>
Subject:	radar
Date:	2020/03/21 14:36:48
Type:	Note

Dear Murray,

I have completely worked out circuitry for an ECMO machine that is simple to mass produce and operate under multiple conditions. With you and Jay Zwischenberger and Torin Yeager (recent PhD from Shuvo Roy at USC, whose thesis was on oxygenating membranes) we have nucleus of team to determine how this is to be done.

ARDS in ICU treated with Ventilator results in 50% mortality. You know we can do better!

Please assure me that Secretary Azar and President Trump and Congress "have this on their radar".

Respectfully,

Arne

(b)(6)

Sender:	Arnold Lande <(b)(6)>
Recipient:	Sheldon, Murray (FDA/CDRH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=55db1dd6f9564a83b88931a8ed712665-murray.shel>
Sent Date:	2020/03/21 14:36:33
Delivered Date:	2020/03/21 14:36:48

From:	Mark Giam (b)(6)
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/22 01:23:48
Priority:	Normal
Type:	Note

Mark Giam
(b)(6)

March 22, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

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Sincerely,
Mark Giam

Sender:	Mark Giam (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/22 01:23:43
Delivered Date:	2020/03/22 01:23:48
Message Flags:	Unread

From:	Maria Leah Woolery (b)(6)
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/22 01:44:52
Priority:	Normal
Type:	Note

Maria Leah Woolery

(b)(6)

March 22, 2020

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Sincerely,

Maria Leah Woolery

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Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/22 01:43:44
Delivered Date:	2020/03/22 01:44:52
Message Flags:	Unread

From:	Sandra Maldonado (b)(6)
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/22 01:53:50
Priority:	Normal
Type:	Note

Sandra Maldonado

(b)(6)

March 22, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

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Sandra Maldonado

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Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/22 01:53:45
Delivered Date:	2020/03/22 01:53:50
Message Flags:	Unread

From:	Edith Pereira Rivera (b)(6)
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/22 03:04:45
Priority:	Normal
Type:	Note

Edith Pereira Rivera

(b)(6)

March 22, 2020

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Message Flags:	Unread

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.ROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0FD5845DEFDA4DC0BB45F8FAC629CF09-DISBROW, GA>
To:	Johnson, Robert (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0851e89240324306b78740a4a60745e2-Johnson, Ro>; Petillo, Jay (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=59ce6133dfa14f6d96b9662b7cfdebc5-Petillo, Ja>
CC:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Benford, Joffrey (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=475b27f64a8345d98908051b5f96d1d4-Benford, Jo>; Harris, James (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=72bc577bb4a94dd29acaef880f4411e2-Harris, Jam>; Manan, Enrique (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a97d7188e2e545c4b718608948bef5dd-Manan, Enri>; Angelastro, Michael (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=583e910528e7473d9dcdfce9d1a80b83-Angelastro,>; Daniels, Miles (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fa4ad4decfc84cd59d4b24599425a375-Daniels, Mi>; Eldridge, Schuyler (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=102f8b9575fe4272b3a14d43a5cf3f1a-Eldridge, S>
Subject:	RE: Urgent Funding Request UPDATED
Date:	2020/03/22 06:05:04
Priority:	Normal
Type:	Note

I was up and let Vasanth and team know that it would not be processed last night since the concurrence allows us to issue a safe-to proceed letter to the company so that work can be initiated and incurred costs can be billed upon award. Actual award will occur soonest.

Gary L. Disbrow Ph.D.

Deputy Assistant Secretary

Director, Medical Countermeasure Programs

Biomedical Advanced Research and Development Authority

BARDA

Assistant Secretary for Preparedness and Response ASPR

Department of Health and Human Services

330 Independence Avenue, S.W. Room 640 G

Washington, D.C. 20201

Office: 202-260-0899

Mobile: (b)(6)

Fax: 202-205-0873

email: Gary.Disbrow@HHS.gov

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From: Johnson, Robert (OS/ASPR/BARDA) <Robert.Johnson@hhs.gov>
Sent: Sunday, March 22, 2020 5:39 AM
To: Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>; Petillo, Jay (OS/ASPR/MFHC) <Jay.Petillo@HHS.GOV>
Cc: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Bright, Rick (OS/ASPR/BARDA) <Rick.Bright@hhs.gov>; Benford, Joffrey (OS/ASPR/BARDA) <Joffrey.Benford@hhs.gov>; Harris, James (OS/ASPR/BARDA) <James.Harris2@hhs.gov>; Manan, Enrique (OS/ASPR/BARDA) <Enrique.Manan@hhs.gov>; Angelastro, Michael (OS/ASPR/BARDA) <Michael.Angelastro@hhs.gov>; Daniels, Miles (OS/ASPR/MFHC) <Miles.Daniels@hhs.gov>; Eldridge, Schuyler (OS/ASPR/MFHC) <schuyler.eldridge@hhs.gov>
Subject: RE: Urgent Funding Request UPDATED

Gary,

Hi. approval was received last night (probably buried in all your incoming e-mails). Thanks a lot to everyone for moving this through the process so quickly.

Robert

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

Cell: (b)(6)

email: Robert.Johnson@HHS.gov

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Cc: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Bright, Rick (OS/ASPR/BARDA) <Rick.Bright@hhs.gov>; Johnson, Robert (OS/ASPR/BARDA) <Robert.Johnson@hhs.gov>; Benford, Joffrey (OS/ASPR/BARDA) <Joffrey.Benford@hhs.gov>; Harris, James (OS/ASPR/BARDA) <James.Harris2@hhs.gov>; Manan, Enrique (OS/ASPR/BARDA) <Enrique.Manan@hhs.gov>; Angelastro, Michael (OS/ASPR/BARDA) <Michael.Angelastro@hhs.gov>; Daniels, Miles (OS/ASPR/MFHC) <Miles.Daniels@hhs.gov>; Eldridge, Schuyler (OS/ASPR/MFHC) <schuyler.eldridge@hhs.gov>
Subject: RE: Urgent Funding Request UPDATED

Jay and Bryan,

The entire team is standing by to get the approval so we can send the pre-award concurrence letter but we cannot send without Dr. Kadlec's approval per Jay's response.

Gary

Gary L. Disbrow Ph.D.

Deputy Assistant Secretary
Director, Medical Countermeasure Programs
Biomedical Advanced Research and Development Authority
BARDA
Assistant Secretary for Preparedness and Response ASPR
Department of Health and Human Services
330 Independence Avenue, S.W. Room 640 G
Washington, D.C. 20201
Office: 202-260-0899
Mobile: (b)(6)
Fax: 202-205-0873
email: Gary.Disbrow@HHS.gov

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From: Petillo, Jay (OS/ASPR/MFHC) <Jay.Petillo@HHS.GOV>
Sent: Saturday, March 21, 2020 7:43 PM
To: Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>

Cc: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Bright, Rick (OS/ASPR/BARDA) <Rick.Bright@hhs.gov>; Johnson, Robert (OS/ASPR/BARDA) <Robert.Johnson@hhs.gov>; Benford, Joffrey (OS/ASPR/BARDA) <Joffrey.Benford@hhs.gov>; Harris, James (OS/ASPR/BARDA) <James.Harris2@hhs.gov>; Manan, Enrique (OS/ASPR/BARDA) <Enrique.Manan@hhs.gov>; Angelastro, Michael (OS/ASPR/BARDA) <Michael.Angelastro@hhs.gov>; Daniels, Miles (OS/ASPR/MFHC) <Miles.Daniels@hhs.gov>; Eldridge, Schuyler (OS/ASPR/MFHC) <schuyler.eldridge@hhs.gov>
Subject: Re: Urgent Funding Request UPDATED

Finance concurs and recommends approval by the ASPR.

On Mar 21, 2020, at 7:41 PM, Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov> wrote:

Bob, Bryan and Jay,
Apologies, updated number for Phlow see below in yellow.

Bob, Bryan and Jay,

Three funding actions below but the one of prime concern is the last one. We will need approval to allow for pre-award activities to move forward tonight.

(b)(5)

(b)(5)

Gary L. Disbrow Ph.D.

Deputy Assistant Secretary

Director, Medical Countermeasure Programs

Biomedical Advanced Research and Development Authority

BARDA

Assistant Secretary for Preparedness and Response ASPR

Department of Health and Human Services

330 Independence Avenue, S.W. Room 640 G

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From: Disbrow, Gary (OS/ASPR/BARDA)
Sent: Saturday, March 21, 2020 7:02 PM
To: Kadlec, Robert (OS/ASPR/IO) (Robert.Kadlec@hhs.gov) <Robert.Kadlec@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) (Bryan.Shuy@hhs.gov) <Bryan.Shuy@hhs.gov>; Petillo, Jay (OS/ASPR/OFPA) (Jay.Petillo@HHS.GOV) <Jay.Petillo@HHS.GOV>
Cc: Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>; Bright, Rick (OS/ASPR/BARDA) <Rick.Bright@hhs.gov>; Johnson, Robert (OS/ASPR/BARDA) (Robert.Johnson@hhs.gov) <Robert.Johnson@hhs.gov>; Benford, Joffrey (OS/ASPR/AMCG) (Joffrey.Benford@hhs.gov) <Joffrey.Benford@hhs.gov>; Harris, James (OS/ASPR/BARDA) <James.Harris2@hhs.gov>; Manan, Enrique (OS/ASPR/BARDA) <Enrique.Manan@hhs.gov>; Angelastro, Michael (OS/ASPR/BARDA) (Michael.Angelastro@hhs.gov) <Michael.Angelastro@hhs.gov>
Subject: Urgent Funding Request

Bob, Bryan and Jay,

Three funding actions below but the one of prime concern is the last one. We will need approval to allow for pre-award activities to move forward tonight.

(b)(5)

(b)(5)

(b)(5)

Gary L. Disbrow Ph.D.

Deputy Assistant Secretary

Director, Medical Countermeasure Programs

Biomedical Advanced Research and Development Authority

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Assistant Secretary for Preparedness and Response ASPR

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Recipient:	Johnson, Robert (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0851e89240324306b78740a4a60745e2-Johnson, Ro>; Petillo, Jay (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=59ce6133dfa14f6d96b9662b7cfdebc5-Petillo, Ja>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Benford, Joffrey (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=475b27f64a8345d98908051b5f96d1d4-Benford, Jo>; Harris, James (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=72bc577bb4a94dd29acaeef880f4411e2-Harris, Jam>; Manan, Enrique (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a97d7188e2e545c4b718608948bef5dd-Manan, Enri>; Angelaastro, Michael (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=583e910528e7473d9dcdfce9d1a80b83-Angelaastro, >; Daniels, Miles (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fa4ad4decfc84cd59d4b24599425a375-Daniels, Mi>;

	Eldridge, Schuyler (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=102f8b9575fe4272b3a14d43a5cf3f1a-Eldridge, S>
Sent Date:	2020/03/22 06:05:02
Delivered Date:	2020/03/22 06:05:04

From:	OS Secretarys Operations Center </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=32B1F28D808B43B6903C00083291303E-SECRETARYS>
To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	HHS Executive Summary 22Mar20
Date:	2020/03/22 06:55:40
Priority:	Normal
Type:	Note

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HHS Executive Summary: Sunday, 22Mar20

1. HHS

Today's Noteworthy Topics:

COVID-19 (Novel Coronavirus)

As of 21Mar20, 1700ET, the CDC confirmed and presumptive positive U.S. cases of COVID-19 have reached 19,343 across 50 states and D.C. Guam, PR and USVI; Deaths: 272; Combined CDC and WHO reported global cases: 234,073; global deaths: 9,840; Countries with cases: 177. HHS and FEMA continue to work requirements in support of state, tribal, and territorial requests in response to COVID 19; including establishing federally-supported community-based testing sites across several states; coordinating regional support for evaluation of alternate care facilities, and responding to requests for PPE.

Daily Operational Schedule:

0830 – FEMA Daily Operations Briefing
 1100 – Grand Princess Call
 1230 – Joint HHS/FEMA Interagency VTC
 1400 – COVID-19 Resource Coordination 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: 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 = 1,444)

ASPR: 1,168 – (9) Earthquake Puerto Rico, (1,145) 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: 276 – (247) COVID-19, (5) Polio, (24) 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; Blue – Fully Mission Capable; Gold – Not Mission Capable

Regional IMATs: Region II, NY; Region III, RRCC; Region IV-2, TN; Region IX-1, PMC; Region IX-2, RRCC; Region X, RRCC

Significant National Weather:

Some strong to marginally severe thunderstorms, heavy rain, and possible flooding will spread from south and southeast Texas into the Lower Mississippi Valley and South this afternoon through Sunday. Early next week, a coastal storm may clip the Northeast and New England with rain, gusty winds and wintry precipitation, while a system will move into California on Sunday with rain and mountain snow.

3. OPDIV/STAFFDIV Overnight Reports:

CDC: NSTR

FDA: NSTR

Prepared by:

Secretary's Operations Center

U.S. Department of Health and Human Services (HHS)
Assistant Secretary for Preparedness and Response (ASPR)
200 Independence Ave., S.W.
Washington, D.C. 20201
Office: (202) 619 – 7800
Fax: 1-800-514-4256
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:	2020/03/22 06:55:31
Delivered Date:	2020/03/22 06:55:40

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 22Mar20
Date:	2020/03/22 06:55:42
Priority:	Normal
Type:	Note

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1. HHS

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- • * Novel Coronavirus (COVID-19)
- • * Bravo Response
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3. OPDIV/STAFFDIV Overnight Reports:

CDC: NSTR

FDA: NSTR

Prepared by:

Secretary's Operations Center

U.S. Department of Health and Human Services (HHS)
Assistant Secretary for Preparedness and Response (ASPR)
200 Independence Ave., S.W.
Washington, D.C. 20201
Office: (202) 619 – 7800
Fax: 1-800-514-4256
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:	2020/03/22 06:55:31
Delivered Date:	2020/03/22 06:55:42

From:	Stacy Geskermann (b)(6)
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/22 07:03:21
Priority:	Normal
Type:	Note

Stacy Geskermann

(b)(6)

March 22, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

The federal Clinical Laboratory Improvement Advisory Committee recently recommended allowing qualified professionals to review and interpret digital images remotely when data is exchanged via a secure connection but CMS has not yet authorized this policy. Many U.S. laboratories have well-validated digital systems to allow for quality remote diagnosis using secure virtual personal networks (VPNs). Given dire shortages of pathologists and laboratory personnel at many laboratories and the need to follow the President's call for social distancing, CLIA is unnecessarily putting our work force at risk and imposing barriers to optimal patient care.

Given that HHS just provided other physician specialties with the flexibility to provide telemedicine services, pathologists and laboratory professionals should also be allowed the same flexibility. I request expedited consideration of this request to ensure laboratories can promptly respond to our patients' needs now.

Sincerely,

Stacy Geskermann

Sender:	Stacy Geskermann (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
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Subject:	The Obamacare predictions that didn't quite pan out
Date:	2020/03/22 08:04:03
Priority:	Normal
Type:	Note

The Obamacare predictions that didn't quite pan out

By Dan Goldberg

03/22/2020 08:01 AM EDT

In early 2010, Dick Cheney assured conservatives that Barack Obama would be a one-term president, Sarah Palin teased a run for the presidency, and Donald Trump fired Rod Blagojevich from “Celebrity Apprentice.”

Given how the world turns, it’s understandable why so many people were so wrong about the Affordable Care Act, signed into law 10 years ago Monday.

Some treated the law like a panacea for the nation’s broken health care system, while others decried it as a certain step toward socialism. Some predicted it would end Obama’s political career and destroy the economy, while others said it would bring health care to every American — although the coronavirus pandemic has starkly shown the perils of being uninsured, or underinsured.

We looked back at our favorite Obamacare predictions to see how they hold up in 2020. The results weren’t always pretty, but would *you* have ever guessed how important that one season of reality TV would be for Blagojevich?

10. 25 million people would sign up for Obamacare plans

Not even close

The law’s insurance marketplaces never came close to hitting the projection from the nonpartisan number-crunchers at the Congressional Budget Office.

Sign-ups have never topped 12.7 million, and enrollment has shrunken mildly since that peak in 2016, suggesting the marketplaces have, for now, hit a ceiling. The market never really expanded beyond those who received generous federal insurance subsidies. The CBO predicted that 4 million people would entirely pay their own way on the federal exchanges by 2016, but the actual number was closer to 1.3 million last year.

“Arguably, Congress was overly stingy” said Sabrina Corlette, a researcher at Georgetown University's Center on Health Insurance Reform, arguing that the subsidies just didn’t reach

enough people. Case in point: California saw new enrollment in its marketplace soar 41 percent this year after it began providing premium subsidies to more middle-income people.

At least two other important factors limited marketplace enrollment. The individual mandate penalty, before it was repealed, never pushed people to get covered as much as predicted. Also, employers were reluctant to dump workplace plans and send people onto the exchanges to buy their own coverage.

9. Obamacare is a job killer

Depends on who you ask

Republicans warned the law's mandates and new taxes would shrink the economy and kill jobs. Hardly. The private sector has grown every month since the law's passage — at least until the virtual nationwide shutdown from coronavirus. Health care industry jobs fueled much of that growth in the past decade.

In the law's early years, Republicans seized on a 2014 CBO projection that Obamacare would mean the equivalent 2.5 million fewer employers within a decade. Republicans for years claimed that was proof the law would kill jobs, but the CBO was accounting for people who would voluntarily stop working or log fewer hours because they would have a new affordable source for health insurance.

In 2017, Stanford University economists found the law's impact on jobs was close to nil. While some workers reduced their hours, a nearly equal number increased their hours to move off Medicaid and onto the exchanges, they said.

Casey Mulligan, a conservative economist at the University of Chicago, argued the law's employer mandate, requiring businesses of at least 50 full-time workers to provide coverage, kept a lot of small businesses from hiring more. And that the growth in health care jobs isn't necessarily a good outcome, since that may have pulled money away from other sectors of the economy that might have benefited.

8. Obamacare would save the government \$143 billion

Only if Congress kept the unpopular stuff

During Obamacare's drafting, central to Democrats' argument for the law was the idea that it would actually be a budget saver, despite its hefty new spending on insurance subsidies and Medicaid expansion.

It doesn't seem to have worked out that way, in large part because Congress has repealed or delayed many of the provisions that would have raised revenue. Roughly half of the projected CBO savings came from a long-term care insurance program that was quickly shelved when the Obama administration determined it was financially unworkable. Congress on a bipartisan basis had also delayed taxes on health insurers and medical devices in the past decade until killing them off for good last year, blowing an estimated \$373 billion hole in the budget the next decade.

All of this has made it impossible to discern the law's effect on the federal deficit. The CBO has

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7. Families would save \$2,500 per year on health insurance

Not so much

Candidate Barack Obama in 2008 repeatedly claimed that his health care plan would save families up to \$2,500 per year on their premiums.

Obamacare critics have spent more than a decade pointing to rising premiums in workplace health plans — now over \$20,000 for the average family — as proof Obama was wrong. Obama’s defenders say he didn’t mean people would see a \$2,500 cut in their premiums — rather, the slower than expected growth in health costs would translate to savings. The math was always fuzzy, but opponents had an easy attack line.

Here’s one way to think about this: The average employer premiums increased 26 percent between 2009 and 2014, when the Obamacare exchanges opened, but grew at a slightly slower pace of 22 percent in the following five years, according to the Kaiser Family Foundation. That slowdown in growth saved the average family about \$1,000 per year. Not bad, but definitely not \$2,500.

Of course, it’s hard to say how much of those savings could be attributed to Obamacare measures promoting more efficient care. Economists have cited other factors, including hangover effects from the Great Recession and other changes in the industry, like the explosion of high-deductible plans requiring patients to pay more from their own pockets for care.

6. Long waits to see a doctor

Worst fears never materialized

Some of the law’s critics predicted there just wouldn’t be enough doctors to care for all of the law’s new insured patients. Some Obamacare proponents argued the law’s plan to boost pay for primary care providers would alleviate the physician shortage.

That didn’t quite work out. The nation is still facing a shortage of primary care physicians and wait times did increase. Two 2017 studies, from JAMA Internal Medicine and the New England Journal of Medicine, found that Medicaid and privately insured patients experienced a slight increase in wait times since Obamacare’s coverage expansion took effect in 2014. But the NEJM study found more appointments were available to Medicaid patients and the rate stayed about the same for privately insured patients.

The upshot: Obamacare certainly didn’t buckle the health system. While wait times in some areas may have increased, there has also been a boom in urgent care clinics to help meet demand.

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Stay tuned

In a rare instance of a bipartisan agreement, top congressional leaders at the time said Obamacare laid the foundation for single-payer — albeit for different reasons. John Boehner said the ACA

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Many on the left, fed up with ever-climbing health care costs and that 30 million Americans remain uninsured, are embracing a Sen. Bernie Sanders -style “Medicare for All” plan that would provide generous government insurance to virtually everyone. But many Democrats still view the idea skeptically, wary of its price tag and taking away private insurance.

Still, a government-run insurance alternative known as a public option, which a decade ago was considered too radical for Obamacare, now has broad support among moderates. And you’ll find many progressives who say a public option is the next logical step to single payer — that was essentially Sen. Elizabeth Warren’s health care plan. So, put this prediction in the TBD column.

4. The Supreme Court settled Obamacare for good

The jury is still out

There were many who thought the Supreme Court decision upholding Obamacare in 2012, followed by Obama’s reelection that fall, would end existential threats to the law. The first indication that prediction wouldn’t pan out came two days after the 2012 election, when Boehner’s declaration that Obamacare was “the law of the land” sparked outrage on the right.

Since then, Obamacare survived another major threat at the Supreme Court, when the justices in 2015 upheld the law’s insurance subsidy scheme, and a failed repeal effort during Trump’s first year in office. But it’s not out of the woods yet.

Trump still muses that Republicans could repeal Obamacare if they retake full control of Washington. And there’s a more immediate threat to the law: The Supreme Court later this year is set to hear another case that could upend Obamacare.

Ironically, the seeds of the latest challenge were sowed by Chief Justice John Robert’s 2012 decision upholding the individual mandate penalty as a tax. A group of red states, with the full support of the Trump administration, argue Congress’ decision to eliminate the penalty in its 2017 tax cut invalidated the individual mandate — and that the entire law must be struck.

The lawsuit was once seen as a longshot, but it’s gained traction with Republican-appointed judges who have reviewed it. Roberts, just like in 2012, could hold the fate of the law in his hands.

3. Medicaid expansion too good a deal for states to pass up

Not for some

When the Supreme Court in the same 2012 case also ruled the federal government couldn’t force states to expand Medicaid, few Obamacare supporters predicted that even red states opposed to the law would refuse the program. After all, the federal government was paying at least 90 percent of the program’s costs — what state could pass that up? Some liberal pundits dismissed early refusals from Republican governors as brinksmanship, but the resistance has remained

strong for a bloc of states.

“I don’t think anybody anticipated the breadth and depth of political opposition that arose against this,” said Corlette, the Georgetown researcher.

Fourteen states still have not expanded Medicaid, leaving about 4.5 million people without access to the program in those states. There are cracks in the resistance though. Since Trump’s election five states have expanded Medicaid, including four through ballot measures. Three more states — Kansas, Missouri and Oklahoma — could join the program this year.

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The law did grandfather plans for people who purchased insurance before Obamacare was enacted, but the plans lost their protection if relatively minor changes were then made. To deal with the political uproar over plan cancellations, the Obama administration allowed an exception for these plans to continue — an allowance that exists today. Roughly 1.3 million people still have health plans that don’t conform to the law’s requirements.

Insurance experts think that politically calculated decision to extend the old plans may have hurt Obamacare’s marketplaces in the early years. The older plans did not have to comply with many of the law’s requirements, such as protections for preexisting conditions, meaning the younger and healthier in those plans were likelier to keep the coverage while older and sicker customers gravitated toward robust Obamacare coverage.

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The law keeps going

Republicans predicted the law would collapse under its own weight. Trump during his first year in office said the law was “imploding” before later declaring against all evidence that it’s “dead” and shouldn’t even be talked about anymore.

Obamacare is still very much with us, and in many respects is stronger than it’s even been — unless the latest lawsuit kills it. Years of skyrocketing premiums have given way to modest declines in the past two years, and more insurers are signing up to sell coverage. HHS Secretary Alex Azar, who previously said Obamacare was “circling the drain,” boasts about how well the administration is running the law, even though insurance experts say the marketplaces have matured as they always expected.

Despite turbulence around the law — the repeal efforts, the court challenges, the early HealthCare.gov struggles — the marketplaces seem to have stabilized. That’s largely thanks to its generous insurance subsidies, which have created a reliable base of customers shield from

high premiums.

Democrats not thrilled about Medicare for All have called for extending subsidies to more of the middle class. There's little support for the idea among Republicans, who say Obamacare is too expensive and people need cheaper options.

So, as Obamacare leaves its first decade, there's one prediction we feel confident making about its second: You can keep your partisan fight over health care.

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Subject:	The Obamacare predictions that didn't quite pan out
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Priority:	Normal
Type:	Note

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03/22/2020 08:01 AM EDT

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The White House

Office of the Press Secretary

FOR IMMEDIATE RELEASE

March 21, 2020

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

James S. Brady Press Briefing Room

1:00 P.M. EDT

THE PRESIDENT: Thank you very much. A lot of things going on, and we're going to be going over to the Hill, and we're having a lot of meetings. And, from the financial -- this is a medical situation, not a financial situation. The financial, though, is moving along very nicely.

I want to thank you for being here and update you on the progress we've made after a week of extraordinary mobilization in our war against the virus. Governors, mayors, the businesses, charities, and citizens are all working with urgency and speed toward one common goal, which is saving American lives.

We're in communication with foreign countries. It's now at 148 foreign countries. Can you believe that? One hundred -- you talk about a spread. You talk about a violent spread. One hundred and forty-eight countries. Not even believable.

This has been a week of national action and of great national solidarity. People are getting along. We're getting along with Republicans and Democrats and independents and liberals and conservatives. And actually, it's a very nice thing to see. We're all one beautiful, big American family, and that's taking place right now.

Last night, I proved a major disaster declaration for the State of New York. I worked very closely with Governor Cuomo. And is the first time in our nation's history that a President has used the Stafford Act to declare a major disaster in response to a public health crisis. Never happened before. I'm considering other areas where we may or may not be doing that. And I'm

working very closely with Gavin Newsom, Governor of California, and others; we may be doing the same thing, depending on their needs, depending on what they're asking for.

It's been unprecedented action in New York, and we've had a tremendous federal response all over the country. And I want to thank all the people in the federal government and obviously in the state governments and local governments. We are working hard. Everybody is working hard. And the people standing alongside of me are working very hard, that I can tell you.

We've also reached agreements with Canada and Mexico on new travel rules at our northern and southern borders to halt the entry of the Chinese virus while continuing trade and commerce. And we've had very good talks, I've -- with Prime Minister Trudeau, and today, this morning, with President López Obrador. And we talked about joint measures that we're taken to prevent the spread of the virus in our countries and to temporarily suspend nonessential travel. We had a great conversation this morning -- the President of Mexico. And our close cooperation with Mexico and Canada will keep our people healthy, keep their people healthy, keep everybody safe.

Yesterday, I had a call with 12,000 small businesses -- representatives of these businesses. That's the engine of our country. People don't realize that. You know, you read all about the big ones, but the -- these small businesses, when you add them up together, are really the engine -- economic engine of our country. And I assured them that my administration is doing everything within its very considerable -- considerable power, frankly, to support them and their employees.

Nobody has ever done what we've done. Likewise, I had calls during the week with all sorts of representatives and systems, like the hospital system. We spoke to many of the hospital systems throughout the country -- nurses and doctors, representatives representing hundreds of thousands of nurses and doctors; airlines and cruise ship companies.

The business roundtable, which was fully attended and it's all of the top CEOs of our country and beyond, frankly -- the businessmen of -- really, these a world -- world-styled businessmen. These are businessmen that control the biggest companies in the world. Many of them have taken hits, and many of them are just, you know, going forward. They -- their businesses have been -- have been great. Some have been very badly affected, some haven't been affected at all, and, frankly, some are doing very well. They continue to do very well.

It's -- Walmart, as an example, has been really helpful to us. Doug McMillon, the head of Walmart -- really helpful to us. And I guess -- I assume they're doing pretty well because people are certainly buying -- buying more than even a clip at Christmas, by substantial numbers. Pretty amazing. But they're doing incredibly. They put on tremendous extra staff. You don't have empty shelves. A lot of things have happened that are very good.

Restaurants, fast food executives, grocery stores, all retailers -- literally, all of them -- in groups.

And we spoke with the G7 leaders at length, as you know. You probably know about that.

Spoke to many of the governors. Spoke almost all of the governors at conference calls and many of the governors individually.

And, very importantly, the religious leaders. We had a great conversation yesterday -- the Vice President and myself -- with the religious leaders of -- of our country. Many of the religious leaders. And we've had a number of them, during the course of the last two weeks, actually. But yesterday, we had a very, very significant call with the religious leaders of our country.

I signed legislation providing American workers with paid sick leave and paid family medical leave at no cost to employers and free testing for those who need it. The testing is going very well and the Admiral will speak to that, along with Tony.

We're working quickly to pass additional legislation that will provide massive relief to small businesses and affected industries and give direct payments to our great workers and hardworking American families. There's never been anything like we're doing on the Hill right now. They're negotiating -- Mitch McConnell, Chuck Schumer. They're all up there -- Kevin McCarthy and Nancy Pelosi. They're all negotiating and everybody is working hard and they want to get to a solution that's the right solution. I think we're getting very close.

We've also announced that we've moved Tax Day from April 15 to July 15, which is a big deal, giving businesses and individuals extra time to file and pay without interest or penalty. So we've moved the date way back. And so it'll be July 15, instead of your traditional April 15. And, very importantly, you will have a lot of time, but you're not going to have interest penalties or any kind of penalties by filing at that later date.

HUD announced that foreclosures and evictions are suspended for single-family homeowners with FHA-insured mortgages for the next 60 days. And our great head of HUD, who's with us today, Ben Carson, is going to say a few words in a moment.

The Department of Education will not enforce standardized testing -- which is another big deal -- requirements for students in elementary through high school for the current school year. Not fair to do that, so we are waiving that. I would imagine it's probably the first time ever that has been waived, but I think it's only fair to the students and to the parents of the students.

It is also waiving interest and other things that we're discussing right now on federally held student loans and directed that borrowers be allowed to suspend their student loan payments without penalty for at least 60 days. And we'll be talking about student loans; going to help the students. They're under a great burden right now, so we will be talking about that further. But we're -- we're waiving, during this 60-day period, various elements -- very important elements -- on student loans. Big subject.

I signed an executive order invoking the Defense Production Act, as you all know, giving us powerful new authorities to help states, cities, and hospitals procure needed supplies. There's been a clear call to action to the private sector, and the call is made right here. It's been really pretty amazing what's happened with the private sector -- they are really in sixth gear, I think -- which has responded in full force, helping to produce and supply much-needed masks, swabs, sanitizers,

ventilators, and everything else. There's a move on that's incredible right now.

And, by way of example, Hanes -- everybody knows Hanes; great company, great consumer cotton products company -- is retrofitting its manufacturing capabilities in large sections of their plants to produce masks. And they're in that process right now.

And, at my direction, the FDA is taking rapid steps to make these items available for medical use right now. Most excitingly to me is what the FDA has done in order to get, possibly, a very successful number -- it's not just one or two -- number of therapeutics: medicines that can help -- help people that are already sick, help people not get sick. And, obviously, you know about the vaccine. And Tony will discuss that a little bit later, but the vaccine is moving along.

But this is something that, right now -- for right now, this is what we really -- it's incredible. And what the FDA has done and Dr. Stephen Hahn, who is highly respected -- came as a -- just a highly respected man. He's been fantastic. He's only been here for a couple of months and he's -- he's gotten thrown into the swim of it and he's really standing up.

But the FDA has really moved mountains. I said it this morning: They've moved mountains to get approvals on things that -- that maybe work. We'll find out very soon. It won't take long.

An example of the Pernod Ricard, which is -- this is really an example where we're repurposing alcohol. They went out and repurposed their alcohol production capabilities in Arkansas,

Kentucky, Texas, and West Virginia to make hand sanitizer. That's a big difference. And they've been unbelievable. They really -- Pernod Ricard. Their first delivery will be on Tuesday. It's going to go to various states. They're going to start, I think, in New York and they're going to work their way around. They're making a tremendous amount of hand sanitizer -- at a very high level too, by the way.

We've activated the National Response Coordination Center to Level 1. That's your highest level. This is the nerve center of all of our government response to crisis and it's coordinating very closely with our nation's governors. Our nation's governors -- many of you were at the call yesterday with the governors and I think you can see the relationship. And we've had numerous calls with governors, by the way, but the relationships are pretty amazing. They like -- they're loving what we're doing and the coordination between the federal government and the governors, states, and even local has been pretty incredible.

FEMA Administrator Pete Gaynor, who is with us, will soon be providing you with an update on the Center's operations. And FEMA has been incredible. We got them involved last week -- very much involved -- and now they're involved nationwide. We've dramatically expanded telehealth so Americans can see a doctor without leaving home -- something which more and more people are using and now they're really using it. And now the ones that are using it are loving it. And I think we're going to change the way our country functions, medically and probably in other ways, because of what's going on right now. This will reduce the chance of infection and preserve hospital capacity. So it solves a lot of problems.

Every American has a role to play in defending our nation from this invisible, horrible enemy. It really is -- it's an invisible enemy. And we will be successful -- very successful -- hopefully very much sooner than people would even think.

So we say, "Stay at home and save lives." This is a time of shared national sacrifice, but it's also a time to treasure our loved ones and to take stock of what is most important: our faith, our families, our neighbors, and our great country. And I want to thank all of the incredible people of our country, the citizens of our country that -- what you've done and the way you're responding has just been very special -- something that we will never forget, that the history books will never forget.

And we're going to have a great victory. We're going to be celebrating a great victory in the not-too-distant future. And I just want to thank everybody.

And now I'll introduce our Vice President, Mike Pence, who's led the Task Force. And I will tell you this: He has not slept much. Maybe a tiny bit, maybe a little bit, but not much. And he's done an incredible job.

Mike, thank you. Please.

THE VICE PRESIDENT: Good afternoon, all. And thank you, Mr. President. The White House Coronavirus Task Force met today. We briefed the President on our latest recommendations. We continue, at the President's direction, to lead not a whole-of-government approach, but a whole-of-America approach.

You just heard the President describe one inspiring story after

another of the way the American people are responding, the way American businesses are responding, and religious communities across this country. The American people are coming together. They're responding with common sense, compassion, and generosity.

People are heeding the advice of state and local authorities, and tens of millions of Americans are putting into practice the "15 Days to Slow the Spread." We are -- we are officially, Mr. President, 6 days into our 15 days. And as we look all across this country, while we -- we strongly support the decisions that governors in states where we have significant outbreak have taken, we encourage every American to listen to those state and local authorities.

For every American, this is what you can do to make a difference over the next week and a few days to protect your health, protect your family's health, but most especially slow the spread and the potential for the coronavirus to impact the most vulnerable.

As the President said, we've been -- we've almost been overwhelmed at the outpouring of support from American businesses. The President spoke yesterday to thousands of small businesses. We spoke to manufacturers yesterday. And, in fact, as President indicated, the FDA, in record time, just approved one manufacturer that will be producing millions of surgical masks in a matter of weeks for the American people.

The pastors we spoke to, we -- we want to thank all the religious leaders from every community of faith in the country making the hard choice to suspend services, to have online services, even while those ministries are continuing to support food banks and come alongside the most vulnerable. And, of course, the chorus of

prayers that is coming up from communities of faith around the country is making the difference that it always has in the life of this nation.

One thing the President and I promised was to remind people that on the weekends that you're not in the pews, it's still a good -- it's still a good idea to -- if you can, to go ahead and make that donation. Because all the ministries are continuing to play a vital role in our communities and we encourage your continued support.

The President and I are grateful that the American people are listening to state and local authorities and putting into practice all of -- all of the recommendations in the President's coronavirus guidelines.

And, as you will hear in just a few moments from Admiral Giroir, testing is expanding rapidly across the United States of America. State-run drive-throughs are expanding across the country. And, as you will hear detailed this morning, now more than 195,000 Americans and more who have been symptomatic have been tested. That number does not include county hospitals or healthcare labs around the nation, some 15,000 in number.

And among the number of the more than 195,000 that have been tested, it's important to remember that only 19,343, at this moment, have tested positive for the coronavirus. We want to -- we continue to urge state and local health authorities to contact FEMA for all the latest developments and innovations in testing. But we want to remind Americans, as Dr. Fauci will emphasize in a moment: If you don't have symptoms, don't do a test. It is another way that the American people can make sure that we are preserving the resources that our healthcare workers

need to minister and to support those who are dealing with the coronavirus and other illnesses.

In a moment, Pete Gaynor will detail the efforts at FEMA. Since the President's National Emergency Declaration, we have FEMA in the lead; stood up the National Response Coordination Center; as the President said; and we are working closely, literally hour by hour, through FEMA, processing requests from states most impacted, like New York, Washington State, and California, and we'll continue to work very, very closely with those states through their very traditional means of federal emergency management at FEMA.

Secretary Carson will describe decisive actions the President alluded to, to bring foreclosure relief to Americans. And, on the subject of supplies, in a moment, you will hear of not only the progress that we're making on testing, but on Monday, we'll be detailing for the American people the progress that we are making on the President's strategy of procuring more personal protective equipment and medical supplies, allocating them through the system at FEMA, and continuing to urge conservation by Americans.

In fact, I'm pleased to report to the President today that HHS just placed a -- an order for hundreds of millions of N-95 masks that will be being made available to healthcare providers across the country.

On behalf of the President, we do renew our call for Americans to postpone elective medical procedures, including dental services. And remember, this is another way that you're going to make sure that medical supplies are available, because, by postponing elective medical procedures, you're freeing up medical

supplies for those dealing with the coronavirus.

As the President mentioned, our team is on Capitol Hill as we speak, working with members of Congress in both political parties. They're making progress, by all accounts, on a bipartisan bill. They worked late into the night last night and started early this morning, and we are working to pass that legislation on Monday in both the House and the Senate.

Now, on a personal note, many of you may have been made aware that a member of my staff has tested positive for the coronavirus. We learned of that late yesterday. I am pleased to report that he is doing well. He had mild, cold-like symptoms for about a day and a half; has not been to the White House since Monday.

Neither the President nor I had direct contact with that staff person. We worked immediately with the White House physician and the CDC. We've done all contact tracing. And while the White House doctor has indicated that he has no reason to believe that I was exposed and no need to be tested, given the unique position that I have as Vice President and as the leader of the White House Coronavirus Task Force, both I and my wife will be tested for the coronavirus later this afternoon.

Let me say again how grateful the President and I are that every American has acted on the President's coronavirus guidelines. We are 6 days into 15 days that, but as Dr. Fauci may well reflect in a moment, it's an opportunity for us here on the footholds of this epidemic curve in our country to literally lower the impact in our nation and save lives. Every American can do their part to slow the spread. And we encourage you each to continue to do

that.

As the President says often: Remember we're all in this together. And also remember that, for most Americans, the risk of serious illness from the coronavirus remains low. The reason we want to put into practice the President's coronavirus guidelines is because no American would want to inadvertently expose someone who is vulnerable -- a senior with a serious underlying health condition -- to the coronavirus with a potential threat.

I did hear one story this morning, Mr. President, about a senior named Geneva Wood. She actually is at the Life Care Center in Kirkland, Washington. She is not only a grandmother, she is a great, great grandmother. Ninety years young, and she tested positive for the coronavirus on March 6th. But by all accounts, she's doing well and she wanted America to know there is hope. And her strength and her enthusiasm is truly an inspiration to the nation.

As the President said many times, we're going to get through this and come out stronger than ever before. And we'll get through this as Americans, together.

Thank you, Mr. President.

THE PRESIDENT: Thank you very much. Thank you, Mike.

Admiral, please.

ADMIRAL GIROIR: Thank you, Mr. President and Mr. Vice President.

As I told you earlier last week, we are in the process and are

effectively transitioning to large-scale testing by leveraging all the components of the American healthcare system. When we started, it was CDC only, then it was the state public health laboratories. Now we're transitioning into the mainstream of American testing with many of the companies that the President invited in the Rose Garden just a week ago.

So, currently, 91 public health laboratories, state public health laboratories are up and running in 50 states, the District of Columbia, Guam, and Puerto Rico.

This is our curve, and I want to be very clear about this -- that this only accounts for CDC state public health laboratories and the laboratories that are members of the American Clinical Laboratory Association. These are the main reference laboratories: LabCorp, Quest, Mayo, ARUP, Bio-Reference Labs, and Sonic Healthcare. It does not account for the well over 10,000 -- 15,000 hospital-based labs, many of which are doing testing, for whom we will get data this week to give you an overall rollup.

As you can see, over 195,000 people in America have completed their testing. That means tests plus results. This does not count the people whose tests are in process. And, as you see, this curve is going -- it will continue to rise dramatically over the next period of time.

So, again, this is utilizing all the components of the great American healthcare system, the state and local public health laboratories, the hospital system, which is not represented here, and the main reference laboratories.

Now, I do want to make it clear that, although testing is

becoming more available, and Dr. Fauci will definitely emphasize this more, there are priorities for testing. And clearly, everyone across the country should understand that those hospitalized or in an ICU are our priority for testing: Symptomatic health care workers, for obvious reasons, we want to make sure that they -- their health is preserved and that they are not going to spread to those who may be seriously ill; symptomatic people in long-term care facilities: As the Vice President has highlighted and we've said many times, elderly in our society have a much higher mortality rate, much higher serious complication rate; Symptomatic individuals over 65: Symptomatic individuals who have underlying conditions, like chronic heart disease or liver disease or other types of chronic diseases; Patients in public health investigations. And there are local priorities around the country, particularly healthcare workers for testing.

And Dr. Fauci is going to emphasize this about the types of people who may not need to be tested. Testing is going well, it's ramping up, but we should still have priorities.

Finally, I want to talk about the community-based testing sites. I know they're popular now because there's now an acronym, which I'm sure the Vice President doesn't appreciate: CBTS or CBT sites. We talked about these earlier in the week and I wanted to emphasize, again, that these are state-managed and locally executed. The federal government is there to provide support, know how, blueprints on how to do this, but these are really springing up at dozens and dozens of sites all over the country, adapted to the local needs. Some are drive-throughs, some are walk-up, some are geared to healthcare workers and emergency responders.

So again, what we see in the upcoming week is this curve will continue to increase as testing becomes more widely available, as the great American healthcare industry continues to increase the availability of tests and the throughput of those tests.

Thank you, sir.

THE PRESIDENT: Thank you very much, Admiral. Dr. Fauci, please.

DR. FAUCI: Thank you very much, President, Mr. Vice President. What I want to do, just over the next minute or so, is maybe connect some of the dots of the things that you've heard today.

First, the status of the dynamics of the -- of the outbreak. I mean, you all know the numbers. You've seen them. We have widespread infection, but to varying degrees throughout the country.

So, for example, when you talk about the kinds of mitigation issues that we have put forth and have emphasized, just as I mentioned the other day, there are two dynamic forces that are going on at the same time. You're having the natural course of an outbreak, trying to peak at a high level. And then you have the mitigation strategies, which are aimed at dampening that. We've mentioned that multiple times.

We often get asked: "How do you know you're having an effect?" Because there are two things that are going on at the same time, they may be confounding. Well, I can tell you for sure, from a public health standpoint and experience with other outbreaks, we know we are clearly having an effect, but we

can't quantitate it for you accurately now, because, looking forward, you'll know what the impact of the rate of this steep inclines will be. So that's why we're going to come back to you every day and keep you up to date about that.

Getting -- with regard to the disproportionate of the response, everyone -- it's right here. I'll get the -- open up the Vice President's book, with his permission. This is baseline for everyone -- in other words, throughout the country. But then there will be areas -- and you've heard them: Washington State, California, New York City -- in which the dynamics of the outbreak are clearly different and much more robust, if you want to use that word. And that's the reason why we're seeing the mitigation ratcheted up in that regard. And again, hopefully -- and I have confidence it will happen -- you will see an impact on that.

Next, getting to testing. You saw the numbers we're testing. Remember, there was always an issue with testing. I think we're getting to the solution that everybody in the country is looking for.

But I want to emphasize one thing that Admiral Giroir mentioned -- is that not every single person in the United States needs to get tested. He gave you the priorities; I don't want to repeat them. But let me tell you one of the unintended consequences of individuals who don't need to get tested that flood the desire to get tested. Currently -- and I hope we'll be able to change it and make it much less reliable on PPEs -- when you go in and get tested, you are consuming personal protective equipment -- masks and gowns. Those are high priority for the healthcare workers who are taking care of people who have coronavirus disease.

So what we don't want to do is to have a situation where we will -- we do have disparities in availability of PPEs now and we're working hard to correct that. But currently today, we want to make sure that the people who are taking care of people with coronavirus disease do not endanger themselves because they don't have the personal protective equipment.

And then finally, one last thing -- it was just mentioned. The Surgeon General has been pushing this: Please put off, cancel elective medical and surgical procedures. You don't want to not ever do them, but, for the time being, don't do them because they also not only consume personal protective equipment, they may also consume some of the things like ventilators that you might need. So let's pull in this together, and we will get through it, I promise you.

Thank you.

THE PRESIDENT: Thank you, Tony, very much. Please.

ADMINISTRATOR GAYNOR: Thank you, Mr. President, Mr. Vice President. FEMA is now leading the federal operation -- or the federal response for all operations on behalf of the White House Coronavirus Task Force, who oversees this whole-of-nation response.

HHS will continue to provide their expert -- matter expertise on health. Pursuant to the nationwide emergency declaration, FEMA, in coordination with HHS, is assisting state, local, tribal, territorial governments and other eligible entities with health and safety emergency protective measures on behalf of the

American public.

As of yesterday, 50 states, the District of Columbia, 5 territories, and 1 tribe are working directly with FEMA under the nationwide emergency declaration for COVID-19. In just 24 hours, we've obligated \$100 million to states, territories and tribes.

A little bit about supplies: It is of the utmost importance that requests for assistance, especially for critical supplies, get routed through proper channels as soon as possible. And we ask everyone to follow the normal procedures -- the normal procedures FEMA uses in a natural disaster. There's no different procedure for the COVID-19 pandemic.

But, remember, you can still order supplies from your regular vendors and buy it on the open market. Buy it where you can find it. We will reimburse you. If you buy medical supplies from foreign sources, it is reimbursable. "Buy America" does not apply to the Stafford Act, except for Washington D.C. and Puerto Rico.

If you can't buy it on the open market, make a request to the FEMA system. Requests for assistance at the local and county level should first go to states -- from states to the regional FEMA offices, and then from those offices right here in D.C., where the National Response Coordination Center is open and running.

We are getting requests for mass PPE swab sets, test site supports, ventilators, hospital-capacity assessments and many more. And we are in lockstep with HHS to answer these requests, but we will do whatever is necessary to get states, tribes, territories, and others, what they need.

And then, finally, what we are doing here in Washington, D.C. -- again, this is a whole-of-government response. Like all emergency responses, it's most successful when it is locally executed, state-managed, and federally supported. We can't say that enough.

On Thursday, our federal partners fully integrated with our National Coordination -- Response Coordination Center. And, additionally, all 10 FEMA regions across the country have been activated.

The FEMA regional administrators will continue to coordinate closely with governors, state emergency managers, state public health officials to determine the type and level of support needed to respond to this dynamic threat. Thank you, sir.

THE PRESIDENT: Thank you very much, Pete. Appreciate it.

THE VICE PRESIDENT: Ben?

THE PRESIDENT: Ben, please.

SECRETARY CARSON: Well, thank you, Mr. President and Mr. Vice President for your tireless leadership here. And I also want to thank the fellow Task Force members who have been working around the clock in a very patriotic way to serve their fellow Americans.

You know, part of the American Dream is having a home. And sometimes people say, "Well, what does housing have to do with health?" It has everything to do with health, having a safe

home. And that is the reason that the President has authorized the immediate cessation of foreclosure and eviction proceedings for American citizens, single-family forward mortgages, as well as reverse mortgages. And, as you know, FHFA has also decided to do the same thing for 60 days, and the CFPB is very happy with all of this as well.

And it's really all about helping our people, recognizing that they're being severely impacted by the coronavirus. And we've also asked the various servicers of mortgage loans to exercise forbearance for anybody who is having difficulty. It is important, if you're having difficulty, to actually contact the people who have made the loan, who established the mortgage because it doesn't happen automatically. What does happen automatically is that we cover all 8.5 million people, in terms of the moratorium on foreclosures and evictions.

We want also for the PHAs to be protected. HUD does not have authority to mandate that evictions can't occur, but we are in contact with all the PHAs across the country, and are petitioning Congress for the power to be able to actually enforce that. But the fact of the matter is, most of the PHAs are run by people who actually care about other people, so we really haven't seen much of a problem there. We haven't seen much of a problem with forbearance and needing to try to force people to do it because they want to do it. People are stepping up and saying, "What we can do to be helpful?"

As far as Housing Choice vouchers -- Section 8 -- is concerned, the April vouchers will be sent out next week and May vouchers are already being worked on. And we're also staying in contact with all the stakeholders, the advocates for low-income housing,

as well as other stakeholders to make sure that we're doing things that are most helpful to them.

And additionally, we've extended the deadlines for healthcare and multifamily financial reporting requirements. And that's for over 20,000 multifamily and healthcare borrowers until April the 30th. And that provides them with a lot more flexibility to deal with the issues that they're dealing with.

I also want to thank our FHA Commissioner Brian Montgomery; as well as the FHFA Director, Mark Calabria; and Kathy Kraninger, the Director of the CFPB, who've all worked tirelessly with us to make this happen.

What we're trying to do is bridge the gap, recognizing that it's a lot easier for us to take these measures and for Congress to take the measures that they're taking so that we don't destroy a very excellent system and have to start all over again.

So for those who are worried about the money that's being spent, if you don't spend the money and deal with this now, it's going to cost a whole lot more to try to build all this up again.

And, as was mentioned by the President, there's been a sense of unity that we haven't seen for a long time in this country, and let's hope and pray that that unity lasts far beyond this crisis.

THE VICE PRESIDENT: Well said.

THE PRESIDENT: Okay. Ben, thank you very much. A few questions, please.

Q Mr. President, a few questions, if you don't mind, sir. If you've lost your job now or you're worried that you're going to use your job tomorrow -- restaurants, something like that -- what do you want people to do immediately?

The second question, sir: You've heard from the Vice President that he's going to be tested. Are you -- have you taken a test since last Saturday? I know you told us --

THE PRESIDENT: I just took one.

Q You just took one. How are you feeling?

THE PRESIDENT: I feel great.

Q Okay. (Laughs.)

THE PRESIDENT: I feel great.

Q I guess we'll --

THE PRESIDENT: I hope I look good. I feel great.

Q You've taken more than one, sir?

THE PRESIDENT: Those people are going to be --

Q You took the one, sir?

(Crosstalk.)

THE PRESIDENT: I took one test.

Q One test.

Q Okay. So for those people that have lost their job already or they are worried that they're about to lose it tomorrow, what do you want them to do right now?

THE PRESIDENT: Well, what they do right now is keep receiving their paycheck, and hopefully their companies are going to be in a very strong position. We want to keep everything together because we think we're going to have a tremendous bounce back. Now, some people agree with that very strongly. Some of our top economists, they think we're going to have a very -- once we solve the problem of -- that we're working on -- the medical problem.

So we want them to keep their jobs, stay where you are, and we'll see what happens. Now, if they don't, we have unemployment, we have checks, we have a lot of things happening, a lot of very positive things. Nobody has ever done -- now, this is working with Democrats; this is Republicans and Democrats and myself working together. Nobody has ever done a package like this. It's a great package, but ideally, we want them to be able to keep their jobs, keep the pay coming, and I think that's going to happen.

Kelly, go ahead.

Q Mr. President, on your Defense Production Act power, one of the features of that is that the federal government would be able to control the output -- whether it's masks or ventilators --

THE PRESIDENT: Good.

Q -- get it to the most areas of need and control the pricing to keep it at a market level so it's not price gouging.

THE PRESIDENT: Right.

Q One of the things we're hearing from governors: They can't find supplies and prices have gone up. So you've talked about the act, sir, but you have not yet compelled any companies. Why not?

THE PRESIDENT: Because we have so many companies making so many products -- every product that you mentioned, plus ventilators and everything else. We have car companies -- without having to use the act. If I don't have to use -- specifically, we have the act to use, in case we need it. But we have so many things being made right now by so many -- they've just stepped up.

In fact, Mike Pence and I were discussing it before. We've never seen anything like it where they are volunteering. "We want to make masks. We want to..." Like Hanes or -- I brought that up as an example. General Motors, I bring that up as another. Ford.

Q And they go on the open market, sir. Right?

THE PRESIDENT: They're going -- they're going to go on the open market. We want them on the open market from a -- the standpoint of pricing. Because otherwise, it's going to be -- we could be very unfairly treated.

Q How do you direct them to the places in greatest need?

THE PRESIDENT: We are directing states -- and sometimes we'll be competing against states, which I don't want, and we'll drop out of the bidding. We want the states to go first. And, you know, what we're doing is we're helping states. That's what we want to do. Same thing with the testing. We're helping states. We're helping states get to where they want, and we've made tremendous progress in every aspect of it.

Q (Inaudible) this happens --

THE PRESIDENT: It's happening fast --

Q -- for a governor who need equipment today.

THE PRESIDENT: Well, it's happening fast right now, and the governors are out there trying to get -- and if they are competing with us, we immediately drop out.

Please.

Q Mr. President, forgive me if I heard you wrong at the beginning, but you said something: "We are going to be going over to the Hill." Are you going, yourself, to --

THE PRESIDENT: My people are and I'll be staying here. I'll be in the Oval Office and various other places in the White House.

Q And, on that matter, you're asking Congress to essentially pass a series of legislation --

THE PRESIDENT: Right.

Q -- that's going to amount to about \$2 trillion -- 10 percent of the GDP. What do you say to members in both parties who say this is too expensive, this is just too much to debate and get done in 48 hours or so. And also, have you spoken directly with Speaker Pelosi at all about any of this?

THE PRESIDENT: Okay. So I've spoken with -- I'm not going to say who I speak with, but I've spoken with, directly or indirectly, everybody -- many, many times. We're doing very well. I think the Democrats and the Republicans are going to come up with a package that's going to be really something very special. It's going to help people.

This is the first time there's ever been a case where you want people not to work. It's always -- you know, you want to create incentive to work. We're creating not an incentive not to work, but the fact is we're asking people not to work because of -- we have -- they have to stay away from each other. If we're going to kill this horrible, hidden enemy, we have to stay away.

So there's never been a thing like this in the history of the world. And other nations are doing similar things -- some effectively, some not effectively. They're doing similar things.

We are creating a package that's going to keep companies together, keep workers paid, so they can live and sustain. We'll see what the timing is. The biggest thing we can do is get rid of the problem. The problem is exactly what we know: the medical problem. We want to have this whole, incredible situation that it can start right away -- not that all these companies break up, all the workers are out of jobs, you can't put it back together,

and it would take years to put them back together.

Because we had the greatest economy in the history of the world until we got hit by this problem. And we can be back very, very quickly and it's our intention to be back very, very quickly.

So we're doing a package, the likes of which nobody has ever done before. I'm obviously the one that has to approve the different things and the recommendations of the different things. And -- like buybacks, as an example, and stock buybacks. I didn't like it the first time and this time I'm saying, "You're not doing it. I don't want money to be used for that." I want money to be used for workers and for opening businesses, keeping businesses open, not buybacks. And --

Q So you want them to (inaudible) --

THE PRESIDENT: Well, I -- I would -- I am strongly recommending a buyback exclusion. You cannot buy back your stock. You can't take a billion dollars of the money and just buy back your stock and increase the value.

Please.

Q On the subject to masks, the Vice President announced HHS was ordering hundreds of millions of them. Was that order just placed today? How is that going to be distributed and --

THE PRESIDENT: Mike, go ahead.

Q -- when can doctors and nurses expect to actually receive those masks?

THE VICE PRESIDENT: Yeah. HHS is completing half-a-billion-dollar order of N-95 masks. And all of this has been coordinated through FEMA. And we're -- we are responding specifically to state requests, where the needs arrive. As Dr. Fauci said, we want to make sure that people that are providing healthcare services to people who may have contracted coronavirus have the protection to keep themselves and their families healthy.

But I want to emphasize: The supply of so-called N-95 masks has been vastly increased in the country because the President insisted that we extend liability protection to industrial masks. What all the experts told us early on was that industrial masks that are used on construction sites -- the President is very familiar with from his past life -- are perfectly appropriate to protect healthcare workers from respiratory illness. But they didn't have the liability protection because they weren't created for hospitals.

We worked with leaders in both parties. We added that protection that runs through 2024, that now the industrial N-95 masks can be purchased by hospitals, purchased by states, purchased by HHS, and distributed through our system. So we're making those available. The supply has been, as I said, vastly increased. And it's -- it was another step forward in a bipartisan accomplishment. And we're continuing to use all the, kind of, creative means of American industry to make sure that we're leaning into this effort and that we do whatever it takes to make sure that our healthcare providers have the protective equipment they need.

Q We are still hearing from doctors and nurses about the

shortage. When exactly can they expect to receive these masks though?

THE VICE PRESIDENT: Well, let me let -- let me let Pete Gaynor speak to that, because FEMA will be -- HHS is now fully integrated into FEMA. And so as the requests come in -- but obviously, as I'm sure the Administrator will say, they're being prioritized to those areas with the highest need.

ADMINISTRATOR GAYNOR: Yes, sir. So, within the National Coordination Center, we have a supply chain task force. And, in basic sense, we're trying to identify the universe of what's out there, so whether we hold it at the federal level, we hold it in the private sector, and then match that up with demand and asking people to be creative, we're asking -- again, this is a shared responsibility. We're asking locals and states to do your share locally, try to take a little bit of burden off of us, and then we'll prioritize those scarce resources. Because every single governor across the country is looking for the exact same thing.

So there's a balance, but we're examining the entire supply chain to make sure that we --

THE PRESIDENT: When will the masks start coming in?

ADMINISTRATOR GAYNOR: They're -- they're out there now. So again, we want to match -- we want to get out of the middle, I think.

THE PRESIDENT: That's what you'd --

Q I appreciate it. (Laughter.)

THE PRESIDENT: Yeah, that's what I'd like to know: When will they (inaudible)?

ADMINISTRATOR GAYNOR: Yes. So we're trying to match supplies with demand, so that's what we're doing right now.

THE PRESIDENT: He's worse than I am. (Laughter.)

ADMINISTRATOR GAYNOR: It's happening today.

Q It's -- they can expect them today, or they're matching supply and demand?

ADMINISTRATOR GAYNOR: It's all -- there's a range of requests across the country, and we're trying to match those -- again, supply and demand, every day through the Task Force.

THE PRESIDENT: And we have a lot of them that have already come in. A lot have already come in.

I have to tell you, the throwing away of the mask -- being in private business, the throwing away of the mask right away -- they're thrown away. And when you hear 55 million masks were ordered, I'm saying, "55 million? How could it possibly be such a number?" And they say, "Oh, that's just a small fraction of what we need."

And I said, "Why aren't we sanitizing masks?" You know, you look at the masks -- I've looked at all the different masks. Some don't lend themselves to doing that, I think, but many do. And I said, "Why aren't we..." -- we have very good liquids for doing this, sanitizing the masks. And that's something they're --

they're starting to do more and more. They're sanitizing the masks.

And I don't know if anybody would like to speak to that. You might want to just --

DR. FAUCI: Yeah, there are CDC guidances about how you can minimize the use of masks by different things that you could do with testing. And when you have masks, how you might reuse them, which ones you can reuse them.

Q Do you think there's a solution to this other than buying more masks? Do healthcare providers need to change how they're using them?

DR. FAUCI: Yeah. Well, there are a couple of things. One, for example, we are moving towards getting testing where you don't have to have PPE. I mean, I didn't want to -- I'm not going to tell you the day it's going to be there, but it's going to be a swab that you could stick in the nose of the person who is either infected or not, but that person doesn't need PPE -- the person who's administering the test.

So, if you could do a self-administered test, stick it in a vial, hand it over, you don't need a mask; you don't need PPE. That's one of the things we're trying to do.

THE PRESIDENT: I would have liked that much better, personally.

Yeah. Go ahead, Mike.

THE VICE PRESIDENT: May I? And one other -- this is another story about great American industry. I mean, we -- the President and I

literally heard directly from Apple that they're donating 2 million industrial masks to this effort around the country. And working --

THE PRESIDENT: Yesterday.

THE VICE PRESIDENT: -- and working with our administration to distribute those.

And it might be a good opportunity for us to renew our call for -- as the President and I delivered this message to businesses yesterday and manufacturers and small businesses: This is a great time to go to your store room, and, if you have N-95 masks, if you've got a hundred of them, if you've got 10,000 of them, is to load them up, drive them over to your local hospital. That story is literally happening all over the country.

And now, with more Americans stepping away from elective surgery, including elective dental care, we're urging dentists around America to look at their supplies of N-95 masks and make those available to our hospitals.

And -- but the great news is, as the President said: The American people are all doing this now. So, allow me to say, on behalf of the President, thank you for what you all are doing today, but we want to encourage people in business, encourage people in dentistry, in particular: Look at those supplies of N-95 masks, pack up as many as you can spare, drop them off at your local hospital. It would be a great service to the country.

Q Mr. President, I just want to read you some of what some of the doctors on the frontlines of this crisis are saying. Doctor --

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THE PRESIDENT: You mean the ones that are saying good things or bad things?

Q These are doctors who are talking about the shortage of medical supplies that they are facing. Dr. Faezah A. Bux, in Kentucky, says, "There's absolutely no way to protect myself." A surgeon in Fresno, California, says, "We are at war with no ammo." Dr. Mell, in Illinois, says, "If this is a wartime situation, then now is the time to act."

I know you're talking now about increasing production at so many of these facilities to get the masks out. But given that this is one of the wealthiest, most powerful countries in the world, should this even be happening? Shouldn't this have been resolved weeks ago?

THE PRESIDENT: Well, I'll tell you the way I look at it. So, many administrations preceded me. For the most part, they did very little, in terms of what you're talking about. This is unprecedented. You can speak to Tony; you could speak to anybody. This is unprecedented or just about unprecedented.

As time goes by, we're seeing it's really at a level that nobody would've believed. Nobody would've thought possible that this could happen. And we are making much of this stuff now. And much of it's being delivered now.

We've also gotten tremendous reviews from a lot of people that can't believe how fast it's coming. I mean, when I hear they have an order of 55 million masks -- and that's just one order; that's

one order out of many -- and that there are many millions of masks beyond that that are ready -- and I keep saying, "How is it possible to use so much?" But that's the way it is. And part of that is because they'll use a mask for a short period of time and they throw it.

The fact is that we are doing a tremendous amount. We started with very few masks. We had some, but nothing for an event like this. And now we're making tens of millions of masks and other things. And I think it's unprecedented what we've done and what we're doing. And many doctors -- and I've read many, many doctors, they can't believe the great job that we've done.

Yes.

Q There has been many --

THE PRESIDENT: Kelly, did you have one?

Q Mr. President, it's been more than -- it's been nearly three months since your administration learned about this -- about this virus.

THE PRESIDENT: Well, if you remember --

Q Why not sooner?

THE PRESIDENT: -- I was the one that closed the country down. I was the one that closed the -- you don't write that or you don't say it too much, certainly on CNN. But I just read an article yesterday --

Q (Inaudible.)

THE PRESIDENT: I just read an article yesterday that, by closing the country down so early -- we were very early -- we saved tens of thousands -- and much more than that -- lives. So you know, you might want to report that, too.

ADMIRAL GIROIR: I'd just like to address that for a moment. Again, I'm an ICU physician, ran health systems. And I, first of all, want to thank everyone who's on the frontline -- in the emergency room, in the ICUs, in the hospitals. I speak to my colleagues daily.

We need to preserve our PPE to the degree that we can. CDC guidelines has had that. The President has talked about it, but I also want to say, we are making product, as the President said, but we are also responding through the FEMA system to distribute the Strategic National Stockpile resources according to requests that come in.

Stockpile has been distributed to many states -- first order, second orders, and on a daily basis adjudicating that. If there are shortages in your hospital system -- I can't tell you of Dr. X, Y, Z -- that needs to be clearly iterated to the local emergency management.

Q Are you seeing that happening? Are you seeing those hospitals talking about the shortages, asking the federal government --

ADMIRAL GIROIR: We were on the phone, two nights ago or three nights ago, with over 2,000 hospitals or hospital systems, sharing best practices from Seattle, where they've been very

innovative, pioneering some of these areas. When there is a shortage, they need to go through their emergency management. It goes directly up to the FEMA system, which really rocks. It really works very, very well. And then there's the distribution of the stockpile.

Now, the stockpile isn't infinite, that's why it's being replaced by all the orders. But masks, supplies go out on a daily basis, as they are needed and requested through the FEMA system. And, I don't know, Administrator Gaynor, whether you want to add to that.

ADMINISTRATOR GAYNOR: Perfectly -- perfectly said.

THE PRESIDENT: Tony, would you like to say something about that?

DR. FAUCI: No, I -- just to reiterate what Brett said, we don't take lightly what you just read, you know? I mean, I get the calls every night, the way you get emails. It's a serious issue. We don't want that to happen. But it is happening. You're not making things up. I know that because I'm experiencing it myself.

But what you just heard about the different avenues -- some of which aren't even recognized -- about how you can get help through the FEMA process, in addition to the large amounts of additional PPE that's coming into the system, we hope that very, very, very soon, we're not going to get those kinds of real-life difficulties.

Q Is it a matter of weeks? Again, it seems like there's a question about the timeline here and even FEMA can't quite answer

what the --

THE PRESIDENT: Sooner.

Q -- what the timeline is.

THE PRESIDENT: Sooner.

Q Days, weeks --

THE PRESIDENT: It's sooner than weeks.

DR. FAUCI: Yeah. Yeah. Sooner than weeks. It's -- it's going to be days, I would hope. You know, I -- we're going to try to make it days to the best possible way we can.

THE PRESIDENT: And, again, what we're doing is we're trying to help the states get things faster. And that's what we're doing: We're implementing.

And the magnitude of this -- it's a tragedy. It's an absolute tragedy. But the magnitude is something that, no matter who you were, no matter where you come from, nobody ever thought a thing like this could happen.

You read about 1917 and you read about certain things, but you think, in a modern age, a thing like that could never happen. Well, it comes back. It is genius. It comes back. And it's too bad. But I think the people working on this have been incredible. The job they've done has really been incredible.

But there's tremendous amounts of -- not only masks -- of

ventilators and respirators and everything you can think of. It's all being -- much of it and almost, I could say, all of it is being manufactured right now.

Steve, please.

Q Yesterday, there were questions about the use of this malaria drug. Have those questions now been resolved?

THE PRESIDENT: Well, I don't know that -- "resolved." I can say that it's going to be distributed. I know New York is getting, I think, 10,000 units, and numerous other people. It's really -- it could be the malaria drug plus the Z-Pak.

But -- and we're going to find out. We're going to find out. I feel -- look, I feel, as the expression goes, "What do we have to lose?" Because, you know, I feel very -- I feel very good about it. Tony would feel, you know, like -- he'd like samples done in a certain way. And I understand that too. Many doctors agree with that. We don't have much time. You know, we have a lot of very sick people right now in hospitals all over the place.

And speaking with the Governor of New York -- Cuomo -- I said, "How does it look?" He's got a lot of sick people. So we're going to be delivering a lot of samples to New York and other places, and we're going to find out very shortly whether or not it's going to work.

I feel very confident. I mean, I've seen things that surprise me, frankly. There are -- as Tony said, there are other things we're looking at too. Vaccine, of course, is incredible, but this is more immediate.

Right now, this, to me, would be the greatest thing that could happen. This would be a gift from Heaven. This would be a gift from God if it works. So we're going to pray to God that it does work. It'd be a fantastic thing.

Q Mr. President --

THE PRESIDENT: Yeah, please. In the back.

Q Thank you, Mr. President. On the economic front, there are reports that the coronavirus is really hurting your businesses, especially your hotels --

THE PRESIDENT: My businesses?

Q Yeah.

THE PRESIDENT: Sure.

Q So, is that true and can you speak to the financials --

THE PRESIDENT: Well, I wouldn't say you're thriving when you decide to close down your hotels and your businesses. No, I would say -- but, you know, I'm very under-levered and everything, so that's good. But is it hurting my -- yeah. It's hurting me and it's hurting Hilton and it's hurting all of the great hotel chains all over the world.

It's hurting everybody. I mean, there are very few businesses that are doing well. Now, there are some that are. Like, as an example, the Walmarts of the world, because everybody's lined up

to get things and stock up their house, and this and that.

But sure, it hurts my business. But --

Q And did you or anyone in your administration talk to anyone at the Trump Organization about the potential effects of the coronavirus?

THE PRESIDENT: No, I didn't speak to anybody. I speak to my sons, but -- I talk about the coronavirus, but not as it pertains to my business. They basically follow the rules; when they say close them down, in New York, we close them down or wherever they may be. I have them -- I actually have them all over the world. And when they say --

Q Will you no longer go to Mar-a-Lago or Bedminster?

THE PRESIDENT: And when they say, "Close them down," we close them down.

What, Kelly?

Q Will you no longer go to Mar-a-Lago or Bedminster?

THE PRESIDENT: Well, I have nothing planned at Mar-a-Lago. But, right now, I think Mar-a-Lago, I guess -- I haven't even asked, but I imagine that's closed down, just like a lot of other businesses in Florida.

Go ahead. Go ahead, please.

Q Would you -- do you expect your family company to seek

government assistance if it's eligible?

THE PRESIDENT: I don't know. I mean, I just don't know what the government assistance would be for what I have. I have hotels. Everybody knew I had hotels when I got elected. They knew I was a successful person when I got elected. So it's one of those things.

I guess I get paid \$450,000 a year; I give it up. I put it back into the nation. I usually -- I have to -- by the way, you have to designate where you want it, so I oftentimes give it to opioid research and things.

Q I meant to the company specifically, not you.

THE PRESIDENT: But, as far as the hotels and everything, I mean, I have to do what everyone else is doing. I would probably decide to close things up. I think it's a good thing nation- -- you don't want people getting together. And hotels and clubs and everything, you get together. We want to beat this deal.

So I have many of them -- hotels, clubs, things like that -- where people get together. I would think it would be a good practice to close them up.

Yeah, go ahead, please.

Q Mr. President, as you know, we've been talking a lot about masks. We've also talked about how not everyone needs to take a test. What about a temperature test? As we know, we all came into this room and got tested before --

THE PRESIDENT: Yeah.

Q -- we entered the (inaudible) grounds.

THE PRESIDENT: Well, I do it. I do it. I have temperature tests and I don't -- I didn't ask everybody here, but I wouldn't be surprised if they had temperature tests.

Q But should those thermometers --

THE PRESIDENT: Otherwise, I'm going to run off the stage.

Q -- the sensors be distributed? Should they be on a mass distribution basis, too?

THE PRESIDENT: Oh, I think they are, pretty much. The easiest thing is the temperature. I think they are. I don't know. Are you learning a lot from the temperature test, Tony? Could you maybe discuss that for a second?

DR. FAUCI: Yeah, I mean, they have a place. They're not infallible. I mean, there's so many ways to get around that. I mean, right now, every time -- certainly here, we get -- every time I go into a different room, I get my temperature taken. (Laughs.)

But we see that on the outside, that's some people --

THE PRESIDENT: I took his temperature twice, actually.

DR. FAUCI: He did. (Laughter.) It was -- it was very low.

There is a role for it, under certain circumstances. What I don't see is a massive distribution of thermometers that are going to

actually have a major impact on what I showed what we need to do.

THE VICE PRESIDENT: Right.

THE PRESIDENT: And I say -- I've seen things -- when Tony mentions thermometers, they aim something at your forehead, they stay this far away, boom, and they tell you what your temperature is. I said, "I've never seen that before." I've learned a lot. I've learned a lot. It's incredible.

Go ahead, in the back -- the back corner. Back corner.

Q Jenn Pellegrino, with OAN. Thank you. This morning, the Washington Post ran a story suggesting that you delayed taking action on a virus in January and February. Dr. Fauci has indicated that your action in the Chinese travel ban helped America immensely. What do you say to the Washington Post?

THE PRESIDENT: Well, I love whoever you're with. That's -- because I think that's such a nice -- it's such a nice question.

No, I think the Washington Post covers us very inaccurately, covers me very inaccurately. I saw the story. I think it's a disgrace. But it's the Washington Post and I guess we have to live with it. It's a very --

Q Were you briefed in January or February, sir?

THE PRESIDENT: It's a very inaccurate -- quiet, quiet. It's a very inaccurate story.

From many people, I get a lot of credit for having closed our

country very early to a very heavily infected country:
China. Unfortunately, China. I wish China would have told us more about what was going on in China, long prior to us reading about it, even though the news isn't exactly disseminated.

As you know, China kicked the Washington Post out of China and they kicked the New York Times out of China and I guess the Wall Street Journal. That's okay. I mean, that's what they do and I think it's a terrible thing they did.

But I also think it's terrible when people write inaccurately about you. And they write inaccurately about me every single day, every single hour. And, by the way, your group really -- I really think -- and I just say "fair," not "good" or "bad" -- I think you write very fairly and do very fair reports about the great job that all of us are doing that this group behind me is doing.

It's so insulting when they write phony stories that they know are fake news. Because they're not insulting me; they're insulting everybody -- these incredible people that have worked so hard, so long, that are thinking about nothing other than this invisible enemy. They have done such an incredible job and they will continue, and we're going to win, and there'll be a lot of celebration when we win

THE VICE PRESIDENT: That's right.

THE PRESIDENT: And we're going to win with as few lives lost as possible. That's the game: Win with as few lives lost as possible. It's a tough enemy. It's a tough killer. Far bigger, far more vicious than ever before.

But I appreciate you saying it because the fact that we closed so early to China -- and most people -- hey, look, I was called "xenophobic" by Sleepy Joe Biden. I was called a "racist" by Democrats. A racist. I was a racist because I decided that I didn't want to have people that could hurt our country come in. And I was pretty much in a very small group of people -- I will tell you, it was a tiny little group -- most people, even that worked in the White House, disagreed with me very strongly.

Saving those many weeks was a tremendous -- a tremendous thing. And when they keep talking about acting early, that was the ultimate act. That was the biggest act, because we didn't -- and then I also called Europe early. Very early. And I took a lot of heat for that too, but that was a good thing. Now they're doing similar things that we're doing.

So, I didn't act late; I acted early. I acted far before anybody thought I should be. I took tremendous criticism from the various papers, from many of the papers.

So I -- I very much appreciate the question. It might have been -- it might have been more of a statement than a question. But whatever it may have been, I appreciate it very much.

Q So a number of the states have, kind of, done these different measures. We've seen California order one thing --

THE PRESIDENT: Yes.

Q -- New York, you know, do something similar. Do you want all the states to do one uniform --

THE PRESIDENT: No, no. They can do what they want to do. If California can get a mask sooner than we can get it for them, through all of the things we're able to do -- but we're going to end up with a big oversupply at some point. You know, at some point, this is going away. And we're going to end up with a big oversupply. And you know what? In this case, that's going to be okay.

But if California -- if Gavin can go out and order gowns faster, or masks -- good masks -- faster, or other things faster, that's good. We do have a lot of -- I mean, the coordination with the ships that we're sending in, as you know -- the medical ships that we're sending in and even cruise liners -- we're going to be sending in, probably, cruise liners into some areas -- in particular, California, and in particular, New York.

But if somebody can do something faster, if they can order that mask faster than us, I want them to be able to do it.

Q (Inaudible) about the rules, sir. So people can't leave their homes, that, you know, certain businesses --

THE PRESIDENT: We coordinate very much with them, yes.

Q But you want -- you don't want all those to be the same nationwide?

THE PRESIDENT: Well, it doesn't have to be at this moment, because we have places in the country where, you know -- states where they have two people or three people and those people are in quarantine. And you can't put on them what you're putting in New York, where you do have a tremendous problem.

I mean, we have large portions of the country -- Middle America -
- where, you know, they have a few people. So, it may be a time -
- I hope that never happens, where we need to take very drastic
action. But, right now, that's not in the same ballpark.

Yeah. Go ahead, please.

Q We're at day 6 into your 15 days of recommendations.

THE PRESIDENT: Yes.

Q A lot of people are following them. Some people are not.

THE PRESIDENT: Yeah.

Q Do you think the American people are doing enough right now
to slow the spread of the virus?

THE PRESIDENT: I think they are. And some people are not. But I
think they are. I think it's going to have a very profound
effect. I mean, we'll know a little bit more on day 14 and
15. We'll see.

Q What's the plan once we get to day 15?

THE PRESIDENT: Well, we're going to see. We have to see what the
result is. We want to flatten that out and we're going to see
what the result is.

And, I just want to say: I'm going to negotiate a very large
transaction and I've been negotiating it for two days. So I'm

going to take one or two more questions and then I'm going to leave it to Vice President Pence.

Q What transaction? What transaction?

THE PRESIDENT: On the Hill. With the Hill.

Q On the Hill.

THE PRESIDENT: The various -- the various elements of the package.

Steve, go ahead.

Q Sir, a number of groups are calling for the postponement or cancellation of the Olympics. Have you given any further thought about this?

THE PRESIDENT: No, I haven't. I -- look, we understand the difficulty of that. And he's a very good friend of mine. You talk a -- you take a look at Shinzo Abe. He's a great gentleman. He loves his country. We have an incredible relationship. We just finished a trade deal with them -- a \$40 billion trade deal with Japan.

And Prime Minister Abe has a big decision to make. You know, they have built one of the most beautiful venues I've ever seen. They were all ready to go. It's not late. It's not over budget. It's not -- it was just done flawlessly, and it's beautiful. And they're sitting back and saying, you know -- I have -- I told him, I said, "That's your decision." And it is his decision and I know he's going to make it soon, I don't know what it's going to

be, and I didn't think I should be influencing it at all.

I mean, the job that Japan has done on that venue is incredible. So, I mean, there are options, obviously, including delay and maybe delay for next year, but that's totally up to them. We'll see what they do.

Q Since this story keeps popping up, when did you first learn that this was going to be a problem?

THE PRESIDENT: Well, you know, when I learned, I started doing the closings. So, you know, probably around that time. We didn't learn much. I think you're going to ask a little bit about China responsibility. I do think that -- again, I have great respect for China. I like China. I think the people of China are incredible. I have a tremendous relationship with President Xi.

I wish they could have told us earlier about what was going on inside. We didn't know about it until it started coming out publicly, but I wish they could have told us earlier about it because we could have come up with a solution.

Tony Fauci and all of the people -- the talent that we have -- would have loved to have had three or four months of additional time, if you knew what this was going to be happening. They didn't have that time. They read about in the newspapers like everybody else. China was very secretive, okay? Very, very secretive. And that's unfortunate.

With that, I have great respect for that country. I have great respect for the leader of that country and like him. He's a friend of mine. But I wish they were able to -- I wish they would have told us earlier, Steve, that they were having a

problem. Because they were having a big problem and they knew it, and I wish they could have given us an advanced warning. Because we could have done -- we could have had a lot of things -- as an example, some of the things that we're talking about, where we order them as quickly as we can. If we had a two- or three-month difference in time, it would have been much better.

Yeah, please.

Q Can I follow up on that?

THE PRESIDENT: Yeah.

Q Because, as you were saying, China was extremely secretive about this. Several of your advisors have been warning -- have been critical of China. Secretary Pompeo was talking about it yesterday and he had been saying so --

THE PRESIDENT: Yeah.

Q -- for quite some time.

So, why then, on January 24, did you tweet that "China has been working very hard to contain the coronavirus," that "the United States greatly appreciates their efforts and transparency. It will all work out well."

THE PRESIDENT: Because it's true.

Q Why were you saying that, though?

THE PRESIDENT: Because it's true. China has worked very

hard. China has lost thousands and thousands of people.

Q But you said they weren't transparent, right?

THE PRESIDENT: No, they weren't transparent. They were transparent at that time, but when we saw what happened, they could have been transparent much earlier than they were.

Q That was a month after China discovered the virus.

THE PRESIDENT: Right. But China -- just so you understand, China is not a beneficiary here. China has thousands and thousands of people. China has gone through hell over this. They've gone through hell. And I've had conversations with President Xi. I just wish they could have told us earlier. They knew they had a problem earlier. I wish they could have said that.

Q Mr. President, are you able to share -- thank you for the numbers on the testing, by the way.

THE PRESIDENT: Thank you.

Q Are you able to share any other hard numbers on number of available tests, on number of ventilators in the federal stockpile? And --

THE PRESIDENT: Well, I'm going to leave that up to Dr. Fauci and everybody else. And I think the answer is: We want to share them. I would imagine we want to share the numbers as -- Admiral, do you want to discuss that?

Q The 500 billion masks that you cited, they are due for

delivery in 18 months --

THE PRESIDENT: Not "billion." No. Not billion.

Q Five hundred million masks. Excuse me. Thank you.

THE PRESIDENT: Yes. (Laughs.) I said, "Wait a minute."

Q The half a billion masks, they're due for delivery, according to HHS, within 18 months. The last number on ventilators we had was 12- to 13,000. Can you give us an updated number on that?

THE PRESIDENT: Well, there's never been numbers like this. You know, a ventilator is a machine. It's a very complex machine. And to think that we have to order hundreds of thousands -- nobody has ever heard of a thing like this.

You know, when we had, in the stockpile -- we had thousands in a stockpile. Thousands, ready to go. That's a lot. All of a sudden, you need hundreds of thousands. And you're not talking about -- you know, the mask is whether it's plastic or whether it's material; that's one thing. But you're talking about a very sophisticated, heavily computerized machine -- and delicate. And you need hundreds of thousands of them. Nobody has ever heard of a thing like that.

With that being said, General Motors, Ford, so many companies -- I had three calls yesterday directly. Without having to institute -- like, "You will do this" -- these companies are making them right now. But to think of these numbers, it's pretty -- it's pretty mindboggling.

Q Do you have numbers to share though, right now? Do you have numbers to share with us right now? (Inaudible.)

THE PRESIDENT: Well -- Mike, go ahead, please.

THE VICE PRESIDENT: Yeah, you bet. Well, we've spoken a lot about masks this morning, but the President has also given the Task Force a priority of assessing the availability and expanding the availability of ventilators. And, on Monday, we will detail some very encouraging news for Americans.

You speak about the number of 13,000. It is a little more than that that we have in the national stockpile. But it's important to remember that that doesn't include the more than 100,000 ventilators that are in healthcare facilities and hospitals around America today. It doesn't include what will be produced as -- as the President said, we're seeing companies step forward. These manufacturers tell us that a ventilator actually isn't a very complicated piece of equipment and many of them are literally surging forward to create more ventilators.

But one of the more exciting developments in the last week, which we'll detail more on Monday, is that in the President's engagement with our healthcare community, we learned that ventilators that are currently used by anesthesiologists, that are used in outpatient clinics and in other procedures, can be converted to be used as ventilators for people struggling with the effects of the coronavirus. We've confirmed that a particular screen in that device can be changed readily. We're working with the FDA to approve that.

But, again, this is a -- it's a great testament of the American

people and our healthcare professionals that are stepping forward and bringing ideas forward that literally, as we'll document Monday, will increase the supply of ventilators by tens of thousands.

But, look, the President has made it clear: We want to make sure that all the incredible, courageous men and women who are serving in healthcare around America have the support they need, that our patients that are struggling with recovering from coronavirus have the equipment they need. And we'll have -- we'll have a lot of detail on Monday, as we continue to assess what's available.

Q You said, eight days ago, that we would have 1.4 million tests on board by the end of this week, by today. Do we have that? Can you give us the number that we have?

THE VICE PRESIDENT: Why don't we let Admiral Giroir speak to that?

ADMIRAL GIROIR: So, I'm going to answer your question and then try to -- try to persuade you to stop asking about a specific number. Okay?

So, from March 2nd to March 14th, we have put over 10 million laboratory tests into the US commercial market, and we expect that, by March 28th, to be well over 27 million into the market. So that answers your question.

Now let me tell you why it's not the right question. Not every lab can run every test. Not every test is completely self-contained. So, the more important question is not how many tests are in the market -- we got them in the market -- but it's to

make sure that every segment of the market has the kind of test that they can use --

Q Admiral, we're using your numbers, trying to find out for the public, if the things you've promised are happening.

ADMIRAL GIROIR: Yes, they are happening. They are abs- -- we promised 1 or 4 million. There's 10 million tests in the market now.

Q And are the masks that are in the strategic reserve being deployed, Mr. Vice President?

ADMIRAL GIROIR: Yes, the masks in the Strategic National Stockpile --

Q So, it's not 13,000 anymore; it would be a lower number. Would that be fair to say?

ADMIRAL GIROIR: Masks or --

Q No, the ventilators. The -- I'm sorry, the respirators.

Q The respirators.

Q Thank you. We're trying to understand if the things we have been told, sitting through these briefings for many days, are happening and getting into the hands of the healthcare providers.

THE PRESIDENT: You understand it. You understand it.

Q We're trying to understand, sir.

THE PRESIDENT: You're an intelligent woman, Kelly. You understand exactly what he's saying. And what he's is rather incredible because we -- we inherited an obsolete, broken system. And when you hear the number of tests that we'll be providing --and are now -- it's incredible. And I've heard a lot of governors say the same thing.

We took over an obsolete, broken testing system that wouldn't have worked for even a small problem, let alone one of the biggest pandemics in history. And what these gentlemen have done is incredible.

I am going now to negotiate a great deal for our workers and our citizens. I'll be back tomorrow. We're probably doing this tomorrow. And, if I might, I'd like to ask Vice President Pence to take over. And thank you all very much.

Q Thank you, Mr. President.

THE VICE PRESIDENT: Thank you, Mr. President. Thank you all.

How about back here?

Q Mr. Vice President, the military has sent planes to Honduras, Morocco, and Peru to pick up American and bring them home who have been stranded there. But there are still a lot of other Americans who are stranded and can't get home. So does the military plan to send planes to pick those folks up? Where will those planes be going? When will they be going? And can you assure Americans who are stranded in foreign countries that they will be able to get home?

THE VICE PRESIDENT: Well, we -- we received a briefing this morning from the State Department about their efforts. And we want to be very clear: While the President has suspended all travel from Europe, including the UK and Ireland; suspended all travel, of course, from China, since January, that any American who can get home, can come home. They'll go through additional screening. That's all been implemented and is working in an orderly way at a number of airports around the country.

But there are instances -- Morocco being among them -- where there simply are not flights to get home. Our State Department has been working very closely with our embassies in those relevant countries.

I was told this morning that -- all the way, going back to bringing Americans back from China, that we have made individual efforts to bring home about 3,000 Americans. I think there is an ongoing effort to address that with chartered commercial flights that the government is providing. Obviously, also, military transport is available. But our Task Force received a briefing this morning, and we would just encourage any American that's looking on from overseas: Contact the local U.S. Embassy, let them know about your circumstances, and know that we're going to work -- continue to work very diligently to get our Americans home.

Q Two quick ones: education and a medication one. You guys have announced that standardized testing is essentially canceled in this country.

THE VICE PRESIDENT: Yes.

Q To the tens of millions of students out there, their teachers and their parents who are sort of scratching their head, wondering, "What does that mean?" Obviously, a lot of this is driven by local school districts, by the state. Is there any federal guidance on this? And, if not today, could you have Secretary DeVos or somebody come and explain that to the millions who are sitting -- literally sitting at home, trying to figure out what exactly that means?

THE VICE PRESIDENT: Well, I think it's a terrific question. And we will bring Secretary Betsy DeVos here tomorrow or on Monday to address our efforts.

The objective here was: As people are embracing the President's "15 Days to Slow the Spread," we have decisions by local school boards and local and state officials that have canceled school or suspended school for a time. And we wanted the Federal Department of Education to make it clear that the burden of standardizing testing -- which, back in my days as governor, I remember it takes a number of days and sometimes up to a week to administer -- is not going to be placed on schools.

But we'll have the Secretary here to address that very specifically. And it's -- and it's a very good point on your part.

Q I mentioned that I have a medication question. And I wanted to ask it while the President was here because, earlier, he tweeted that there were two -- let me just find it -- two certain medications that, when taken together, quote, "have a real chance to be one of the biggest game changers in the history of

medicine," and that they should be, quote, "put in use immediately."

Since he's not here, I can't ask him what he meant. But I'm wondering if Dr. Fauci or the Admiral could clarify if you have any sense of what he was talking about and whether his seventy-four and a half million Twitter followers should be taking medical advice from him or from someone else.

THE VICE PRESIDENT: The President brought together the top pharmaceutical companies in America and in the world a number of weeks ago and they formed a consortium to work on a range of responses, beginning with therapeutics -- which, for a layman like me, that just means medicine to make you feel better. They're already going to work on that.

We actually think -- Dr. Fauci, I think there is some sense that -- that our great pharmaceutical companies may actually be producing therapeutics that'll give relief to Americans struggling with coronavirus as soon as this spring. We also challenged them to work together as rapidly as possible to develop a vaccine going forward.

And, as Dr. Fauci has indicated, we brought a vaccine to clinical trials, now the better part of a week ago -- the fastest time in history. Now, it's the first phase of the trials and people should understand, as our health experts have described, that there'll be -- there'll be a period of as much as a year and a half before we can make those vaccines available.

But, as the President said at this podium, there is some anecdotal evidence that several existing medicines may have

brought relief to patients struggling in China and in Europe.

And the President has tasked the FDA to work very rapidly to allow what's called "off-label use" for those. One is a malaria medicine.

But, this morning, I think the President reiterated the hopefulness that he feels about this. That because these are medications that are time-honored and tested -- they've been taken for many, many years -- that we want to pursue, number one, making those available. If someone's doctor believes that it's appropriate, the doctor would be able to prescribe that medicine, even though that's not indicated. That's called an "off-label use."

But the other piece is, as Dr. Fauci said and I'll yield to him, in deploying those medicines, we're working specifically with one state to do so in a way that represents a clinical trial. So, it's not -- it would not just be compassionate use, which medicines are already being used for in some jurisdictions today, but also that we could study it and determine the viability of it. And, in fact, we're working -- we're working diligently right now with that supply chain to make sure that those medicines are available.

Dr. Fauci, did you want to speak to that?

DR. FAUCI: Sure. You know, it's essentially what I -- what I said multiple times from this podium, is that when you have -- first of all, we're trying to develop de novo drugs that are not yet out there, not that -- not approved -- that ultimately would be effective. And the way you prove that is to do a randomized control trial to prove safety and efficacy.

I'm not totally sure what the President was referring to, but I believe he was referring to a report that used both hydroxychloroquine and azithromycin together to have some possibility of being an effect.

Many of the things that you hear me out there are what I had called "anecdotal reports." They may be true, but they're anecdotal. So the only thing that I was saying is that if you really want to definitively know if something works, that you've got to do the kind of trial that you get the good information.

The President is talking about hope for people. And it's not an unreasonable thing: to hope for people. So when you have approved drugs that physicians have the option and a decision between the physician and the patient -- are you going to use a drug that someone says, from an anecdotal standpoint, not completely proven, but might have some effect? There are those who lean to the point of giving hope and saying, "Give that person the option of having access to that drug."

And then you have the other group -- which is my job, as a scientist, to say my job is to ultimately prove, without a doubt, that a drug is not only safe, but that it actually works.

Those two things are really not incompatible, when you think about that, particularly when you're in an arena where you don't have anything that's proven. We went through the same sort of thing with a little bit of a different twist during the HIV/AIDS epidemic until we finally developed drugs that were absolutely knockout drugs that were safe and that were effective. But in the beginning, there was that tension about that. So you really got

to have a balance.

I've got to do my job as a scientist and others have other things to do.

THE VICE PRESIDENT: Great. Let me just say, if I may, let me just say, I hope this morning has been informative. We will be back again tomorrow.

And I hope the American people are encouraged. Because of the incredible, whole-of-government approach, because of our collaboration with the states, you're seeing testing expanded all across the country. That incredible public-private partnership with commercial labs is now making testing available by the tens of thousands. We're working very diligently with an incredible response from American industry to make sure that personal protective equipment, ventilators, and all the things that our healthcare providers need to meet this moment is there.

But let me just say again what every American can do today. And that is, first and foremost, heed your state and local authorities. There are individual states -- California, Washington State, and, at this moment, especially New York -- that have issued guidance to their citizens. And as the President said, we wholly support the leadership that those governors are providing in their states.

But, secondly, every single American can put into practice the principles of our "15 Days to Slow the Spread" -- the President's coronavirus guidelines. As I said, we are six days in. And the purpose of these is -- it is not because every American is at risk of serious illness. As we said before, all our experts tell

us, all the data shows that the risk of serious illness to the average American remains low. But because the coronavirus is, we think, three times more contagious than the flu, to slow the spread, to literally lower that curve and spare Americans around our country with being exposed to or contracting the coronavirus or worse, every single one of us can put these principles into practice.

I recommend that you go to Coronavirus.gov. Sit your family down, call a neighbor and friend, support efforts in your local community to put these principles into practice. And as people all across this country continue to do just that, I just know we'll get through this and we'll get through this together.

Thank you all.

END

2:28 P.M. EDT

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COVID-19 Response update Mar 22, 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 22 Mar)

55 Jurisdictions 50 states + DC, NYC, Guam, PR, and USVI	Total Cases*	Total Deaths**	New Cases**	New Deaths**
Alabama	131	0	25	0
Alaska	14	0	2	0
Arizona	104	1	22	0
Arkansas	118	0	18	0
California	1534	27	230	3
Colorado	475	5	112	1
Connecticut	223	5	29	1
Delaware	45	0	6	0
Florida	706	12	196	1
Georgia	555	20	70	6

55 Jurisdictions 50 states + DC, NYC, Guam, PR, and USVI	Total Cases*	Total Deaths**	New Cases**	New Deaths**
Hawaii	48	0	11	0
Idaho	42	0	11	0
Illinois	753	6	168	1
Indiana	126	4	47	1
Iowa	68	0	23	0
Kansas	55	2	11	1
Kentucky	87	3	39	1
Louisiana	763	20	226	6
Maine	70	0	14	0
Maryland	190	3	41	1
Massachusetts	525	1	112	0
Michigan	787	5	238	2
Minnesota	137	1	22	1
Mississippi	140	1	60	0
Missouri	90	3	17	0
Montana	27	0	6	0
Nebraska	42	0	4	0
Nevada	154	2	45	0
New Hampshire	65	0	10	0
New Jersey	1327	16	437	5
New Mexico	57	0	14	0
New York (excluding NYC)†	4145	21	1451	6
New York City				

55 Jurisdictions 50 states + DC, NYC, Guam, PR, and USVI	Total Cases*	Total Deaths**	New Cases**	New Deaths**
	8115	60	2432	17
North Carolina	254	0	90	0
North Dakota	28	1	2	0
Ohio	247	3	78	2
Oklahoma	53	1	0	0
Oregon	137	4	23	1
Pennsylvania	371	2	61	1
Rhode Island	66	0	12	0
South Carolina	173	3	48	0
South Dakota	14	1	0	0
Tennessee	371	1	143	0
Texas	507	5	106	0
Utah	125	0	23	0
Vermont	49	2	20	0
Virginia	152	2	38	0
Washington	1793	94	269	11
West Virginia	12	0	4	0
Wisconsin	281	4	75	1
Wyoming	24	0	2	0
American Samoa	0	0	0	0
District of Columbia	98	1	21	0
Guam	14	0	0	0
Northern Mariana Islands	0	0	0	0

55 Jurisdictions 50 states + DC, NYC, Guam, PR, and USVI	Total Cases*	Total Deaths**	New Cases**	New Deaths**
Palau	0	0	0	0
Puerto Rico	21	0	7	0
U.S. Virgin Islands	6	0	0	0
Federated States of Micronesia	0	0	0	0
Republic of Marshall Islands	0	0	0	0
Total	26,514	342	7,171	70

*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 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.

† For numbers of cases and deaths in NYC, numbers shown here are from press releases and can't currently be verified by other sources. [NYC DOHMH](#) is instructing that lab testing be reserved for hospitalized patients to minimize risk of transmission and conserve PPE.

Repatriation cases have been recategorized based on their home state, and jurisdiction-based reporting

Grand Princess cases have or will be incorporated into numbers reported by state of residence. Cases as of 16 Mar: 37 total cases

Other U.S. cases not included in table:

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

Other Situational Awareness

Note: numbers are as of 3/21 early morning; updated numbers unavailable today because of Palantir transition

Healthcare workers in U.S. Case-Count (N=238)

- • * 19 Travel-related
- • * 48 Close contact with known case
- • * 171 Under investigation

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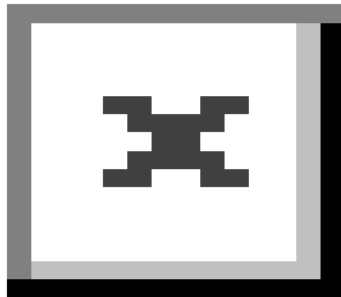
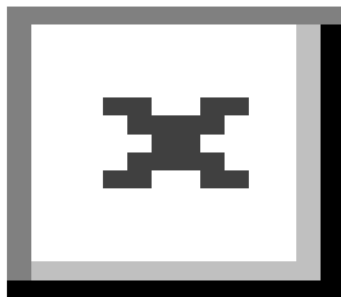
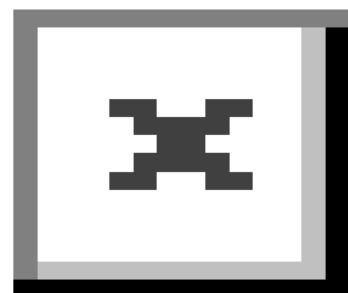


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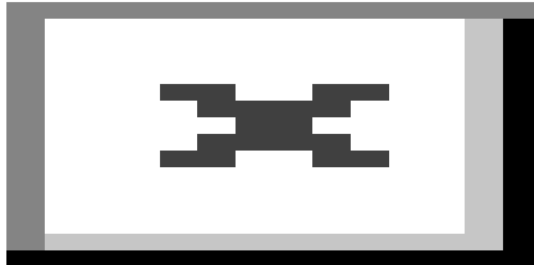


Data source: USAFacts.org;

Numbers are from various sources and have been validated against numbers reported from states when possible image016 .



Domestic Updates – Notes from the Field



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Source: Preparedness Workforce Management System (PWMS)

* CERT – CDC Emergency Response Team

Updates from Field Teams

California (Santa Clara)

- Team transitioning to provide remote support
- 263 cases total; 93 hospitalized; 28 in ICU; 8 deaths
- Long-term care facility investigations; 8 total cases in six facilities; 3 new cases identified today

Colorado

- 475 total cases, 49 hospitalized, 29 counties, 4550 people tested, and 5 deaths.
 - State redoing epi curve and using date of collection vs onset date since so many are missing.
- Emerging problem areas for outbreak (ex LTCF)
 - 36 facilities, including LTCF, ALF, dialysis, home health, pulmonary rehab facility are under investigation. Four of these facilities have confirmed outbreaks. Testing delays (5-7 days) have significantly slowed the confirmation of outbreaks in these facilities.
 - There was one more death from the cohort of older adults that attended the bridge tournament in El Paso County at the end of February/beginning of March.
 - First case in a correctional facility – in a community correction facility in Larimer county (this facility is similar to a “halfway house” where individuals can leave the facility to go to jobs, attend meetings such as Alcoholics Anonymous, etc).
- Community mitigation: closures
 - No new updates
- Logistical issues: shortages with PPE, testing supplies, etc.

- No new updates
- Read on health system resources
- Other
 - Many LPHAs are reaching points where they can no longer perform case investigations and contact tracing for every case. They are shifting towards only high risk individuals and CDPHE is trying to develop concrete guidelines for this.

Georgia

- Next update: 23 Mar

New York

- Due to discrepancies between state and county case numbers, case counts between NY State and NYC may differ
 - 10,356 (+3,254) cases statewide (NYC=6,211, 60% of state) spanning 42 counties and New York City
 - 61 deaths (+26)
 - 1,603 (15.5%) currently hospitalized; 421 (4%) in ICU
 - Per media, 45,000 tests have been performed in NY
 - Also, reports indicate that NYC will be focusing testing on hospitalized cases, which may affect case counts going forward.
- There are >50 LTCFs with COVID-19 cases and >63 health care facilities (including hospitals) with known HCW exposure
- ASPR/HHS now present in Albany
 - Working on medical surge downstate
 - 3 locations identified for surge hospital
- “Overall, 57 percent of those who have tested positive in the [New York] city are 49 or younger. People 18 to 49 years old make up the majority, 54 percent, the city said. The next largest group are those age 50 to 64, who account for 23 percent of positive test results so far.” [Media Source](#)
- PPE continues to run low – EMS and HCWs are having to reuse and supplement with creative PPE in some locations
- Tele-IPC survey, COVID-19 Video Evaluation and Outreach (COVIDEO), and assessment tool continues to scale-up to nursing homes in the metropolitan NYC area

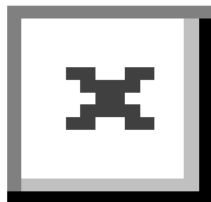
Washington

- EPI
 - No case counts provided by SKC today
 - CDC team EISOs are in the process of mapping out the positive cases on the room layout for Life Care. Continuing work on transmission chains and descriptive epi of all cases in SKC in first 2 weeks
- Infection Prevention and Control Team
 - Submitted collaborative manuscript with Univ of WA to clearance
 - Full MMWR on CT values and symptom status, to be sent for preclearance with MMWR editors today
 - Also considering MMWR on role of dialysis centers as a possible contributor to transmission
- Lab

- No major updates today
- COMMS
 - No significant updates

Wisconsin

- Household (HH) transmission study
 - Eligible households identified = 7 | Potentially eligible households identified (need to verify) = 1 | Households contacted = 5 | Households enrolled = 0
 - Team plans to enroll households beginning 22 Mar pending revised questionnaires
 - Team spent day at North Shore HD in Milwaukee County
 - Team piloted household questionnaire and provided recommendations to HQ on both Qs
 - Team began to develop process and flow procedures for donning/doffing PPE, entering the house, and preparing for home visits
 - Team developed master tracking system for participants/study participation/specimen collection and sent to HQ
 - Team attended in-person meeting with Milwaukee Public Health Laboratory director (Sanjib Bhattacharyya) and City of Milwaukee Commissioner of Health (Jeanette Kowalik)
 - MPHL would be willing to perform the CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Assay on the NP and self-collected nasal swab specimens collected, provided the CDC can provide the necessary reagents and supplies for nucleic acid extraction and PCR
 - MPHL currently uses the Qiagen EZ1, Biomerieux EasyMAG, and MagNA Pure Compact instruments for nucleic acid extraction
 - MPHL currently uses the ABI 7500 FastDX and Quant Studio to perform PCR
 - MPHL has the capacity to accession, process, and ship serum samples to CDC; CDC would need to provide the appropriate FedEx account numbers for shipping serum samples
- Emerging problem areas for outbreak
 - The cumulative case count in WI (n=281) continues to ~double every 2 days



Title: Inserting image...

- 45% of current cases in Milwaukee County, n=126
- 4 deaths reported in WI
- Read on health system resources
 - Identified potential issues with local health departments receiving laboratory results from private labs (i.e., LabCorp)

Domestic Updates – Laboratory

Data as of 21 Mar (unless otherwise specified)

- * 91 public-health labs now up and running with CDC assay (50 states plus DC, Guam and Puerto Rico)
- * IRR shipped 195 reagents to 20 laboratories on Friday March 20, 2020
- * First rapid-point of care coronavirus kit gets FDA EUA – Cepheid (on GeneXpert System)
- * Large commercial laboratories – continuing to hear reports of long turn-around-times

Status of commercial laboratory reporting to CDC:

- * LabCorp – HL7 data feeds every 10 min to BioSense platform in AWS cloud
- * Quest – Daily SAS file via Data Hub sFTP; sending data during weekend
- * ARUP – back on line after earthquake; evaluating what data they can send; prefer spreadsheets
- * Mayo – agreed to send data; evaluating what data they can send
- * BioReference – agreed to send; completing the “gift” paperwork and DUA; may use HL7 feeds

* Since 14 Mar, FDA has no longer been requiring confirmatory testing at CDC for specimens tested at state PHLs; for that reason, CDC testing numbers largely represent the situation earlier in the pandemic rather than the current situation and for the time-being are not included in the table. CDC labs have redirect towards other urgent COVID-19 priorities, including testing alternative extraction methods. As of 20 March, CDC had tested 4842 (1185, or 24% positive) samples.

[†] [ACLA](#) also receives, through a 3rd party, summary statistics on lab testing. Their latest report (21 Mar) shows a cumulative 129,000 “tests per date” and 41,000 tests completed.

	Cutoff time	Total Ordered (or Accessioned)	Total with Results	Positive
Selected Commercial Labs [†]	3/21/2020 14:30	315,954	84,297	9,394 (11.1%)
State/Local Public Health Labs*	3/20/2020	N/A	5,416	948 (40.3%)

IRR Reagents

IRR Reagents	Data as of 21 Mar (09:00)			
	Ordered	Shipped	Approved	Inventory
CDC rRT-PCR Kits (500rxn and 1000 rxn)	604	481	123	617
Human Specimen Controls (Negative)	343	314	29	407

IRR Reagents	Data as of 21 Mar (09:00)			
	Ordered	Shipped	Approved	Inventory
EUA Positive Controls	175	117	58	294
Enzyme Mastermix	894	656	238	750
Qiagen – Manual Extraction Kit	1139	956	183	140
Qiagen – Automated Extraction Kit	472	194	278	0
Qiagen – Automated Extraction Kit (RUO)	207	36	171	227
Roche – Automated Extraction Kit	455	209	246	171
Roche – High-throughput Extraction Kit	50	40	10	131

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 20 Mar

Airport Entry Screening

- 58,888* air travelers screened to date
- Total confirmed cases to date from airport hospital referrals: 5
 - o • * 1 ill traveler from MIA on 15 Mar. Travel history to Paris.
 - 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 20 Mar
 - • * Air travelers screened: 194
 - • * Illness Response: 10
 - • * Hospital Referrals: 2
 - • * 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 20 Mar: 0
- Cumulative to date: 18

Travel Health Notices*

Level 3: Widespread ongoing spread
• • * China (Level 3)[†] • • * Iran (Level 3)[†] • • * Schengen Countries** (Level 3)[†] • • * UK and Ireland (Level 3)[†] • • * South Korea (Level 3) • • * Malaysia (Level 3) • • * Japan (21 Mar) (Level 3) • • * Australia (21 Mar) (Level 3) • • * Canada (21 Mar) (Level 3) • • * Brazil (21 Mar) (Level 3) • • * Israel (21 Mar) (Level 3) • • * Cruise Ship Travel (Level 3)
Level 2: Ongoing community spread
• • * Global (Level 2)
Level 1: Limited community spread
• • * Not Applicable

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

[†]Restrictions on entry to the United States

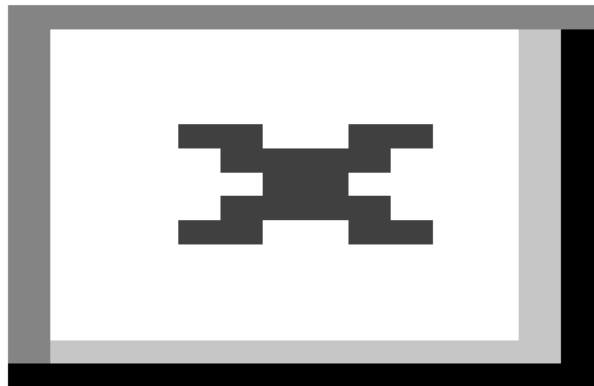
**Countries include: Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, Monaco, San Marino, Vatican City

Other

- Continuing issuance of legal orders for Grand Princess passengers

International Updates

Note: Numbers in this report may vary slightly from the current WHO sitrep online as corrections are published



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

Data as of 23:59 CET, 20 Mar 2020 [Source: [WHO SitRep - 61](#)]

WHO Region	Confirmed Cases	New Cases	Deaths	New Deaths
Western Pacific (WPRO)	94,037	688	3,426	21
European (EURO)	128,541	23,950	6,000	1,101
South-East Asia (SEARO)	979	61	38	7
Eastern Mediterranean (EMRO)	22,355	1,596	1,466	154
Americas (PAHO)	18,877	5,606	235	57
African (AFRO)				

	572	99	12	4
Subtotal for all regions	265,361	32,000	11,177	1,344
International Conveyance (Diamond Princess)	712	0	7	0
Total	266,073	32,000	11,184	1,344

*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 273 cases (17 new) and 4 deaths (0 new) as of 23:59 local time on 21 Mar 2020.

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

Data as of 23:59 CET, 20 Ma 2020* [Source: [WHO SitRep - 61](#)]

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	81416	116	3261	8	Local transmission	0
Republic of Korea	8799	147	102	8	Local transmission	0
Malaysia	1030	130	3	1	Local transmission	0
Japan	996	46	35	2	Local transmission	0
Australia	873	164	7	1	Local transmission	0
Singapore	385	40	0	0	Local transmission	0
Philippines	230	13	18	1	Local transmission	0
Viet Nam	91	6	0	0	Local transmission	0
Brunei Darussalam	78	5	0	0	Local transmission	0
New Zealand	53	14	0	0	Local transmission	0
Cambodia	51	4	0	0	Local transmission	0
Mongolia	6	0	0	0	Imported cases only	1
Fiji	1	0	0	0	Imported cases only	1
Papua New Guinea	1	1	0	0	Imported cases only	0
Territories**						
Guam	14	2	0	0	Local transmission	0
French Polynesia	11	0	0	0	Imported cases only	1
New Caledonia	2	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
European Region [^]						
Italy	47021	5986	4032	625	Local transmission	0
Spain	19980	2833	1002	235	Local transmission	0
Germany	18323	7324	45	25	Local transmission	0
France	12475	1598	450	78	Local transmission	0
Switzerland	4840	977	43	10	Local transmission	0
The United Kingdom	3983	706	177	33	Local transmission	0
Netherlands	2994	534	106	30	Local transmission	0
Austria	2649	806	6	1	Local transmission	0
Belgium	2257	462	37	23	Local transmission	0
Norway	1742	190	7	1	Local transmission	0
Sweden	1623	200	16	13	Local transmission	0
Denmark	1255	123	9	3	Local transmission	0
Portugal	1020	235	6	3	Local transmission	0
Czechia	904	210	0	0	Local transmission	0
Israel	712	183	1	1	Local transmission	0
Ireland	683	126	3	0	Local transmission	0
Turkey	670	479	9	7	Local transmission	0
Greece	495	77	8	3	Local transmission	0
Luxembourg	484	139	5	1	Local transmission	0
Finland	450	81	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
Poland	425	100	5	0	Local transmission	0
Iceland	409	79	1	1	Local transmission	0
Slovenia	341	22	1	0	Local transmission	0
Romania	308	48	0	0	Local transmission	0
Estonia	283	16	0	0	Local transmission	0
Russian Federation	253	54	0	0	Imported cases only	0
San Marino	151	25	14	0	Local transmission	0
Slovakia	137	14	0	0	Local transmission	0
Armenia	136	14	0	0	Local transmission	0
Serbia ^{††}	135	12	1	1	Local transmission	0
Bulgaria	127	33	3	0	Local transmission	0
Croatia	126	45	1	1	Local transmission	0
Latvia	111	25	0	0	Imported cases only	0
Hungary	85	12	4	3	Local transmission	0
Andorra	75	0	0	0	Imported cases only	1
Albania	70	0	2	0	Local transmission	1
North Macedonia	70	22	0	0	Local transmission	0
Lithuania	69	33	1	1	Imported cases only	0
Cyprus	67	9	0	0	Local transmission	0
Republic of Moldova	66	17	1	1	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
Malta	64	11	0	0	Imported cases only	0
Belarus	57	11	0	0	Local transmission	0
Kazakhstan	53	7	0	0	Imported cases only	0
Azerbaijan	44	10	1	0	Imported cases only	0
Bosnia and Herzegovina	44	0	0	0	Local transmission	1
Georgia	43	5	0	0	Imported cases only	0
Liechtenstein	34	9	0	0	Imported cases only	0
Uzbekistan	33	12	0	0	Local transmission	0
Ukraine	26	10	3	1	Local transmission	0
Montenegro	14	4	0	0	Imported cases only	0
Monaco	12	3	0	0	Under investigation	0
Kyrgyzstan	6	3	0	0	Imported cases only	0
Holy See	1	0	0	0	Under investigation	14
Territories**						
Faroe Islands	80	8	0	0	Imported cases only	0
Jersey	12	7	0	0	Imported cases only	0
Gibraltar	10	0	0	0	Under investigation	1
Greenland	2	0	0	0	Under investigation	2
Guernsey	1	0	0	0	Imported cases only	11
Isle of Man	1	1	0	0	Imported cases only	0
South-East Asia Region						

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
Indonesia	369	60	32	7	Local transmission	0
Thailand	322	0	1	0	Local transmission	1
India	195	0	4	0	Local transmission	1
Sri Lanka	59	0	0	0	Local transmission	1
Bangladesh	17	0	1	0	Local transmission	1
Maldives	13	0	0	0	Local transmission	5
Bhutan	2	0	0	0	Imported cases only	1
Nepal	1	0	0	0	Imported cases only	57
Timor-Leste	1	1	0	0	Imported cases only	0
Eastern Mediterranean Region						
Iran (Islamic Republic of)	19644	1237	1433	149	Local transmission	0
Pakistan	461	159	2	0	Imported cases only	0
Qatar	460	8	0	0	Local transmission	0
Bahrain	285	16	1	0	Local transmission	0
Saudi Arabia	274	36	0	0	Local transmission	0
Egypt	256	46	7	1	Local transmission	0
Iraq	193	16	14	2	Local transmission	0
Lebanon	163	14	4	0	Local transmission	0
Kuwait	159	11	0	0	Local transmission	0
United Arab Emirates	140	0	0	0	Local transmission	1
Morocco	74	13	3	1	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
Jordan	69	13	0	0	Imported cases only	0
Tunisia	54	15	1	1	Local transmission	0
Oman	48	9	0	0	Local transmission	0
Afghanistan	24	2	0	0	Imported cases only	0
Djibouti	1	0	0	0	Under investigation	2
Somalia	1	0	0	0	Imported cases only	4
Sudan	1	0	1	0	Imported cases only	6
Territories**						
occupied Palestinian territory	48	1	0	0	Local transmission	0
Region of the Americas						
United States of America	15219	4777	201	51	Local transmission	0
Canada	846	110	9	0	Local transmission	0
Brazil	621	193	4	0	Local transmission	0
Chile	434	92	0	0	Local transmission	0
Ecuador	367	168	5	2	Local transmission	0
Peru	234	0	2	2	Local transmission	1
Mexico	164	46	1	0	Imported cases only	0
Colombia	145	37	0	0	Local transmission	0
Panama	137	28	1	0	Local transmission	0
Argentina	128	31	3	1	Local transmission	0
Costa Rica	113	26	2	1	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
Uruguay	94	15	0	0	Imported cases only	0
Dominican Republic	72	38	2	0	Local transmission	0
Venezuela (Bolivarian Republic of)	36	0	0	0	Imported cases only	2
Honduras	24	12	0	0	Imported cases only	0
Bolivia (Plurinational State of)	16	1	0	0	Local transmission	0
Cuba	16	5	1	0	Local transmission	0
Jamaica	16	1	1	0	Local transmission	0
Paraguay	13	2	0	0	Local transmission	0
Guatemala	12	3	1	0	Imported cases only	0
Trinidad and Tobago	9	0	0	0	Imported cases only	1
Barbados	5	3	0	0	Imported cases only	0
Guyana	5	0	1	0	Local transmission	2
Bahamas	4	1	0	0	Local transmission	0
Haiti	2	2	0	0	Under investigation	0
Saint Lucia	2	0	0	0	Imported cases only	5
Suriname	2	1	0	0	Imported cases only	0
Antigua and Barbuda	1	0	0	0	Imported cases only	7
El Salvador	1	0	0	0	Imported cases only	1
Nicaragua	1	0	0	0	Imported cases only	1
Saint Vincent and the Grenadines	1	0	0	0	Imported cases only	7

Territories**

Reporting Country/ Territory/ Area [†]	Total confirmed [‡] cases	Total confirmed new cases ¹	Total deaths	Total new deaths ¹	Transmission classification [§]	Days since last reported case
Guadeloupe	51	6	0	0	Imported cases only	0
Martinique	32	0	0	0	Imported cases only	1
French Guiana	15	0	0	0	Local transmission	1
Puerto Rico	14	8	0	0	Imported cases only	0
Aruba	5	0	0	0	Imported cases only	1
Saint Martin	4	0	0	0	Under investigation	2
Cayman Islands	3	0	1	0	Imported cases only	1
Curaçao	3	0	0	0	Imported cases only	3
Saint Barthélemy	3	0	0	0	Under investigation	5
United States Virgin Islands	3	0	0	0	Imported cases only	2
Bermuda	2	0	0	0	Imported cases only	2
Montserrat	1	0	0	0	Imported cases only	2
Sint Maarten	1	0	0	0	Imported cases only	2
African Region						
South Africa	205	55	0	0	Local transmission	0
Algeria	94	12	10	3	Local transmission	0
Burkina Faso	40	0	1	0	Imported cases only	1
Senegal	38	0	0	0	Local transmission	1
Cameroon	22	7	0	0	Local transmission	0
Ghana	16	5	0	0	Local transmission	0
Democratic Republic of the Congo	14	0	0	0	Local transmission	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
Mauritius	12	5	0	0	Imported cases only	0
Nigeria	12	0	0	0	Imported cases only	1
Rwanda	11	0	0	0	Local transmission	2
Côte d'Ivoire	9	0	0	0	Imported cases only	2
Ethiopia	9	0	0	0	Imported cases only	1
Togo	9	0	0	0	Imported cases only	1
Kenya	7	0	0	0	Local transmission	2
Seychelles	6	0	0	0	Imported cases only	2
United Republic of Tanzania	6	0	0	0	Imported cases only	1
Equatorial Guinea	4	0	0	0	Imported cases only	1
Congo	3	0	0	0	Imported cases only	2
Gabon	3	0	1	1	Imported cases only	2
Namibia	3	0	0	0	Imported cases only	1
Benin	2	0	0	0	Imported cases only	1
Guinea	2	0	0	0	Imported cases only	1
Liberia	2	0	0	0	Local transmission	2
Mauritania	2	0	0	0	Imported cases only	2
Zambia	2	0	0	0	Imported cases only	2
Cabo Verde	1	1	0	0	Imported cases only	0
Central African Republic	1	0	0	0	Imported cases only	6

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
Chad	1	0	0	0	Imported cases only	1
Eswatini	1	0	0	0	Imported cases only	6
Gambia	1	0	0	0	Imported cases only	2
Niger	1	0	0	0	Imported cases only	1
Zimbabwe	1	1	0	0	Imported cases only	0
Territories**						
Réunion	28	13	0	0	Imported cases only	0
Mayotte	4	0	0	0	Imported cases only	1
Subtotal for all regions	265,361	32,000	11,177	1,344		
International conveyance (Diamond Princess)	712	0	7	0	Local transmission	5
Grand total	266,073	32,000	11,184	1,344		

*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

^ Data for the European Region is obtained from the European Centre for Disease Control and Prevention (ECDC)

††Including 24 (3 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. WHO COVID-19 Situation Reports present official counts of confirmed COVID-19 cases, thus differences between WHO reports and other sources of COVID-19 data using different inclusion criteria and different data cutoff times are to be expected.

New countries/territories/areas are shown in red.

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

- • * Angola
- • * Eritrea
- • * Madagascar
- • * North Korea
- • * Uganda

Additional International Updates

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

266,073 cases and 11,184 deaths in 183 WHO member countries and areas affected

Over previous 24 hours:

- 32,000 new cases and 1344 deaths globally (EURO 75% and PAHO 18% of new cases) – greatest number of new cases reported in a 24-hour period for fourth day in a row
- 6 new countries/territories/areas reporting cases: Papua New Guinea, Isle of Man, Timor-Leste, Haiti, Cabo Verde, Zimbabwe
- Early reports of new countries reporting cases: Angola, Madagascar
- Most countries in WPRO (79%), EURO (75%), SEARO (67%), EMRO, (67%), PAHO (55%) have reported local transmission
- African countries predominantly reporting imported cases (72%)
- EURO surpassed WPRO for greatest number of cases and deaths; to date, EURO has reported 48% of cases and 54% of deaths, of the global total

Total (new) cases and deaths by region:

	Global	WPRO	EURO	SEARO	EMRO	PAHO	AFRO
Total (new) cases	266,073 (32,000)	94,037 (688)	128,541 (23,950)	979 (61)	22,355 (1596)	18,877 (5,606)	572 (99)
Total (new) deaths	11,184 (1344)	3426 (21)	6,000 (1,101)	38 (7)	1,466 (154)	235 (57)	12 (4)

Countries Reporting > 1,000 New Cases

	Cases		Deaths	
Country	New	Total	New	Total
Italy	5986	47,021	625	4032
Spain	2833	19,980	235	1002
U.S.	4777	15,219	51	201
Germany	7324	18,323	25	45
France	1598	12,475	78	450

Iran	1237	19,644	149	1433
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Additional Countries Reporting >100 New Cases				
	Cases		Deaths	
Country	New	Total	New	Total
Switzerland	977	4840	10	43
Austria	806	2649	1	6
The United Kingdom	706	3983	33	177
Netherlands	534	2994	30	106
Turkey	479	670	7	9
Belgium	462	2257	23	37
Portugal	235	1020	3	6
Czechia	210	904	0	0
Sweden	200	1623	13	16
Brazil	193	621	0	4
Norway	190	1742	1	7
Israel	183	712	1	1
Ecuador	168	367	2	5
Australia	164	873	1	7
Pakistan	159	461	0	2
Republic of Korea	147	8799	8	102
Luxembourg	139	484	1	5

Additional Countries Reporting >100 New Cases				
	Cases		Deaths	
Country	New	Total	New	Total
Malaysia	130	1030	1	3
Ireland	126	683	0	3
Denmark	123	1255	3	9
China	116	81416	8	3261
Canada	110	846	0	9

Top countries reporting cases:

- • * Italy – since last Sit Rep, 53,578 (+6,557) cases, 4,825 deaths
 - • * Italy reporting highest number of deaths in the world from Coronavirus
- • * Spain – since last Sit Rep, 24,926 cases (+4,946), 1,326 deaths
- • * Germany – since last Sit Rep 16,662 (+2,705) cases, 46 deaths
- • * Iran –since last Sit Rep, 20,610 cases (+966), 1,556 deaths
- • * France – since last Sit Rep, 14,459 cases (+1,847), 562 deaths
- • * South Korea – since last Sit rep, 8,799 cases, 102 deaths
 - • * Less than 100 cases reported in 4 of 6 previous days
- • * Switzerland – since last Sit Rep, 6,113 cases, 56 deaths
- • * UK – since last Sit Rep, 5,018 cases (+1035), 233 deaths
 - • * Pubs, cafes, restaurants, nightclubs, theaters, gyms, movie theaters, and sport facilities ordered closed Friday night

Other points from media sources:

- More PAHO countries leaning into additional community measures as border closures were not enough: Bolivia enacted 14-day total quarantine
- Other country policies: Kuwait imposing 11-hour curfew; Lebanese Security Forces implementing security patrols to prevent people from leaving their homes; Vietnam suspending foreigners entry

Border Country Information

- Canada – 1,266 cases; 13 deaths
 - British Colombia (424 cases); Ontario (368 cases); Alberta (226 cases); Quebec (181 cases); Saskatchewan (25); Manitoba (19); New Brunswick (9); Nova Scotia (9); Newfoundland

and Labrador (3); Prince Edward Island (2); Repatriations (13) [repatriations not included in total]

- Mexico – 252 cases (states ordered by # of cases)

- CD MX (45); *Nuevo León* (32); Jalisco (32); Puebla (16); State Of México (14); Yucatán (14); Queretaro (14); Quintana Roo (12); San Luis Potosí (9); *Baja California* (8); Veracruz (7); Durango (5); Tabasco (4); Guanajuato (4); Guerrero (4); Aguascalientes (4); Sinaloa (3); *Tamaulipas* (3); *Coahuila* (3); Hidalgo (3); Oaxaca (2); Chiapas (2); *Chihuahua* (2); *Sonora* (2); Morelos (2); Colima (2); Oaxaca (2); Baja California Sur (1); Zacatecas (1); Nayarit (1)
- Number of cases in border states: 50

By WHO Region, the Member States not reporting a single case are:

- AFR: (17)

- Angola, Botswana, Burundi, Comoros, Eritrea, Guinea-Bissau, Lesotho, Madagascar, Malawi, Mali, Mauritius, Mozambique, Sao Tome and Principe, Sierra Leone, South Sudan, Uganda, and Western Sahara

- AMR/PAHO: (4)

- Belize, Dominica, Grenada, and Saint Kitts and Nevis

- EMR: (3)

- Libya, Syria, Yemen

- EUR: (2)

- Tajikistan, Turkmenistan

- SEAR: (2)

- Democratic People's Republic of Korea (DPRK), and Myanmar

- WPR: (14)

- Cook Islands, Kiribati, Laos, Marshall Islands, Federated States of Micronesia, Nauru, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, and Vanuatu

Gregory Armstrong, MD | currently assigned to CDC Coronavirus Response as Deputy Incident Manager | garmstrong@cdc.gov

Very Respectfully,

Secretary's Operations Center

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Recipient:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
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Subject:	COVID-19 Morning CDC Update 22Mar20
Date:	2020/03/22 08:56:36
Priority:	Normal
Type:	Note

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COVID-19 Response update Mar 22, 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 22 Mar)

55 Jurisdictions 50 states + DC, NYC, Guam, PR, and USVI	Total Cases*	Total Deaths**	New Cases**	New Deaths**
Alabama	131	0	25	0
Alaska	14	0	2	0
Arizona	104	1	22	0
Arkansas	118	0	18	0
California	1534	27	230	3
Colorado	475	5	112	1
Connecticut	223	5	29	1
Delaware	45	0	6	0
Florida	706	12	196	1
Georgia	555	20	70	6

55 Jurisdictions 50 states + DC, NYC, Guam, PR, and USVI	Total Cases*	Total Deaths**	New Cases**	New Deaths**
Hawaii	48	0	11	0
Idaho	42	0	11	0
Illinois	753	6	168	1
Indiana	126	4	47	1
Iowa	68	0	23	0
Kansas	55	2	11	1
Kentucky	87	3	39	1
Louisiana	763	20	226	6
Maine	70	0	14	0
Maryland	190	3	41	1
Massachusetts	525	1	112	0
Michigan	787	5	238	2
Minnesota	137	1	22	1
Mississippi	140	1	60	0
Missouri	90	3	17	0
Montana	27	0	6	0
Nebraska	42	0	4	0
Nevada	154	2	45	0
New Hampshire	65	0	10	0
New Jersey	1327	16	437	5
New Mexico	57	0	14	0
New York (excluding NYC)†	4145	21	1451	6
New York City				

55 Jurisdictions 50 states + DC, NYC, Guam, PR, and USVI	Total Cases*	Total Deaths**	New Cases**	New Deaths**
	8115	60	2432	17
North Carolina	254	0	90	0
North Dakota	28	1	2	0
Ohio	247	3	78	2
Oklahoma	53	1	0	0
Oregon	137	4	23	1
Pennsylvania	371	2	61	1
Rhode Island	66	0	12	0
South Carolina	173	3	48	0
South Dakota	14	1	0	0
Tennessee	371	1	143	0
Texas	507	5	106	0
Utah	125	0	23	0
Vermont	49	2	20	0
Virginia	152	2	38	0
Washington	1793	94	269	11
West Virginia	12	0	4	0
Wisconsin	281	4	75	1
Wyoming	24	0	2	0
American Samoa	0	0	0	0
District of Columbia	98	1	21	0
Guam	14	0	0	0
Northern Mariana Islands	0	0	0	0

55 Jurisdictions 50 states + DC, NYC, Guam, PR, and USVI	Total Cases*	Total Deaths**	New Cases**	New Deaths**
Palau	0	0	0	0
Puerto Rico	21	0	7	0
U.S. Virgin Islands	6	0	0	0
Federated States of Micronesia	0	0	0	0
Republic of Marshall Islands	0	0	0	0
Total	26,514	342	7,171	70

*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 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.

† For numbers of cases and deaths in NYC, numbers shown here are from press releases and can't currently be verified by other sources. [NYC DOHMH](#) is instructing that lab testing be reserved for hospitalized patients to minimize risk of transmission and conserve PPE.

Repatriation cases have been recategorized based on their home state, and jurisdiction-based reporting

Grand Princess cases have or will be incorporated into numbers reported by state of residence. Cases as of 16 Mar: 37 total cases

Other U.S. cases not included in table:

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

Other Situational Awareness

Note: numbers are as of 3/21 early morning; updated numbers unavailable today because of Palantir transition

Healthcare workers in U.S. Case-Count (N=238)

- • * 19 Travel-related
- • * 48 Close contact with known case
- • * 171 Under investigation

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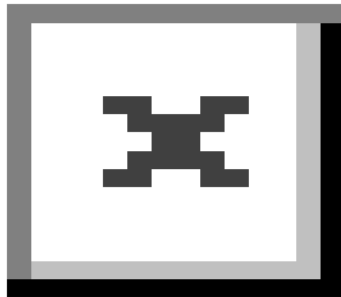
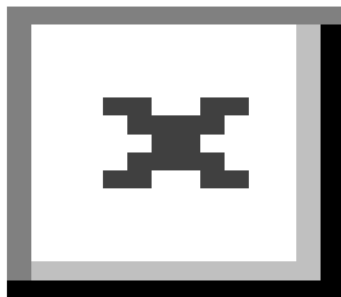
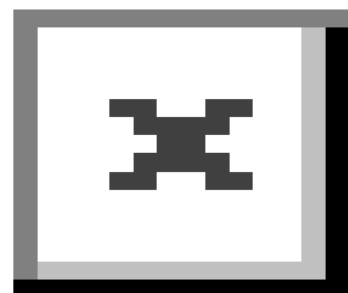


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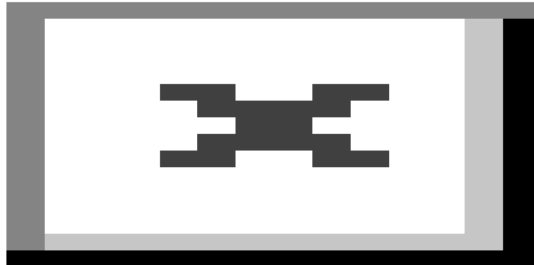


Data source: USAFacts.org;

Numbers are from various sources and have been validated against numbers reported from states when possible image016 .



Domestic Updates – Notes from the Field



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Source: Preparedness Workforce Management System (PWMS)

* CERT – CDC Emergency Response Team

Updates from Field Teams

California (Santa Clara)

- Team transitioning to provide remote support
- 263 cases total; 93 hospitalized; 28 in ICU; 8 deaths
- Long-term care facility investigations; 8 total cases in six facilities; 3 new cases identified today

Colorado

- 475 total cases, 49 hospitalized, 29 counties, 4550 people tested, and 5 deaths.
 - State redoing epi curve and using date of collection vs onset date since so many are missing.
- Emerging problem areas for outbreak (ex LTCF)
 - 36 facilities, including LTCF, ALF, dialysis, home health, pulmonary rehab facility are under investigation. Four of these facilities have confirmed outbreaks. Testing delays (5-7 days) have significantly slowed the confirmation of outbreaks in these facilities.
 - There was one more death from the cohort of older adults that attended the bridge tournament in El Paso County at the end of February/beginning of March.
 - First case in a correctional facility – in a community correction facility in Larimer county (this facility is similar to a “halfway house” where individuals can leave the facility to go to jobs, attend meetings such as Alcoholics Anonymous, etc).
- Community mitigation: closures
 - No new updates
- Logistical issues: shortages with PPE, testing supplies, etc.

- No new updates
- Read on health system resources
- Other
 - Many LPHAs are reaching points where they can no longer perform case investigations and contact tracing for every case. They are shifting towards only high risk individuals and CDPHE is trying to develop concrete guidelines for this.

Georgia

- Next update: 23 Mar

New York

- Due to discrepancies between state and county case numbers, case counts between NY State and NYC may differ
 - 10,356 (+3,254) cases statewide (NYC=6,211, 60% of state) spanning 42 counties and New York City
 - 61 deaths (+26)
 - 1,603 (15.5%) currently hospitalized; 421 (4%) in ICU
 - Per media, 45,000 tests have been performed in NY
 - Also, reports indicate that NYC will be focusing testing on hospitalized cases, which may affect case counts going forward.
- There are >50 LTCFs with COVID-19 cases and >63 health care facilities (including hospitals) with known HCW exposure
- ASPR/HHS now present in Albany
 - Working on medical surge downstate
 - 3 locations identified for surge hospital
- “Overall, 57 percent of those who have tested positive in the [New York] city are 49 or younger. People 18 to 49 years old make up the majority, 54 percent, the city said. The next largest group are those age 50 to 64, who account for 23 percent of positive test results so far.” [Media Source](#)
- PPE continues to run low – EMS and HCWs are having to reuse and supplement with creative PPE in some locations
- Tele-IPC survey, COVID-19 Video Evaluation and Outreach (COVIDEO), and assessment tool continues to scale-up to nursing homes in the metropolitan NYC area

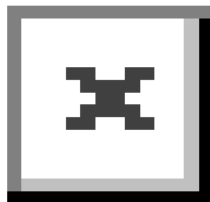
Washington

- EPI
 - No case counts provided by SKC today
 - CDC team EISOs are in the process of mapping out the positive cases on the room layout for Life Care. Continuing work on transmission chains and descriptive epi of all cases in SKC in first 2 weeks
- Infection Prevention and Control Team
 - Submitted collaborative manuscript with Univ of WA to clearance
 - Full MMWR on CT values and symptom status, to be sent for preclearance with MMWR editors today
 - Also considering MMWR on role of dialysis centers as a possible contributor to transmission
- Lab

- No major updates today
- COMMS
 - No significant updates

Wisconsin

- Household (HH) transmission study
 - Eligible households identified = 7 | Potentially eligible households identified (need to verify) = 1 | Households contacted = 5 | Households enrolled = 0
 - Team plans to enroll households beginning 22 Mar pending revised questionnaires
 - Team spent day at North Shore HD in Milwaukee County
 - Team piloted household questionnaire and provided recommendations to HQ on both Qs
 - Team began to develop process and flow procedures for donning/doffing PPE, entering the house, and preparing for home visits
 - Team developed master tracking system for participants/study participation/specimen collection and sent to HQ
 - Team attended in-person meeting with Milwaukee Public Health Laboratory director (Sanjib Bhattacharyya) and City of Milwaukee Commissioner of Health (Jeanette Kowalik)
 - MPHL would be willing to perform the CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Assay on the NP and self-collected nasal swab specimens collected, provided the CDC can provide the necessary reagents and supplies for nucleic acid extraction and PCR
 - MPHL currently uses the Qiagen EZ1, Biomerieux EasyMAG, and MagNA Pure Compact instruments for nucleic acid extraction
 - MPHL currently uses the ABI 7500 FastDX and Quant Studio to perform PCR
 - MPHL has the capacity to accession, process, and ship serum samples to CDC; CDC would need to provide the appropriate FedEx account numbers for shipping serum samples
- Emerging problem areas for outbreak
 - The cumulative case count in WI (n=281) continues to ~double every 2 days



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- 45% of current cases in Milwaukee County, n=126
- 4 deaths reported in WI
- Read on health system resources
 - Identified potential issues with local health departments receiving laboratory results from private labs (i.e., LabCorp)

Domestic Updates – Laboratory

Data as of 21 Mar (unless otherwise specified)

- * 91 public-health labs now up and running with CDC assay (50 states plus DC, Guam and Puerto Rico)
- * IRR shipped 195 reagents to 20 laboratories on Friday March 20, 2020
- * First rapid-point of care coronavirus kit gets FDA EUA – Cepheid (on GeneXpert System)
- * Large commercial laboratories – continuing to hear reports of long turn-around-times

Status of commercial laboratory reporting to CDC:

- * LabCorp – HL7 data feeds every 10 min to BioSense platform in AWS cloud
- * Quest – Daily SAS file via Data Hub sFTP; sending data during weekend
- * ARUP – back on line after earthquake; evaluating what data they can send; prefer spreadsheets
- * Mayo – agreed to send data; evaluating what data they can send
- * BioReference – agreed to send; completing the “gift” paperwork and DUA; may use HL7 feeds

* Since 14 Mar, FDA has no longer been requiring confirmatory testing at CDC for specimens tested at state PHLs; for that reason, CDC testing numbers largely represent the situation earlier in the pandemic rather than the current situation and for the time-being are not included in the table. CDC labs have redirect towards other urgent COVID-19 priorities, including testing alternative extraction methods. As of 20 March, CDC had tested 4842 (1185, or 24% positive) samples.

[†] [ACLA](#) also receives, through a 3rd party, summary statistics on lab testing. Their latest report (21 Mar) shows a cumulative 129,000 “tests per date” and 41,000 tests completed.

	Cutoff time	Total Ordered (or Accessioned)	Total with Results	Positive
Selected Commercial Labs [†]	3/21/2020 14:30	315,954	84,297	9,394 (11.1%)
State/Local Public Health Labs*	3/20/2020	N/A	5,416	948 (40.3%)

IRR Reagents

IRR Reagents	Data as of 21 Mar (09:00)			
	Ordered	Shipped	Approved	Inventory
CDC rRT-PCR Kits (500rxn and 1000 rxn)	604	481	123	617
Human Specimen Controls (Negative)	343	314	29	407

IRR Reagents	Data as of 21 Mar (09:00)			
	Ordered	Shipped	Approved	Inventory
EUA Positive Controls	175	117	58	294
Enzyme Mastermix	894	656	238	750
Qiagen – Manual Extraction Kit	1139	956	183	140
Qiagen – Automated Extraction Kit	472	194	278	0
Qiagen – Automated Extraction Kit (RUO)	207	36	171	227
Roche – Automated Extraction Kit	455	209	246	171
Roche – High-throughput Extraction Kit	50	40	10	131

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 20 Mar

Airport Entry Screening

- 58,888* air travelers screened to date
- Total confirmed cases to date from airport hospital referrals: 5
 - o • * 1 ill traveler from MIA on 15 Mar. Travel history to Paris.
 - 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 20 Mar
 - • * Air travelers screened: 194
 - • * Illness Response: 10
 - • * Hospital Referrals: 2
 - • * 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 20 Mar: 0
- Cumulative to date: 18

Travel Health Notices*

Level 3: Widespread ongoing spread
• • * China (Level 3)[†] • • * Iran (Level 3)[†] • • * Schengen Countries** (Level 3)[†] • • * UK and Ireland (Level 3)[†] • • * South Korea (Level 3) • • * Malaysia (Level 3) • • * Japan (21 Mar) (Level 3) • • * Australia (21 Mar) (Level 3) • • * Canada (21 Mar) (Level 3) • • * Brazil (21 Mar) (Level 3) • • * Israel (21 Mar) (Level 3) • • * Cruise Ship Travel (Level 3)
Level 2: Ongoing community spread
• • * Global (Level 2)
Level 1: Limited community spread
• • * Not Applicable

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

[†]Restrictions on entry to the United States

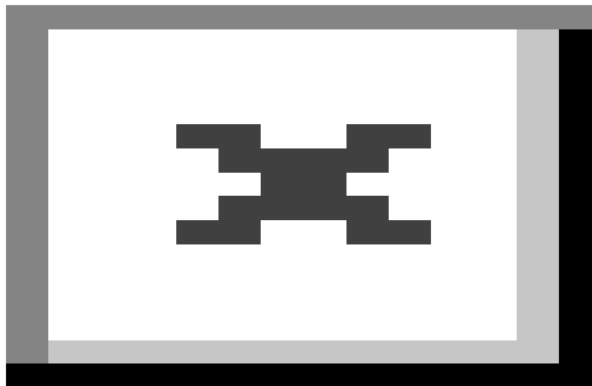
**Countries include: Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, Monaco, San Marino, Vatican City

Other

- Continuing issuance of legal orders for Grand Princess passengers

International Updates

Note: Numbers in this report may vary slightly from the current WHO sitrep online as corrections are published



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

Data as of 23:59 CET, 20 Mar 2020 [Source: [WHO SitRep - 61](#)]

WHO Region	Confirmed Cases	New Cases	Deaths	New Deaths
Western Pacific (WPRO)	94,037	688	3,426	21
European (EURO)	128,541	23,950	6,000	1,101
South-East Asia (SEARO)	979	61	38	7
Eastern Mediterranean (EMRO)	22,355	1,596	1,466	154
Americas (PAHO)	18,877	5,606	235	57
African (AFRO)				

	572	99	12	4
Subtotal for all regions	265,361	32,000	11,177	1,344
International Conveyance (Diamond Princess)	712	0	7	0
Total	266,073	32,000	11,184	1,344

*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 273 cases (17 new) and 4 deaths (0 new) as of 23:59 local time on 21 Mar 2020.

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

Data as of 23:59 CET, 20 Ma 2020* [Source: [WHO SitRep - 61](#)]

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	81416	116	3261	8	Local transmission	0
Republic of Korea	8799	147	102	8	Local transmission	0
Malaysia	1030	130	3	1	Local transmission	0
Japan	996	46	35	2	Local transmission	0
Australia	873	164	7	1	Local transmission	0
Singapore	385	40	0	0	Local transmission	0
Philippines	230	13	18	1	Local transmission	0
Viet Nam	91	6	0	0	Local transmission	0
Brunei Darussalam	78	5	0	0	Local transmission	0
New Zealand	53	14	0	0	Local transmission	0
Cambodia	51	4	0	0	Local transmission	0
Mongolia	6	0	0	0	Imported cases only	1
Fiji	1	0	0	0	Imported cases only	1
Papua New Guinea	1	1	0	0	Imported cases only	0
Territories**						
Guam	14	2	0	0	Local transmission	0
French Polynesia	11	0	0	0	Imported cases only	1
New Caledonia	2	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
European Region [^]						
Italy	47021	5986	4032	625	Local transmission	0
Spain	19980	2833	1002	235	Local transmission	0
Germany	18323	7324	45	25	Local transmission	0
France	12475	1598	450	78	Local transmission	0
Switzerland	4840	977	43	10	Local transmission	0
The United Kingdom	3983	706	177	33	Local transmission	0
Netherlands	2994	534	106	30	Local transmission	0
Austria	2649	806	6	1	Local transmission	0
Belgium	2257	462	37	23	Local transmission	0
Norway	1742	190	7	1	Local transmission	0
Sweden	1623	200	16	13	Local transmission	0
Denmark	1255	123	9	3	Local transmission	0
Portugal	1020	235	6	3	Local transmission	0
Czechia	904	210	0	0	Local transmission	0
Israel	712	183	1	1	Local transmission	0
Ireland	683	126	3	0	Local transmission	0
Turkey	670	479	9	7	Local transmission	0
Greece	495	77	8	3	Local transmission	0
Luxembourg	484	139	5	1	Local transmission	0
Finland	450	81	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
Poland	425	100	5	0	Local transmission	0
Iceland	409	79	1	1	Local transmission	0
Slovenia	341	22	1	0	Local transmission	0
Romania	308	48	0	0	Local transmission	0
Estonia	283	16	0	0	Local transmission	0
Russian Federation	253	54	0	0	Imported cases only	0
San Marino	151	25	14	0	Local transmission	0
Slovakia	137	14	0	0	Local transmission	0
Armenia	136	14	0	0	Local transmission	0
Serbia ^{††}	135	12	1	1	Local transmission	0
Bulgaria	127	33	3	0	Local transmission	0
Croatia	126	45	1	1	Local transmission	0
Latvia	111	25	0	0	Imported cases only	0
Hungary	85	12	4	3	Local transmission	0
Andorra	75	0	0	0	Imported cases only	1
Albania	70	0	2	0	Local transmission	1
North Macedonia	70	22	0	0	Local transmission	0
Lithuania	69	33	1	1	Imported cases only	0
Cyprus	67	9	0	0	Local transmission	0
Republic of Moldova	66	17	1	1	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
Malta	64	11	0	0	Imported cases only	0
Belarus	57	11	0	0	Local transmission	0
Kazakhstan	53	7	0	0	Imported cases only	0
Azerbaijan	44	10	1	0	Imported cases only	0
Bosnia and Herzegovina	44	0	0	0	Local transmission	1
Georgia	43	5	0	0	Imported cases only	0
Liechtenstein	34	9	0	0	Imported cases only	0
Uzbekistan	33	12	0	0	Local transmission	0
Ukraine	26	10	3	1	Local transmission	0
Montenegro	14	4	0	0	Imported cases only	0
Monaco	12	3	0	0	Under investigation	0
Kyrgyzstan	6	3	0	0	Imported cases only	0
Holy See	1	0	0	0	Under investigation	14
Territories**						
Faroe Islands	80	8	0	0	Imported cases only	0
Jersey	12	7	0	0	Imported cases only	0
Gibraltar	10	0	0	0	Under investigation	1
Greenland	2	0	0	0	Under investigation	2
Guernsey	1	0	0	0	Imported cases only	11
Isle of Man	1	1	0	0	Imported cases only	0
South-East Asia Region						

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
Indonesia	369	60	32	7	Local transmission	0
Thailand	322	0	1	0	Local transmission	1
India	195	0	4	0	Local transmission	1
Sri Lanka	59	0	0	0	Local transmission	1
Bangladesh	17	0	1	0	Local transmission	1
Maldives	13	0	0	0	Local transmission	5
Bhutan	2	0	0	0	Imported cases only	1
Nepal	1	0	0	0	Imported cases only	57
Timor-Leste	1	1	0	0	Imported cases only	0
Eastern Mediterranean Region						
Iran (Islamic Republic of)	19644	1237	1433	149	Local transmission	0
Pakistan	461	159	2	0	Imported cases only	0
Qatar	460	8	0	0	Local transmission	0
Bahrain	285	16	1	0	Local transmission	0
Saudi Arabia	274	36	0	0	Local transmission	0
Egypt	256	46	7	1	Local transmission	0
Iraq	193	16	14	2	Local transmission	0
Lebanon	163	14	4	0	Local transmission	0
Kuwait	159	11	0	0	Local transmission	0
United Arab Emirates	140	0	0	0	Local transmission	1
Morocco	74	13	3	1	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
Jordan	69	13	0	0	Imported cases only	0
Tunisia	54	15	1	1	Local transmission	0
Oman	48	9	0	0	Local transmission	0
Afghanistan	24	2	0	0	Imported cases only	0
Djibouti	1	0	0	0	Under investigation	2
Somalia	1	0	0	0	Imported cases only	4
Sudan	1	0	1	0	Imported cases only	6
Territories**						
occupied Palestinian territory	48	1	0	0	Local transmission	0
Region of the Americas						
United States of America	15219	4777	201	51	Local transmission	0
Canada	846	110	9	0	Local transmission	0
Brazil	621	193	4	0	Local transmission	0
Chile	434	92	0	0	Local transmission	0
Ecuador	367	168	5	2	Local transmission	0
Peru	234	0	2	2	Local transmission	1
Mexico	164	46	1	0	Imported cases only	0
Colombia	145	37	0	0	Local transmission	0
Panama	137	28	1	0	Local transmission	0
Argentina	128	31	3	1	Local transmission	0
Costa Rica	113	26	2	1	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
Uruguay	94	15	0	0	Imported cases only	0
Dominican Republic	72	38	2	0	Local transmission	0
Venezuela (Bolivarian Republic of)	36	0	0	0	Imported cases only	2
Honduras	24	12	0	0	Imported cases only	0
Bolivia (Plurinational State of)	16	1	0	0	Local transmission	0
Cuba	16	5	1	0	Local transmission	0
Jamaica	16	1	1	0	Local transmission	0
Paraguay	13	2	0	0	Local transmission	0
Guatemala	12	3	1	0	Imported cases only	0
Trinidad and Tobago	9	0	0	0	Imported cases only	1
Barbados	5	3	0	0	Imported cases only	0
Guyana	5	0	1	0	Local transmission	2
Bahamas	4	1	0	0	Local transmission	0
Haiti	2	2	0	0	Under investigation	0
Saint Lucia	2	0	0	0	Imported cases only	5
Suriname	2	1	0	0	Imported cases only	0
Antigua and Barbuda	1	0	0	0	Imported cases only	7
El Salvador	1	0	0	0	Imported cases only	1
Nicaragua	1	0	0	0	Imported cases only	1
Saint Vincent and the Grenadines	1	0	0	0	Imported cases only	7

Territories**

Reporting Country/ Territory/ Area [†]	Total confirmed [‡] cases	Total confirmed new cases ¹	Total deaths	Total new deaths ¹	Transmission classification [§]	Days since last reported case
Guadeloupe	51	6	0	0	Imported cases only	0
Martinique	32	0	0	0	Imported cases only	1
French Guiana	15	0	0	0	Local transmission	1
Puerto Rico	14	8	0	0	Imported cases only	0
Aruba	5	0	0	0	Imported cases only	1
Saint Martin	4	0	0	0	Under investigation	2
Cayman Islands	3	0	1	0	Imported cases only	1
Curaçao	3	0	0	0	Imported cases only	3
Saint Barthélemy	3	0	0	0	Under investigation	5
United States Virgin Islands	3	0	0	0	Imported cases only	2
Bermuda	2	0	0	0	Imported cases only	2
Montserrat	1	0	0	0	Imported cases only	2
Sint Maarten	1	0	0	0	Imported cases only	2
African Region						
South Africa	205	55	0	0	Local transmission	0
Algeria	94	12	10	3	Local transmission	0
Burkina Faso	40	0	1	0	Imported cases only	1
Senegal	38	0	0	0	Local transmission	1
Cameroon	22	7	0	0	Local transmission	0
Ghana	16	5	0	0	Local transmission	0
Democratic Republic of the Congo	14	0	0	0	Local transmission	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
Mauritius	12	5	0	0	Imported cases only	0
Nigeria	12	0	0	0	Imported cases only	1
Rwanda	11	0	0	0	Local transmission	2
Côte d'Ivoire	9	0	0	0	Imported cases only	2
Ethiopia	9	0	0	0	Imported cases only	1
Togo	9	0	0	0	Imported cases only	1
Kenya	7	0	0	0	Local transmission	2
Seychelles	6	0	0	0	Imported cases only	2
United Republic of Tanzania	6	0	0	0	Imported cases only	1
Equatorial Guinea	4	0	0	0	Imported cases only	1
Congo	3	0	0	0	Imported cases only	2
Gabon	3	0	1	1	Imported cases only	2
Namibia	3	0	0	0	Imported cases only	1
Benin	2	0	0	0	Imported cases only	1
Guinea	2	0	0	0	Imported cases only	1
Liberia	2	0	0	0	Local transmission	2
Mauritania	2	0	0	0	Imported cases only	2
Zambia	2	0	0	0	Imported cases only	2
Cabo Verde	1	1	0	0	Imported cases only	0
Central African Republic	1	0	0	0	Imported cases only	6

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
Chad	1	0	0	0	Imported cases only	1
Eswatini	1	0	0	0	Imported cases only	6
Gambia	1	0	0	0	Imported cases only	2
Niger	1	0	0	0	Imported cases only	1
Zimbabwe	1	1	0	0	Imported cases only	0
Territories**						
Réunion	28	13	0	0	Imported cases only	0
Mayotte	4	0	0	0	Imported cases only	1
Subtotal for all regions	265,361	32,000	11,177	1,344		
International conveyance (Diamond Princess)	712	0	7	0	Local transmission	5
Grand total	266,073	32,000	11,184	1,344		

*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

^ Data for the European Region is obtained from the European Centre for Disease Control and Prevention (ECDC)

††Including 24 (3 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. WHO COVID-19 Situation Reports present official counts of confirmed COVID-19 cases, thus differences between WHO reports and other sources of COVID-19 data using different inclusion criteria and different data cutoff times are to be expected.

New countries/territories/areas are shown in red.

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

- • * Angola
- • * Eritrea
- • * Madagascar
- • * North Korea
- • * Uganda

Additional International Updates

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

266,073 cases and 11,184 deaths in 183 WHO member countries and areas affected

Over previous 24 hours:

- 32,000 new cases and 1344 deaths globally (EURO 75% and PAHO 18% of new cases) – greatest number of new cases reported in a 24-hour period for fourth day in a row
- 6 new countries/territories/areas reporting cases: Papua New Guinea, Isle of Man, Timor-Leste, Haiti, Cabo Verde, Zimbabwe
- Early reports of new countries reporting cases: Angola, Madagascar
- Most countries in WPRO (79%), EURO (75%), SEARO (67%), EMRO, (67%), PAHO (55%) have reported local transmission
- African countries predominantly reporting imported cases (72%)
- EURO surpassed WPRO for greatest number of cases and deaths; to date, EURO has reported 48% of cases and 54% of deaths, of the global total

Total (new) cases and deaths by region:

	Global	WPRO	EURO	SEARO	EMRO	PAHO	AFRO
Total (new) cases	266,073 (32,000)	94,037 (688)	128,541 (23,950)	979 (61)	22,355 (1596)	18,877 (5,606)	572 (99)
Total (new) deaths	11,184 (1344)	3426 (21)	6,000 (1,101)	38 (7)	1,466 (154)	235 (57)	12 (4)

Countries Reporting > 1,000 New Cases

	Cases		Deaths	
Country	New	Total	New	Total
Italy	5986	47,021	625	4032
Spain	2833	19,980	235	1002
U.S.	4777	15,219	51	201
Germany	7324	18,323	25	45
France	1598	12,475	78	450

Iran	1237	19,644	149	1433
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Additional Countries Reporting >100 New Cases				
	Cases		Deaths	
Country	New	Total	New	Total
Switzerland	977	4840	10	43
Austria	806	2649	1	6
The United Kingdom	706	3983	33	177
Netherlands	534	2994	30	106
Turkey	479	670	7	9
Belgium	462	2257	23	37
Portugal	235	1020	3	6
Czechia	210	904	0	0
Sweden	200	1623	13	16
Brazil	193	621	0	4
Norway	190	1742	1	7
Israel	183	712	1	1
Ecuador	168	367	2	5
Australia	164	873	1	7
Pakistan	159	461	0	2
Republic of Korea	147	8799	8	102
Luxembourg	139	484	1	5

Additional Countries Reporting >100 New Cases				
	Cases		Deaths	
Country	New	Total	New	Total
Malaysia	130	1030	1	3
Ireland	126	683	0	3
Denmark	123	1255	3	9
China	116	81416	8	3261
Canada	110	846	0	9

Top countries reporting cases:

- • * Italy – since last Sit Rep, 53,578 (+6,557) cases, 4,825 deaths
 - • * Italy reporting highest number of deaths in the world from Coronavirus
- • * Spain – since last Sit Rep, 24,926 cases (+4,946), 1,326 deaths
- • * Germany – since last Sit Rep 16,662 (+2,705) cases, 46 deaths
- • * Iran –since last Sit Rep, 20,610 cases (+966), 1,556 deaths
- • * France – since last Sit Rep, 14,459 cases (+1,847), 562 deaths
- • * South Korea – since last Sit rep, 8,799 cases, 102 deaths
 - • * Less than 100 cases reported in 4 of 6 previous days
- • * Switzerland – since last Sit Rep, 6,113 cases, 56 deaths
- • * UK – since last Sit Rep, 5,018 cases (+1035), 233 deaths
 - • * Pubs, cafes, restaurants, nightclubs, theaters, gyms, movie theaters, and sport facilities ordered closed Friday night

Other points from media sources:

- More PAHO countries leaning into additional community measures as border closures were not enough: Bolivia enacted 14-day total quarantine
- Other country policies: Kuwait imposing 11-hour curfew; Lebanese Security Forces implementing security patrols to prevent people from leaving their homes; Vietnam suspending foreigners entry

Border Country Information

- Canada – 1,266 cases; 13 deaths
 - British Colombia (424 cases); Ontario (368 cases); Alberta (226 cases); Quebec (181 cases); Saskatchewan (25); Manitoba (19); New Brunswick (9); Nova Scotia (9); Newfoundland

and Labrador (3); Prince Edward Island (2); Repatriations (13) [repatriations not included in total]

- Mexico – 252 cases (states ordered by # of cases)

- CD MX (45); *Nuevo León* (32); Jalisco (32); Puebla (16); State Of México (14); Yucatán (14); Queretaro (14); Quintana Roo (12); San Luis Potosí (9); *Baja California* (8); Veracruz (7); Durango (5); Tabasco (4); Guanajuato (4); Guerrero (4); Aguascalientes (4); Sinaloa (3); *Tamaulipas* (3); *Coahuila* (3); Hidalgo (3); Oaxaca (2); Chiapas (2); *Chihuahua* (2); *Sonora* (2); Morelos (2); Colima (2); Oaxaca (2); Baja California Sur (1); Zacatecas (1); Nayarit (1)
- Number of cases in border states: 50

By WHO Region, the Member States not reporting a single case are:

- AFR: (17)

- Angola, Botswana, Burundi, Comoros, Eritrea, Guinea-Bissau, Lesotho, Madagascar, Malawi, Mali, Mauritius, Mozambique, Sao Tome and Principe, Sierra Leone, South Sudan, Uganda, and Western Sahara

- AMR/PAHO: (4)

- Belize, Dominica, Grenada, and Saint Kitts and Nevis

- EMR: (3)

- Libya, Syria, Yemen

- EUR: (2)

- Tajikistan, Turkmenistan

- SEAR: (2)

- Democratic People's Republic of Korea (DPRK), and Myanmar

- WPR: (14)

- Cook Islands, Kiribati, Laos, Marshall Islands, Federated States of Micronesia, Nauru, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, and Vanuatu

Gregory Armstrong, MD | currently assigned to CDC Coronavirus Response as Deputy Incident Manager | garmstrong@cdc.gov

Very Respectfully,

Secretary's Operations Center

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

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



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Sender:	OS Secretarys Operations Center </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=32B1F28D808B43B6903C00083291303E-SECRETARYS>
Recipient:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Sent Date:	2020/03/22 08:56:13
Delivered Date:	2020/03/22 08:56:36

To:	Laret, Mark (b)(6) Kang, Roger <roger.kang@pbmc.com>
CC:	Thornborrow, Ed (b)(6) Hawgood, Sam (b)(6) Pattison, Kevin (b)(6)
Subject:	RE: address to send 4 cases of swabs
Date:	2020/03/22 09:06:23
Priority:	Normal
Type:	Note

Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.but every little bit helps I hope it could be helpful

From: Laret, Mark (b)(6)
Sent: Saturday, March 21, 2020 5:34 PM
To: Kang, Roger <roger.kang@pbmc.com>
Cc: Thornborrow, Ed (b)(6); Hawgood, Sam (b)(6); Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Pattison, Kevin (b)(6)
Subject: Re: address to send 4 cases of swabs

Thanks Roger.

Sent from my iPhone

On Mar 21, 2020, at 12:57 PM, Kang, Roger <roger.kang@pbmc.com>wrote:

Dear all,

We shipped 4000 to your location for Monday delivery. FedEx tracking is (b)(6)

(b)(6)

However, we were just made aware that the FAA has issued a ground stop to all NY area airports due to staffing issues related to the coronavirus.

It seems to be lifted now but just in case we had 300+ swabs shipped by one of our distributors in San Diego.

Fed Ex First Overnight for delivery Monday 8-10am

Tracking number (b)(6)

I hope this helps.

Kind regards,
Roger

On Sat, Mar 21, 2020 at 12:13 AM Thornborrow, Ed <(b)(6)> wrote:
Yes, the address I gave is staffed 24/7, so someone will be guaranteed to receive it.

Thanks again!

Ed

Ed Thornborrow, MD, PhD
Sr. Medical Director, UCSF Clinical Labs

On Mar 20, 2020, at 9:11 PM, Laret, Mark <(b)(6)> wrote:

Roger you can use the address Ed have you. Thanks so much. Mark

Sent from my iPhone

On Mar 20, 2020, at 9:06 PM, Kang, Roger <roger.kang@pbmc.com> wrote:

Ed,
Will do!
Mark gave us the address below. Which is better?

UCSF Medical Center
505 Parnassus Avenue
Loading Dock
Room L299
San Francisco, CA 94143

On Sat, Mar 21, 2020 at 12:03 AM Thornborrow, Ed <(b)(6)> wrote:
Thanks Roger, that would be great! We are working on the ability to create the media vials ourselves. So, yes, please proceed with shipping. They can go to the following address:

UCSF Clinical Labs
505 Parnassus Ave., M524 (Automation Lab)

SAN Francisco, CA 94143
Contact: Odites Fabroa, 415-353-1747

Thanks so much for this!

Ed

Ed Thornborrow, MD, PhD
Sr. Medical Director, UCSF Clinical Labs

On Mar 20, 2020, at 8:56 PM, Kang, Roger <roger.kang@pbmc.com>wrote:

Ed,
These are nasopharyngeal flocked swabs. Made by Puritan in Maine.
They are just the swabs, in sterile packaging, individually wrapped.
I do not have the ones with transport media. Just the plain bare swabs.
How would you like us to proceed? We were instructed to ship 4000 to you.
We are a US manufacturer of rapid POC diagnostics and use these particular flocked swabs in our rapid influenza A&B kits. We are just trying to help out by supplying the swabs during this crisis. (We may come out with a rapid whole blood test for IgM/IgG detection in the coming weeks, but that can be a separate conversation.)

Kind regards,
Roger

On Fri, Mar 20, 2020 at 11:41 PM Thornborrow, Ed <(b)(6)> wrote:

Hi Roger,
Thanks so much for your help in sourcing these. Just curious if you know if these are nasopharyngeal (thin barrel) swabs or oropharyngeal (thick barrel) swabs? And do they come with universal transport medium (UTM) or viral transport medium (VTM)?

Thanks!

Ed

Ed Thornborrow, MD, PhD
Sr. Medical Director, UCSF Clinical Labs

On Mar 20, 2020, at 7:07 PM, Kang, Roger <roger.kang@pbmc.com>wrote:

Mark,

Certainly. We are now looking to see if one of our partner companies in CA has some extra swabs that they can send your way. (We have some companies that do their own packing of our flu kits and they may have leftover components.)

Kind regards,
Roger

On Fri, Mar 20, 2020 at 9:18 PM Laret, Mark <(b)(6)> wrote:
Roger, thank you for trying for Sunday delivery. We can survive to Monday if needed -- we are down to about 225 swabs now, so getting 4000 swabs will be a lifesaver. Let me give you a better address:

UCSF Medical Center
505 Parnassus Avenue
Loading Dock
Room L299
San Francisco, CA 94143

Attn: Ed Thornborrow, MD

I cannot thank you enough. I will tell the Congresswoman what you've done for us.

Also, Bob, can you send the names of the suppliers we should contact for PPE? We are in a bad place there as well.

Call my cell if needed (b)(6)

Mark

Mark R. Laret
President and CEO
UCSF Health

From: Kang, Roger <roger.kang@pbmc.com>
Sent: Friday, March 20, 2020 6:11 PM
To: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Cc: Laret, Mark (b)(6)
Subject: Re: address to send 4 cases of swabs

Copying Dr. Mark Laret with hopefully the correct address.
Dr. Laret, we can't seem to find a way to ship for Sunday arrival. UPS and FEDEX tell us Monday.
Still looking for other options.

Kind regards,
Roger

On Fri, Mar 20, 2020 at 8:59 PM Kang, Roger <roger.kang@pbmc.com>wrote:
Bob,
Will do. We will make sure these go out tomorrow.

Kind regards,
Roger

On Fri, Mar 20, 2020 at 8:57 PM Kadlec, Robert (OS/ASPR/IO)
<Robert.Kadlec@hhs.gov>wrote:

Roger please send the cases to the CA and WA State Public Lab express overnight and to the following
UCSF Medical Center

Dr. Mark Laret
505Parasus Ave
San Francisco, CA 94143

Recipient:	Laret, Mark (b)(6)
	Kang, Roger < roger.kang@pbmc.com >;
	Thornborrow, Ed (b)(6)
	Hawgood, Sam (b)(6)
	Pattison, Kevin (b)(6)
Sent Date:	2020/03/22 09:05:28
Delivered Date:	2020/03/22 09:06:23
Message Flags:	Unsent

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0851E89240324306B78740A4A60745E2-JOHNSON, RO>
To:	Disbrow, Gary (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0fd5845defda4dc0bb45f8fac629cf09-Disbrow, Ga>; Petillo, Jay (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=59ce6133dfa14f6d96b9662b7cfdebc5-Petillo, Ja>
CC:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.ive Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=475b27f64a8345d98908051b5f96d1d4-Benford, Jo>; Harris, James (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=72bc577bb4a94dd29acaef880f4411e2-Harris, Jam>; Manan, Enrique (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a97d7188e2e545c4b718608948bef5dd-Manan, Enri>; Angelastro, Michael (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=583e910528e7473d9dcdfce9d1a80b83-Angelastro,>; Daniels, Miles (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fa4ad4decfc84cd59d4b24599425a375-Daniels, Mi>; Eldridge, Schuyler (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=102f8b9575fe4272b3a14d43a5cf3f1a-Eldridge, S>
Subject:	RE: Urgent Funding Request UPDATED
Date:	2020/03/22 05:39:29
Priority:	Normal
Type:	Note

Gary,

Hi. approval was received last night (probably buried in all your incoming e-mails). Thanks a lot to everyone for moving this through the process so quickly.

Robert

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

Cell: (b)(6)

email: Robert.Johnson@HHS.gov

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From: Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>
Sent: Sunday, March 22, 2020 5:00 AM
To: Petillo, Jay (OS/ASPR/MFHC) <Jay.Petillo@HHS.GOV>
Cc: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Bright, Rick (OS/ASPR/BARDA) <Rick.Bright@hhs.gov>; Johnson, Robert (OS/ASPR/BARDA) <Robert.Johnson@hhs.gov>; Benford, Joffrey (OS/ASPR/BARDA) <Joffrey.Benford@hhs.gov>; Harris, James (OS/ASPR/BARDA) <James.Harris2@hhs.gov>; Manan, Enrique (OS/ASPR/BARDA) <Enrique.Manan@hhs.gov>; Angelastro, Michael (OS/ASPR/BARDA) <Michael.Angelastro@hhs.gov>; Daniels, Miles (OS/ASPR/MFHC) <Miles.Daniels@hhs.gov>; Eldridge, Schuyler (OS/ASPR/MFHC) <schuyler.eldridge@hhs.gov>
Subject: RE: Urgent Funding Request UPDATED

Jay and Bryan,

The entire team is standing by to get the approval so we can send the pre-award concurrence letter but we cannot send without Dr. Kadlec's approval per Jay's response.

Gary

Gary L. Disbrow Ph.D.

Deputy Assistant Secretary
Director, Medical Countermeasure Programs
Biomedical Advanced Research and Development Authority
BARDA
Assistant Secretary for Preparedness and Response ASPR
Department of Health and Human Services
330 Independence Avenue, S.W. Room 640 G
Washington, D.C. 20201
Office: 202-260-0899
Mobile: (b)(6)
Fax: 202-205-0873
email: Gary.Disbrow@HHS.gov

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contractor must disregard that portion of the communication and contact the Contracting Officer for direction

From: Petillo, Jay (OS/ASPR/MFHC) <Jay.Petillo@HHS.GOV>
Sent: Saturday, March 21, 2020 7:43 PM
To: Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>
Cc: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Bright, Rick (OS/ASPR/BARDA) <Rick.Bright@hhs.gov>; Johnson, Robert (OS/ASPR/BARDA) <Robert.Johnson@hhs.gov>; Benford, Joffrey (OS/ASPR/BARDA) <Joffrey.Benford@hhs.gov>; Harris, James (OS/ASPR/BARDA) <James.Harris2@hhs.gov>; Manan, Enrique (OS/ASPR/BARDA) <Enrique.Manan@hhs.gov>; Angelastro, Michael (OS/ASPR/BARDA) <Michael.Angelastro@hhs.gov>; Daniels, Miles (OS/ASPR/MFHC) <Miles.Daniels@hhs.gov>; Eldridge, Schuyler (OS/ASPR/MFHC) <schuyler.eldridge@hhs.gov>
Subject: Re: Urgent Funding Request UPDATED

Finance concurs and recommends approval by the ASPR.

On Mar 21, 2020, at 7:41 PM, Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov> wrote:

Bob, Bryan and Jay,
Apologies, updated number for Phlow see below in yellow.

Bob, Bryan and Jay,

Three funding actions below but the one of prime concern is the last one. We will need approval to allow for pre-award activities to move forward tonight.

(b)(5)

(b)(5)

(b)(5)

Gary L. Disbrow Ph.D.

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

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Assistant Secretary for Preparedness and Response ASPR
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Washington, D.C. 20201
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email: Gary.Disbrow@HHS.gov

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From: Disbrow, Gary (OS/ASPR/BARDA)

Sent: Saturday, March 21, 2020 7:02 PM

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

Cc: Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>; Bright, Rick (OS/ASPR/BARDA) <Rick.Bright@hhs.gov>; Johnson, Robert (OS/ASPR/BARDA) (Robert.Johnson@hhs.gov) <Robert.Johnson@hhs.gov>; Benford, Joffrey (OS/ASPR/AMCG) (Joffrey.Benford@hhs.gov) <Joffrey.Benford@hhs.gov>; Harris, James (OS/ASPR/BARDA) <James.Harris2@hhs.gov>; Manan, Enrique (OS/ASPR/BARDA) <Enrique.Manan@hhs.gov>; Angelastro, Michael (OS/ASPR/BARDA) (Michael.Angelastro@hhs.gov) <Michael.Angelastro@hhs.gov>

Subject: Urgent Funding Request

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(b)(5)

(b)(5)

(b)(5)

Gary L. Disbrow Ph.D.

Deputy Assistant Secretary

Director, Medical Countermeasure Programs

Biomedical Advanced Research and Development Authority

BARDA

Assistant Secretary for Preparedness and Response ASPR

Department of Health and Human Services

330 Independence Avenue, S.W. Room 640 G

Washington, D.C. 20201

Office: 202-260-0899

Mobile: (b)(6)

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Sender:	Johnson, Robert (OS/ASPR/BARDA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0851E89240324306B78740A4A60745E2-JOHNSON, RO>
Recipient:	Disbrow, Gary (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0fd5845defda4dc0bb45f8fac629cf09-Disbrow, Ga>; Petillo, Jay (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=59ce6133dfa14fd96b9662b7cfdebc5-Petillo, Ja>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Benford, Joffrey (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=475b27f64a8345d98908051b5f96d1d4-Benford, Jo>; Harris, James (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group

	(FYDIBOHF23SPDLT)/cn=Recipients/cn=72bc577bb4a94dd29acaef880f4411e2-Harris, Jam>; Manan, Enrique (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a97d7188e2e545c4b718608948bef5dd-Manan, Enri>; Angelastro, Michael (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=583e910528e7473d9dcdfce9d1a80b83-Angelastro,>; Daniels, Miles (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fa4ad4decfc84cd59d4b24599425a375-Daniels, Mi>; Eldridge, Schuyler (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=102f8b9575fe4272b3a14d43a5cf3f1a-Eldridge, S>
Sent Date:	2020/03/22 05:39:26
Delivered Date:	2020/03/22 05:39:29
From:	Petillo, Jay (OS/ASPR/MFHC) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=59CE6133DFA14F6D96B9662B7CFDEBC5-PETILLO, JA>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
CC:	Disbrow, Gary (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0fd5845defda4dc0bb45f8fac629cf09-Disbrow, Ga>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Johnson, Robert (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0851e89240324306b78740a4a60745e2-Johnson, Ro>; Benford, Joffrey (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=475b27f64a8345d98908051b5f96d1d4-Benford, Jo>; Harris, James (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=72bc577bb4a94dd29acaef880f4411e2-Harris, Jam>; Manan, Enrique (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a97d7188e2e545c4b718608948bef5dd-Manan, Enri>; Angelastro, Michael (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=583e910528e7473d9dcdfce9d1a80b83-Angelastro,>; Daniels, Miles (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fa4ad4decfc84cd59d4b24599425a375-Daniels, Mi>; Eldridge, Schuyler (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=102f8b9575fe4272b3a14d43a5cf3f1a-Eldridge, S>
Subject:	Re: Urgent Funding Request
Date:	2020/03/21 22:44:54
Priority:	Normal
Type:	Note

Received. Funds will be executed.

On Mar 21, 2020, at 10:43 PM, Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov> wrote:

Kadlec sends and approves.

Sent from my iPhone

On Mar 21, 2020, at 7:21 PM, Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov> wrote:

Brian,

(b)(5)

Gary

Gary L. Disbrow Ph.D.

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

BARDA

Assistant Secretary for Preparedness and Response ASPR
Department of Health and Human Services
330 Independence Avenue, S.W. Room 640 G
Washington, D.C. 20201
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From: Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>

Sent: Saturday, March 21, 2020 7:15 PM

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

Cc: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Petillo, Jay (OS/ASPR/MFHC) <Jay.Petillo@HHS.GOV>; Bright, Rick (OS/ASPR/BARDA) <Rick.Bright@hhs.gov>; Johnson, Robert (OS/ASPR/BARDA) <Robert.Johnson@hhs.gov>; Benford, Joffrey (OS/ASPR/BARDA) <Joffrey.Benford@hhs.gov>; Harris, James (OS/ASPR/BARDA) <James.Harris2@hhs.gov>; Manan, Enrique (OS/ASPR/BARDA) <Enrique.Manan@hhs.gov>; Angelastro, Michael (OS/ASPR/BARDA) <Michael.Angelastro@hhs.gov>

Subject: Re: Urgent Funding Request

Hi Gary,

First two look fine. Which of the 6 COAs did we pursue re the third item? And what's the tail?
Best, Bryan

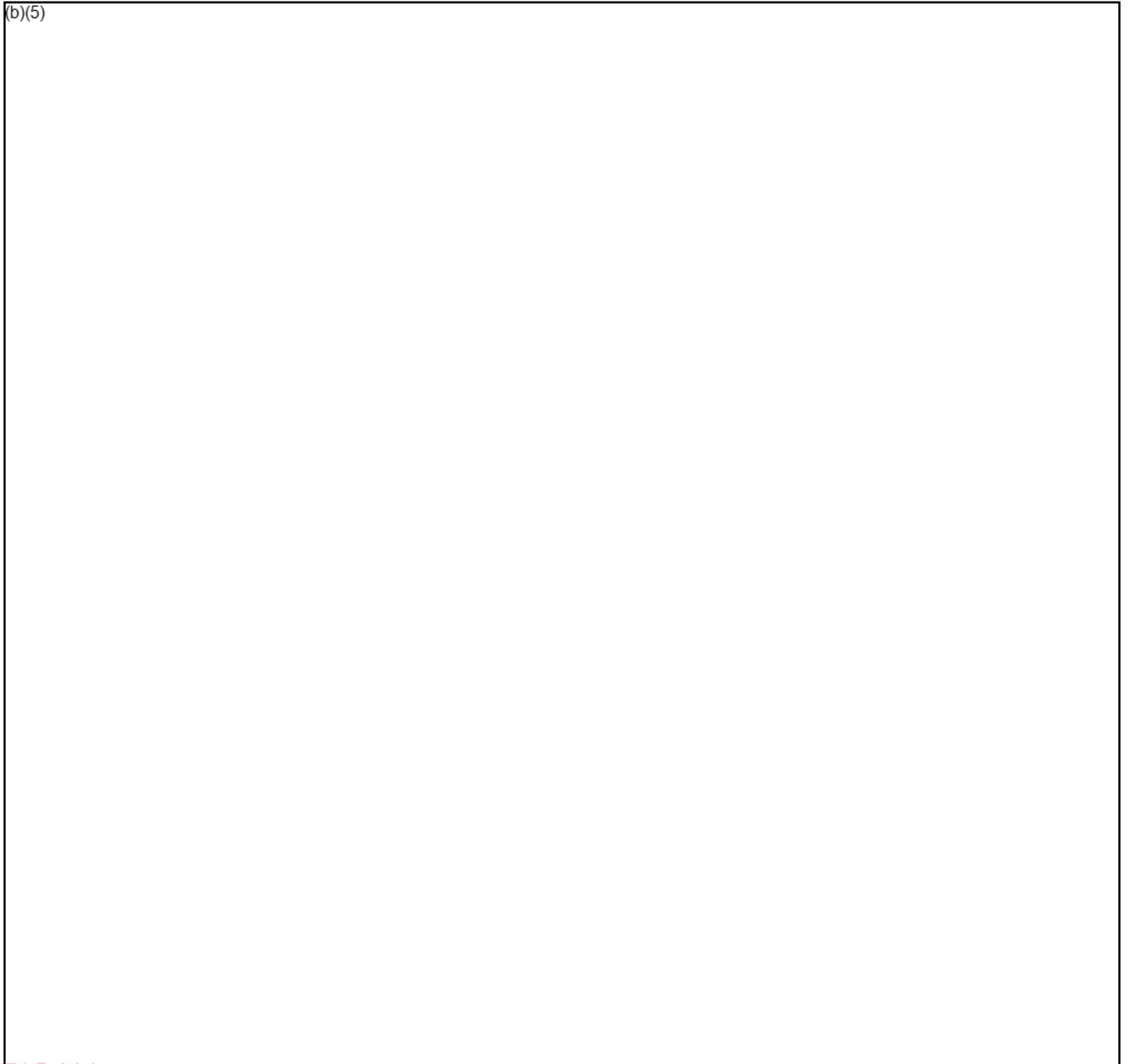
Sent from my iPhone

On Mar 21, 2020, at 7:02 PM, Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov> wrote:

Bob, Bryan and Jay,

Three funding actions below but the one of prime concern is the last one. We will need approval to allow for pre-award activities to move forward tonight.

(b)(5)



Gary L. Disbrow Ph.D.

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Assistant Secretary for Preparedness and Response ASPR
Department of Health and Human Services
330 Independence Avenue, S.W. Room 640 G
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Office: 202-260-0899
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Fax: 202-205-0873
email: Gary.Disbrow@HHS.gov

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Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Disbrow, Gary (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0fd5845defda4dc0bb45f8fac629cf09-Disbrow, Ga>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Johnson, Robert (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0851e89240324306b78740a4a60745e2-Johnson, Ro>; Benford, Joffrey (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=475b27f64a8345d98908051b5f96d1d4-Benford, Jo>; Harris, James (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=72bc577bb4a94dd29acaef880f4411e2-Harris, Jam>; Manan, Enrique (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a97d7188e2e545c4b718608948bef5dd-Manan, Enri>; Angelastro, Michael (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=583e910528e7473d9dcdfce9d1a80b83-Angelastro,>; Daniels, Miles (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fa4ad4decfc84cd59d4b24599425a375-Daniels, Mi>; Eldridge, Schuyler (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=102f8b9575fe4272b3a14d43a5cf3f1a-Eldridge, S>
Sent Date:	2020/03/21 22:44:53
Delivered Date:	2020/03/21 22:44:54

From:	Kathyn Pendo (b)(6)
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/22 09:43:32
Priority:	Normal
Type:	Note

Kathyn Pendo

(b)(6)

March 22, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

The federal Clinical Laboratory Improvement Advisory Committee recently recommended allowing qualified professionals to review and interpret digital images remotely when data is exchanged via a secure connection but CMS has not yet authorized this policy. Many U.S. laboratories have well-validated digital systems to allow for quality remote diagnosis using secure virtual personal networks (VPNs). Given dire shortages of pathologists and laboratory personnel at many laboratories and the need to follow the President's call for social distancing, CLIA is unnecessarily putting our work force at risk and imposing barriers to optimal patient care.

Given that HHS just provided other physician specialties with the flexibility to provide telemedicine services, pathologists and laboratory professionals should also be allowed the same flexibility. I request expedited consideration of this request to ensure laboratories can promptly respond to our patients' needs now.

Sincerely,
Kathyn Pendo

Sender:	Kathyn Pendo (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/22 09:43:25
Delivered Date:	2020/03/22 09:43:32
Message Flags:	Unread

To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.roup (FYDIBOHF23SPDLT)/cn=Recipients/cn=0fd5845defda4dc0bb45f8fac629cf09-Disbrow, Ga>; Petillo, Jay (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=59ce6133dfa14f6d96b9662b7cfdebc5-Petillo, Ja>
CC:	Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Johnson, Robert (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0851e89240324306b78740a4a60745e2-Johnson, Ro>; Benford, Joffrey (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=475b27f64a8345d98908051b5f96d1d4-Benford, Jo>; Harris, James (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=72bc577bb4a94dd29acaef880f4411e2-Harris, Jam>; Manan, Enrique (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a97d7188e2e545c4b718608948bef5dd-Manan, Enri>; Angelastro, Michael (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=583e910528e7473d9dcdfce9d1a80b83-Angelastro,>; Daniels, Miles (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fa4ad4decfc84cd59d4b24599425a375-Daniels, Mi>; Eldridge, Schuyler (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=102f8b9575fe4272b3a14d43a5cf31a-Eldridge, S>
Subject:	RE: Urgent Funding Request UPDATED
Date:	2020/03/22 09:45:59
Priority:	Normal
Type:	Note

Nevevr mind

From: Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>
Sent: Sunday, March 22, 2020 5:00 AM
To: Petillo, Jay (OS/ASPR/MFHC) <Jay.Petillo@HHS.GOV>
Cc: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Bright, Rick (OS/ASPR/BARDA) <Rick.Bright@hhs.gov>; Johnson, Robert (OS/ASPR/BARDA) <Robert.Johnson@hhs.gov>; Benford, Joffrey (OS/ASPR/BARDA) <Joffrey.Benford@hhs.gov>; Harris, James (OS/ASPR/BARDA) <James.Harris2@hhs.gov>; Manan, Enrique (OS/ASPR/BARDA) <Enrique.Manan@hhs.gov>; Angelastro, Michael (OS/ASPR/BARDA) <Michael.Angelastro@hhs.gov>; Daniels, Miles (OS/ASPR/MFHC) <Miles.Daniels@hhs.gov>; Eldridge, Schuyler (OS/ASPR/MFHC) <schuyler.eldridge@hhs.gov>
Subject: RE: Urgent Funding Request UPDATED

Jay and Bryan,

The entire team is standing by to get the approval so we can send the pre-award concurrence letter but we cannot send with out Dr. Kadlecs approval per Jay's response.

Gary

Gary L. Disbrow Ph.D.
Deputy Assistant Secretary
Director, Medical Countermeasure Programs

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Sent: Saturday, March 21, 2020 7:43 PM

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

Cc: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Bright, Rick (OS/ASPR/BARDA) <Rick.Bright@hhs.gov>; Johnson, Robert (OS/ASPR/BARDA) <Robert.Johnson@hhs.gov>; Benford, Joffrey (OS/ASPR/BARDA) <Joffrey.Benford@hhs.gov>; Harris, James (OS/ASPR/BARDA) <James.Harris2@hhs.gov>; Manan, Enrique (OS/ASPR/BARDA) <Enrique.Manan@hhs.gov>; Angelastro, Michael (OS/ASPR/BARDA) <Michael.Angelastro@hhs.gov>; Daniels, Miles (OS/ASPR/MFHC) <Miles.Daniels@hhs.gov>; Eldridge, Schuyler (OS/ASPR/MFHC) <schuyler.eldridge@hhs.gov>

Subject: Re: Urgent Funding Request UPDATED

Finance concurs and recommends approval by the ASPR.

On Mar 21, 2020, at 7:41 PM, Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov> wrote:

Bob, Bryan and Jay,
Apologies, updated number for Phlow see below in yellow.

Bob, Bryan and Jay,

Three funding actions below but the one of prime concern is the last one. We will need approval to allow for pre-award activities to move forward tonight.

(b)(5)

(b)(5)

Gary L. Disbrow Ph.D.

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

BARDA

Assistant Secretary for Preparedness and Response ASPR
Department of Health and Human Services
330 Independence Avenue, S.W. Room 640 G
Washington, D.C. 20201
Office: 202-260-0899
Mobile: (b)(6)
Fax: 202-205-0873
email: Gary.Disbrow@HHS.gov

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From: Disbrow, Gary (OS/ASPR/BARDA)

Sent: Saturday, March 21, 2020 7:02 PM

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

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

<Rick.Bright@hhs.gov>; Johnson, Robert (OS/ASPR/BARDA) (Robert.Johnson@hhs.gov)
<Robert.Johnson@hhs.gov>; Benford, Joffrey (OS/ASPR/AMCG) (Joffrey.Benford@hhs.gov)
<Joffrey.Benford@hhs.gov>; Harris, James (OS/ASPR/BARDA) <James.Harris2@hhs.gov>; Manan,
Enrique (OS/ASPR/BARDA) <Enrique.Manan@hhs.gov>; Angelastro, Michael (OS/ASPR/BARDA)
(Michael.Angelastro@hhs.gov) <Michael.Angelastro@hhs.gov>

Subject: Urgent Funding Request

Bob, Bryan and Jay,

Three funding actions below but the one of prime concern is the last one. We will need approval to allow for pre-award activities to move forward tonight.

(b)(5)

(b)(5)

Gary L. Disbrow Ph.D.

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

BARDA

Assistant Secretary for Preparedness and Response ASPR
Department of Health and Human Services
330 Independence Avenue, S.W. Room 640 G
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Sent Date:	2020/03/22 09:44:02
Delivered Date:	2020/03/22 09:45:59
Message Flags:	Unread Unsent

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.YDIBOHF23SPDLT)/CN=RECIPIENTS/CN=C03A4628049A421E875DDB3479BF3609-ROWELL, SCO>
To:	EDH (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=393ceddbc5fa4d44a9734e20f54c8146-EDH6886>
Subject:	Fwd: CBTS Log Roll up
Date:	2020/03/22 09:56:26
Priority:	Normal
Type:	Note

Sir

Along email but gives you look at Acquisitions picture.

Regards
Rowell

Sent from my iPhone

Begin forwarded message:

From: "Rowell, Scott (OS/ASA)" <Scott.Rowell@hhs.gov>
Date: March 22, 2020 at 8:17:59 AM EDT
To: "Brady, Will (HHS/IOS)" <William.Brady@hhs.gov>
Subject: Fwd: CBTS Log Roll up

From Simpson.....the email below is from Joe Dellamura (joseph.dellamura@fema.dhs.gov). He is listed as the Logistics Chief, White House COVID-19 Task Force and FEMA Branch Director.

Loggies,

Today was a better day; we are getting our processes refined and things are moving towards us getting sustainment in place.

First thing first: Todays All-Stars:

Max Domalavage – Set up and got running our log cell

Lester Ingol- Pulled together the much needed contracting piece

Monique Park- Building our much needed acquisitions package on a very tighsuspense

Logistics Tracking Cell

-

The Log Cell went live today and they are proving very useful. The information is as follows for them.

Operational hours 0800-2000 7 Days

COVID19-CBTS-SUPPLY@FEMA.DHS.GOV

(b)(6)

Use this cell for all inquiries as to status of shipments, and resupply requests

Please have an active needs list (PPE items) and Current on hand inventory by **1900 daily**

Log Cell please generate a daily report of inventory and outstanding requests.

See attached process flow

Sender:	Rowell, Scott (OS/ASA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=C03A4628049A421E875DDB3479BF3609-ROWELL, SCO>
Recipient:	EDH (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=393ceddbc5fa4d44a9734e20f54c8146-EDH6886>
Sent Date:	2020/03/22 09:56:22
Delivered Date:	2020/03/22 09:56:26

From:	Lynn Schoenfield (b)(6)
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/22 10:03:36
Priority:	Normal
Type:	Note

Lynn Schoenfield

(b)(6)

March 22, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

The federal Clinical Laboratory Improvement Advisory Committee recently recommended allowing qualified professionals to review and interpret digital images remotely when data is exchanged via a secure connection but CMS has not yet authorized this policy. Many U.S. laboratories have well-validated digital systems to allow for quality remote diagnosis using secure virtual personal networks (VPNs). Given dire shortages of pathologists and laboratory personnel at many laboratories and the need to follow the President's call for social distancing, CLIA is unnecessarily putting our work force at risk and imposing barriers to optimal patient care.

Given that HHS just provided other physician specialties with the flexibility to provide telemedicine services, pathologists and laboratory professionals should also be allowed the same flexibility. I request expedited consideration of this request to ensure laboratories can promptly respond to our patients' needs now.

Sincerely,

Lynn Schoenfield

Sender:	Lynn Schoenfield (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/22 10:03:27
Delivered Date:	2020/03/22 10:03:36
Message Flags:	Unread

From:	Amy Ronneberg <aronnebe@NMDP.ORG>
To:	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>; Herrmann, Jack (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bebe389042ba411496b284f678ce7247-Herrmann, Ja>; Koerner, John (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user6fa811a9>
Subject:	NMDP request for assistance
Date:	2020/03/22 10:06:10
Priority:	Normal
Type:	Note

Dear Dr. Kadlec -

I am writing to ask for HHS assistance with:

1. Supporting the unhindered movement of our volunteer bone marrow donors and couriers.
2. Raising awareness of the potential critical shortage of consumable medical supplies used for bone marrow cryopreservation.

As the acting CEO of the National Marrow Donor Program, I am humbled and awed daily by the work being accomplished nationwide by the medical and public health community in response to the pandemic. The National Marrow Donor Program/Be The Match has long supported organizational resiliency through our emergency preparedness and business continuity efforts, as well as national preparedness by leading the Radiation Injury Treatment Network (RITN).

Since January, our teams have been working diligently to fight the impact of COVID-19 on our donors to ensure critically ill cancer patients receive the life-saving transplant that they require.

- We have removed millions of international donors from the registry in areas with widespread contagion.
- Through the coordination efforts of John Koerner and the SOC, the CDC has helped to ensure our couriers are still able to transport cells from cleared donors internationally (to and from Europe in particular), as 50 percent of our donors and patients we serve are external to the U.S.
- DOD TRANSCOM is working with us to determine the possibility of assisting with transport internationally.

- Our financial contributors are stepping up to provide access to and finances for limited use of private aircraft.
- Committed to donating 50,000 cotton swabs to local public health authorities and frontline healthcare entities in the event our cotton swabs can be successfully validated for COVID-19 testing purposes.
- And our teams are working to change practices to be more flexible to meet the needs of the situation.

With the continued spread and expected possible changes in freedom of movement in the future as the pandemic spreads and our response as a nation evolves, we are asking for your help regarding the following concerns:

1. Movement of bone marrow donors and couriers within communities under strict lockdown:
 - a. We provide our donors and couriers with letters from our chief medical officer to explain their purpose but having these documents backed during this time of crisis by DHHS-ASPR may prevent catastrophic delays.
2. Awareness of the limited resources available related to disposable medical goods connected to bone marrow transplant
 - a. The transplant community has pivoted its practice of delivering marrow to patients whom are ready for infusion of the cells, to delivering 90% of the cells and then cryopreserving them at the hospital while the patient receives final preparation, thus ensuring no donor or delivery delays will put the patients at risk.
 - b. Our network reports there is an on-hand inventory of approximately three weeks of the bags used for cryopreservation available.
 - c. Dextran, and other plasma expanders, ingredients necessary for cell recovery during the thaw process of cryopreserved products, could become critically low as we must cryopreserve increasingly more products to ensure delivery when the patient needs the cells.

Thank you in advance for your time and consideration; I am available to discuss with you or your staff at any hour.

Amy Ronneberg

Acting Chief Executive Officer and Chief Financial Officer Be The Match

500 N. 5th Street, Minneapolis, MN 55401

Phone: (763) 406-8694 Cell: (b)(6)

Email: aronnebe@nmdp.org

Executive Assistant: Kerry Mummah, kmummah@nmdp.org, (763) 406-8180



Be the one to save a life. Be the match. [Join now.](#)



Sender:	Amy Ronneberg <aronnebe@NMDP.ORG>
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>; Phillips, Sally (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d6ce8134846423cb83b5b28464edb60-Phillips, S>; Herrmann, Jack (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bebe389042ba411496b284f678ce7247-Herrmann, Ja>; Koerner, John (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user6fa811a9>
Sent Date:	2020/03/22 10:04:38
Delivered Date:	2020/03/22 10:06:10

From:	Kadlec, Robert (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A182EDA693D040D3832BAE6EFCF7A255-KADLEC, ROB>
To:	Frangos MD, Steve (SAFR) <SAFR@chevron.com>
CC:	Shuy, Bryan (OS/ASPR/IO) (Bryan.Shuy@hhs.gov) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Austin, Meredith (uscg.mil) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9d5f9850a051458eaed1ef58335e3c19-Meredith.L.>
Subject:	RE: Faster COVID-19 test
Date:	2020/03/22 10:10:00
Importance:	High
Priority:	Urgent
Type:	Note

Steve Made by Cepheid currently being evaluated for Emergency Use Authorization (EUA) by FDA Can we speak later today. Really would benefit knowing if your colleagues through API could/would permit reallocation of PPE for health care . Urgent issue for nation. Thanks bob

From: Frangos MD, Steve (SAFR) <SAFR@chevron.com>
Sent: Saturday, March 21, 2020 8:49 PM
To: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Subject: Faster COVID-19 test

Hi Bob, great to hear from you today.

This in the news today: The U.S. FDA announced a "faster" test for COVID-19, claiming that the test can provide results within hours "rather than days."

How will this be made available and over what time period?

Best,

Steve

Stephen Frangos, MD, MPH, FACOEM
Regional Manager, Americas
Enterprise Health
safr@chevron.com

Chevron Services Company
A Division of Chevron U.S.A. Inc.
Global Health and Medical
1400 Smith, Room 03016
Houston, Texas 77002
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Chevron Malaria Hotline for any questions about symptoms or treatment- +1 866 276 5118

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Recipient:	Frangos MD, Steve (SAFR) <SAFR@chevron.com>; Shuy, Bryan (OS/ASPR/IO) (Bryan.Shuy@hhs.gov) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Austin, Meredith (uscg.mil) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9d5f9850a051458eaed1ef58335e3c19-Meredith.L.>
Sent Date:	2020/03/22 10:09:08
Delivered Date:	2020/03/22 10:10:00

From: CARL TUTTLE (b)(6)

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To: <a.mitchell@nature.com>;
Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.dministrative Group
(FYDIBOHF23SPDLT)/cn=Recipients/cn=bda3a527cbc247e7b2b52b192f68b92d-Tick-Borne>

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<jgs@jacquessimon.com>;
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<hanp@mmc.org>;
<gskall@wcsr.com>;
<sgreen@hardball-law.com>;
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(b)(6)
<lda@lymediseaseassociation.org>;
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<c.perronne@aphp.fr>;
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<allen.l.richards.civ@mail.mil>;
<chris.smith@mail.house.gov>;
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Jones, Estella (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group
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<andrew.dillon@nice.org.uk>;
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<phil.fontanarosa@jamanetwork.org>;
<howard.bauchner@jamanetwork.org>;
<leah.colton@us.af.mil>;
(b)(6)
<vanessa.r.melanson.ctr@mail.mil>;
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Weahkee, Michael (IHS/HQ) </o=ExchangeLabs/ou=Exchange Administrative Group
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<chien-chung.c.chao.civ@mail.mil>;
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 <Angel.Davey@mail.mil>;
 <david.scharfenberg@globe.com>;
 <jennifer.peter@globe.com>;
 <brian.mcgrory@globe.com>;
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 <prmead@cdc.gov>;
 <ddutko@rustyhardin.com>;
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 <editorial@nytimes.com>;
 <editbd@nytimes.com>;
 <bilanow@nytimes.com>;
 HHS Secretary (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group
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 <Shannon.Chandley@leg.state.nh.us>;
 <martha.fullerclark@leg.state.nh.us>;
 <James.Gray@leg.state.nh.us>;
 <Jeb.Bradley@leg.state.nh.us>;
 <Howard.Moffett@leg.state.nh.us>;
 <james.potter@nhms.org>;
 <michael.padmore@nhms.org>;
 <kathie@kathiefife.com>;
 <arankin@herald.ca>;
 Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group
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Subject: The proximal origin of SARS-CoV-2

Date: 2020/03/22 10:21:17

Priority: Normal

Type: Note

Nature

Published: 17 March 2020

The proximal origin of SARS-CoV-2

<https://www.nature.com/articles/s41591-020-0820-9>

“Our analyses clearly show that SARS-CoV-2 is not a laboratory construct or a purposefully manipulated virus”

March 22, 2020

Columbia University

Center for Infection and Immunity

722 West 168th Street, Room 1703a

New York NY USA 10032

Attn: W. Ian Lipkin, Director, Center for Infection and Immunity

Dear Dr. Lipkin,

I read your *Nature* article with great interest but then read “From Harvard to the Big House” response [i] debunking your publication with great concern.

If our public health officials can pull off a thirty-year deception on the American public that Lyme is a simple nuisance disease through its network of paid academics (now defendants in a racketeering lawsuit) [ii] how much trust should we lend to your work Dr. Lipkin?

Lyme patient testimony all across America is describing a disease that is destroying lives, ending careers while leaving its victim in financial ruin. [iii]

No disrespect Dr. Lipkin, but as a victim of this government fraud, I question **EVERYTHING.** [iv]

Respectfully submitted,

Carl Tuttle

Lyme Endemic Hudson, NH

Cc: The Tick-Borne Disease Working group

Alison Mitchell Editorial & Publishing Director, Nature Journals

References:

[i] China owns Nature magazine's ass – Debunking “The proximal origin of SARS-CoV-2” claiming COVID-19 definitely wasn't from a lab

Posted on March 19, 2020 by harvard2thebighouse

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[ii] Court Document:

<https://protect2.fireeye.com/url?k=9562c047-c937c997-9562f178-0cc47a6a52de-16989e26807a54f6&u=https://www.dropbox.com/s/18uyrli878ug51m/LymeDisease%20RICO%20Lawsuit.pdf?dl=0>

[iii] Under Our Skin - Extended Trailer

https://www.youtube.com/watch?v=sxWgS0XLVqw&feature=channel_page

[iv] Lyme Disease and Biowarfare

by KARL GROSSMAN

<https://www.counterpunch.org/2019/08/14/lyme-disease-and-biowarfare/>

On March 15, 2020 at 12:51 PM CARL TUTTLE (b)(6)

Mar 15, 2020

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

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

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

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

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

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

-No one is investigating sexual transmission of Lyme disease.
(Suspected in 2003 by Doctors William T. Harvey and Paola Salvato)³

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

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

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

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

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

And with COVID-19 the exact same errors/mistakes/conflicts of interest/ proprietary patenting-attempts/ interference with competing testing methods/direct detection/inappropriately narrow case definitions etc. etc. etc. as in Lyme - but this is MUCH MUCH broader and affecting ALL of society and with devastating economic consequences. ⁷

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

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

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

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

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

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

Respectfully submitted,

Carl Tuttle

Lyme Endemic Hudson, NH

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

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

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

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² **Persistent Borrelia Infection in Patients with Ongoing Symptoms of Lyme Disease.**
<https://www.ncbi.nlm.nih.gov/pubmed/29662016>

³ **Lyme disease': ancient engine of an unrecognized borreliosis pandemic?**
<https://www.ncbi.nlm.nih.gov/pubmed/12710914>

⁴ **Survival of Borrelia burgdorferi in human blood stored under blood banking conditions**
<https://www.ncbi.nlm.nih.gov/pubmed/2349627>

⁵ **Alzheimer Borreliosis**
<https://protect2.fireeye.com/url?k=ff8a1bbc-a3df126c-ff8a2a83-0cc47a6a52de-2b9b79865c74410e&u=https://alzheimerborreliosis.net/>

⁶ **Under Our Skin - Extended Trailer**
<https://www.youtube.com/watch?v=sxWgS0XLVqw>

⁷ **Lessons From Lyme Disease: Six Reasons The CDC's COVID-19 Failure Was Predictable**
<https://www.forbes.com/sites/marybethpfeiffer/2020/03/13/lessons-from-lyme-disease-six-reasons-the-cdcs-covid-19-failure-was-predictable>

⁸ **CDC Employee Patent:**

<https://protect2.fireeye.com/url?k=80799799-dc2c9e49-8079a6a6-0cc47a6a52de-e5c2a81b24286cff&u=https://www.google.com/patents/EP2805168A1?cl=en>

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

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

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Subject: The proximal origin of SARS-CoV-2

Date: 2020/03/22 10:21:13

Priority: Normal

Type: Note

Nature

Published: 17 March 2020

The proximal origin of SARS-CoV-2

<https://www.nature.com/articles/s41591-020-0820-9>

“Our analyses clearly show that SARS-CoV-2 is not a laboratory construct or a purposefully manipulated virus”

March 22, 2020

Columbia University

Center for Infection and Immunity

722 West 168th Street, Room 1703a

New York NY USA 10032

Attn: W. Ian Lipkin, Director, Center for Infection and Immunity

Dear Dr. Lipkin,

I read your *Nature* article with great interest but then read “From Harvard to the Big House” response [i] debunking your publication with great concern.

If our public health officials can pull off a thirty-year deception on the American public that Lyme is a simple nuisance disease through its network of paid academics (now defendants in a racketeering lawsuit) [ii] how much trust should we lend to your work Dr. Lipkin?

Lyme patient testimony all across America is describing a disease that is destroying lives, ending careers while leaving its victim in financial ruin. [iii]

No disrespect Dr. Lipkin, but as a victim of this government fraud, I question **EVERYTHING.** [iv]

Respectfully submitted,

Carl Tuttle

Lyme Endemic Hudson, NH

Cc: The Tick-Borne Disease Working group

Alison Mitchell Editorial & Publishing Director, Nature Journals

References:

[i] China owns Nature magazine's ass – Debunking “The proximal origin of SARS-CoV-2” claiming COVID-19 definitely wasn't from a lab

Posted on March 19, 2020 by harvard2thebighouse

<https://protect2.fireeye.com/url?k=a1875802-fdd251d2-a187693d-0cc47a6a52de-4afe710e691384e2&u=https://harvardtothebighouse.com/2020/03/19/china-owns-nature-magazines-ass-debunking-the-proximal-origin-of-sars-cov-2-claiming-covid-19-wasnt-from-a-lab/>

[ii] Court Document:

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[iii] Under Our Skin - Extended Trailer

https://www.youtube.com/watch?v=sxWgS0XLVqw&feature=channel_page

[iv] Lyme Disease and Biowarfare

by KARL GROSSMAN

<https://www.counterpunch.org/2019/08/14/lyme-disease-and-biowarfare/>

On March 15, 2020 at 12:51 PM CARL TUTTLE (b)(6)

Mar 15, 2020

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

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

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

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

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

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

-No one is investigating sexual transmission of Lyme disease.
(Suspected in 2003 by Doctors William T. Harvey and Paola Salvato)³

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

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

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

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

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

And with COVID-19 the exact same errors/mistakes/conflicts of interest/ proprietary patenting-attempts/ interference with competing testing methods/direct detection/inappropriately narrow case definitions etc. etc. etc. as in Lyme - but this is MUCH MUCH broader and affecting ALL of society and with devastating economic consequences. ⁷

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

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

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

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

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

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

Respectfully submitted,

Carl Tuttle

Lyme Endemic Hudson, NH

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

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

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

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² **Persistent Borrelia Infection in Patients with Ongoing Symptoms of Lyme Disease.**
<https://www.ncbi.nlm.nih.gov/pubmed/29662016>

³ **Lyme disease': ancient engine of an unrecognized borreliosis pandemic?**
<https://www.ncbi.nlm.nih.gov/pubmed/12710914>

⁴ **Survival of Borrelia burgdorferi in human blood stored under blood banking conditions**
<https://www.ncbi.nlm.nih.gov/pubmed/2349627>

⁵ **Alzheimer Borreliosis**
<https://protect2.fireeye.com/url?k=7f719e21-232497f1-7f71af1e-0cc47a6a52de-2af83b63b5d59fe7&u=https://alzheimerborreliosis.net/>

⁶ **Under Our Skin - Extended Trailer**

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

⁷ **Lessons From Lyme Disease: Six Reasons The CDC's COVID-19 Failure Was Predictable**
<https://www.forbes.com/sites/marybethpfeiffer/2020/03/13/lessons-from-lyme-disease-six-reasons-the-cdcs-covid-19-failure-was-predictable>

⁸ **CDC Employee Patent:**

<https://protect2.fireeye.com/url?k=faa34294-a6f64b44-faa373ab-0cc47a6a52de-25b3070e9cf3cd8c&u=https://www.google.com/patents/EP2805168A1?cl=en>

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

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

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Subject: The proximal origin of SARS-CoV-2

Date: 2020/03/22 10:21:16

Priority: Normal

Type: Note

Nature

Published: 17 March 2020

The proximal origin of SARS-CoV-2

<https://www.nature.com/articles/s41591-020-0820-9>

“Our analyses clearly show that SARS-CoV-2 is not a laboratory construct or a purposefully manipulated virus”

March 22, 2020

Columbia University

Center for Infection and Immunity

722 West 168th Street, Room 1703a

New York NY USA 10032

Attn: W. Ian Lipkin, Director, Center for Infection and Immunity

Dear Dr. Lipkin,

I read your *Nature* article with great interest but then read “From Harvard to the Big House” response [i] debunking your publication with great concern.

If our public health officials can pull off a thirty-year deception on the American public that Lyme is a simple nuisance disease through its network of paid academics (now defendants in a racketeering lawsuit) [ii] how much trust should we lend to your work Dr. Lipkin?

Lyme patient testimony all across America is describing a disease that is destroying lives, ending careers while leaving its victim in financial ruin. [iii]

No disrespect Dr. Lipkin, but as a victim of this government fraud, I question **EVERYTHING.** [iv]

Respectfully submitted,

Carl Tuttle

Lyme Endemic Hudson, NH

Cc: The Tick-Borne Disease Working group

Alison Mitchell Editorial & Publishing Director, Nature Journals

References:

[i] China owns Nature magazine's ass – Debunking “The proximal origin of SARS-CoV-2” claiming COVID-19 definitely wasn't from a lab

Posted on March 19, 2020 by harvard2thebighouse

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[ii] Court Document:

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Mar 15, 2020

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

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(Documented in many PubMed studies)²

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(Translation: No rash, no positive test, no treatment.)

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And with COVID-19 the exact same errors/mistakes/conflicts of interest/ proprietary patenting-attempts/ interference with competing testing methods/direct detection/inappropriately narrow case definitions etc. etc. etc. as in Lyme - but this is MUCH MUCH broader and affecting ALL of society and with devastating economic consequences. ⁷

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

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

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

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

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

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

Respectfully submitted,

Carl Tuttle

Lyme Endemic Hudson, NH

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

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

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

REFERENCES

¹ Congenital Transmission of Lyme

<https://protect2.fireeye.com/url?k=1a2e4654-467a6f7f-1a2e776b-0cc47a6d17ccb69d0d4b2e3db1ab&u=https://www.dropbox.com/s/z10em0szgpm8bl/Congenital%20Transmission%20of%20Lyme%202015.doc?dl=0>

² **Persistent Borrelia Infection in Patients with Ongoing Symptoms of Lyme Disease.**
<https://www.ncbi.nlm.nih.gov/pubmed/29662016>

³ **Lyme disease': ancient engine of an unrecognized borreliosis pandemic?**
<https://www.ncbi.nlm.nih.gov/pubmed/12710914>

⁴ **Survival of Borrelia burgdorferi in human blood stored under blood banking conditions**
<https://www.ncbi.nlm.nih.gov/pubmed/2349627>

⁵ **Alzheimer Borreliosis**
<https://protect2.fireeye.com/url?k=ce219021-9275b90a-ce21a11e-0cc47a6d17cc-fd8694977d755235&u=https://alzheimerborreliosis.net/>

⁶ **Under Our Skin - Extended Trailer**
<https://www.youtube.com/watch?v=sxWgS0XLVqw>

⁷ **Lessons From Lyme Disease: Six Reasons The CDC's COVID-19 Failure Was Predictable**
<https://www.forbes.com/sites/marybethpfeiffer/2020/03/13/lessons-from-lyme-disease-six-reasons-the-cdcs-covid-19-failure-was-predictable>

⁸ **CDC Employee Patent:**

<https://protect2.fireeye.com/url?k=05b8c3d3-59ecef8-05b8f2ec-0cc47a6d17cc-17700fe2fd6e0b2c&u=https://www.google.com/patents/EP2805168A1?cl=en>

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

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

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Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/22 10:35:09
Priority:	Normal
Type:	Note

April Glowson

(b)(6)

March 22, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

The federal Clinical Laboratory Improvement Advisory Committee recently recommended allowing qualified professionals to review and interpret digital images remotely when data is exchanged via a secure connection but CMS has not yet authorized this policy. Many U.S. laboratories have well-validated digital systems to allow for quality remote diagnosis using secure virtual personal networks (VPNs). Given dire shortages of pathologists and laboratory personnel at many laboratories and the need to follow the President's call for social distancing, CLIA is unnecessarily putting our work force at risk and imposing barriers to optimal patient care.

Given that HHS just provided other physician specialties with the flexibility to provide telemedicine services, pathologists and laboratory professionals should also be allowed the same flexibility. I request expedited consideration of this request to ensure laboratories can promptly respond to our patients' needs now.

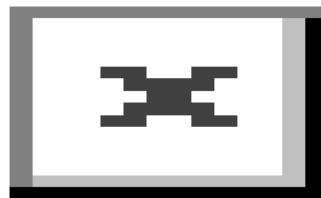
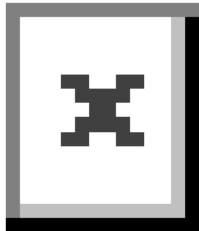
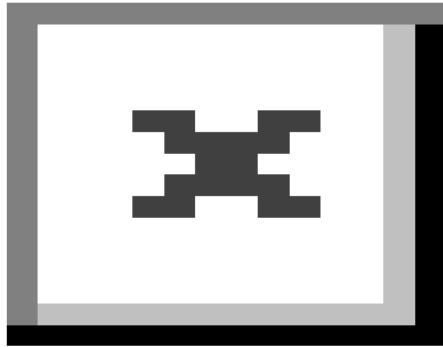
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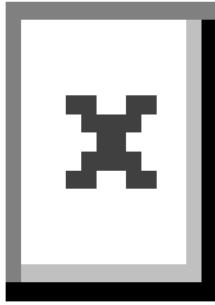
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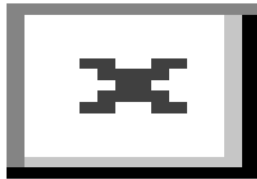
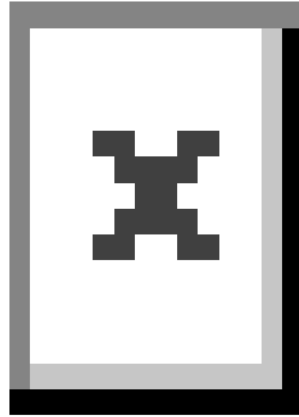
Dear Alex

The American people do not trust the perfidious anti-goy Isrelis, and we demand Trump to reject the offer from Isreli drug company Teva to donate 6 million doses of chloroquine to the United States to treat coronavirus, because this has not been tested on humans and may be poisoned or laced to kill even more Americans. Isrel has a long criminal record of killing Americans from 1967 USS Liberty, 1983 Beirut marine barracks bombing, 1996 Khobar Towers, 2000 USS Cole, and 911 but the treasonous Zionist puppet Trump still does nothing to mass arrest Zionists starting with Netanyahu, Ehud Barak, cut off aid, or punish Isrel.

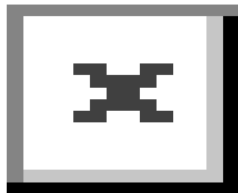
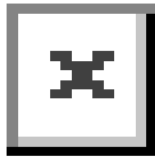
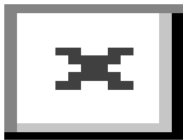




Teva is under DoJ investigation for drug price fixing so Trump must reject this bribe NOW. Rogue terrorist state of Isrel also has bioweapons and may be behind corona virus false flag attack in China so its drugs and vaccines are not free but may be engineered to kill the *goyim* who is considered to be animals, and therefore not a crime. Teva must be stopped from shipping hydroxychloroquine tablets through wholesalers nationwide by the end of the month and the 10 million doses in total must be tested on j communities, those mass arrested, or Isrelis and dual citizens like Bloomberg, Rahm Emanuel first to make sure nobody dies or get sicker.



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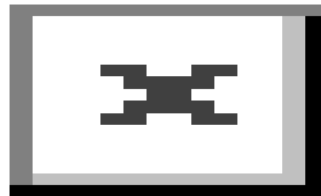
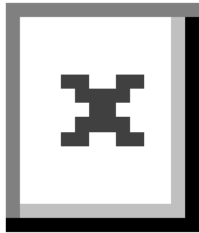
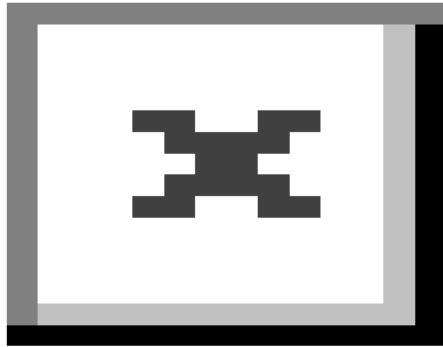
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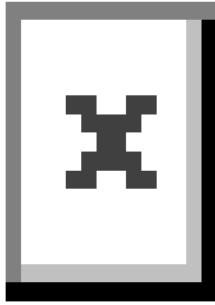
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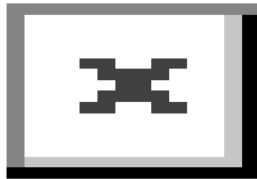
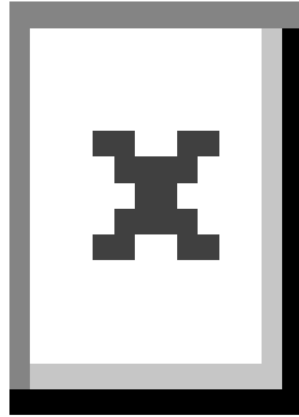
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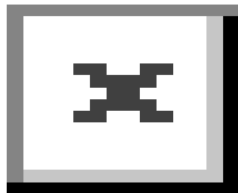
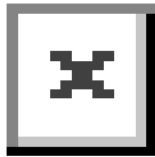
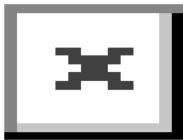




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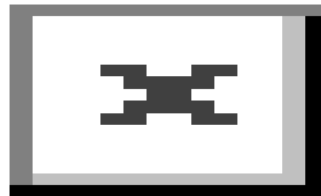
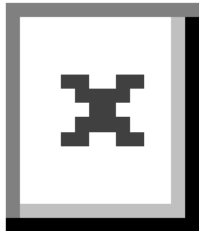
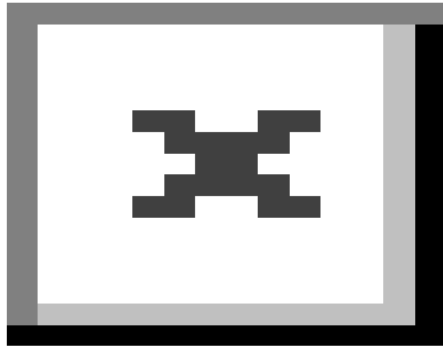
the contents of this message which arise as a result of email transmission or unauthorized disclosure or distribution.

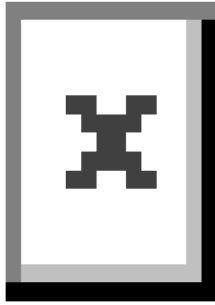
Sender:	(b)(6)
Recipient:	Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>
Sent Date:	2020/03/22 10:51:51
Delivered Date:	2020/03/22 10:52:01

From:	(b)(6)
To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Subject:	teva
Date:	2020/03/22 10:53:52
Priority:	Normal
Type:	Note

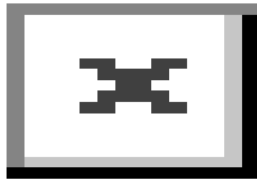
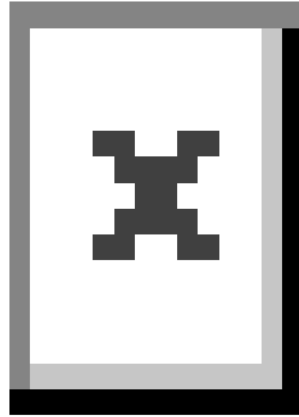
Dear Jerome

The American people do not trust the perfidious anti-goy Isrelis, and we demand Trump to reject the offer from Isreli drug company Teva to donate 6 million doses of chloroquine to the United States to treat coronavirus, because this has not been tested on humans and may be poisoned or laced to kill even more Americans. Isrel has a long criminal record of killing Americans from 1967 USS Liberty, 1983 Beirut marine barracks bombing, 1996 Khobar Towers, 2000 USS Cole, and 911 but the treasonous Zionist puppet Trump still does nothing to mass arrest Zionists starting with Netanyahu, Ehud Barak, cut off aid, or punish Isrel.

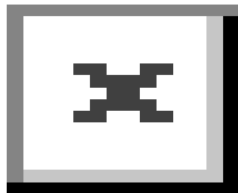
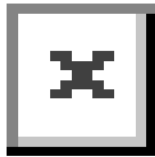
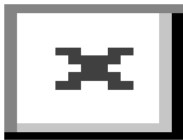




Teva is under DoJ investigation for drug price fixing so Trump must reject this bribe NOW. Rogue terrorist state of Isrel also has bioweapons and may be behind corona virus false flag attack in China so its drugs and vaccines are not free but may be engineered to kill the *goyim* who is considered to be animals, and therefore not a crime. Teva must be stopped from shipping hydroxychloroquine tablets through wholesalers nationwide by the end of the month and the 10 million doses in total must be tested on j communities, those mass arrested, or Isrelis and dual citizens like Bloomberg, Rahm Emanuel first to make sure nobody dies or get sicker.



The claim that anti-malaria drug chloroquine helps comes from two [Chinese studies](#) who are only based on in-vitro tests on the virus and human cells. The doses were relatively high and chloroquine is known to have some bad side effects. There is also no sound way yet to get chloroquine into lower lungs where the virus resides and where it would be actually needed. There is also a small [French trial](#) with chloroquine based on real patients but which is unfortunately invalid. It was a non-randomized study with only 42 patients of which 6 dropped out. The researchers counted the number of viruses before and after the medication but they only took swabs in the throat. During corona infection the virus multiplies in the throat but it then migrates down into lower lung where it grows in big numbers to cause damage. While that happens the virus count in the throat goes down but French researchers did not know that, nor Trump or his advisers. The above details are from [daily podcast no. 17](#) by Professor Dr. Christian Drosten, chief of virology at Charité in Berlin. German transcripts are available [here](#). Drosten was involved in several clinical case studies with Covid-19 cases where every development was measured and detailed, so he knows how the disease proceeds.



Gaetan Burgio, a geneticist at Australian National University, summarizes his own critique: In short, all this hype on the clinical trial is based on a open label, non randomized and underpowered clinical trial on HCQ treatment against #COVID19 with viral load as an outcome that was not properly measured in 2/3 of the control cohort !!! So to answer the question: What is the evidence of justifying using HCQ or CQ as a prophylactic or curative treatment against #COVID19. The simple or short answer is NONE. To ascertain it, we need a proper and powered randomized clinical trial. While I understand we are in a #COVID19 pandemic, there is no reason or whatsoever to throw away all the evidence based medicine and not doing rigorous science or a randomized clinical trial ! We question the drug because in 2005 National Institute of Health published on chloroquine's effectiveness in treating coronavirus but only in primates. **Trump, FDA must refuse the drug chloroquine from Teva NOW until a randomized clinical trial has been done on at least 10,000 patients for many months.**

This message and any attached document is sent privately in the public interest and may contain candid, open, and truthful advice, recommendations, opinions, proposals, and information that is privileged, proprietary, non-public and exempt from disclosure, confidential or otherwise protected by law, and may be subject to executive, diplomatic, judicial, clerical, deliberative process or other privilege and is intended solely for the recipient and not for disclosure or distribution. If you are not the intended recipient, or an employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that you are prohibited from reviewing, retransmitting, printing, copying, scanning, disseminating, uploading or otherwise using in any manner this email or any attachments to it. Please notify the sender immediately by email if you have received this email by mistake and delete this email from your system. Email transmission cannot be guaranteed to be secure or error-free as information could be intercepted, modified, corrupted, lost, destroyed, manipulated, incomplete, arrive late or contain viruses. The sender therefore does not accept liability for any errors, revisions or omissions in

the contents of this message which arise as a result of email transmission or unauthorized disclosure or distribution.

Sender:	(b)(6)
Recipient:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Sent Date:	2020/03/22 10:53:10
Delivered Date:	2020/03/22 10:53:52

From:	Cari Podzemny (b)(6)
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/22 11:05:20
Priority:	Normal
Type:	Note

Cari Podzemny

(b)(6)

March 22, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

The federal Clinical Laboratory Improvement Advisory Committee recently recommended allowing qualified professionals to review and interpret digital images remotely when data is exchanged via a secure connection but CMS has not yet authorized this policy. Many U.S. laboratories have well-validated digital systems to allow for quality remote diagnosis using secure virtual personal networks (VPNs). Given dire shortages of pathologists and laboratory personnel at many laboratories and the need to follow the President's call for social distancing, CLIA is unnecessarily putting our work force at risk and imposing barriers to optimal patient care.

Given that HHS just provided other physician specialties with the flexibility to provide telemedicine services, pathologists and laboratory professionals should also be allowed the same flexibility. I request expedited consideration of this request to ensure laboratories can promptly respond to our patients' needs now.

Sincerely,
Cari Podzemny

Sender:	Cari Podzemny (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/22 11:05:04
Delivered Date:	2020/03/22 11:05:20
Message Flags:	Unread

From:	Cynthia Fisher <cfisher@biomed2020.com>
To:	AMA2 (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c145629cc8ac4858bf1f0ce5dd0461dc-AMA2!>
CC:	Parker, Jim (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7f7ac2e66aa043a6b7cb2eaf967ffa3-Parker, Jam>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>; Joe DeSantis <jdesantis@gingrich360.com>; Jeremy Deutsch <jdeutsch@capitolventurellc.com>
Subject:	CARES ACT: Urgent: Moment in Time to Codify Rules. Senate language attached.
Date:	2020/03/22 11:07:22
Priority:	Normal
Type:	Note

Secretary Azar, Jim and Paul,

Before the ink dries in the Senate — President Trump, you, Secretary Mnuchin, and Leader McConnell can Codify the President’s Healthcare Price Transparency Rules in the CARES ACT - Phase III stimulus —to provide all Americans financial certainty of prices in healthcare. If not permanently penned, then at least for the duration of this coronavirus pandemic. All of your hard work can succeed and hugely help Americans in the economic recovery. Codifying the rules will also eliminate the lawsuits. The President and you can then successfully deliver your legacy:

Transparency, consumerism, and a functional, competitive market in healthcare. Eighty eight percent of Americans in the Harvard Harris poll supported your government price transparency mandates before the coronavirus. He is the President of Healthcare Transparency and Transformation and can deliver a Healthcare System Patients Can Trust. Combining transparency with fully funded HSAs for all Americans, not just for those who can afford high deductible plans, empowers consumerism in both care and coverage.

TRUMP CARES. (Senate Language and Memo from PRA/TPPF/IWF attached). Thank you for all you do — especially in this crisis- —protecting all Americans for generations to come.

Date: March 21, 2020

To: Interested Parties

From: Cynthia Fisher, Kevin Roberts, David Balat, and Heather Higgins

Re: **Urgent: Moment in Time**

The CARES Act (The Coronavirus Aid, Relief, and Economic Security Act — Phase III stimulus bill) —offers the President and conservatives a unique and unprecedented opportunity to lock in one of the President’s greatest - but most jeopardized – accomplishments: delivering health care Americans can trust.

The current draft, while largely about helping hospitals and states and boosting income for workers and businesses, *lacks the fundamental pro-patient and pro-business piece that would provide not only relief, but lower health care costs, needed economic certainty, and long-lasting benefits for all Americans.*

The recommended language (drafted and attached) solves this problem, and comes in two parts:

(1) **Codify the President's existing landmark Health Care Price Transparency Rules for hospitals and insurers to create system-wide real price transparency and give Americans a functional, competitive marketplace in healthcare.** This legislation would:

- Empower patients with transparent prices and control to provide needed financial certainty to the American worker, employers, small and medium businesses, and taxpayers.
- End surprise billing and protect consumers from unscrupulous providers.
- Enable informed decisions about care both by patients and business to find the best quality care at the lowest price.
- Provide consumers control and choice, driving down health care costs, and speeding America's economic recovery.
- Spur the use of innovative new technologies to shop for and deliver health care.
- Extinguish the current legal challenge to the Administration's rules by hospitals and the anticipated lawsuit by insurers, transitioning the industry from fighting to protect secret pricing to implementing patient-centric care.

(2) **Expand HSAs and Direct Primary Care by replacing Section 4403 language with S.3112.** Unlike the present language, this HSA language:

- Fully funds HSA's, allowing patients to be true consumers and thus producing quality care at lower prices
- Is for ALL Americans, not just the rich with high deductible plans.
- Allows gifting into HSA's, which will benefit our economic recovery
- Permits sharing ministries to benefit, as an increasingly important source of care and coverage.
- Doesn't cap primary care doctors, a big problem with the current language.

The CARES Act is a rarity - a must-pass vehicle that the health care industry is hungry for. The Administration, Congress, conservatives, and this country should include this language now as there will be no better time or vehicle to secure this Administration's most transformative and meaningful policy, solving the biggest concern that voters say they have: a health care system they no longer trust to be transparent, affordable, available, and honest.

As the Coronavirus pandemic has even made every more necessary, price transparency, and an empowered consumer, gives Americans health care they can trust, knowing they are in control of their healthcare choices, spending and saving.

Reducing the costs of both care and coverage, and further enabling the technology revolution we are already seeing with the President's orders in the past week, will secure our workers', our families', our communities', our country's financial future for generations to come.

Sender:	Cynthia Fisher <cfisher@biomed2020.com>
Recipient:	AMA2 (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c145629cc8ac4858bf1f0ce5dd0461dc-AMA2!>; Parker, Jim (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7f7ac2e66aa043a6b7cb2eaf967ffa3-Parker, Jam>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>; Joe DeSantis <jdesantis@gingrich360.com>; Jeremy Deutsch <jdeutsch@capitolventurellc.com>
Sent Date:	2020/03/22 11:07:04
Delivered Date:	2020/03/22 11:07:22

From:	Tam, Dr Theresa (PHAC/ASPC) <drtheresa.tam@canada.ca>
To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
CC:	Kropp, Rhonda (STATCAN) <rhonda.kropp@canada.ca>; Walton, Karen (PHAC/ASPC) <karen.walton@canada.ca>
Subject:	Request for some information on Ventilators
Date:	2020/03/22 11:21:29
Priority:	Normal
Type:	Note

Dear Jerome,

I hope you are doing well despite the incredible amount of work related to COVID-19. If you would like to touch base anytime, just send me a message.

I have a small request today regarding any experience or perspective you have on a specific ventilator (please see attached). We are looking at surge capacity for the COVID-19 response and heard that it has been used in the Mayo Clinic (?) and this could be a unit that your government may have assessed.

Who would be the point person for us to link with in the US?

Theresa

Sender:	Tam, Dr Theresa (PHAC/ASPC) <drtheresa.tam@canada.ca>
Recipient:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Kropp, Rhonda (STATCAN) <rhonda.kropp@canada.ca>; Walton, Karen (PHAC/ASPC) <karen.walton@canada.ca>
Sent Date:	2020/03/22 11:20:45
Delivered Date:	2020/03/22 11:21:29

From:	Diana Garcia (b)(6)
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/22 11:26:17
Priority:	Normal
Type:	Note

Diana Garcia

(b)(6)

March 22, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

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Sincerely,
Diana Garcia

Sender:	Diana Garcia (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/22 11:25:05
Delivered Date:	2020/03/22 11:26:17
Message Flags:	Unread

From:	Joseph Cardenas (b)(6)
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/22 11:26:27
Priority:	Normal
Type:	Note

Joseph Cardenas

(b)(6)

March 22, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

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Sincerely,

Joseph Cardenas

Sender:	Joseph Cardenas (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
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Delivered Date:	2020/03/22 11:26:27
Message Flags:	Unread

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D145EFC9C35C4865ACA6E9D47786B204-HARRISON, B>
To:	Grigsby, Garrett (HHS/OS/OGA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7cd78b4810d44b17b8711aaede9a9023-Grigsby, GI>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
CC:	Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>
Subject:	RE: From AW email.
Date:	2020/03/22 11:31:00
Priority:	Normal
Type:	Note

Can aspr handle, or still need assistance working this issue?

From: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Sent: Saturday, March 21, 2020 11:12 PM
To: Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Cc: Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>
Subject: Fwd: From AW email.

Brian & Dr K,

Please see below re Adam Boehler and his efforts to get supplies out of India. There's mention of raising it at the TF, but it seems to me Boehler can more easily wire this with Jared. We have looped in our Health Attaché in India, Preetha Rajaraman, who is excellent, so the US Embassy is looped in too. FYI.

Sent from my iPhone

Begin forwarded message:

From: "Elvander, Erika (OS/OGA)" <Erika.Elvander@hhs.gov>
Date: March 21, 2020 at 9:11:32 PM EDT
To: "Grigsby, Garrett (HHS/OS/OGA)" <Garrett.Grigsby@hhs.gov>, "Kerr, Lawrence (HHS/OS/OGA)" <Lawrence.Kerr@hhs.gov>, "Fernandez, Jose (OS/OGA)" <Jose.Fernandez@hhs.gov>, "Zebley, Kyle (HHS/OS/OGA)" <Kyle.Zebley@hhs.gov>
Cc: "rajaramanp@state.gov" <rajaramanp@state.gov>
Subject: Fwd: From AW email.

Hey everyone – I talked to Allan and more depth about the email with low. Basically, Mr. Boehler would like a call with the task force tomorrow to discuss this particular issue.

Garrett/Larry - i'm happy to send this email directly to Dr. K; however if you think there's a better routing I'm open to it. This could also simply go to the FEMA SOC and I'm happy to share that as well.

Cc'ing Preetha because of the India ask.

Advice?

Thanks!

Erkka

Erika Elvander
Director, Asia and the Pacific
Office of Global Affairs, HHS
Sent from my iPhone

Begin forwarded message:

From: "Connorton, Ellen" <ConnortonE@state.gov>
Date: March 21, 2020 at 9:06:58 PM EDT
To: "Elvander, Erika (OS/OGA)" <Erika.Elvander@hhs.gov>
Subject: From AW email.

From TF:
Rachel Baitel is leading the task of locating urgently needed items for the domestic coronavirus response.

We need to get Embassy New Delhi assistance to identify suppliers with stock that can be purchased and airlifted to CONUS.

DFC Adam Boehler is helping lead the Task Force. He spoke with the GOI. NSC put us in touch with Manaj Mohapatra at the Embassy of India. He is asking the Ministry of Commerce to identify suppliers. The GOI wants to work with our Embassy to identify suppliers and facilitate shipment to CONUS.

The list of needed items shared with GOI is pasted below.

Thank you,

Caleb

(b)(6) Mobile)

SUPPLIES NEEDED
Biohazard Bags
N-95 Masks
Shrouds

Gloves
 Gowns
 Elastomeric Respirator
 Powered Air Purifying Respirator (PAPR)
 Preference for Max Air Pro
 Powered Air Purifying Respirator (PAPR) Visors
 Surgical Level I/LLL Masks
 Tyvek Coveralls with Hoods
 Tyvek Hoods
 Tyvek Sleeves
 Tyvek Suits
 Ventilators
 Ventilator Supplies
 Metered Dose Inhalers
 Swab Kits: E-swab / UVT
 Protective Eyewear
 Face Shields
 Shoe Covers
 Surgical Caps
 Hand Sanitizer
 Specimen Transport Bag
 Sharps Containers

Ellen Connorton, ScD, MSW, MPA
Senior Science Advisor,
Bureau of South And Central Asian Affairs
202-647-8080

SENSITIVE BUT UNCLASSIFIED

Sender:	Harrison, Brian (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D145EFC9C35C4865ACA6E9D47786B204-HARRISON, B>
Recipient:	Grigsby, Garrett (HHS/OS/OGA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7cd78b4810d44b17b8711aaede9a9023-Grigsby, GI>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>
Sent Date:	2020/03/22 11:31:16
Delivered Date:	2020/03/22 11:31:00

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D145EFC9C35C4865ACA6E9D47786B204-HARRISON, B>
To:	Grigsby, Garrett (HHS/OS/OGA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7cd78b4810d44b17b8711aaede9a9023-Grigsby, GI>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
CC:	Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>
Subject:	RE: From AW email.
Date:	2020/03/22 11:31:18
Priority:	Normal
Type:	Note

Can aspr handle, or still need assistance working this issue?

From: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Sent: Saturday, March 21, 2020 11:12 PM
To: Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Cc: Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>
Subject: Fwd: From AW email.

Brian & Dr K,

Please see below re Adam Boehler and his efforts to get supplies out of India. There's mention of raising it at the TF, but it seems to me Boehler can more easily wire this with Jared. We have looped in our Health Attaché in India, Preetha Rajaraman, who is excellent, so the US Embassy is looped in too. FYI.

Sent from my iPhone

Begin forwarded message:

From: "Elvander, Erika (OS/OGA)" <Erika.Elvander@hhs.gov>
Date: March 21, 2020 at 9:11:32 PM EDT
To: "Grigsby, Garrett (HHS/OS/OGA)" <Garrett.Grigsby@hhs.gov>, "Kerr, Lawrence (HHS/OS/OGA)" <Lawrence.Kerr@hhs.gov>, "Fernandez, Jose (OS/OGA)" <Jose.Fernandez@hhs.gov>, "Zebley, Kyle (HHS/OS/OGA)" <Kyle.Zebley@hhs.gov>
Cc: "rajaramanp@state.gov" <rajaramanp@state.gov>
Subject: Fwd: From AW email.

Hey everyone – I talked to Allan and more depth about the email with low. Basically, Mr. Boehler would like a call with the task force tomorrow to discuss this particular issue.

Garrett/Larry - i'm happy to send this email directly to Dr. K; however if you think there's a better routing I'm open to it. This could also simply go to the FEMA SOC and I'm happy to share that as well.

Cc'ing Preetha because of the India ask.

Advice?

Thanks!

Erkka

Erika Elvander
Director, Asia and the Pacific
Office of Global Affairs, HHS
Sent from my iPhone

Begin forwarded message:

From: "Connorton, Ellen" <ConnortonE@state.gov>
Date: March 21, 2020 at 9:06:58 PM EDT
To: "Elvander, Erika (OS/OGA)" <Erika.Elvander@hhs.gov>
Subject: From AW email.

From TF:
Rachel Baitel is leading the task of locating urgently needed items for the domestic coronavirus response.

We need to get Embassy New Delhi assistance to identify suppliers with stock that can be purchased and airlifted to CONUS.

DFC Adam Boehler is helping lead the Task Force. He spoke with the GOI. NSC put us in touch with Manaj Mohapatra at the Embassy of India. He is asking the Ministry of Commerce to identify suppliers. The GOI wants to work with our Embassy to identify suppliers and facilitate shipment to CONUS.

The list of needed items shared with GOI is pasted below.

Thank you,

Caleb

(b)(6) (Mobile)

SUPPLIES NEEDED
Biohazard Bags
N-95 Masks
Shrouds

Gloves
 Gowns
 Elastomeric Respirator
 Powered Air Purifying Respirator (PAPR)
 Preference for Max Air Pro
 Powered Air Purifying Respirator (PAPR) Visors
 Surgical Level I/LLL Masks
 Tyvek Coveralls with Hoods
 Tyvek Hoods
 Tyvek Sleeves
 Tyvek Suits
 Ventilators
 Ventilator Supplies
 Metered Dose Inhalers
 Swab Kits: E-swab / UVT
 Protective Eyewear
 Face Shields
 Shoe Covers
 Surgical Caps
 Hand Sanitizer
 Specimen Transport Bag
 Sharps Containers

Ellen Connorton, ScD, MSW, MPA
 Senior Science Advisor,
 Bureau of South And Central Asian Affairs
 202-647-8080

SENSITIVE BUT UNCLASSIFIED

Sender:	Harrison, Brian (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D145EFC9C35C4865ACA6E9D47786B204-HARRISON, B>
Recipient:	Grigsby, Garrett (HHS/OS/OGA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7cd78b4810d44b17b8711aaede9a9023-Grigsby, GI>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>
Sent Date:	2020/03/22 11:31:16
Delivered Date:	2020/03/22 11:31:18

From:	Sherman, Jennifer (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F30FE7FAE664419FA654B20EDCCB1E78-SHERMAN, JE>
To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
CC:	Kotwicki, Lauren (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=54d62ddb3fc4b358ab573ccc13fbbb7-Kotwicki, L>
Subject:	FW: De Blasio asks Trump to send military to New York
Date:	2020/03/22 11:37:50
Priority:	Normal
Type:	Note

FYI

From: POLITICO Pro <politicoemail@politicopro.com>
Sent: Sunday, March 22, 2020 11:34 AM
To: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Subject: De Blasio asks Trump to send military to New York

De Blasio asks Trump to send military to New York

By Ian Kullgren

03/22/2020 11:33 AM EDT

New York Mayor Bill de Blasio called on President Donald Trump to send medically trained soldiers to his city to address escalating shortages amid the coronavirus outbreak.

“All military personnel who are medically trained should be sent to places where this crisis is deep, like New York, right now,” de Blasio said Sunday on “Meet the Press” on NBC.

“The military is the best logistical organization in the nation. If there are ventilators being produced anywhere in the country, we need to get them to New York. Not weeks from now or months from now, in the next 10 days.”

“Why are they at their bases? Why are they not being allowed to serve?” de Blasio said. “I guarantee you they're ready to serve. But the president has to give the order.”

More than 8,000 New Yorkers were confirmed sick as of Saturday, exacerbating fears that the city’s medical infrastructure will soon reach its breaking point. De Blasio has said the city could run out of medical supplies in as soon as two weeks.

Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, said Sunday that the federal government would direct resources to Covid-19 hot spots, including New York.

“We were at the task force meeting yesterday, and it was very clear that the issue in New York was right on the front burner,” Fauci said on “Face the Nation” on CBS. “The resources that are

being marshaled are going to be clearly directed to those hot spots that need it most. And clearly that's California, Washington state, and obviously New York is the most hard hit."

De Blasio and other Democrats have called on Trump to compel businesses to manufacture more medical supplies through the Defense Production Act.

"The American government is not at full bore right now," the mayor said. "We've gotten no indication of any factory on 24/7 shifts. We've gotten no shipments. And the U.S. military is at its bases instead of at the front line."

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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>; Kotwicki, Lauren (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=54d62ddb3fc4b358ab573ccc13fbbb7-Kotwicki, L>
Sent Date:	2020/03/22 11:37:48
Delivered Date:	2020/03/22 11:37:50

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To:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	Fwd: From AW email.
Date:	2020/03/22 11:50:15
Priority:	Normal
Type:	Note

Brian, see note below from Erika re India. Is handled.

Sent from my iPhone

Begin forwarded message:

From: "Elvander, Erika (OS/OGA)" <Erika.Elvander@hhs.gov>
Date: March 22, 2020 at 7:36:51 AM EDT
To: "Grigsby, Garrett (HHS/OS/OGA)" <Garrett.Grigsby@hhs.gov>
Cc: "Kerr, Lawrence (HHS/OS/OGA)" <Lawrence.Kerr@hhs.gov>, "Fernandez, Jose (OS/OGA)" <Jose.Fernandez@hhs.gov>, "Zebley, Kyle (HHS/OS/OGA)" <Kyle.Zebley@hhs.gov>, "rajaramanp@state.gov" <rajaramanp@state.gov>
Subject: Re: From AW email.

Hi everyone – an update from state department. The call transpired. No need for action. Thank you!

Erika Elvander
 Director, Asia and the Pacific
 Office of Global Affairs, HHS
 Sent from my iPhone

On Mar 21, 2020, at 11:06 PM, Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov> wrote:

I'll send to both Dr K and Brian. I'm not sure why Adam B can't wire this with his contacts on the TF...

Sent from my iPhone

On Mar 21, 2020, at 9:11 PM, Elvander, Erika (OS/OGA) <Erika.Elvander@hhs.gov> wrote:

Hey everyone – I talked to Allan and more depth about the email with low. Basically, Mr. Boehler would like a call with the task force tomorrow to discuss this particular issue. Garrett/Larry - i'm happy to send this email directly to Dr. K; however if you think there's a better routing I'm open to it. This could also simply go to the FEMA SOC and I'm happy to share that as well.

Cc'ing Preetha because of the India ask.
Advice?
Thanks!
Erkka

Erika Elvander
Director, Asia and the Pacific
Office of Global Affairs, HHS
Sent from my iPhone

Begin forwarded message:

From: "Connorton, Ellen" <ConnortonE@state.gov>
Date: March 21, 2020 at 9:06:58 PM EDT
To: "Elvander, Erika (OS/OGA)" <Erika.Elvander@hhs.gov>
Subject: From AW email.

From TF:
Rachel Baitel is leading the task of locating urgently needed items for the domestic coronavirus response.

We need to get Embassy New Delhi assistance to identify suppliers with stock that can be purchased and airlifted to CONUS.

DFC Adam Boehler is helping lead the Task Force. He spoke with the GOI. NSC put us in touch with Manaj Mohapatra at the Embassy of India. He is asking the Ministry of Commerce to identify suppliers. The GOI wants to work with our Embassy to identify suppliers and facilitate shipment to CONUS.

The list of needed items shared with GOI is pasted below.

Thank you,

Caleb

(b)(6) (Mobile)

SUPPLIES NEEDED

Biohazard Bags
N-95 Masks
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Gloves
Gowns
Elastomeric Respirator
Powered Air Purifying Respirator (PAPR)
Preference for Max Air Pro

Powered Air Purifying Respirator (PAPR) Visors
 Surgical Level I/LLL Masks
 Tyvek Coveralls with Hoods
 Tyvek Hoods
 Tyvek Sleeves
 Tyvek Suits
 Ventilators
 Ventilator Supplies
 Metered Dose Inhalers
 Swab Kits: E-swab / UVT
 Protective Eyewear
 Face Shields
 Shoe Covers
 Surgical Caps
 Hand Sanitizer
 Specimen Transport Bag
 Sharps Containers

Ellen Connorton, ScD, MSW, MPA
Senior Science Advisor,
Bureau of South And Central Asian Affairs
202-647-8080

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Sender:	Grigsby, Garrett (HHS/OS/OGA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7CD78B4810D44B17B8711AAEDE9A9023-GRIGSBY, GL>
Recipient:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Sent Date:	2020/03/22 11:50:12
Delivered Date:	2020/03/22 11:50:15

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=USER3E449CE0>
To:	Stannard, Paula (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f0892a057f83497e9390288c813b61d9-Stannard, P>; Puesan, Cesar (HHS/OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1704b662180d4631b7b64cb17de301cd-Puesan Juar>; OS OGC-IO ControlDesk (HHS/OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8c9f99a0b2364cb5bd1b739db7851e43-controldesk>; Keveney, Sean (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2e13823250af4ccf93b3de562380e78e-Keveney, Se>; Chang, William (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3cf70c842da144ab9bee61f353d932a0-Chang, Will>; Strom, John (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=087650d67a204508963541a6eba69ea5-Strom, John>; Hecht, Jonah (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=de0acd2f82294cd7bfc09c5444f616c-Hecht, Jona>; ASPR Exec Sec (OS/ASPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8e561b3f0bfd4331bc7c93e4419316ae-ASPRExecSec>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; OASHIO Control Desk (OS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8407017e8889478bbd764b389bdc6ac-OASHIOContr>; Campbell, Taylor (OS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9cca29818d7440d8a21b2c349f2e4f6a-Campbell, T>; Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>
CC:	Bird, Catherine (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb9d9180497c49c4a06a0dd1f6043dc7-Bird, Cathe>; Agnew, Ann (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e5174d56b97948d0820e90e8d8136ee5-Agnew, Ann>; Brennan, Patrick (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b51c3d9a49fd4882951eca2417c19dcf-Brennan, Pa>; Foster, Timothy (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2265a29a6468468397bae80a642620fc-Foster, Tim>
Subject:	RE: Quick Review: (b)(5)
Date:	2020/03/22 12:14:03
Priority:	Normal
Type:	Note

OGC clears with comments. I inserted my comments in Paula's draft.

Thanks,
Dan

From: Stannard, Paula (HHS/IOS) <Paula.Stannard@hhs.gov>

Sent: Sunday, March 22, 2020 9:47 AM

To: Puesan, Cesar (HHS/OS/IOS) <Cesar.Puesan@hhs.gov>; OS OGC-IO ControlDesk (HHS/OS/OGC) <ControlDesk.OGCIO@hhs.gov>; Barry, Daniel J (HHS/OGC) <daniel.barry@hhs.gov>; Keveney, Sean (HHS/OGC) <Sean.Keveney@hhs.gov>; Chang, William (HHS/OGC) <William.Chang@hhs.gov>; Strom, John (HHS/OGC) <John.Strom@hhs.gov>; Hecht, Jonah (HHS/OGC) <Jonah.Hecht@hhs.gov>; ASPR Exec Sec (OS/ASPR) <ASPRExecSec@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; OASHIO Control Desk (OS/OASH)

<OASHIOControlDesk@hhs.gov>; Campbell, Taylor (OS/OASH) <Taylor.Campbell@hhs.gov>; Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>

Cc: Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>; Agnew, Ann (HHS/IOS) <Ann.Agnew@hhs.gov>; Brennan, Patrick (OS/ASPA) <Patrick.Brennan@hhs.gov>; Foster, Timothy (OS/ASPA) <Timothy.Foster@hhs.gov>

Subject: RE: Quick Review: (b)(5)

A small edit in section 2(a) that I have highlighted and indicated in a comment.

Paula

From: Puesan, Cesar (HHS/OS/IOS) <Cesar.Puesan@hhs.gov>

Sent: Saturday, March 21, 2020 4:23 PM

To: OS OGC-IO ControlDesk (HHS/OS/OGC) <ControlDesk.OCGIO@hhs.gov>; Barry, Daniel J (HHS/OGC) <daniel.barry@hhs.gov>; Keveney, Sean (HHS/OGC) <Sean.Keveney@hhs.gov>; Chang, William (HHS/OGC) <William.Chang@hhs.gov>; Strom, John (HHS/OGC) <John.Strom@hhs.gov>; Hecht, Jonah (HHS/OGC) <Jonah.Hecht@hhs.gov>; ASPR Exec Sec (OS/ASPR) <ASPRExecSec@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; OASHIO Control Desk (OS/OASH) <OASHIOControlDesk@hhs.gov>; Campbell, Taylor (OS/OASH) <Taylor.Campbell@hhs.gov>; Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Stannard, Paula (HHS/IOS) <Paula.Stannard@hhs.gov>

Cc: Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>; Agnew, Ann (HHS/IOS) <Ann.Agnew@hhs.gov>; Brennan, Patrick (OS/ASPA) <Patrick.Brennan@hhs.gov>; Foster, Timothy (OS/ASPA) <Timothy.Foster@hhs.gov>

Subject: RE: Quick Review: (b)(5)

All,

Please see an updated draft attached, and send any critical edits or feedback by **10 AM tomorrow, March 22.**

From: Puesan, Cesar (HHS/OS/IOS)

Sent: Saturday, March 21, 2020 9:46 AM

To: OS OGC-IO ControlDesk (HHS/OS/OGC) <ControlDesk.OCGIO@hhs.gov>; Barry, Daniel J (HHS/OGC) <daniel.barry@hhs.gov>; Keveney, Sean (HHS/OGC) <Sean.Keveney@hhs.gov>; Chang, William (HHS/OGC) <William.Chang@hhs.gov>; Strom, John (HHS/OGC) <John.Strom@hhs.gov>; Hecht, Jonah (HHS/OGC) <Jonah.Hecht@hhs.gov>; ASPR Exec Sec (OS/ASPR) <ASPRExecSec@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; OASHIO Control Desk (OS/OASH) <OASHIOControlDesk@hhs.gov>; Campbell, Taylor (OS/OASH) <Taylor.Campbell@hhs.gov>; Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Stannard, Paula (HHS/IOS) <Paula.Stannard@hhs.gov>; Horska, Katerina (HHS/IOS) <Katerina.Horska@hhs.gov>

Cc: Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>; Agnew, Ann (HHS/IOS) <Ann.Agnew@hhs.gov>; Brennan, Patrick (OS/ASPA) <Patrick.Brennan@hhs.gov>; Foster, Timothy (OS/ASPA) <Timothy.Foster@hhs.gov>

Subject: Re: Quick Review: (b)(5)

Following up on this— please let met know if you have any comments or edits.

Thanks

Sent from my iPhone

On Mar 20, 2020, at 7:29 PM, Puesan, Cesar (HHS/OS/IOS) <Cesar.Puesan@hhs.gov>wrote:

All,

Attached for your quick review is a draft EO drafted by WHCO that (b)(5) (b)(5) Affirmative clearance is requested from HHS.

Please send all comments and clearances by **9 AM tomorrow, Saturday, March 21.**

Thank you,

(b)(5) DRAFT 3.20.2020 1853.docx>

Sender:	Barry, Daniel J (HHS/OGC) </o=EXCHANGELABS/ou=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/cn=RECIPIENTS/cn=USER3E449CE0>
Recipient:	Stannard, Paula (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f0892a057f83497e9390288c813b61d9-Stannard, P>; Puesan, Cesar (HHS/OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1704b662180d4631b7b64cb17de301cd-Puesan Juar>; OS OGC-IO ControlDesk (HHS/OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8c9f99a0b2364cb5bd1b739db7851e43-controldesk>; Keveney, Sean (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2e13823250af4ccf93b3de562380e78e-Keveney, Se>; Chang, William (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3cf70c842da144ab9bee61f353d932a0-Chang, Will>; Strom, John (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=087650d67a204508963541a6eba69ea5-Strom, John>; Hecht, Jonah (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=de0acd2f82294cd7befc09c5444f616c-Hecht, Jona>; ASPR Exec Sec (OS/ASPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8e561b3f0bfd4331bc7c93e4419316ae-ASPRExecSec>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; OASHIO Control Desk (OS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8407017e8889478bbd764b389bdc6ac-OASHIOContr>; Campbell, Taylor (OS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9cca29818d7440d8a21b2c349f2e4f6a-Campbell, T>; Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; Bird, Catherine (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb9d9180497c49c4a06a0dd1f6043dc7-Bird, Cathe>; Agnew, Ann (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e5174d56b97948d0820e90e8d8136ee5-Agnew, Ann>; Brennan, Patrick (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b51c3d9a49fd4882951eca2417c19dcf-Brennan, Pa>; Foster, Timothy (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2265a29a6468468397bae80a642620fc-Foster, Tim>

Sent Date:	2020/03/22 12:14:01
Delivered Date:	2020/03/22 12:14:03

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.YDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0280B227911B40B6B30A81B8574EDE6B-STECKER, JU>
To:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; 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>; Oakley, Caitlin B. (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e5ee4c35534c4af9bdac46789c034790-Oakley, Cai>; Hall, Bill (HHS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02b39f27f3b4469a960054b23545cc24-Hall, Bill>; Murphy, Ryan (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya>
Subject:	Fwd: Desperate and angry state leaders push back on Trump admin claims of mass mask shipments
Date:	2020/03/22 12:19:19
Priority:	Normal
Type:	Note

Sent from my iPhone

Begin forwarded message:

From: POLITICO Pro Health Care <politicoemail@politicopro.com>
Date: March 22, 2020 at 11:52:46 AM EDT
To: "Stecker, Judy (OS/IOS)" <Judy.Stecker@hhs.gov>
Subject: Desperate and angry state leaders push back on Trump admin claims of mass mask shipments
Reply-To: "POLITICO subscriptions" <reply-fe971c727160017c75-553241_HTML-880489367-1376319-334064@politicoemail.com>

Desperate and angry state leaders push back on Trump admin claims of mass mask shipments

By Alice Miranda Ollstein

03/22/2020 11:51 AM EDT

Governors, mayors and front-line health care workers confronting rising numbers of critically ill coronavirus patients said Sunday they have not received meaningful amounts of federal aid, including the shipments of desperately needed masks and other emergency equipment that administration officials say they have already dispatched.

"We are desperate," New Jersey Gov. Phil Murphy told ABC Sunday morning. "We've had a big

ask into the strategic stockpile in the White House. They've given us a fraction of our ask.”

Michigan Gov. Gretchen Whitmer echoed that urgency, saying her state’s hospitals are dealing with about 800 confirmed cases of the virus — up from only one just 12 days ago — and are struggling with serious shortages of both test kits and protective equipment for medical workers.

The shortages have forced hospitals to adopt risky practices like reusing masks and having staff wear bandannas when no mask is available.

A lack of personal protective equipment puts medical personnel at greater risk of becoming infected or placed in quarantine, exacerbating hospitals' existing staff shortages.

“We’ve got to have those masks,” Whitmer said. “Had the federal government really started focusing when it became clear that the whole world was going to be confronting this, we would be in a stronger position right now ... Lives will be lost because we weren’t prepared.”

Federal Emergency Management Agency Administrator Peter Gaynor, whose agency was not activated to run the pandemic response until Friday, painted a more optimistic picture in Sunday morning appearances on ABC and CNN. He said masks and other equipment in the Strategic National Stockpile are well on their way to states — particularly hard-hit areas like Washington and California.

“They have been distributed. They've been distributed over the past couple of weeks. They're shipping today. They'll ship tomorrow,” Gaynor told ABC. “We are shipping from our national stockpile, we're shipping from vendors, we're shipping from donations. It is happening.”

But Gaynor sidestepped repeated questions on exactly how many masks were being shipped and when they would be in the hands of doctors and nurses who need them.

“I can't give you a rough number,” he said in another interview on CNN, adding that governors should not depend on federal disbursements and should try on their own to obtain masks and other equipment.

“If you find it on the market, go ahead and buy it. FEMA will reimburse you for it,” he said. “This is a shared responsibility.”

Several governors pushed back, warning that pitting states against one another, the federal government, and other countries in a bidding war on the private market is no way to respond to a pandemic that requires a coordinated national response to obtain and allocate emergency goods.

“It’s a wide, Wild West...out there,” Illinois Gov. J.B. Pritzker said of his attempts to obtain supplies. “And indeed we’re overpaying, I would say, for [personal protective equipment] because of that competition.”

“We need the federal government to get us those test kits,” Whitmer agreed. “We need PPEs. And frankly a patchwork strategy of each state doing what they can is — we’re going to do it if we have to, but it would be nice to have a national strategy.”

Governors, congressional lawmakers and mayors continued to plead with the White House over

the weekend to use the powers of the Defense Production Act to speed up manufacture of masks, ventilators and other scarce supplies as many hospitals say they're set to run out within days.

President Donald Trump tweeted Sunday morning that he has given a handful of car companies "the go ahead" to make ventilators and other unnamed "metal products" for hospitals, but gave no indication of a timeline or quantity. Converting factories from making cars to making medical equipment cannot happen immediately, and could take several months. In the meantime, hospitals need immediate help.

"We've gotten no indication of any factory on 24/7 shifts. We've gotten no shipments," New York City Mayor Bill de Blasio said on NBC. "I can't be blunt enough: If the president does not act, people will die who could have lived otherwise."

Though Trump signed the defense act last week, Gaynor confirmed that the administration has yet to use it to order any companies to manufacture more products. He suggested such a step wasn't necessary as companies are already stepping up.

"We haven't had to use it, because companies around the country, donations, they are saying, 'What can we do to help you?' And it's happening without using that — that lever," he said. "If it comes to a point where we have to pull the lever, we will."

Both in private calls with the White House and in public interviews, lawmakers are insisting that time is now.

"We cannot wait until people start really dying in large numbers to start production, especially of more complicated equipment like ventilators and hospital beds," Rep. Alexandria Ocasio-Cortez (D-N.Y.) told CNN. "We need to start this production right now to get ready for the surge that is coming in two to three weeks."

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Sender:	Stecker, Judy (OS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0280B227911B40B6B30A81B8574EDE6B-STECKER, JU>
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Delivered Date:	2020/03/22 12:19:19

From:	Harrison, Brian (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D145EFC9C35C4865ACA6E9D47786B204-HARRISON, B>
To:	Charrow, Robert (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00531138af454ce3ac0b5885bead345f-Charrow, Ro>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>
Subject:	RE: Sandoz Donation
Date:	2020/03/22 12:20:00
Priority:	Normal
Type:	Note

(b)(5)

OGC - Please thoroughly review and edit:

(b)(5)

From: Charrow, Robert (HHS/OGC) <Robert.Charrow@hhs.gov>
Sent: Saturday, March 21, 2020 8:51 PM
To: Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Stecker, Judy (OS/IOS)

<Judy.Stecker@hhs.gov>

Subject: Fwd: Sandoz Donation

Please review and edit. Had interesting chat with DOJ about Barr, Alex and chloroquine

From: "Robert Charrow" <(b)(6)>
Subject: Sandoz Donation
Date: 21 March 2020 20:42
To: "Charrow, Robert (HHS/OGC)" <Robert.Charrow@hhs.gov>
Cc: "Robert Charrow" <(b)(6)>

Sender:	Harrison, Brian (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D145EFC9C35C4865ACA6E9D47786B204-HARRISON, B>
Recipient:	Charrow, Robert (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00531138af454ce3ac0b5885bead345f-Charrow, Ro>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>
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To:	EDH (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=393ceddbc5fa4d44a9734e20f54c8146-EDH6886>
Subject:	RE: phone call from the boss
Date:	2020/03/22 12:44:31
Priority:	Normal
Type:	Note

She sent me this yesterday evening but then ASL took me off the chain and seemed to imply they were handling this.

On another note, there are no positive updates in AZ, I have had ASPR's regional coordinator communicate the unfortunate news to Banner.

Hi Kenneth,

So a LOT has happened since this morning. Senator Sullivan decided he wanted to request a call with Azar, which has not happened yet. Sara Morse has asked me to compile a list of all the projects that we currently have that are not finished. Below is the list (I'm sure I'm missing things but this is what I have right now). We have reached out on all of these issues. We have the contacted manufactures for swabs and made connections for our state, but as you probably understands, Alaska is a small state without a lot of bandwidth. We just found out this morning that after 3 days the state has still not filled out the necessary paperwork for the swabs. We would appreciate any help you can offer with any of these projects, but also wanted to flag that Sara Morse just received the same list. Thanks Kenneth for any help you can give us!

- PPE and swab shortage
- EVV/AVS
HIPAA change
- CPT codes
- Tribal health funding has not gone out yet
- Hand sanitizer for communities without running water

CPT codes: Alaska is asking for 99221, 99222, &99223 to be covered. They might also advocate for consult codes as well because some payers in Alaska still use them 99251-99255.

EVV and AVS: The state of Alaska has submitted an 1135 waiver. In order to focus their efforts on Coronavirus, they are asking that these programs be extended:

Electronic Visit Verification (EVV) – the current deadline for Alaska is January 2021. They do not feel they have the resources to implement this and focus on coronavirus. They are asking for this to be delayed.

Asset Verification System (AVS) – They have been pushing to get in place by April. CMS has told Alaska it must be in place by January 1, 2021 or they will lose FMAP. While EVV is their top priority to get an

extension, AVS would be a close second. With travel restrictions going on, they are uncertain if their contractors could even get on site as needed for this implementation.

HIPAA- Without question need a waiver on enforcement of the security rules: 45 CFR 164.308 – 45 CFR 164.316. These govern administrative, physical, and technical safeguards related to PHI in transit and at rest. Additionally, they cover the need for policies on all the same matters. Ideally this would include texting, too. Not just email. This is based on both telecommuting needs and the immediate response needs related to COVID-19. Additionally, there is a need for flexibility on applicable documentation requirements until the emergency is over (45 CFR 164.530(j)). Maintaining records when telecommuting and having to work quickly is proving difficult. Although anything done electronically that requires documentation will at least leave a digital trail, any more formal documentation requirements are difficult while telecommuting. Retroactive formal documentation could occur once the emergency is over.

From: EDH (OS/IOS) <EDH6886@HHS.GOV>
Sent: Sunday, March 22, 2020 12:41 PM
To: Callahan, Kenneth (HHS/IOS) <Kenneth.Callahan@hhs.gov>
Subject: Re: phone call from the boss

Also he mentioned some CPT codes that needed attention but details were to be deferred to his staff reaching out to us. He didn't give me the individual CPT codes that needed to be looked at. I am also not sure if that is a Monday reg. I am not sure what regulations they are referencing for Monday.

I know about an executive order but I don't think he does.

Maybe I missed something but I was writing down high level details as we talked.

Sent from my iPhone

On Mar 22, 2020, at 12:28 PM, Callahan, Kenneth (HHS/IOS) <Kenneth.Callahan@hhs.gov>wrote:

FYSA

From: Bell, Sara (Sullivan) <Sara_Bell@sullivan.senate.gov>
Sent: Sunday, March 22, 2020 9:33 AM
To: Callahan, Kenneth (HHS/IOS) <Kenneth.Callahan@hhs.gov>
Subject: phone call from the boss

Hi Ken,

I know you are very busy juggling a lot of issue. My boss just called me again. He asked me to reach out and make sure you were aware that Dep Sec Hargan committed to him to get some of our regulations

included in the regs that will come out Monday. He is very passionate about trying to check off some of these Alaska issues from the list.

Thank you for all of your hard work. You guys are doing a great job. This pace is insane!

Sara Berkemeier Bell

<image001.jpg> Legislative Assistant

>

Office of Senator Dan Sullivan (AK)

302 Hart Senate Office Building | Washington, DC 20510

phone: 202.224.3004

Sender:	Callahan, Kenneth (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=2E1240D1D62D49B3BA2E4E51C0920908-CALLAHAN, K>
Recipient:	EDH (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=393ceddbc5fa4d44a9734e20f54c8146-EDH6886>
Sent Date:	2020/03/22 12:44:30
Delivered Date:	2020/03/22 12:44:31

From:	Martin Kelsten (b)(6)
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/22 12:47:09
Priority:	Normal
Type:	Note

Martin Kelsten

(b)(6)

March 22, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

The federal Clinical Laboratory Improvement Advisory Committee recently recommended allowing qualified professionals to review and interpret digital images remotely when data is exchanged via a secure connection but CMS has not yet authorized this policy. Many U.S. laboratories have well-validated digital systems to allow for quality remote diagnosis using secure virtual personal networks (VPNs). Given dire shortages of pathologists and laboratory personnel at many laboratories and the need to follow the President's call for social distancing, CLIA is unnecessarily putting our work force at risk and imposing barriers to optimal patient care.

Given that HHS just provided other physician specialties with the flexibility to provide telemedicine services, pathologists and laboratory professionals should also be allowed the same flexibility. I request expedited consideration of this request to ensure laboratories can promptly respond to our patients' needs now.

Sincerely,
Martin Kelsten

Sender:	Martin Kelsten (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/22 12:45:09
Delivered Date:	2020/03/22 12:47:09
Message Flags:	Unread

From:	Angela Medina (b)(6)
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/22 12:57:19
Priority:	Normal
Type:	Note

Angela Medina

(b)(6)

March 22, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

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Given that HHS just provided other physician specialties with the flexibility to provide telemedicine services, pathologists and laboratory professionals should also be allowed the same flexibility. I request expedited consideration of this request to ensure laboratories can promptly respond to our patients' needs now.

Sincerely,
Angela Medina

Sender:	Angela Medina (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
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Message Flags:	Unread

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To:	Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>
Subject:	Fwd: Supplies and Testing Funding - FEMA Request
Date:	2020/03/22 13:05:33
Priority:	Normal
Type:	Note

What's our number for SNS?

Sent from my iPhone

Begin forwarded message:

From: "Moughalian, Jen (HHS/ASFR)" <Jen.Moughalian@hhs.gov>
Date: March 22, 2020 at 12:57:28 PM EDT
To: "Hargarten, Eric (CMS/CMMI)" <Eric.Hargarten@cms.hhs.gov>, "Smith, Brad (CMS/OA)" <Brad.Smith@cms.hhs.gov>
Cc: "Giroir, Brett (HHS/OASH)" <Brett.Giroir@hhs.gov>, "Kadlec, Robert (OS/ASPR/IO)" <Robert.Kadlec@hhs.gov>, "Harrison, Brian (HHS/IOS)" <Brian.Harrison@hhs.gov>, "Mango, Paul (HHS/IOS)" <Paul.Mango@hhs.gov>, "Brady, Will (HHS/IOS)" <William.Brady@hhs.gov>, "Rowell, Scott (OS/ASA)" <Scott.Rowell@hhs.gov>, "Shuy, Bryan (OS/ASPR/IO)" <Bryan.Shuy@hhs.gov>, "Hittle, Taylor (HHS/ASFR)" <Taylor.Hittle@hhs.gov>, "Fulmer, Brendan (HHS/IOS)" <Brendan.Fulmer@hhs.gov>, "Moughalian, Jen (HHS/ASFR)" <Jen.Moughalian@hhs.gov>
Subject: RE: Supplies and Testing Funding - FEMA Request

Hi Eric – I understand that there are many moving pieces. Given the pace at which Congress is finalizing the supplemental, I must have funding estimates, with as many caveats as necessary, that can be conveyed to OMB and Congress immediately. It is becoming very likely that Congress will finalize the bill without any of your estimates and that may limit your ability to execute your plans.

From: Hargarten, Eric (CMS/CMMI) <Eric.Hargarten@cms.hhs.gov>
Sent: Sunday, March 22, 2020 11:19 AM
To: Moughalian, Jen (HHS/ASFR) <Jen.Moughalian@hhs.gov>; Smith, Brad (CMS/OA) <Brad.Smith@cms.hhs.gov>
Cc: Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Mango, Paul (HHS/IOS) <Paul.Mango@hhs.gov>; Brady, Will (HHS/IOS) <William.Brady@hhs.gov>; Rowell, Scott (OS/ASA) <Scott.Rowell@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Hittle, Taylor (HHS/ASFR) <Taylor.Hittle@hhs.gov>; Fulmer, Brendan (HHS/IOS) <Brendan.Fulmer@hhs.gov>
Subject: RE: Supplies and Testing Funding - FEMA Request

Hi Jen – I can provide what I have. I had to refresh the model because COVID-19 incidence has doubled relative to previous projections. However, we do not have a formalized set of epidemiological projections as well as supply utilization assumptions. None of the utilization numbers available have been validated by hospital supply chain/supply planning experts - they are placeholder estimates that could vary by orders of magnitude. (i.e. there is no source for this information, with the exception of the gloves/gowns/masks inputs - which were from the utilization spreadsheet provided from consultants, however they will not assume ownership of these figures).

There is a team consolidating modeling sources, which I have not been involved in. They asked to have until at least noon to triangulate to more legitimate numbers. If you would like more legitimate assumptions, we will need more time to get the necessary data. I am able to validate the CBTs, but the hospital assumptions in our model are very high level estimates at this point.

Best,
Eric

Eric Hargarten
316-209-6279
Special Assistant, Center for Medicare and Medicaid Innovation (CMMI)
Centers for Medicare and Medicaid Services

From: Moughalian, Jen (HHS/ASFR) <Jen.Moughalian@hhs.gov>
Sent: Sunday, March 22, 2020 10:17 AM
To: Hargarten, Eric (CMS/CMMI) <Eric.Hargarten@cms.hhs.gov>; Smith, Brad (CMS/OA) <Brad.Smith@cms.hhs.gov>
Cc: Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Mango, Paul (HHS/IOS) <Paul.Mango@hhs.gov>; Brady, Will (HHS/IOS) <William.Brady@hhs.gov>; Rowell, Scott (OS/ASA) <Scott.Rowell@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Hittle, Taylor (HHS/ASFR) <Taylor.Hittle@hhs.gov>; Fulmer, Brendan (HHS/IOS) <Brendan.Fulmer@hhs.gov>
Subject: RE: Supplies and Testing Funding - FEMA Request

Eric – I apologize if I missed an email and I know you are pulled in a lot of directions, but we need an estimate of cost needed to support broad procurements in the next 30 days as well as a more broad worst case scenario. It has been requested by OMB to support funding negotiations happening with the Hill right now. Thanks

From: Hargarten, Eric (CMS/CMMI) <Eric.Hargarten@cms.hhs.gov>
Sent: Saturday, March 21, 2020 6:44 PM
To: Moughalian, Jen (HHS/ASFR) <Jen.Moughalian@hhs.gov>; Smith, Brad (CMS/OA) <Brad.Smith@cms.hhs.gov>
Cc: Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Mango, Paul (HHS/IOS) <Paul.Mango@hhs.gov>; Brady, Will (HHS/IOS) <William.Brady@hhs.gov>; Rowell, Scott (OS/ASA) <Scott.Rowell@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Hittle, Taylor (HHS/ASFR) <Taylor.Hittle@hhs.gov>; Fulmer, Brendan (HHS/IOS) <Brendan.Fulmer@hhs.gov>
Subject: RE: Supplies and Testing Funding - FEMA Request

Thank you, Jen. I have some analysis on supplies needed more broadly, but do not have details on pricing. I have been focused on resupply for CBTs. I will run down those numbers.

Eric Hargarten

316-209-6279

*Special Assistant, Center for Medicare and Medicaid Innovation (CMMI)
Centers for Medicare and Medicaid Services*

From: Moughalian, Jen (HHS/ASFR) <Jen.Moughalian@hhs.gov>

Sent: Saturday, March 21, 2020 5:56 PM

To: Hargarten, Eric (CMS/CMMI) <Eric.Hargarten@cms.hhs.gov>; Smith, Brad (CMS/OA) <Brad.Smith@cms.hhs.gov>

Cc: Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Mango, Paul (HHS/IOS) <Paul.Mango@hhs.gov>; Brady, Will (HHS/IOS) <William.Brady@hhs.gov>; Rowell, Scott (OS/ASA) <Scott.Rowell@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Hittle, Taylor (HHS/ASFR) <Taylor.Hittle@hhs.gov>; Fulmer, Brendan (HHS/IOS) <Brendan.Fulmer@hhs.gov>

Subject: RE: Supplies and Testing Funding - FEMA Request

Thanks Eric. Much appreciated. This looks like a budget for testing sites you are standing up, which is very helpful. Are there also estimates of funding needs for Brad's broader effort to procure supplies like ventilators, N-95s, etc.?

From: Hargarten, Eric (CMS/CMMI) <Eric.Hargarten@cms.hhs.gov>

Sent: Saturday, March 21, 2020 5:51 PM

To: Moughalian, Jen (HHS/ASFR) <Jen.Moughalian@hhs.gov>; Smith, Brad (CMS/OA) <Brad.Smith@cms.hhs.gov>

Cc: Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Mango, Paul (HHS/IOS) <Paul.Mango@hhs.gov>; Brady, Will (HHS/IOS) <William.Brady@hhs.gov>; Rowell, Scott (OS/ASA) <Scott.Rowell@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Hittle, Taylor (HHS/ASFR) <Taylor.Hittle@hhs.gov>; Fulmer, Brendan (HHS/IOS) <Brendan.Fulmer@hhs.gov>

Subject: RE: Supplies and Testing Funding - FEMA Request

Hi Jen – please see attached for a budget for the CBTs sites for the next two weeks. The actual needs will depend on the number of sites. This analysis assumes 50 total sites per week for the next 2 weeks.

I can quickly make a projection if we want to include potential future sites for the next 4 weeks. Please let me know what you prefer.

Thank you,
Eric

Eric Hargarten
316-209-6279

*Special Assistant, Center for Medicare and Medicaid Innovation (CMMI)
Centers for Medicare and Medicaid Services*

From: Moughalian, Jen (HHS/ASFR) <Jen.Moughalian@hhs.gov>
Sent: Saturday, March 21, 2020 9:45 AM
To: Smith, Brad (CMS/OA) <Brad.Smith@cms.hhs.gov>
Cc: Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Mango, Paul (HHS/IOS) <Paul.Mango@hhs.gov>; Brady, Will (HHS/IOS) <William.Brady@hhs.gov>; Rowell, Scott (OS/ASA) <Scott.Rowell@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Hittle, Taylor (HHS/ASFR) <Taylor.Hittle@hhs.gov>; Fulmer, Brendan (HHS/IOS) <Brendan.Fulmer@hhs.gov>; Hargarten, Eric (CMS/CMMI) <Eric.Hargarten@cms.hhs.gov>
Subject: Re: Supplies and Testing Funding - FEMA Request

Thanks Brad. Eric we need a budget from you today for the next 7 days at a minimum, ideally for the next 15-30 days. I can be reached at 202-868-9507. Let me know when you can talk.

On Mar 20, 2020, at 10:18 PM, Smith, Brad (CMS/OA) <Brad.Smith@cms.hhs.gov> wrote:

Jen,

Thanks for your email. Could you work with Eric (copied above) to develop a budget for this? I am guessing \$1B to \$2B will be way more than we need for testing, but I am not sure of the exact number. We will need a much larger number for procuring supplies that go beyond the testing locations but don't yet have a number for that – I would defer to Admiral Polowyzck on that latter one.

Best,
Brad

From: Moughalian, Jen (HHS/ASFR) <Jen.Moughalian@hhs.gov>
Sent: Friday, March 20, 2020 8:36 PM
To: Smith, Brad (CMS/OA) <Brad.Smith@cms.hhs.gov>; Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Cc: Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Mango, Paul (HHS/IOS) <Paul.Mango@hhs.gov>; Brady, Will (HHS/IOS) <William.Brady@hhs.gov>; Rowell, Scott (OS/ASA) <Scott.Rowell@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Hittle, Taylor (HHS/ASFR) <Taylor.Hittle@hhs.gov>; Fulmer, Brendan (HHS/IOS) <Brendan.Fulmer@hhs.gov>
Subject: Supplies and Testing Funding - FEMA Request

Brad, Bob, and Brett –

- I learned late today that the current \$500 million in emergency Strategic National Stockpile (SNS) funding you are using to purchase supplies will run out by tomorrow/Saturday.

- We have identified another funding source but it is controlled by FEMA and will require an HHS request to FEMA. The Disaster Relief Fund (DRF) has \$30-40 billion for federal government response and recovery efforts in Stafford Act emergencies.
- As a next step, each of you needs to assess what you need to get done in next 15 days and what it will cost. Our understanding of current needs is:
- Brad – According to our conversation today, it seems ~\$1-2 billion to procure supplies and set up mobile testing labs.
- Brett - TBD
- Bob - TBD

Please let us know your needs as soon as possible. ASFR is standing by to secure and manage this funding and make it available to you once FEMA agrees.

Thanks, and please reach out with any questions.
Jen

Jen Moughalian
Assistant Secretary for Financial Resources (ASFR)
US Department of Health and Human Services
202-690-6061 (Office)

(b)(6) (Cell)

Sender:	Kadlec, Robert (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A182EDA693D040D3832BAE6EFCF7A255-KADLEC, ROB>
Recipient:	Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>
Sent Date:	2020/03/22 13:05:32
Delivered Date:	2020/03/22 13:05:33

From:	Melissa Cervania (b)(6)
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/22 13:17:53
Priority:	Normal
Type:	Note

Melissa Cervania

(b)(6)

March 22, 2020

Dear Alex Azar,

Dear Administrator Verma:

President Donald Trump's recent emergency declaration gives the U.S. Secretary of Health and Human Services vast authority to waive certain laws and regulations to provide the U.S. healthcare system "maximum flexibility to respond to the virus". Unfortunately, clinical laboratories across the U.S. are being hampered in their efforts to respond to COVID-19 by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). To help address this, I urge that the Secretary provide laboratories with more flexibility by temporarily relaxing the CLIA requirement regarding remote digital pathology interpretations.

The federal Clinical Laboratory Improvement Advisory Committee recently recommended allowing qualified professionals to review and interpret digital images remotely when data is exchanged via a secure connection but CMS has not yet authorized this policy. Many U.S. laboratories have well-validated digital systems to allow for quality remote diagnosis using secure virtual personal networks (VPNs). Given dire shortages of pathologists and laboratory personnel at many laboratories and the need to follow the President's call for social distancing, CLIA is unnecessarily putting our work force at risk and imposing barriers to optimal patient care.

Given that HHS just provided other physician specialties with the flexibility to provide telemedicine services, pathologists and laboratory professionals should also be allowed the same flexibility. I request expedited consideration of this request to ensure laboratories can promptly respond to our patients' needs now.

Sincerely,

Melissa Cervania

Sender:	Melissa Cervania (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/22 13:15:10
Delivered Date:	2020/03/22 13:17:53
Message Flags:	Unread

From:	Bird, Catherine (OS/OGC) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=BB9D9180497C49C4A06A0DD1F6043DC7-BIRD, CATHE>
To:	Hayes, Jonathan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8cdfb7232de4428794f2901218bc1360-Hayes, Jona>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>
Subject:	RE: Azar communication
Date:	2020/03/22 13:19:36
Priority:	Normal
Type:	Note

Thank you Jonathan! I have sent it on.

Catherine

From: Hayes, Jonathan (OS/ASPR/IO) <Jonathan.Hayes@hhs.gov>
Sent: Sunday, March 22, 2020 12:56 PM
To: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>
Subject: FW: Azar communication

All:

I spoke with Susan DeVore a bit ago and told her if there was anything HHS specifically could help to please not hesitate to reach out to me if she so desires. She was deeply appreciative and said there were some things she was preparing to email AMA about. I said I would get in front of the right folks ASAP. Please loop who you see fit.

Summary:

1. They request that HRSA provide flexibility in the administration of certain requirements for the 340B program during the national emergency for the COVID-19 pandemic.
2. Guidance on re-use and decontamination of PPE from FDA and/or CDC.
3. We request that FDA temporarily waive the one-mile radius rule for hospital and health system compounding

Deliberative, Pre-Decisional, FOUO, SBU, Close Hold

From: DeVore, Susan <Susan_DeVore@PremierInc.com>

Sent: Sunday, March 22, 2020 12:03 PM

To: Hayes, Jonathan (OS/ASPR/IO) <Jonathan.Hayes@hhs.gov>

Cc: Childs, Blair <Blair_Childs@PremierInc.com>; Saha, Soumi <Soumi_Saha@premierinc.com>; Alkire, Mike <Mike_Alkire@PremierInc.com>

Subject: FW: Azar communication

Hi Jonathan,

So appreciate your help in getting this in front of Secretary Azar. Three critical challenges for our health systems right now. The folks copied above can help provide any additional information that you need. They're happy to get on a phone call with the Secretary and team. Just let me know. Thanks so much. Take care. Susan

Secretary Azar,

We are receiving urgent requests from healthcare providers across the nation on important regulatory impediments that impede their ability to manage the current COVID-19 national emergency. Here are the critical issues we have received that we request HHS address as soon as possible:

1. Reduce Drug Shortages by Waiving HRSA's Restrictive Interpretation of the GPO Prohibition:

Hospitals and clinics participating in the 340B drug pricing program (340B program) facing unprecedented problems accessing drugs needed to treat their patients. Most of the 340B hospitals operating in areas hardest hit by covid-19 are subject to a unique 340B statutory prohibition against purchasing covered outpatient drugs through a group purchasing organization (GPO) or other group purchasing arrangement. HRSA's interpretation of the 340B program's GPO restriction is exacerbating the drug shortage problem for these hospitals which, in turn, is hindering their ability to meet the challenges presented by covid-19. These hospitals are all public or non-profit high-Medicaid hospitals, including children's hospitals.

There are two steps the Secretary's office can take right now to alleviate shortages of drugs that are critically needed during the covid-19 pandemic. Covid-19 has already been declared a public health emergency, which provides the HHS Secretary the authority under section 319 of the Public Health Service Act to "take such action as may be appropriate to respond to the public health

emergency."^[1] The Secretary can rely on his section 319 authority to relax HRSA's problematic sub-regulatory interpretations of the GPO restriction.

Waive HRSA's burdensome procedures for using GPO drugs when the drugs are unavailable at non-GPO prices – When a hospital subject to the GPO restriction can only acquire a covered outpatient drug through its GPO account due to drug shortage problems, HRSA allows purchasing of GPO drugs if the hospital follows a four-step process. The hospital must:

1. • Work with the manufacturer to try to obtain the drug at 340B pricing;
2. • Try to purchase the drug at wholesale acquisition cost (WAC);
3. • Notify HRSA that the drug is not available at 340B or WAC prices by filling out a template form providing numerous details about the limited availability of the drug; and

4. • Maintain auditable records of all of the above, including records showing that the hospital attempted to purchase the drug through the 340B and WAC accounts every time a purchase is made on the GPO account.

These procedures are onerous in the best of circumstances and simply impossible to perform for overworked hospital staff struggling to keep up with the demands of the covid-19 pandemic, particularly given the increasing number of drugs that are unavailable at 340B or WAC pricing. The Secretary should invoke his authority to waive or relax these procedures during the covid-19 public health emergency.

Allow Premier's privately-labeled drugs to be purchased at 340B ceiling prices by any 340B hospital – Like other GPOs, Premier has contracted with generic drug manufacturers to produce a defined quantity of commonly-used drugs for the exclusive use of its members. These drugs are privately-labeled under Premier's name and are pre-purchased in sufficient quantities to help its members survive periods of drug shortages.

To address the growing drug shortage problems associated with the coronavirus pandemic, Premier has informed its generic drug suppliers that it will waive the exclusivity restriction in its agreements so that the suppliers can sell the privately-labeled drugs to non-Premier members. Each of the suppliers has an executed pharmaceutical pricing agreement (PPA) with HRSA and is required under its PPA to offer 340B pricing on its full product line. Now that Premier has lifted the exclusivity arrangement with its suppliers, the suppliers are required under their PPAs to sell Premier's privately-labeled drugs to any interested 340B purchaser, whether it is a Premier member or not. However, because HRSA has issued guidance declaring privately-labeled drugs to be GPO drugs, both suppliers and wholesalers are concerned that selling the drugs at 340B ceiling prices will subject them and their hospital purchasers to undue risk of violating the GPO restriction.

Since the drugs will be sold to any 340B covered entity, not just Premier members, at ceiling prices established by statute rather than group negotiation, the GPO restriction cannot possibly be implicated. But the 340B supply chain needs the government's written assurance that the sale of Premier's privately-labeled drugs at 340B ceiling prices to any interested covered entity, including disproportionate share (DSH) and children's hospitals, is compliant with 340B program requirements, including the GPO restriction.

There is increasing demand for Premier's drugs due to coronavirus-related supply shortages and Premier is prepared to help meet that demand. But it needs the Secretary to take the two steps described above first.

2. PPE Decontamination/Sterilization: As hospitals struggle with dwindling PPE supplies, the concept of decontaminating or sterilizing PPE for reuse has been raised. ***There are three options on which we are asking if FDA or CDC would recommend the use of these decontamination or sterilization techniques.*** They are:

- Nebraska Medicine announced (see attached) that it is leveraging ***UV light to decontaminate*** and reuse PPE. Many hospitals have UV light technology to address MRSA decontamination.
- Several hospitals are also considering leveraging new technology using ***ultraviolet germicidal irradiation (UVGI)*** to decontaminate PPE. Attached is a study the company provided regarding their decontamination studies for N95 masks.

- Many hospitals also have their own **ethylene oxide sterilization** capabilities and would like to use those capabilities on PPE supplies.

3. One-Mile Radius Rule for Sterile Compounding: With limited staff and PPE constraints, many hospitals would like to consolidate pharmacy services to a single hub. A rate-limiting step to doing so is FDA's [guidance](#) compounding guidance that dictates the one-mile radius rule. **We request that FDA temporarily waive the one-mile radius rule for hospital and health system compounding?**

Blair G. Childs

Senior Vice President
444 North Capitol Street, NW
Suite 625
Washington, D.C. 20001-1511
202-879-8009 (O)

(b)(6) (C); 202-879-8009 (F)

Susan Ueberroth, Executive Coordinator: 202 879 8010, Susan_Ueberroth@Premierinc.com

Premier, 2006 Malcolm Baldrige National Quality Award Recipient
13034 Ballantyne Corporate Place, Charlotte, NC 28277

<https://protect2.fireeye.com/url?k=2fa3a975-73f7805e-2fa3984a-0cc47a6d17cc-6d32d9195a239e0b&u=http://www.premierinc.com/baldrige>

[1] Determination that a Public Health Emergency Exists, <https://protect2.fireeye.com/url?k=39d59453-6581bd78-39d5a56c-0cc47a6d17cc-3230c44aacac93fa&u=https://www.phe.gov/emergency/news/healthactions/phe/Pages/2019-nCoV.aspx>.

Sender:	Bird, Catherine (OS/OGC) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=BB9D9180497C49C4A06A0DD1F6043DC7-BIRD, CATHE>
Recipient:	Hayes, Jonathan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8cdfb7232de4428794f2901218bc1360-Hayes, Jona>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>

Sent Date:	2020/03/22 13:19:35
Delivered Date:	2020/03/22 13:19:36

From:	Frangos MD, Steve (SAFR) <SAFR@chevron.com>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
CC:	Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Austin, Meredith (uscg.mil) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9d5f9850a051458eaed1ef58335e3c19-Meredith.L.>
Subject:	RE: PPE for Healthcare Workers
Date:	2020/03/22 13:31:31
Priority:	Normal
Type:	Note

Bob, I reached out to my general manager last night. I also reached out to the API headquarters by phone and e-mail: (202) 682-8000. API offices open Monday morning.

I also reached out to the CEO of the American College of Occupational and Environmental Medicine to see if there was a way to mobilize our Medical Center Occupational Health section.

I need to clarify the ask once more... is it to permit reallocation of PPE for health care?

Thanks, speak with you soon.

Steve

Stephen Frangos, MD, MPH, FACOEM
Regional Manager, Americas
Enterprise Health
safr@chevron.com

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From: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Sent: Sunday, March 22, 2020 9:09 AM
To: Frangos MD, Steve (SAFR) <SAFR@chevron.com>
Cc: Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Austin, Meredith (uscg.mil)

<Meredith.L.Austin@uscg.mil>

Subject: [**EXTERNAL**] RE: Faster COVID-19 test

Importance: High

Steve Made by Cepheid currently being evaluated for Emergency Use Authorization (EUA) by FDA
Can we speak later today. Really would benefit knowing if your colleagues through API could/would
permit reallocation of PPE for health care . Urgent issue for nation. Thanks bob

Sender:	Frangos MD, Steve (SAFR) <SAFR@chevron.com>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Austin, Meredith (uscg.mil) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9d5f9850a051458eae1ef58335e3c19-Meredith.L.>
Sent Date:	2020/03/22 13:29:42
Delivered Date:	2020/03/22 13:31:31

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Subject:	AMA call with Joe Almedia, Baxter
Date:	2020/03/22 13:38:06
Start Date:	2020/03/24 15:30:00
End Date:	2020/03/24 15:45:00
Priority:	Normal
Type:	Appointment
Location:	615-F // CALL (b)(6)
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); Brett Giroir (HHS/OASH) (Brett.Giroir@hhs.gov); Bante, Katie (OS/OASH); Kadlec, Robert (OS/ASPR/IO) (Robert.Kadlec@hhs.gov); Ford-Barnes, Arwenithia (OS/ASPR/IO); Hayes, Jonathan (OS/ASPR/IO); Shuy, Bryan (OS/ASPR/IO) (Bryan.Shuy@hhs.gov); Jim Parker (HHS/IOS) (Jim.Parker@hhs.gov); Trueman, Laura (HHS/IEA); Beck, Gary (OS/IEA) (Gary.Beck@hhs.gov)

(b)(6)

Leader: (b)(6)

Topic: Meeting with Baxter International

Objective: Work with a private sector partner to find how they can help in the Administration's efforts to combat the COVID-19 emergency

AMA's Role: Dialogue with Baxter representatives

Project Lead (IOS Senior Staff): Paul Mango and Laura Trueman

Working Project Lead (Name, Cell and email): Gary Beck. (202) 779-3181. Gary.beck@hhs.gov

Is Conference Call Line needed? Yes

Who will initiate the conference call? IEA

Who will provide Briefing materials? IEA

HHS Staff Attendees:

- Brett Giroir
- Robert Kadlec
- Jonathan Hayes
- Bryan Shuy
- Jim Parker
- Laura Trueman
- Gary Beck

External Attendees:

- Joe Almeida
- Baxter staff

Schedule Request Justification:

Baxter primary business focus during the COVID-19 emergency is to continue to meet the needs of their home dialysis patients across the global, who are a vulnerable population. The company's delivery drivers have started to take extra precautions to protect their customers.

Baxter has also began to increase the amount of PPE available for their employees and partners. The Administration might be able to partner with Baxter and their global partners to ensure PPE is getting to areas where it is most needed.

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Sent Date: 2020/03/22 13:38:06

From:	Constance Sjoquist (b)(6)
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.FYDIBOHF23SPDLT)/cn=Recipients/cn=5e3fce8f00194d8d94fc91094888d811-HHS Secreta>
CC:	Milton Chen <milton@vsee.com>; Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Request to Review COVID-19 Rapid Response Proposed Solutions
Date:	2020/03/22 13:40:06
Priority:	Normal
Type:	Note

To Alex Azar,
Secretary
HHS Office of the Secretary

You may recall me from my work while at HLTH (my background/experience is attached).

I have a company, VSee, who has shared a strategy to expand the response to COVID-19.

Please see the following message (and attachment) from Milton Chen, Founder &CEO of VSee on his proposed solution:

Hi Constance,

VSee telemedicine is used by Optum, McKesson, Teladoc, Walgreens and 1500+ others, including NASA Space Station.

VSee was funded by US National Science Foundation, IQT, and Salesforce.com

<https://vsee.com/>

We would like to create a digital green zone starting at the White House and then quickly covering the entire United States.

We have 1M COVID-19 rapid tests available now, with the capacity to increase to 10M tests per week. This is a 5 min antibodies test. This test can be an initial mass screening before the PCR (RNA) test. There is also a mobile app that tracks people's movement and test results, where if a person gets into an area where the other person's test result is unknown - the phone will vibrate as a warning. The idea is like the TSA-Pre - where we track the test results to make sure the entire region is safe. The green zone can be expanded week after week until the entire city, state, and country are safe.

For the people who test positive or the generally worried population, VSee also has a network of doctors in an Uber-like setup where we can do mass population triage and medicare care, where patients can see a VSee doctor via telemedicine and the drugs will be delivered to their home. This telemedicine network will decrease the number of patients flooding the hospitals - thereby saving lives.

VSee can provide a number of solutions including the technology to:

- Keep patients away from hospitals and at home using telehealth and vital signs monitoring in real-time
- Solution for physicians/hospitals to leverage telehealth to remotely monitor patients
- Quick second opinion using lossless screen share across physicians

VSee is working with the Dubai Health Authority, also well as several US organizations and can share specifics, accordingly.

Milton
Milton@vsee.com
650-400-1798

I will leave it to you to connect. Happy to stay in the conversation if helpful.

Kindest regards,

Constance Sjoquist
612-669-3672

(b)(6)

<https://protect2.fireeye.com/url?k=66488eba-3a1c97c6-6648bf85-0cc47adc5fa2-afc2e29c9deb5c15&u=https://www.linkedin.com/in/constancesjoquist/@CASjoquist>

Sender:	Constance Sjoquist (b)(6)
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Sent Date:	2020/03/22 13:39:43
Delivered Date:	2020/03/22 13:40:06

From:	EOC Report (CDC) <eocreport@cdc.gov>
To:	Brooks, John (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=646c7a34da9148189df0d76a885388b9-Brooks, Joh>
Subject:	COVID-19 IM Update
Date:	2020/03/22 13:59:09
Start Date:	2020/03/23 10:00:00
End Date:	2020/03/23 11:00:00
Priority:	Normal
Type:	Schedule.Meeting.Request
Location:	Bldg. 21 RM 12105
Attendees:	Arias, Ileana (CDC/DDNID/OD); Armstrong, Gregory (CDC/DDID/NCEZID/OD); Alexander, Desi (CDC/DDPHSIS/CPR/DEO); Belay, Ermias (CDC/DDID/NCEZID/DHCPP); Bell, Michael MD (CDC/DDID/NCEZID/DHQP); Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID); Berger, Sherri (CDC/OCOO/OD); Bermingham, John (CDC/DDPHSIS/CPR/DEO); Biggerstaff, Matthew (CDC/DDID/NCIRD/ID); Bornstein, Josh (CDC/OCOO/OSSAM); Braden, Chris (CDC/DDID/NCEZID/OD); Burkitt, Timothy (CDC/DDPHSIS/CPR/DEO); Brooks, John (CMS/OA); Burns, Erin (CDC/DDID/NCIRD/ID); Butler, Jay C. (CDC/DDID/OD); Campbell, Amanda (CDC/OD/OCS); Cardo, Denise M. MD (CDC/DDID/NCEZID/DHQP); Carroll, Darin (CDC/DDID/NCEZID/OD); Cetron, Marty (CDC/DDID/NCEZID/DGMQ); Chatham-Stephens, Kevin (CDC/DDNID/NCBDDD/DHDD); Cohn, Amanda (CDC/DDID/NCIRD/OD); Corley, Ronald D. (CDC/OCOO/OCIO) (CTR); Daniel, Katherine Lyon (CDC/DDPHSIS/OD); Dennehy, Heather (CDC/OD/OCS); Dreyzehner, John (CDC/DDPHSIS/CPR/OD); Eisenberg, Emily (CDC/DDID/NCIRD/ID); Ethier, Kathleen (CDC/DDID/NCHHSTP/DASH); Frank, Mark (CDC/DDPHSIS/CPR/DEO); Friedman, Cindy R. (CDC/DDID/NCEZID/DFWED); Garcia, Macarena (CDC/DDPHSIS/CSELS/OD); Giroir, Brett (HHS/OASH); Griffin, Johnny (CDC/DDPHSIS/CPR/DEO); Haynes, Lia (CDC/DDPHSIS/CPR/OD); Hoo, Elizabeth (CDC/OD/OCS); Houry, Debra E. (CDC/DDNID/NCIPC/OD); Howe, Kristin (CDC/OCOO/OCIO) (CTR); Jernigan, Daniel B. (CDC/DDID/NCIRD/ID); Jiles, Angela (CDC/DDID/NCIRD/DBD); Jones, Christopher M. (CDC/DDNID/NCIPC/OD); Khabbaz, Rima (CDC/DDID/NCEZID/OD); Knotts, Ashley (CDC/OD/OCS); Knutson, Donna (CDC/DDNID/NCEH/OD); Kosmos, Christine (CDC/DDPHSIS/CPR/DSLRL); Kuhnert-Tallman, Wendi (CDC/DDID/OD); Langley, William (CDC/DDPHSIS/CPR/DEO); Lepore, Loretta (CDC/OD/OCS); Limbago, Brandi (CDC/DDID/NCIRD/OD); Martin, Rebecca (CDC/DDPHSIS/CGH/OD); McGowan, Robert (Kyle) (CDC/OD/OCS); McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP); Meaney Delman, Dana M. (CDC/DDNID/NCBDDD/DBDID); Messonnier, Nancy (CDC/DDID/NCIRD/OD); Montandon, Michele (CDC/DDPHSIS/CGH/DGHT); Moriarty, Leah (CDC/DDPHSIS/CGH/DPDM); O'Donoghue, Lucy (CDC/DDPHSIS/CGH/OD); Olivares, Dagny (CDC/DDPHSIS/CPR/DEO); Pallansch, Mark A. (CDC/DDID/NCIRD/DVD); Patel, Anita (CDC/DDID/NCIRD/OD); Payne, Rebecca L. (CDC/DDID/NCHHSTP/DASH); Peacock, Georgina (CDC/DDNID/NCBDDD/DHDD); Pesik, Nicki (CDC/DDID/NCEZID/OD); Pillai, Satish K. (CDC/DDID/NCEZID/DPEI); Redd, Stephen (CDC/DDPHSIS/OD); Richards, Chesley MD (CDC/DDPHSIS/OD); Roohi, Shahrokh (CDC/DDID/NCEZID/DGMQ); Rotz, Lisa (CDC/DDID/NCEZID/DGMQ); Rouse, Edward N. (CDC/DDPHSIS/CPR/DEO); Schuchat, Anne MD (CDC/OD); Stephen.C.Redd@nsc.eop.gov; Uzicanin, Amra (CDC/DDID/NCEZID/DGMQ); Vitek, Charles (CDC/DDPHSIS/CGH/DGHT); Walke, Henry (CDC/DDID/NCEZID/DPEI); Weir, Charles (OS/ASPR/IO); Wiley, Sarah D. (CDC/DDID/NCEZID/DFWED); Williams, Ian (CDC/DDID/NCEZID/DFWED); Redfield, Robert R. (CDC/OD); Weir, Charles H. (CDC/DDPHSIS/CPR/OD); CDC 2019 NCOV Response IM Update; CDC 2019 NCOV Response IMS Mailboxes

*****Meeting Start Time Indicates Eastern Time *****

***** Response Options has been disabled*****

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Due to the sensitivity of the topic, when prompted, please identify yourself by stating your name and organization. Failure to properly identify yourself will lead to disconnection.

All participants will be join muted, except pre-designated presenters

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For any changes or updates to the agenda, please contact the EOC Watch Desk at EOCReport@cdc.gov or (770) 488-7100.

Sender:	EOC Report (CDC) <eocreport@cdc.gov>
Recipient:	Brooks, John (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=646c7a34da9148189df0d76a885388b9-Brooks, Joh>
Sent Date:	2020/03/22 13:58:45
Delivered Date:	2020/03/22 13:59:09

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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>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	Re: Premier
Date:	2020/03/22 14:34:08
Priority:	Normal
Type:	Note

Thank you. Have we assigned people to work on considering these items?

On Mar 22, 2020, at 1:16 PM, Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>wrote:

Hi Sir,

Please see below an email from Susan DeVore.

Catherine

From: DeVore, Susan <Susan_DeVore@PremierInc.com>
Sent: Sunday, March 22, 2020 12:03 PM
To: Hayes, Jonathan (OS/ASPR/IO) <Jonathan.Hayes@hhs.gov>
Cc: Childs, Blair <Blair_Childs@PremierInc.com>; Saha, Soumi <Soumi_Saha@premierinc.com>; Alkire, Mike <Mike_Alkire@PremierInc.com>
Subject: FW: Azar communication

Hi Jonathan,

So appreciate your help in getting this in front of Secretary Azar. Three critical challenges for our health systems right now. The folks copied above can help provide any additional information that you need. They're happy to get on a phone call with the Secretary and team. Just let me know. Thanks so much. Take care. Susan

Secretary Azar,

We are receiving urgent requests from healthcare providers across the nation on important regulatory impediments that impede their ability to manage the current COVID-19 national emergency. Here are the critical issues we have received that we request HHS address as soon as possible:

1. Reduce Drug Shortages by Waiving HRSA's Restrictive Interpretation of the GPO Prohibition:

Hospitals and clinics participating in the 340B drug pricing program (340B program) facing

unprecedented problems accessing drugs needed to treat their patients. Most of the 340B hospitals operating in areas hardest hit by covid-19 are subject to a unique 340B statutory prohibition against purchasing covered outpatient drugs through a group purchasing organization (GPO) or other group purchasing arrangement. HRSA's interpretation of the 340B program's GPO restriction is exacerbating the drug shortage problem for these hospitals which, in turn, is hindering their ability to meet the challenges presented by covid-19. These hospitals are all public or non-profit high-Medicaid hospitals, including children's hospitals.

There are two steps the Secretary's office can take right now to alleviate shortages of drugs that are critically needed during the covid-19 pandemic. Covid-19 has already been declared a public health emergency, which provides the HHS Secretary the authority under section 319 of the Public Health Service Act to "take such action as may be appropriate to respond to the public health emergency."^[1] The Secretary can rely on his section 319 authority to relax HRSA's problematic sub-regulatory interpretations of the GPO restriction.

Waive HRSA's burdensome procedures for using GPO drugs when the drugs are unavailable at non-GPO prices – When a hospital subject to the GPO restriction can only acquire a covered outpatient drug through its GPO account due to drug shortage problems, HRSA allows purchasing of GPO drugs if the hospital follows a four-step process. The hospital must:

1. • Work with the manufacturer to try to obtain the drug at 340B pricing;
2. • Try to purchase the drug at wholesale acquisition cost (WAC);
3. • Notify HRSA that the drug is not available at 340B or WAC prices by filling out a template form providing numerous details about the limited availability of the drug; and
4. • Maintain auditable records of all of the above, including records showing that the hospital attempted to purchase the drug through the 340B and WAC accounts every time a purchase is made on the GPO account.

These procedures are onerous in the best of circumstances and simply impossible to perform for overworked hospital staff struggling to keep up with the demands of the covid-19 pandemic, particularly given the increasing number of drugs that are unavailable at 340B or WAC pricing. The Secretary should invoke his authority to waive or relax these procedures during the covid-19 public health emergency.

Allow Premier's privately-labeled drugs to be purchased at 340B ceiling prices by any 340B hospital – Like other GPOs, Premier has contracted with generic drug manufacturers to produce a defined quantity of commonly-used drugs for the exclusive use of its members. These drugs are privately-labeled under Premier's name and are pre-purchased in sufficient quantities to help its members survive periods of drug shortages.

To address the growing drug shortage problems associated with the coronavirus pandemic, Premier has informed its generic drug suppliers that it will waive the exclusivity restriction in its agreements so that the suppliers can sell the privately-labeled drugs to non-Premier members. Each of the suppliers has an executed pharmaceutical pricing agreement (PPA) with HRSA and is required under its PPA to offer 340B pricing on its full product line. Now that Premier has lifted the exclusivity arrangement with its suppliers, the suppliers are required under their PPAs to sell Premier's privately-labeled drugs to any interested

340B purchaser, whether it is a Premier member or not. However, because HRSA has issued guidance declaring privately-labeled drugs to be GPO drugs, both suppliers and wholesalers are concerned that selling the drugs at 340B ceiling prices will subject them and their hospital purchasers to undue risk of violating the GPO restriction.

Since the drugs will be sold to any 340B covered entity, not just Premier members, at ceiling prices established by statute rather than group negotiation, the GPO restriction cannot possibly be implicated. But the 340B supply chain needs the government's written assurance that the sale of Premier's privately-labeled drugs at 340B ceiling prices to any interested covered entity, including disproportionate share (DSH) and children's hospitals, is compliant with 340B program requirements, including the GPO restriction.

There is increasing demand for Premier's drugs due to coronavirus-related supply shortages and Premier is prepared to help meet that demand. But it needs the Secretary to take the two steps described above first.

2. PPE Decontamination/Sterilization: As hospitals struggle with dwindling PPE supplies, the concept of decontaminating or sterilizing PPE for reuse has been raised. ***There are three options on which we are asking if FDA or CDC would recommend the use of these decontamination or sterilization techniques.*** They are:

- Nebraska Medicine announced (see attached) that it is leveraging ***UV light to decontaminate*** and reuse PPE. Many hospitals have UV light technology to address MRSA decontamination.
- Several hospitals are also considering leveraging new technology using ***ultraviolet germicidal irradiation (UVGI)*** to decontaminate PPE. Attached is a study the company provided regarding their decontamination studies for N95 masks.
- Many hospitals also have their own ***ethylene oxide sterilization*** capabilities and would like to use those capabilities on PPE supplies.

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Catherine

From: DeVore, Susan <Susan_DeVore@PremierInc.com>
Sent: Sunday, March 22, 2020 12:03 PM
To: Hayes, Jonathan (OS/ASPR/IO) <Jonathan.Hayes@hhs.gov>
Cc: Childs, Blair <Blair_Childs@PremierInc.com>; Saha, Soumi <Soumi_Saha@premierinc.com>; Alkire, Mike <Mike_Alkire@PremierInc.com>
Subject: FW: Azar communication

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So appreciate your help in getting this in front of Secretary Azar. Three critical challenges for our health systems right now. The folks copied above can help provide any additional information that you need. They're happy to get on a phone call with the Secretary and team. Just let me know. Thanks so much. Take care. Susan

Secretary Azar,

We are receiving urgent requests from healthcare providers across the nation on important regulatory impediments that impede their ability to manage the current COVID-19 national emergency. Here are the critical issues we have received that we request HHS address as soon as possible:

1. Reduce Drug Shortages by Waiving HRSA's Restrictive Interpretation of the GPO Prohibition:

Hospitals and clinics participating in the 340B drug pricing program (340B program) facing

unprecedented problems accessing drugs needed to treat their patients. Most of the 340B hospitals operating in areas hardest hit by covid-19 are subject to a unique 340B statutory prohibition against purchasing covered outpatient drugs through a group purchasing organization (GPO) or other group purchasing arrangement. HRSA's interpretation of the 340B program's GPO restriction is exacerbating the drug shortage problem for these hospitals which, in turn, is hindering their ability to meet the challenges presented by covid-19. These hospitals are all public or non-profit high-Medicaid hospitals, including children's hospitals.

There are two steps the Secretary's office can take right now to alleviate shortages of drugs that are critically needed during the covid-19 pandemic. Covid-19 has already been declared a public health emergency, which provides the HHS Secretary the authority under section 319 of the Public Health Service Act to "take such action as may be appropriate to respond to the public health emergency."^[1] The Secretary can rely on his section 319 authority to relax HRSA's problematic sub-regulatory interpretations of the GPO restriction.

Waive HRSA's burdensome procedures for using GPO drugs when the drugs are unavailable at non-GPO prices – When a hospital subject to the GPO restriction can only acquire a covered outpatient drug through its GPO account due to drug shortage problems, HRSA allows purchasing of GPO drugs if the hospital follows a four-step process. The hospital must:

1. • Work with the manufacturer to try to obtain the drug at 340B pricing;
2. • Try to purchase the drug at wholesale acquisition cost (WAC);
3. • Notify HRSA that the drug is not available at 340B or WAC prices by filling out a template form providing numerous details about the limited availability of the drug; and
4. • Maintain auditable records of all of the above, including records showing that the hospital attempted to purchase the drug through the 340B and WAC accounts every time a purchase is made on the GPO account.

These procedures are onerous in the best of circumstances and simply impossible to perform for overworked hospital staff struggling to keep up with the demands of the covid-19 pandemic, particularly given the increasing number of drugs that are unavailable at 340B or WAC pricing. The Secretary should invoke his authority to waive or relax these procedures during the covid-19 public health emergency.

Allow Premier's privately-labeled drugs to be purchased at 340B ceiling prices by any 340B hospital – Like other GPOs, Premier has contracted with generic drug manufacturers to produce a defined quantity of commonly-used drugs for the exclusive use of its members. These drugs are privately-labeled under Premier's name and are pre-purchased in sufficient quantities to help its members survive periods of drug shortages.

To address the growing drug shortage problems associated with the coronavirus pandemic, Premier has informed its generic drug suppliers that it will waive the exclusivity restriction in its agreements so that the suppliers can sell the privately-labeled drugs to non-Premier members. Each of the suppliers has an executed pharmaceutical pricing agreement (PPA) with HRSA and is required under its PPA to offer 340B pricing on its full product line. Now that Premier has lifted the exclusivity arrangement with its suppliers, the suppliers are required under their PPAs to sell Premier's privately-labeled drugs to any interested

340B purchaser, whether it is a Premier member or not. However, because HRSA has issued guidance declaring privately-labeled drugs to be GPO drugs, both suppliers and wholesalers are concerned that selling the drugs at 340B ceiling prices will subject them and their hospital purchasers to undue risk of violating the GPO restriction.

Since the drugs will be sold to any 340B covered entity, not just Premier members, at ceiling prices established by statute rather than group negotiation, the GPO restriction cannot possibly be implicated. But the 340B supply chain needs the government's written assurance that the sale of Premier's privately-labeled drugs at 340B ceiling prices to any interested covered entity, including disproportionate share (DSH) and children's hospitals, is compliant with 340B program requirements, including the GPO restriction.

There is increasing demand for Premier's drugs due to coronavirus-related supply shortages and Premier is prepared to help meet that demand. But it needs the Secretary to take the two steps described above first.

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