



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

July 7, 2023

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

Dear Mr. Evers:

This letter is the twenty-sixth 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”
--	---

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 **462 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 **123 pages** to you in their entirety and I am further releasing in part **108 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 **231 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) exemption.

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

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

From:	Currie Beeson <currie.beeson@bhsala.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:	2020/03/23 10:45:57
Priority:	Normal
Type:	Note

Currie Beeson

(b)(6)

March 23, 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,

Currie Beeson

Sender:	Currie Beeson <currie.beeson@bhsala.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/23 10:36:07
Delivered Date:	2020/03/23 10:45:57
Message Flags:	Unread

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=B2D31099399446EAB9BFF69D52880932-APPLE, MATT>
To:	Bird, Catherine (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb9d9180497c49c4a06a0dd1f6043dc7-Bird, Cathe>
CC:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Puesan, Cesar (HHS/OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1704b662180d4631b7b64cb17de301cd-Puesan Juar>
Subject:	Re: Quick Review: COVID-19 Anti-hoarding EO
Date:	2020/03/23 10:41:40
Priority:	Normal
Type:	Note

Ok

Matthew Apple
Special Assistant to the Secretary
U.S. Department of Health and Human Services
[\(202\) 845-3358](tel:(202)845-3358)

On Mar 23, 2020, at 10:38 AM, Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov> wrote:

Matt please print to show ASAP.

Sent from my iPhone

Begin forwarded message:

From: "Puesan, Cesar (HHS/OS/IOS)" <Cesar.Puesan@hhs.gov>
Date: March 23, 2020 at 10:29:17 AM EDT
To: "Harrison, Brian (HHS/IOS)" <Brian.Harrison@hhs.gov>, "Bird, Catherine (OS/OGC)" <Catherine.Bird@hhs.gov>
Subject: FW: Quick Review: COVID-19 Anti-hoarding EO

Attached for your quick review is a draft EO drafted by WHCO that (b)(5)

(b)(5) This document is due at 10:30. Only Dep Sec provided a minor edit, Paula Stannard and OASH concurred with the draft and no one else had comments (CDC/ OGC/ ASPR).

(b)(5)

Sender:	Apple, Matthew (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=B2D31099399446EAB9BFF69D52880932-APPLE, MATT>
Recipient:	Bird, Catherine (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb9d9180497c49c4a06a0dd1f6043dc7-Bird, Cathe>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group

	(FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Puesan, Cesar (HHS/OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1704b662180d4631b7b64cb17de301cd-Puesan Juar>
Sent Date:	2020/03/23 10:41:39
Delivered Date:	2020/03/23 10:41:40

From:	Rebecca Phillips <(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:	2020/03/23 10:46:58
Priority:	Normal
Type:	Note

Rebecca Phillips

(b)(6)

March 23, 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,
Rebecca Phillips

Sender:	Rebecca Phillips <(b)(6)>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/23 10:46:09
Delivered Date:	2020/03/23 10:46:58
Message Flags:	Unread

From:	Charity Smith (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:	2020/03/23 10:47:01
Priority:	Normal
Type:	Note

Charity Smith

(b)(6)

March 23, 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,
Charity Smith

Sender:	Charity Smith (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/23 10:46:09
Delivered Date:	2020/03/23 10:47:01
Message Flags:	Unread

From:	Jennifer Knight <jennifer.knight@bmhcc.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:	2020/03/23 10:48:06
Priority:	Normal
Type:	Note

Jennifer Knight

(b)(6)

March 23, 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,
Jennifer Knight

Sender:	Jennifer Knight <jennifer.knight@bmhcc.org>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/23 10:46:09
Delivered Date:	2020/03/23 10:48:06
Message Flags:	Unread

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.OUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=8CDFB7232DE4428794F2901218BC1360-HAYES, JONA>
To:	Steele, Danielle (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=38849c1f1ea74f2eb9eff75b531a9544-Steele, Dan>
CC:	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>; Bird, Catherine (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb9d9180497c49c4a06a0dd1f6043dc7-Bird, Cathe>; 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>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Parker, Jim (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7f7ac2e66aa043a6b7cb2eaa967ffa3-Parker, Jam>
Subject:	RE: Azar communication
Date:	2020/03/23 10:51:38
Priority:	Normal
Type:	Note

Here is another letter the group shared with regards to the 340B question.

JH

From: Hayes, Jonathan (OS/ASPR/IO)
Sent: Monday, March 23, 2020 10:46 AM
To: Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>
Cc: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Mango, Paul (HHS/IOS) <Paul.Mango@hhs.gov>; Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Parker, Jim (HHS/IOS) <Jim.Parker@hhs.gov>
Subject: RE: Azar communication

Roger that.

Standing by.

From: Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>
Sent: Monday, March 23, 2020 10:46 AM
To: Hayes, Jonathan (OS/ASPR/IO) <Jonathan.Hayes@hhs.gov>
Cc: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Mango, Paul (HHS/IOS) <Paul.Mango@hhs.gov>; Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Shuy, Bryan

(OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Parker, Jim (HHS/IOS) <Jim.Parker@hhs.gov>

Subject: RE: Azar communication

Checking with FDA, but I think this information is probably better shared in the format of a meeting if you're referring to outside stakeholders.

Danielle Steele

Senior Advisor, Immediate Office of the Secretary

U.S. Department of Health and Human Services

600E | Direct: 202-205-5748 | Cell: (b)(6)

From: Hayes, Jonathan (OS/ASPR/IO) <Jonathan.Hayes@hhs.gov>

Sent: Monday, March 23, 2020 10:17 AM

To: Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>

Cc: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Mango, Paul (HHS/IOS) <Paul.Mango@hhs.gov>;

Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>; Kadlec, Robert (OS/ASPR/IO)

<Robert.Kadlec@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Shuy, Bryan

(OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Parker, Jim (HHS/IOS) <Jim.Parker@hhs.gov>

Subject: Re: Azar communication

Can I communicate back # 2?

Also. Status on # 1?

Thank you!

JH

Sent from my iPhone

On Mar 23, 2020, at 9:11 AM, Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>wrote:

FDA replies below, please let me know if there are any further questions!

(b)(5)

(b)(5)

Danielle Steele

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

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

Sent: Sunday, March 22, 2020 5:27 PM

To: Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>

Cc: Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>; Hayes, Jonathan (OS/ASPR/IO) <Jonathan.Hayes@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Parker, Jim (HHS/IOS) <Jim.Parker@hhs.gov>

Subject: Re: Azar communication

Would FDA?

Sent from my iPhone

On Mar 22, 2020, at 5:24 PM, Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov> wrote:

I don't believe CDC has that authority, but I will check back in with them.

Danielle Steele

Senior Adviser, IOS, HHS

Sent from my iPhone

On Mar 22, 2020, at 4:50 PM, Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov> wrote:

Thanks Jonathan!

Danielle- can you circle back with CDC on the specific issues below?

From: Hayes, Jonathan (OS/ASPR/IO) <Jonathan.Hayes@hhs.gov>
Sent: Sunday, March 22, 2020 4:23 PM
To: Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>
Cc: Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>; Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Parker, Jim (HHS/IOS) <Jim.Parker@hhs.gov>
Subject: Re: Azar communication

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Deliberative & Pre-Decisional

Sent from my iPhone

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Senior Adviser, IOS, HHS

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Summary:

(b)(5)

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);
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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>

<UVGI Effects on the N95 Respirator.pdf>
<3-20 PPE.DOCX>

[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:	Hayes, Jonathan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8CDFB7232DE4428794F2901218BC1360-HAYES, JONA>
Recipient:	Steele, Danielle (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=38849c1f1ea74f2eb9eff75b531a9544-Steele, Dan>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>; Bird, Catherine (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb9d9180497c49c4a06a0dd1f6043dc7-Bird, Cathe>; 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>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Parker, Jim (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7f7ac2e66aa043a6b7cb2eaaf967ffa3-Parker, Jam>
Sent Date:	2020/03/23 10:51:34
Delivered Date:	2020/03/23 10:51:38

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.OUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=8CDFB7232DE4428794F2901218BC1360-HAYES, JONA>
To:	Steele, Danielle (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=38849c1f1ea74f2eb9eff75b531a9544-Steele, Dan>
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Subject:	RE: Azar communication
Date:	2020/03/23 10:51:36
Priority:	Normal
Type:	Note

Here is another letter the group shared with regards to the 340B question.

JH

From: Hayes, Jonathan (OS/ASPR/IO)
Sent: Monday, March 23, 2020 10:46 AM
To: Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>
Cc: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Mango, Paul (HHS/IOS) <Paul.Mango@hhs.gov>; Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Parker, Jim (HHS/IOS) <Jim.Parker@hhs.gov>
Subject: RE: Azar communication

Roger that.

Standing by.

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Subject: RE: Azar communication

Checking with FDA, but I think this information is probably better shared in the format of a meeting if you're referring to outside stakeholders.

Danielle Steele

Senior Advisor, Immediate Office of the Secretary

U.S. Department of Health and Human Services

600E | Direct: 202-205-5748 | Cell: (b)(6)

From: Hayes, Jonathan (OS/ASPR/IO) <Jonathan.Hayes@hhs.gov>

Sent: Monday, March 23, 2020 10:17 AM

To: Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>

Cc: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Mango, Paul (HHS/IOS) <Paul.Mango@hhs.gov>;

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Subject: Re: Azar communication

Can I communicate back # 2?

Also. Status on # 1?

Thank you!

JH

Sent from my iPhone

On Mar 23, 2020, at 9:11 AM, Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>wrote:

FDA replies below, please let me know if there are any further questions!

(b)(5)

(b)(5)

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Subject: Re: Azar communication

Would FDA?

Sent from my iPhone

On Mar 22, 2020, at 5:24 PM, Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov> wrote:

I don't believe CDC has that authority, but I will check back in with them.

Danielle Steele

Senior Adviser, IOS, HHS

Sent from my iPhone

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Thanks Jonathan!

Danielle- can you circle back with CDC on the specific issues below?

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(b)(5)

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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>

<UVGI Effects on the N95 Respirator.pdf>
<3-20 PPE.DOCX>

[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:	Hayes, Jonathan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8CDFB7232DE4428794F2901218BC1360-HAYES, JONA>
Recipient:	Steele, Danielle (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=38849c1f1ea74f2eb9eff75b531a9544-Steele, Dan>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>; Bird, Catherine (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb9d9180497c49c4a06a0dd1f6043dc7-Bird, Cathe>; 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>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Parker, Jim (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7f7ac2e66aa043a6b7cb2eaaf967ffa3-Parker, Jam>
Sent Date:	2020/03/23 10:51:34
Delivered Date:	2020/03/23 10:51:36
Message Flags:	Unread

From:	Trent-Adams, Sylvia (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=650DC3276414421693345147BFAFD132-TRENT-ADAMS>
To:	Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; Orsega, Susan (OS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d8171c34a0cd4581a49f33cb8f60f684-Orsega, Sus>; Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Schwartz, Erica (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=603e84a0e3744a5d8dcdb759f5dcad91-Schwartz, E>
CC:	Valentine, Steven (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fd508090f8984b1caf04069bc6000dc2-Valentine,>; Haddad, Carla (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a0345ed373884c068792954d8f18aa54-Haddad, Car>; Guyton, Cedric (OS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6ad5d331c0f34da2bc5cee2fb20b141b-Guyton, Ced>
Subject:	RE: COVID-19 CCHQ Mission Update 22 MAR 2020
Date:	2020/03/23 11:12:24
Priority:	Normal
Type:	Note

Sir,

Per your request. This data is as of this morning. Let us know if you have any questions.

Thank you,
STA

From: Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>
Sent: Monday, March 23, 2020 10:26 AM
To: Orsega, Susan (OS/OASH) <Susan.Orsega@hhs.gov>; Trent-Adams, Sylvia (HHS/OASH) <Sylvia.Trent-Adams@hhs.gov>; Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>; Schwartz, Erica (HHS/OASH) <Erica.Schwartz@hhs.gov>
Cc: Valentine, Steven (HHS/OASH) <Steven.Valentine@hhs.gov>; Haddad, Carla (HHS/OASH) <Carla.Haddad@hhs.gov>
Subject: RE: COVID-19 CCHQ Mission Update 22 MAR 2020

(b)(5)	(b)(5)
(b)(5)	
(b)(5)	

Brett P. Giroir, MD
 ADM, US Public Health Service
 Assistant Secretary for Health (ASH)
 200 Independence Avenue, SW
 Washington, DC 20201

Office Phone: 202-690-7694

From: Orsega, Susan (OS/OASH) <Susan.Orsega@hhs.gov>
Sent: Sunday, March 22, 2020 9:42 PM
To: Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Trent-Adams, Sylvia (HHS/OASH) <Sylvia.Trent-Adams@hhs.gov>; Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>; Schwartz, Erica (HHS/OASH) <Erica.Schwartz@hhs.gov>
Cc: Valentine, Steven (HHS/OASH) <Steven.Valentine@hhs.gov>; Haddad, Carla (HHS/OASH) <Carla.Haddad@hhs.gov>
Subject: COVID-19 CCHQ Mission Update 22 MAR 2020

Sirs and Ma'ams

As of 22Mar2020 at 2000, **1199** Commissioned Corps have deployed.
Commissioned Corps Headquarters has deployed a total of 784 officers; 281 officers are currently deployed
77 officers are currently deployed for the Community-Based Testing Sites Initiative
****415 Agency Deployments:** ACF (8), CDC (315), CMS (3), FDA (24), IHS (3), Interior (27), NIH (22), USDA (3), VA (10)

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

Director, Commissioned Corps Headquarters
Office of the Surgeon General
United States Public Health Service
U.S. Department of Health and Human Services
1101 Wooten Parkway
Rockville, Maryland 20852
Office Phone: 240-453-6080
Cell phone: (b)(6)
Email: susan.orsega@hhs.gov

Sender:	Trent-Adams, Sylvia (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=650DC3276414421693345147BFAFD132-TRENT-ADAMS>
Recipient:	Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; Orsega, Susan (OS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d8171c34a0cd4581a49f33cb8f60f684-Orsega, Sus>; Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Schwartz, Erica (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=603e84a0e3744a5d8dcbd759f5dcad91-Schwartz, E>; Valentine, Steven (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fd508090f8984b1caf04069bc6000dc2-Valentine,>; Haddad, Carla (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a0345ed373884c068792954d8f18aa54-Haddad, Car>; Guyton, Cedric (OS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6ad5d331c0f34da2bc5cee2fb20b141b-Guyton, Ced>
Sent Date:	2020/03/23 11:12:23
Delivered Date:	2020/03/23 11:12:24

From:	Jennifer Smith MT(ASCP) <jennifer.smith7@ascension.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:	2020/03/23 11:25:38
Priority:	Normal
Type:	Note

Jennifer Smith MT(ASCP)

(b)(6)

March 23, 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 Smith MT(ASCP)

Sender:	Jennifer Smith MT(ASCP) <jennifer.smith7@ascension.org>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/23 11:16:11
Delivered Date:	2020/03/23 11:25:38
Message Flags:	Unread

From:	Robert Levitt (b)(6)
To:	Robert Levitt (b)(6)
Subject:	Dr. Levitt's COVID-19 Update on MORNING 23 March 2020/SENATE BILL OF \$4 TRILLION NEEDED/TASK FORCE: HEED DR. GOTTLIEB'S ED/OP
Date:	2020/03/23 11:19:05
Priority:	Normal
Type:	Note

Dear All,

Below is a short Update of COVID-19 news in journal articles/online articles appearing since last night. A more complete Update will be produced later today. ***This morning I ask the recipients with contacts in Administration and Congress to kindly Forward this latest message to those in power in both branches of Government to prevent a too little too late Senate Bill.***

NYT this morning has a Ed/Op stating that the **Senate COVID-19 Relief Bill is underfunded by more than 50% if you look at the Depression where unemployment was in double digits and solved only by FDR's War Mobilization Effort.**

See: [https://www.nytimes.com/2020/03/22/opinion/coronavirus-recession-](https://www.nytimes.com/2020/03/22/opinion/coronavirus-recession-stimulus.html?te=1&nl=david-)
[stimulus.html?te=1&nl=david-](https://www.nytimes.com/2020/03/22/opinion/coronavirus-recession-stimulus.html?te=1&nl=david-)

[leonhardt&emc=edit_ty_20200323&campaign_id=39&instance_id=16993&segment_id=22609](https://www.nytimes.com/2020/03/22/opinion/coronavirus-recession-stimulus.html?te=1&nl=david-leonhardt&emc=edit_ty_20200323&campaign_id=39&instance_id=16993&segment_id=22609&user_id=e37b7ca2e8bae8d104574a7b4a01f953®i_id=6869412220200323)
[&user_id=e37b7ca2e8bae8d104574a7b4a01f953®i_id=6869412220200323](https://www.nytimes.com/2020/03/22/opinion/coronavirus-recession-stimulus.html?te=1&nl=david-leonhardt&emc=edit_ty_20200323&campaign_id=39&instance_id=16993&segment_id=22609&user_id=e37b7ca2e8bae8d104574a7b4a01f953®i_id=6869412220200323)

We can argue about the details, but the **Senate Bill must be equal to or greater than \$4 TRILLION to counteract a double digit unemployment now. Reread Tassava's economic history during WWII for confirmation:** <https://protect2.fireeye.com/url?k=c3726c82-9f276552-c3725dbd-0cc47a6a52de-81039f96f73191ff&u=https://eh.net/encyclopedia/the-american-economy-during-world-war-ii/>

WSJ has Ed/Op by **Dr. Scott Gottlieb formerly of FDA** which states we need more self-isolation and more mitigation and suppression to succeed against COVID-19. We need to do what South Korea did: test 0.6% of our 330 million population and isolate all who are positive. Until we have a vaccine, **the 'cure' is the test.** More you test, more you find the infected, and more you can isolate.

Gottlieb also says to do all the actions we have discussed in prior Updates. And he adds one more: **FDA could allow multiple therapies to be tested in the same large clinical trial, so let's do these MASTER TRIALS BY FDA.** See: <https://www.wsj.com/articles/how-long-will-the-coronavirus-lockdowns-go-on-11584899513>

WSJ Ed/Op about **clinical human trials with Chloroquine and Z pack to prevent progression of coronavirus to COVID-19 pneumonia** and maybe for prophylaxis. See: <https://www.wsj.com/articles/these-drugs-are-helping-our-coronavirus-patients-11584899438>. I am disappointed that CDC and NIAID did not talk to these clinical trials in China and France at Task Force briefings. **Task Force must cozy up to China: they are making 80% of our meds and all of our generic antibiotics.**

NYT Ed/Op by Stanley McChrystal and SEAL partner about what Task Force and President Trump need to do in the 21st Century in a Disaster:

https://www.nytimes.com/2020/03/23/opinion/coronavirus-mcchrystal-leadership.html?te=1&nl=david-leonhardt&emc=edit_ty_20200323&campaign_id=39&instance_id=16993&segment_id=22609&user_id=e37b7ca2e8bae8d104574a7b4a01f953®i_id=6869412220200323.

Authors bullet point the most important actions: candor, use of digital technology for communication, delegation, distribute authority to act. There are more actions specified in the article.

Be well,
RGL, M.D.

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

Disclaimer: This email expresses the views, thoughts, and opinions of the author and no other organization, group or individual. The information in this email is intended solely for personal non-commercial use. The author may have made unintentional errors. This email may contain copyrighted material; its inclusion in this email constitutes a "fair use" of copyrighted material as provided in Section 107 of the US Copyright Law. If you wish to use the copyrighted material beyond "fair use", you must obtain permission from the copyright owner.

Sent from Outlook

Sender:	Robert Levitt (b)(6)
Recipient:	Robert Levitt (b)(6)
Sent Date:	2020/03/23 11:18:49
Delivered Date:	2020/03/23 11:19:05
Message Flags:	Unread

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.P (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=38849C1F1EA74F2EB9EFF75B531A9544-STEELE, DAN>
To:	Hayes, Jonathan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8cdfb7232de4428794f2901218bc1360-Hayes, Jona>
CC:	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>; Bird, Catherine (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb9d9180497c49c4a06a0dd1f6043dc7-Bird, Cathe>; 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>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Parker, Jim (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7f7ac2e66aa043a6b7cb2eaaf967ffa3-Parker, Jam>
Subject:	RE: Azar communication
Date:	2020/03/23 11:46:33
Priority:	Normal
Type:	Note

FDA is in favor of passing along in the interest of transparency. They just asked that a minor edit be made – please share as drafted below:

(b)(5)

Danielle Steele

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

From: Hayes, Jonathan (OS/ASPR/IO) <Jonathan.Hayes@hhs.gov>
Sent: Monday, March 23, 2020 10:46 AM
To: Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>
Cc: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Mango, Paul (HHS/IOS) <Paul.Mango@hhs.gov>; Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Parker, Jim (HHS/IOS) <Jim.Parker@hhs.gov>
Subject: RE: Azar communication

Roger that.

Standing by.

From: Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>
Sent: Monday, March 23, 2020 10:46 AM
To: Hayes, Jonathan (OS/ASPR/IO) <Jonathan.Hayes@hhs.gov>
Cc: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Mango, Paul (HHS/IOS) <Paul.Mango@hhs.gov>; Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Parker, Jim (HHS/IOS) <Jim.Parker@hhs.gov>
Subject: RE: Azar communication

Checking with FDA, but I think this information is probably better shared in the format of a meeting if you're referring to outside stakeholders.

Danielle Steele

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

From: Hayes, Jonathan (OS/ASPR/IO) <Jonathan.Hayes@hhs.gov>
Sent: Monday, March 23, 2020 10:17 AM
To: Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>
Cc: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Mango, Paul (HHS/IOS) <Paul.Mango@hhs.gov>; Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Parker, Jim (HHS/IOS) <Jim.Parker@hhs.gov>
Subject: Re: Azar communication

Can I communicate back # 2?

Also. Status on # 1?

Thank you!

JH

Sent from my iPhone

On Mar 23, 2020, at 9:11 AM, Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov> wrote:

FDA replies below, please let me know if there are any further questions!

(b)(5)

Danielle Steele

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

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

Sent: Sunday, March 22, 2020 5:27 PM

To: Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>

Cc: Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>; Hayes, Jonathan (OS/ASPR/IO) <Jonathan.Hayes@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Parker, Jim (HHS/IOS) <Jim.Parker@hhs.gov>

Subject: Re: Azar communication

Would FDA?

Sent from my iPhone

On Mar 22, 2020, at 5:24 PM, Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>wrote:

I don't believe CDC has that authority, but I will check back in with them.

Danielle Steele
Senior Adviser, IOS, HHS

Sent from my iPhone

On Mar 22, 2020, at 4:50 PM, Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>wrote:

Thanks Jonathan!

Danielle- can you circle back with CDC on the specific issues below?

From: Hayes, Jonathan (OS/ASPR/IO) <Jonathan.Hayes@hhs.gov>
Sent: Sunday, March 22, 2020 4:23 PM
To: Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>
Cc: Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>; Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Parker, Jim (HHS/IOS) <Jim.Parker@hhs.gov>
Subject: Re: Azar communication

Current guidance in the link does not answer the question on reusing PPE is the feedback I got.

On number 2, we don't think the CDC guidance speaks to decontamination or sterilization methods at this time. We are asking them to vet the methods we speak to and update the CDC guidance to include appropriate decontamination and sterilization methods to extend the use of PPE. Thanks so much. So appreciate the help! Take care. Susan

-JH

Deliberative & Pre-Decisional

Sent from my iPhone

On Mar 22, 2020, at 3:12 PM, Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>wrote:

Great!

ASPR can you confirm that the link Danielle sent does address question 2.

Jim- any update from HRSA?

Sent from my iPhone

On Mar 22, 2020, at 3:10 PM, Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>wrote:

FDA is currently reviewing 2 and 3. CDC has already taken action on 2, which is the link I sent

Danielle Steele

Senior Adviser, IOS, HHS

Sent from my iPhone

On Mar 22, 2020, at 3:09 PM, Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>wrote:

Thanks Danielle,

Can the appropriate policy people look at the three asks and come back with recommendations soon on whether her asks can be moved forward?

Please let me know if I need to convene any conversations for coordination.

Catherine

Sent from my iPhone

On Mar 22, 2020, at 2:57 PM, Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>wrote:

Here is CDC's guidance on reuse of PPE

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

Danielle Steele

Senior Adviser, IOS, HHS

Sent from my iPhone

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I've reached out to FDA and CDC

Danielle Steele
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Can I get confirmation that these items are actively being considered and worked on by the appropriate people?

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Sent: Sunday, March 22, 2020 2:19 PM

To: Hayes, Jonathan (OS/ASPR/IO) <Jonathan.Hayes@hhs.gov>

Cc: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Parker, Jim (HHS/IOS) <Jim.Parker@hhs.gov>; Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>

Subject: Re: Azar communication

Looping in Jim Parker and Danielle Steele who are senior advisors to these operating divisions

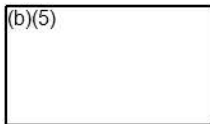
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(b)(5)



(b)(5)

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
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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.

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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.

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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>

<UVGI Effects on the N95 Respirator.pdf>
<3-20 PPE.DOCX>

[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:	Steele, Danielle (HHS/IOS) </o=EXCHANGELABS/ou=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=38849C1F1EA74F2EB9EFF75B531A9544-STEELE, DAN>
Recipient:	Hayes, Jonathan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8cdfb7232de4428794f2901218bc1360-Hayes, Jona>; 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>; Bird, Catherine (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb9d9180497c49c4a06a0dd1f6043dc7-Bird, Cathe>; 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>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Parker, Jim (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7f7ac2e66aa043a6b7cb2eaaf967ffa3-Parker, Jam>
Sent Date:	2020/03/23 11:46:31
Delivered Date:	2020/03/23 11:46:33

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.P (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=38849C1F1EA74F2EB9EFF75B531A9544-STEELE, DAN>
To:	Hayes, Jonathan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8cdfb7232de4428794f2901218bc1360-Hayes, Jona>
CC:	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>; Bird, Catherine (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb9d9180497c49c4a06a0dd1f6043dc7-Bird, Cathe>; 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>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Parker, Jim (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7f7ac2e66aa043a6b7cb2eaa967ffa3-Parker, Jam>
Subject:	RE: Azar communication
Date:	2020/03/23 11:46:32
Priority:	Normal
Type:	Note

FDA is in favor of passing along in the interest of transparency. They just asked that a minor edit be made – please share as drafted below:

(b)(5)

Danielle Steele

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

From: Hayes, Jonathan (OS/ASPR/IO) <Jonathan.Hayes@hhs.gov>
Sent: Monday, March 23, 2020 10:46 AM
To: Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>
Cc: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Mango, Paul (HHS/IOS) <Paul.Mango@hhs.gov>; Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Parker, Jim (HHS/IOS) <Jim.Parker@hhs.gov>
Subject: RE: Azar communication

Roger that.

Standing by.

From: Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>
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To: Hayes, Jonathan (OS/ASPR/IO) <Jonathan.Hayes@hhs.gov>
Cc: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Mango, Paul (HHS/IOS) <Paul.Mango@hhs.gov>; Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Parker, Jim (HHS/IOS) <Jim.Parker@hhs.gov>
Subject: RE: Azar communication

Checking with FDA, but I think this information is probably better shared in the format of a meeting if you're referring to outside stakeholders.

Danielle Steele

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U.S. Department of Health and Human Services
600E | Direct: 202-205-5748 | Cell: (b)(6)

From: Hayes, Jonathan (OS/ASPR/IO) <Jonathan.Hayes@hhs.gov>
Sent: Monday, March 23, 2020 10:17 AM
To: Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>
Cc: Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Mango, Paul (HHS/IOS) <Paul.Mango@hhs.gov>; Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Parker, Jim (HHS/IOS) <Jim.Parker@hhs.gov>
Subject: Re: Azar communication

Can I communicate back # 2?

Also. Status on # 1?

Thank you!

JH

Sent from my iPhone

On Mar 23, 2020, at 9:11 AM, Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov> wrote:

FDA replies below, please let me know if there are any further questions!

(b)(5)

Danielle Steele

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

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

Sent: Sunday, March 22, 2020 5:27 PM

To: Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>

Cc: Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>; Hayes, Jonathan (OS/ASPR/IO) <Jonathan.Hayes@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Parker, Jim (HHS/IOS) <Jim.Parker@hhs.gov>

Subject: Re: Azar communication

Would FDA?

Sent from my iPhone

On Mar 22, 2020, at 5:24 PM, Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>wrote:

I don't believe CDC has that authority, but I will check back in with them.

Danielle Steele
Senior Adviser, IOS, HHS

Sent from my iPhone

On Mar 22, 2020, at 4:50 PM, Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>wrote:

Thanks Jonathan!

Danielle- can you circle back with CDC on the specific issues below?

From: Hayes, Jonathan (OS/ASPR/IO) <Jonathan.Hayes@hhs.gov>
Sent: Sunday, March 22, 2020 4:23 PM
To: Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>
Cc: Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>; Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Parker, Jim (HHS/IOS) <Jim.Parker@hhs.gov>
Subject: Re: Azar communication

Current guidance in the link does not answer the question on reusing PPE is the feedback I got.

On number 2, we don't think the CDC guidance speaks to decontamination or sterilization methods at this time. We are asking them to vet the methods we speak to and update the CDC guidance to include appropriate decontamination and sterilization methods to extend the use of PPE. Thanks so much. So appreciate the help! Take care. Susan

-JH

Deliberative & Pre-Decisional

Sent from my iPhone

On Mar 22, 2020, at 3:12 PM, Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>wrote:

Great!

ASPR can you confirm that the link Danielle sent does address question 2.

Jim- any update from HRSA?

Sent from my iPhone

On Mar 22, 2020, at 3:10 PM, Steele, Danielle (HHS/IOS) <Danielle.Steele@hhs.gov>wrote:

FDA is currently reviewing 2 and 3. CDC has already taken action on 2, which is the link I sent

Danielle Steele

Senior Adviser, IOS, HHS

Sent from my iPhone

On Mar 22, 2020, at 3:09 PM, Bird, Catherine (OS/OGC) <Catherine.Bird@hhs.gov>wrote:

Thanks Danielle,

Can the appropriate policy people look at the three asks and come back with recommendations soon on whether her asks can be moved forward?

Please let me know if I need to convene any conversations for coordination.

Catherine

Sent from my iPhone

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Deliberative, Pre-Decisional, FOUO, SBU, Close Hold

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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>

<UVGI Effects on the N95 Respirator.pdf>
<3-20 PPE.DOCX>

[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:	Steele, Danielle (HHS/IOS) </o=EXCHANGELABS/ou=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=38849C1F1EA74F2EB9EFF75B531A9544-STEELE, DAN>
Recipient:	Hayes, Jonathan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8cdfb7232de4428794f2901218bc1360-Hayes, Jona>; 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>; Bird, Catherine (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb9d9180497c49c4a06a0dd1f6043dc7-Bird, Cathe>; 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>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Parker, Jim (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7f7ac2e66aa043a6b7cb2eaaf967ffa3-Parker, Jam>
Sent Date:	2020/03/23 11:46:31
Delivered Date:	2020/03/23 11:46:32
Message Flags:	Unread

From:	Phillips, Sally (OS/ASPR/SPPR) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=5D6CE8134846423CB83B5B28464EDB60-PHILLIPS, S>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	FW: PPE prioritization policy papers
Date:	2020/03/23 11:48:56
Priority:	Normal
Type:	Note

Dr. Kadlec,

I will follow up with John Redd to see how he would like to proceed with these papers. (b)(5)

(b)(5)

Thank you
Sally

PPE allocation continues to be a concern Please find attached two policy papers SPPR worked on after the DLG on PPE prioritization.

(b)(5)

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

Deputy Assistant Secretary
Director, Office of Incident Command and Control (Acting)
Director, Office of Strategy, Policy, Planning, and Requirements (SPPR)
Office of the Assistant Secretary for Preparedness and Response (ASPR)

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

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

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

Sender: Phillips, Sally (OS/ASPR/SPPR) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

	(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=5D6CE8134846423CB83B5B28464EDB60-PHILLIPS, S>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Sent Date:	2020/03/23 11:48:54
Delivered Date:	2020/03/23 11:48:56
Message Flags:	Unread

From:	Ann Taylor <ann.taylor@imail2.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:	2020/03/23 12:03:19
Priority:	Normal
Type:	Note

Ann Taylor

(b)(6)

March 23, 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,
Ann Taylor

Sender:	Ann Taylor <ann.taylor@imail2.org>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/23 11:56:14
Delivered Date:	2020/03/23 12:03:19
Message Flags:	Unread

From:	Lisa Marie Cheney <LisaMarie@innovativebusinessgroup.net>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	Opportunity to speak by phone
Date:	2020/03/23 12:03:15
Priority:	Normal
Type:	Note

Bob,

I hope this email finds you well, as I know it finds you very busy with the current crisis. You and I have yet to meet in person, but five years ago, I used to work with Jim Ervin at Ervin Hill Strategies. I served as a VP at his firm and he always spoke very highly of you. I left Jim's firm and started my own BD firm back in 2015—then served for 8 months on the Trump Transition as head of the National Security Council Landing Team. I did not enter the Administration post transition as two of my three children were in the final years of H.S. and I wanted to have time with them before they left the nest—and now here we are—they are home from college about to embark on distance learning. I have maintained an advisory role at DoD, and was appointed to the Nuclear Energy Advisory Board for DoE. I wanted to provide you with a little bit of background so you did not think I was reaching out of the blue!

I have been working with several of my client companies on how we can use current COTs projects to help in this time of urgent need—in this case to help manage and track critical medical assets and infrastructure.

One of the companies I work with is Symetrica, a U.K. based company with a U.S. presence in Mass. We have been working with DHS-CWMD and CBP on a technology called RAPIID, outlined below and in the attachment. We have begun launching the technology in the U.K. with much success, and I wanted to also send it to you for your review as a possible use case for the U.S. HHS.

We're rapidly spinning up a program to develop a Common Viewer/RAPIID for COVID-19 response. Its focus is on the more efficient tracking and analysis of patient data as the virus spreads and the existing infrastructure starts to get overwhelmed. Looking at Italy as what we need to prepare for it's obvious the healthcare system will need to do far more with the same resources. One of the concerns is the setup of austere-hospitals to care for the COVID-19 patients thus allowing the main hospitals to take on the critically ill. The challenge is enabling these austere facilities with little infrastructure can track and report patient data clearly with a minimum of material in an extremely challenging and dynamic situation. This RAPIID dashboard would likely be a very needed asset for NYC, and other cities and states facing rapid large scale outbreaks.

The capability we have could connect every patient and healthcare professional into the system. This would then uniquely record every stage of a patient's journey during treatment /aftercare. There is no local software – just web UI on their own devices. To do this – we have a device

agnostic data platform that was designed to ingest, display, manage and report huge quantities of legacy (security) data from a huge number of connected assets. The architecture uses tools like those employed by Google and Facebook to retrieve and display data from a vast data repository on a secure amazon cloud. The architecture is also two way – so can push controls to those legacy data sources if they have the ability to be controlled.

The solution would

- • Record care data
 - • What and when
 - • Entry and exit of patients into facilities
 - • By whom
- • Enable analysis of the data
 - • Automatically collect metrics
 - • Provide real time analysis dashboards
 - • Allow trend analysis of individual patient data or groups of patients
 - • Where legacy equipment is used – this can be ingested through API or reverse data engineering from proprietary formats.

The system also has a built in training facility to help with issues from rapidly changing and temporary staff in these facilities which is critical. This may be ideal to support a shortage of care staff. We would need the content – it takes videos and slides etc. It will also stop you doing something if you do not have the training up to date – meaning if guidelines change – these can be rolled out.

Each device would connect via a local WiFi or 3/4G. Care stations in pop-up hospitals could be instrumented with an industrial PC coupled to a touch screen (simpler to deep clean compared to laptop/ workstation) that presents the data for all the patients the user is authorised to see.

I would really like to set up a conference call with you and the VP of Symetrica to discuss the capability further, and how we can help HHS and cities and states on the U.S. Thank you Bob, I look forward to hearing back from you. Stay safe!

All The Best,
Lisa Marie Cheney
President
Innovative Business Group
lisamarie@innovativebusinessgroup.net
703-370-2882
(b)(6) (cell)



2017 IBG Logo - Copy (002)

Sender:	Lisa Marie Cheney <LisaMarie@innovativebusinessgroup.net>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Sent Date:	2020/03/23 12:02:23
Delivered Date:	2020/03/23 12:03:15
Message Flags:	Unread

From:	John Doerr <jdoerr@kpcb.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
CC:	Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>; Brady, Will (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fa197652dadf4048ad6764b3f9d4a528-Brady, Will>; Chris Klomp <chris.klomp@collectivemedicaltech.com>
Subject:	Collective Medical real time hospital COVID network
Date:	2020/03/23 12:07:05
Priority:	Normal
Type:	Note

Hello again, Alex.
And Paul and Bill.

I hope this mail finds you well. Thank you for your leadership in our national emergency.

Collective Medical is a Kleiner-backed, Salt Lake City, UT company that has worked with the Administration for years on interoperability initiatives. (President Trump planned to highlight Collective during his HIMSS keynote address for their work on the opioid epidemic.).

Collective is the leader in ADT networks that track real-time admissions, discharges and transfers of individual patients in hospital emergency rooms and inpatient settings with approximately 1,000 hospitals, and many additional providers and payers, on its network. They serve over 20% of U.S. hospitals across 35 states. <https://protect2.fireeye.com/url?k=93540ba3-cf010273-93543a9c-0cc47a6a52de-f2de2a9f28b30889&u=https://collectivemedical.com/adt-based-care-collaboration/>

Collective has received many requests over the past few days from various individuals within or associated with the COVID-19 task forces from the White House, HHS, or CDC.

There is strong and urgent interest in implementing a nationwide system that

- •
provides real-time inventory management of acute care hospital beds and ED utilization, and that
- •
tracks patient demand on healthcare resources across the country, down to the individual patient and hospital.

The requests are based on a recommendation by the Imperial College COVID-19 Response Team that federal and state health officials should have a real-time understanding of healthcare resource availability and management, so they can better balance and meet demand for those resources via school closures, social distancing, etc.

No organization in the country can on its own deliver such a system in the time frame needed to address the current pandemic, even though some may claim otherwise.

Collective has recently met with other industry players—including Juvare (which operates emergency response systems in approximately 40 states) and PatientPing (which also has close to 1,000 hospitals on its network), each of whom have also received requests for help. Each is willing to join their networks and technology together. Collective believes that together they can cover approximately **50% of the acute hospitals in the country within two weeks. Based on discussions with additional industry players who are also committing their data, Collective believes it can reach at least 80% hospital coverage within 60 days.** The system would permit officials to understand, in real-time, hospital bed availability, patient presentation by complaint and diagnosis, patient disposition, etc. The teams' data scientists are already working to build-out dashboards to simplify the presentation of this information to make it actionable.

So, the technology and data exist, but must be stitched together; the coalition agrees that Collective will lead the effort to simplify and speed up execution. I asked Chris Klomp, Collective's CEO, what they need; he said three things:

- •

Operational. Need a mandate to aggregate the data, a contract to do so, and a principal user/"customer" with whom to interact and provide the information.

- •

Regulatory. Need an executive order/legal air cover to aggregate data on a patient-identified basis and make available to state and federal officials so as not to violate federal (i.e. HIPAA) and various state statutes/regulations governing patient privacy.

- •

Resources. This will be a major lift, upfront and ongoing, that will consume all of Collective's resources. Based on the requests already being made, Collective anticipates that as the data is available, they may be overwhelmed by requests for additional features, analytics, dashboards from state and federal officials.

Many federal stakeholders within HHS are recommending this approach, including:

- •

Kristen Finne, Director & Sr. Program Analyst, Assistant Secretary for Preparedness and Response (ASPR/HHS)

- •

John Rancourt, Director, Interoperability Division, Office of the National Coordinator for Health IT (ONC)

- •

Tom Novak, Medicaid Interoperability Lead, ONC/CMS

- •

Larry Jessup, Branch Chief, HHS/ONC

- •

Rachel Abbey, Program Officer, OSCP

- •

Alex Kontur, Public Health Analyst, ONC

- •

Daniel Chaput, IT Specialist, ONC

- •

Elizabeth Palena Hall, Long-term and PAC coordinator, US DHHS, ONC

- •

Carmen Smiley, IT analyst, ONC

Industry stakeholders associated with the HHS/VPOTUS COVID-19 task force who have been tasked with assessing potential solutions appear to be recommending this approach:

- •

John Means, McKinsey

- •

William Weinstein, McKinsey

- •

David Caluori, Welsh Carson

- •

Mark Tomaino, Welsh Carson

The attached letter was recently forwarded by Mark Tomaino (above) to the following federal stakeholders who are now aware:

- •

Tracie Lattimore, Senior Policy Advisor, White House Office of Science and Technology Policy

- •

Robert Shankman, GIS Branch Chief, Health and Human Services

Secretary Azar, if this remains a priority as part of the Administration's pandemic response, I suggest that **Collective Medical meet directly with members of the task force** to present a detailed plan rather than continuing to work through proxies. The team will meet in DC immediately and I stand by to help however I can. Let us know the best next step(s).

And thank you for your service and sacrifices. Onward!

John Doerr, Chairman Kleiner Perkins

jdoerr@kpcb.com

m (b)(6)

Chris Klomp, CEO Collective

ck@collectivemedical.com

m (b)(6)

P.S. Secretary Azar, at the risk of overcommunicating, I'm sending this note to Jared, Administrator Verma, Adam Boehler, Brad Smith, and Chris Liddell. Should I contact others?

###



#StayHome - <https://protect2.fireeye.com/url?k=0ddd9bc9-51889219-0dddaaf6-0cc47a6a52de-9c3e7d5d2425757f&u=https://www.stayhomesavelives.us/>

Important: See attached letter.

Attachments a

Sender:	John Doerr <jdoerr@kpcb.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>; Brady, Will (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fa197652dadf4048ad6764b3f9d4a528-Brady, Will>; Chris Klomp <chris.klomp@collectivemedicaltech.com>
Sent Date:	2020/03/23 12:05:51
Delivered Date:	2020/03/23 12:07:05

From:	Gary Tozbikian <(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:	2020/03/23 12:15:33
Priority:	Normal
Type:	Note

Gary Tozbikian

(b)(6)

March 23, 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,
Gary Tozbikian

Sender:	Gary Tozbikian <(b)(6)>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/23 12:06:15
Delivered Date:	2020/03/23 12:15:33
Message Flags:	Unread

From:	Nancy Rodgers (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:	2020/03/23 12:28:06
Priority:	Normal
Type:	Note

Nancy Rodgers

(b)(6)

March 23, 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,
Nancy Rodgers

Sender:	Nancy Rodgers (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/23 12:26:16
Delivered Date:	2020/03/23 12:28:06
Message Flags:	Unread

From:	Robert Rutkowski (b)(6)
To:	HHS Secretary (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5e3fce8f00194d8d94fc91094888d811-HHS Secreta>; Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
CC:	Keith Abouchar <keith.abouchar@mail.house.gov>
Subject:	How to Reduce COVID-19 Spread in Long-Term Care Facilities
Date:	2020/03/23 12:29:45
Priority:	Normal
Type:	Note

Alex Azar, Secretary of Health and Human Services
Office of the Secretary
U.S. Department of Health & Human Services
200 Independence Avenue, S.W., Mail Stop: FL6- 638G.47
Washington, D.C. 20201
Phone: 202-690-7000
Secretary@HHS.gov, Alex.Azar@hhs.gov

Re: How to Reduce COVID-19 Spread in Long-Term Care Facilities

Dear Secretary:

Long-term care facilities (LTCFs), including nursing homes, skilled nursing facilities, and assisted living facilities, take care of some of the most vulnerable populations, including elderly people and those with chronic medical conditions. This, coupled with the proximity in which the residents live, staffing shortages, and often poor infection control measures, makes them highly susceptible to infectious disease spread, including the current outbreak of coronavirus disease 2019 (COVID-19).

Read
How to Reduce COVID-19 Spread in Long-Term Care Facilities
<http://www.centerforhealthsecurity.org/cbn/2020/cbnreport-03232020.html>

Thank you for the opportunity to bring this JHU post to your attention.

Yours sincerely,
Robert E. Rutkowski

cc:
Representative Steny Hoyer
House Majority Leader
Legislative Correspondence Team
1705 Longworth House Office Building
Washington DC 20515
Office: (202) 225-4131
Fax: (202) 225-4300
keith.abouchar@mail.house.gov

2527 Faxon Court

(b)(6)

P/F: (b)(6)

E-mail (b)(6)

Sender:	Robert Rutkowski (b)(6)
Recipient:	HHS Secretary (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5e3fce8f00194d8d94fc91094888d811-HHS Secreta>;

	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>; Keith Abouchar <keith.abouchar@mail.house.gov>
Sent Date:	2020/03/23 12:29:28
Delivered Date:	2020/03/23 12:29:45
Message Flags:	Unread

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.UP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A182EDA693D040D3832BAE6EFCF7A255-KADLEC, ROB>
To:	Murphy, Ryan (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Waters, Cicely (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00e638c4ddf64006bcc009e8032dd700-Waters, Cic>; Michael, Gretchen (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0632b4526d6447b5af26552afde05c33-Michael, Gr>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>
Subject:	Fwd: Covid-19 quarantine
Date:	2020/03/23 12:37:27
Priority:	Normal
Type:	Note

Fysa

Sent from my iPhone

Begin forwarded message:

From: Sandy Franklin (b)(6)
Date: March 23, 2020 at 12:24:15 PM EDT
To: "Scharf-Bell, Helga (OS/ASPR/EMMO)" <Helga.Scharf-Bell@hhs.gov>, "kevin.yesky@hhs.gov" <kevin.yesky@hhs.gov>, "Kadlec, Robert (OS/ASPR/IO)" <Robert.Kadlec@hhs.gov>, "Deon@fcmsor.com" <Deon@fcmsor.com>
Subject: Covid-19 quarantine

Good afternoon,

My name is Sandra Franklin. My husband Kelly and I were quarantined at Dobbins Air Reserve Base at Bldg #800 in Georgia from Wednesday, March 11th thru Wednesday, March 18, 2020 immediately following our disembarking the Grand Princess.

I want to take this time to thank each and everyone of the men and women who were involved with this unprecedented event. We witnessed some very angry people who took out their frustration on some of you or your team. We didn't share the same opinion as some of our fellow guests. I know I can only speak on the behalf of the group of six that we were traveling with. We just wanted you to know how much we appreciate you, your team and Governor Kemp for your great care of us and of course the Chick Fillet was a very nice surprise.

A big **THANK YOU** for your service!!
Sandra Franklin

Sender:	Kadlec, Robert (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A182EDA693D040D3832BAE6EFCF7A255-KADLEC, ROB>
Recipient:	Murphy, Ryan (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Waters, Cicely (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00e638c4ddf64006bcc009e8032dd700-Waters, Cic>; Michael, Gretchen (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0632b4526d6447b5af26552afde05c33-Michael, Gr>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>
Sent Date:	2020/03/23 12:37:26
Delivered Date:	2020/03/23 12:37:27

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>; Wright, Janet (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=41f672e2527b4f44891fb4f8e08cdfd-Wright, Jan>
Subject:	FW: Trump signals growing skepticism about coronavirus lockdown
Date:	2020/03/23 12:39:41
Priority:	Normal
Type:	Note

FYI. Sir, quotes from your interviews this morning are woven in. I've highlighted below.

From: POLITICO Pro <politicoemail@politicopro.com>
Sent: Monday, March 23, 2020 12:35 PM
To: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Subject: Trump signals growing skepticism about coronavirus lockdown

Trump signals growing skepticism about coronavirus lockdown

By Quint Forgey

03/23/2020 12:34 PM EDT

President Donald Trump on Sunday night appeared to suggest he would soon consider relaxing federal guidelines meant to combat the coronavirus pandemic — even as senior administration officials promoted those measures as critical to preventing further loss of life and predicted a grim week ahead.

"WE CANNOT LET THE CURE BE WORSE THAN THE PROBLEM ITSELF," Trump wrote on Twitter shortly before midnight. "AT THE END OF THE 15 DAY PERIOD, WE WILL MAKE A DECISION AS TO WHICH WAY WE WANT TO GO!"

The president's message referred to the administration's "15 Days to Slow the Spread" initiative, announced last Monday, which urged Americans to practice social distancing; avoid gatherings of more than 10 people; work or attend school from home whenever possible; and abstain from eating or drinking at bars, restaurants and food courts.

At the White House coronavirus task force's daily press briefing Sunday, Vice President Mike Pence noted that the country was seven days into the effort and praised Americans' participation thus far.

"With the cooperation, compassion, generosity, and prayers of the American people, we can slow the spread, we can protect the most vulnerable, and we can heal our land," Pence said. "So let's

do it, America."

But while the guidance is helping "flatten the curve" of infected individuals within the United States, it has also contributed to a precipitous drop in economic activity.

Even more stringent directives issued by state and local authorities, such as large-scale "shelter-in-place" orders, have similarly spooked financial markets and provoked fears of an imminent recession.

On Monday morning, Trump signaled growing skepticism regarding those health-related lockdowns, retweeting a handful of accounts that proposed Americans return to work in the near future and advocated for a resumption of daily life in the U.S.

"The fear of the virus cannot collapse our economy that President Trump has built up," read a tweet shared by the president. "We The People are smart enough to keep away from others if we know that we are sick or they are sick! After 15 days are over the world can begin to heal!"

In another post Trump retweeted, a Twitter user wrote that after 15 days, "we keep the high risk groups protected as necessary and the rest of us go back to work."

The president's social media activity came as Surgeon General Jerome Adams made a string of appearances on morning news shows, repeatedly cautioning that the coming days would prove among the most difficult in Americans' fight against the public health crisis.

Adams is one of a number of senior administration officials who have argued that social distancing recommendations will need to be sustained, not slackened, to curb the swift spread of Covid-19, and cautioned that the its threat to Americans will last longer than initially thought.

"I want America to understand: This week, it's going to get bad," Adams told NBC's "Today" show, adding that "we really, really need everyone to stay at home."

The increased availability of testing and the disease's rapid rate of transmission are expected to result in an eruption of new cases of Covid-19, which has already infected more than 35,000 people across all 50 states and produced at least 473 deaths. Because of limited testing capacity, experts agree the actual number of positive cases is much higher.

"As the nation's doctor, I'm here to help America understand how we need to respond to this," Adams said Monday, when pressed on Trump's weekend tweet previewing an impending "decision" on the administration's response efforts.

"And where I come down is that every single day counts," the surgeon general continued. "Every single second counts. And right now, there are not enough people out there who are taking this seriously."

In an interview last Wednesday with NBC, Adams acknowledged that 15 days of preventative measures is "likely not going to be enough" time to successfully halt the spread of the coronavirus in the U.S.

Pence, who is leading the administration's management of the outbreak, offered an even bleaker prediction a day earlier, saying that "according to some of our modeling, we could well be dealing with coronavirus cases in the United States well into July."

Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, also offered an inconclusive response when asked last Friday how long Americans would have to remain socially distant.

"I cannot see that all of a sudden, next week or two weeks from now, it's going to be over," he said. "I don't think there's a chance of that. I think it's going to be several weeks."

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

Those dire assessments clash with rising protests from some of the president's conservative allies that the economic devastation wrought by "social distancing" could be "worse" than the coronavirus' human toll.

"I think it is soon becoming time to have old and/or sick people take every precaution and healthy people go back to work forever changed [with] new habits in a grimmer reality," tweeted Matt Schlapp, the chairman of the American Conservative Union.

Fox News host Laura Ingraham expressed frustration with the uncertain time frame for the federal government's guidelines, tweeting that returning to work after 15 days "will require new protocols," including wearing personal protective equipment.

"A global recession would be worse for our people than the Great Depression. Doctors provide medical treatment and cures—they should not be the determinative voices in policy making now or at the end of 15 days," Ingraham wrote.

"Even another week of this will mean millions more out of work, massive damage to businesses big and small, rental incomes, families at every income level, horrific pain and suffering," she added. "But if we knew this was almost over, recovery would be easier."

Lloyd Blankfein, the former CEO of Goldman Sachs, also asserted that while "extreme measures to flatten the virus 'curve'" were reasonable to "stretch out the strain" on health care systems, "crushing the economy, jobs and morale is also a health issue-and beyond."

"Within a very few weeks let those with a lower risk to the disease return to work," he tweeted.

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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>; Wright, Janet (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=41f672e2527b4f44891fb4fbe08cdfd-Wright, Jan>
Sent Date:	2020/03/23 12:39:40
Delivered Date:	2020/03/23 12:39:41

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To:	Trueman, Laura (HHS/IEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=99dcb4c6ea342c08d58f63e37d997e7-Trueeman, La>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>
CC:	Valentine, Steven (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fd508090f8984b1caf04069bc6000dc2-Valentine,>; 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>; Haddad, Carla (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a0345ed373884c068792954d8f18aa54-Haddad, Car>; Haigwood, Patricia (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6f7552ba649f42369f5d2cce45889841-Haigwood, P>; Polowczyk, John P (MIL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b9601fb487104533a91fbf61381d884e-john.p.polo>; Swartz, Nathan M (MIL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e9372b6ef33c43d8b4a8f13be6391727-nathan.m.sw>
Subject:	RE: Honda Production
Date:	2020/03/23 12:45:24
Priority:	Normal
Type:	Note

Copying in Swartz so he can find someone to take this call . . .

From: Trueman, Laura (HHS/IEA) <Laura.Trueman@hhs.gov>
Sent: Monday, March 23, 2020 11:27 AM
To: Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>
Cc: Valentine, Steven (HHS/OASH) <Steven.Valentine@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Yeskey, Kevin (OS/ASPR/IO) <Kevin.Yeskey@hhs.gov>; Smith, Brad (CMS/OA) <Brad.Smith@cms.hhs.gov>; Haddad, Carla (HHS/OASH) <Carla.Haddad@hhs.gov>; Haigwood, Patricia (HHS/OASH) <Patricia.Haigwood@hhs.gov>; Polowczyk, John P (MIL) <john.p.polowczyk.mil@mail.mil>
Subject: RE: Honda Production

We can arrange a call with Honda.
Please identify who you want to be on it.

Laura

From: Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>
Sent: Monday, March 23, 2020 10:25 AM
To: Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>
Cc: Valentine, Steven (HHS/OASH) <Steven.Valentine@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Yeskey, Kevin (OS/ASPR/IO) <Kevin.Yeskey@hhs.gov>; Smith, Brad (CMS/OA) <Brad.Smith@cms.hhs.gov>; Haddad, Carla (HHS/OASH) <Carla.Haddad@hhs.gov>; Haigwood, Patricia (HHS/OASH) <Patricia.Haigwood@hhs.gov>; Polowczyk, John P (MIL) <john.p.polowczyk.mil@mail.mil>;

Trueman, Laura (HHS/IEA) <Laura.Trueman@hhs.gov>

Subject: Re: Honda Production

+Laura Trueman to help w JIC External Affairs coordination on it

Sent from my iPhone

On Mar 23, 2020, at 10:22 AM, Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov> wrote:

There needs to be an intro call to them – Brian? Brad? Someone from RADM P's shop? I am happy to do so but not my exact lane

We need to get them on board for something

Brett P. Giroir, MD

ADM, US Public Health Service

Assistant Secretary for Health (ASH)

200 Independence Avenue, SW

Washington, DC 20201

Office Phone: 202-690-7694

From: Valentine, Steven (HHS/OASH) <Steven.Valentine@hhs.gov>

Sent: Monday, March 23, 2020 10:19 AM

To: Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>

Cc: Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Haddad, Carla (HHS/OASH) <Carla.Haddad@hhs.gov>; Haigwood, Patricia (HHS/OASH) <Patricia.Haigwood@hhs.gov>

Subject: FW: Honda Production

Sirs,

Request below from Honda North America – they have three large factories and 30k employees idle in U.S. and want to help with production. They just need a POC.

Let me know who to direct to.

Thank you,

Steven

Confidential pre-decisional deliberative process

From: Steven Valentine <(b)(6)>

Sent: Monday, March 23, 2020 10:07 AM

To: Valentine, Steven (HHS/OASH) <Steven.Valentine@hhs.gov>

Subject: Fwd: Honda Production

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

From: **Jeff Beck** <jeff_beck@hna.honda.com>

Date: Mon, Mar 23, 2020 at 10:06 AM

Subject: Honda Production

To: (b)(6) <(b)(6)>

Hey Seven!

Sorry for emailing your personal rather than your official – I know you gave me your card but I can't find it but I still had this one.

As you can see from my email, I'm now working at Honda. We are trying to find a way to help during this Coronavirus pandemic, but despite having three large factories in the U.S. and 30k employees who are currently not building cars and want to help, we are having a heck of a time trying to find the information we need to help. The WH task force doesn't seem to have a point person and we are getting run around in circles.

In particular, we are looking for a list of what is needed, and critically, some basic production information so we can find out if it is feasible for us to jump in within a reasonable amount of time (for example, retooling for ventilators would likely take so long that we would likely be through this by the time we are up and running).

Does HHS have this information? If so, can you send it to me?

Feel free to give me a call if that is easier – (b)(6) Thanks!

Jeff Beck

Honda North America, Inc.
1001 G Street, NW
Suite 950W
Washington, DC 20001

Which automaker has 6 of the top 10 most Made-In-America vehicles?

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Sender:	Smith, Brad (CMS/OA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D8094AF80B6445C2A592223E5C69BD45-SRVN>
Recipient:	Trueman, Laura (HHS/IEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=99dcba4c6ea342c08d58f63e37d997e7-Trueeman, La>;

Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; Valentine, Steven (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fd508090f8984b1caf04069bc6000dc2-Valentine,>; 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>; Haddad, Carla (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a0345ed373884c068792954d8f18aa54-Haddad, Car>; Haigwood, Patricia (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6f7552ba649f42369f5d2cce45889841-Haigwood, P>; Polowczyk, John P (MIL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b9601fb487104533a91fbf61381d884e-john.p.polo>; Swartz, Nathan M (MIL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e9372b6ef33c43d8b4a8f13be6391727-nathan.m.sw>

Sent Date: 2020/03/23 12:45:23

Delivered Date: 2020/03/23 12:45:24

From:	Brenda Barnes (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:	2020/03/23 12:51:19
Priority:	Normal
Type:	Note

Brenda Barnes

(b)(6)

March 23, 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,
Brenda Barnes

Sender:	Brenda Barnes (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/23 12:46:17
Delivered Date:	2020/03/23 12:51:19
Message Flags:	Unread

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.UP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A182EDA693D040D3832BAE6EFCF7A255-KADLEC, ROB>
To:	Imbriale, Samuel (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user7e54524>
Subject:	Fwd: ASPR Phone Call
Date:	2020/03/23 13:00:46
Priority:	Normal
Type:	Note

Note NJ Vent requirement remains 400

Sent from my iPhone

Begin forwarded message:

From: "Herrmann, Jack (OS/ASPR/OEA)" <John.Herrmann@hhs.gov>
Date: March 23, 2020 at 12:59:17 PM EDT
To: "Kadlec, Robert (OS/ASPR/IO)" <Robert.Kadlec@hhs.gov>
Subject: FW: ASPR Phone Call

Dr. Kadlec,

Judy's number is (b)(6) Please see the email she sent this morning. I asked her to provide me a best guess of how many ventilators of their current 1700 are in use, but haven't heard back from her.

Jack Herrmann, MEd, NCC, LMHC
 Director (Acting), National Healthcare Preparedness Programs
 Office of Emergency Management and Medical Operations, Readiness Division
 Office of the Assistant Secretary for Preparedness and Response

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

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From: Persichilli, Judith M <Judith.Persichilli@doh.nj.gov>
Sent: Monday, March 23, 2020 8:47 AM
To: Herrmann, Jack (OS/ASPR/OEA) <John.Herrmann@hhs.gov>
Subject: RE: ASPR Phone Call

Unfortunately the information on vents is not encouraging. Right now we have about 2000 licensed critical care beds in NJ and we have on hand 1700 vents total. Our concern is that not only should we have a 1:1 ratio CC beds to vents but have more on reserve for a surge. It looks like our initial request of 400 is low but will take whatever you can give us.

Judith M. Persichilli, RN, BSN, MA
Commissioner
New Jersey Department of Health



untitled



PHAB

From: Herrmann, Jack (OS/ASPR/OEA) <John.Herrmann@hhs.gov>
Sent: Sunday, March 22, 2020 7:24 PM
To: Persichilli, Judith M <Judith.Persichilli@doh.nj.gov>
Subject: [EXTERNAL] ASPR Phone Call

Dear Judy,

Thank you so much for taking the call with Dr. Kadlec and me. It was extremely helpful to hear the work that you are doing to address COVID-19 in New Jersey and the far-leaning posture you are taking. When you do have a number of how many ventilators you would need in the near term, please let me know. As I shared, your initial request was 400 and given the limited supply we currently have in the Strategic National Stockpile and the need to disseminate these across the country, we wanted to explore whether or not the 400 requested was what was currently needed to address the COVID-19 response in your state.

I look forward to hearing from you tomorrow.

Warm Regards,
Jack

Jack Herrmann, MEd, NCC, LMHC
Director (Acting), National Healthcare Preparedness Programs
Office of Emergency Management and Medical Operations, Readiness Division
Office of the Assistant Secretary for Preparedness and Response

HEALTH AND HUMAN SERVICES (DHHS) | Thomas P. O'Neill Federal Building | 200 C Street SW | Washington, DC 20515
o. (202) 205-5886 | m. (b)(6)
jack.herrmann@hhs.gov | <https://protect2.fireeye.com/url?k=b6854cae-ead155d2-b6857d91-0cc47adc5fa2-0487f6c903216b3f&u=http://www.phe.gov/>

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Sender:	Kadlec, Robert (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A182EDA693D040D3832BAE6EFCF7A255-KADLEC, ROB>
Recipient:	Imbriale, Samuel (OS/ASPR/SIIM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user7e54524>
Sent Date:	2020/03/23 13:00:45
Delivered Date:	2020/03/23 13:00:46

From:	Ford-Barnes, Arwenithia (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D533ABC24CBE44B79F6FDDC6B08737A6-FORD-BARNES>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>
CC:	Hassell, David (Chris) (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=aedbf0ff96e4119ac7a3b3abaf71a3d-Hassell, Da>; Austin, Meredith (uscg.mil) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9d5f9850a051458eae1ef58335e3c19-Meredith.L.>
Subject:	FW: Bartrum Contact Information -- while on Mil Duty
Date:	2020/03/23 13:01:41
Priority:	Normal
Type:	Note

Tom Keane stopped by:

He knows that John Bartum is on military tour w/the Air Force Surgeon G office – he says if Dr. Kadlec wants him back here at HHS because of the COVID and he would be vital to the mission here – please let him know and a call between Secretary to Secretary can be arranged to get him back here at HHS.

Please advise

From: Bartrum, John (OS/ASPR) (CTR) <John.Bartrum@hhs.gov>
Sent: Sunday, March 22, 2020 10:13 PM
To: Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Ford-Barnes, Arwenithia (OS/ASPR/IO) <Arwenithia.FordBarnes@hhs.gov>; Callahan, Victoria (OS/ASPR/IO) (CTR) <Victoria.Callahan@hhs.gov>; Hayes, Jonathan (OS/ASPR/IO) <Jonathan.Hayes@hhs.gov>; Moreno, Rafael (OS/ASPR) <Rafael.Moreno@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Hassell, David (Chris) (OS/ASPR/IO) <David.Hassell@hhs.gov>; Sauer, Michael (OS/ASPR) <Michael.Sauer@hhs.gov>
Subject: Bartrum Contact Information -- while on Mil Duty

Due to COVID 19, I begin my extended military tour tomorrow morning with the Air Force Office of the Surgeon General. If you need to contact me my contact information is as follows;

Home: (b)(6)

Personal Cell: (b)(6)

Air Force Surgeon General (SG) Office
Pentagon: 703-692-6800
Defense Health HQ: 703-681-6994

Please note the SG Pentagon office is a secure location, as such I lock up my personal cell phone during duty times.

I know you will continue to excel in the COVID 19 response. I look forward to working with the team as the process moves forward.

Best,
John

John J. Bartrum

*Senior Advisor to the Assistant Secretary for Preparedness and Response, Brightstar Innovations Group, LLC.
Contractor*

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

United States Department of Health and Human Services - (HHS)

Washington, DC 20024

HHS Phone: 202.770.5491

Email: John.Bartrum@hhs.gov

Sender:	Ford-Barnes, Arwenithia (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D533ABC24CBE44B79F6FDDC6B08737A6-FORD-BARNES>
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>; Hassell, David (Chris) (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=aedbfb0ff96e4119ac7a3b3abaf71a3d-Hassell, Da>; Austin, Meredith (uscg.mil) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9d5f9850a051458eaed1ef58335e3c19-Meredith.L.>
Sent Date:	2020/03/23 13:01:37
Delivered Date:	2020/03/23 13:01:41

From:	Jodi Peterson <jodip@q.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:	2020/03/23 13:34:30
Priority:	Normal
Type:	Note

Jodi Peterson

(b)(6)

March 23, 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,
Jodi Peterson

Sender:	Jodi Peterson <jodip@q.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/23 13:26:20
Delivered Date:	2020/03/23 13:34:30
Message Flags:	Unread

From:	Junell Petersen (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:	2020/03/23 13:56:53
Priority:	Normal
Type:	Note

Junell Petersen

(b)(6)

March 23, 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,
Junell Petersen

Sender:	Junell Petersen (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/23 13:55:10
Delivered Date:	2020/03/23 13:56:53
Message Flags:	Unread

From:	Aharon Freud (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:	2020/03/23 13:57:10
Priority:	Normal
Type:	Note

Aharon Freud

(b)(6)

March 23, 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,
Aharon Freud

Sender:	Aharon Freud (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/23 13:55:10
Delivered Date:	2020/03/23 13:57:10
Message Flags:	Unread

From:	Shoultz, David <david.shoultz@philips.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
CC:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Houten, Frans van <Frans.A.van.Houten@philips.com>; Beck, Gary (OS/IEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a049f8137013412bbf472fc1833391be-Beck, Miche>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Hayes, Jonathan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8cdfb7232de4428794f2901218bc1360-Hayes, Jona>
Subject:	Philips COVID-19 Ventilator Response Deck
Date:	2020/03/23 14:05:48
Priority:	Normal
Type:	Note

Mr. Secretary –

At the request of Philips CEO, Frans van Houten, I am sending you the attached deck. This deck describes the Philips COVID-19 Response for ventilators. Per our conversation yesterday, this is the deck that my team will be sharing with Dr. Peter Navarro this afternoon. We believe this reflects Philips' sincere interest in helping American patients and patients around the world at this time of crisis.

Again, thank you for the opportunity to speak with you about this yesterday important issue. We stand ready to partner with you and the US government on not only this, but in other ways we can help with other solutions in response to the pandemic.

Regards –

Dave

David Shoultz
Head of Government Affairs (U.S.)
Philips
1050 K Street, N.W.
Washington, D.C. 20001



http://2.bp.blogspot.com/-5ACVHUTK_9E/UoPpo0u13pl/AAAAAAAAAcq8/Nz4s4L9eSNQ/s1600/Philips+shield+2013.png

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Sender:	Shoultz, David <david.shoultz@philips.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Houten, Frans van <Frans.A.van.Houten@philips.com>; Beck, Gary (OS/IEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a049f8137013412bbf472fc1833391be-Beck, Miche>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>; Hayes, Jonathan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8cdfb7232de4428794f2901218bc1360-Hayes, Jona>
Sent Date:	2020/03/23 14:02:40
Delivered Date:	2020/03/23 14:05:48

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=41F672E2527B4F44891FB4FBE08CDFDF-WRIGHT, JAN>
To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; McGovern, Gail J. <Gail.McGovern@redcross.org>
CC:	DeFrancis, Suzy <Suzy.DeFrancis@redcross.org>; Hrouda, Chris <Chris.Hrouda@redcross.org>; Johnson, Harvey <harvey.johnson@redcross.org>
Subject:	RE: [EXTERNAL] RE: Blood donations
Date:	2020/03/23 14:10:19
Priority:	Normal
Type:	Note

Thank you, Dr. Adams, for sharing our staff's experience locally.

Gail and team, during the call last week with the SG and Sec Azar, I heard you say that a number of centers were scrambling to find and staff new sites, given COVID-related closures. So, we understand. Is there a public-facing mechanism already in effect or in the works that will convey when more sites will be open?

Please let us know if and how we can help. Your first crop of TPs were extremely helpful. We would welcome new ones that reflect the current state and/or the near future one so VADM Adams can keep this beat going.

Many thanks,
Janet

Janet S. Wright, MD, FACC

Director of Science and Policy (Acting), Office of the Surgeon General
U.S. Department of Health and Human Services, 200 Independence Ave SW, Suite 701H, Washington, DC 20201
Office Phone: 202-690-5157
Email: janet.wright@hhs.gov

From: Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>
Sent: Monday, March 23, 2020 1:56 PM
To: McGovern, Gail J. <Gail.McGovern@redcross.org>; Wright, Janet (HHS/OASH) <Janet.Wright@HHS.GOV>
Cc: DeFrancis, Suzy <Suzy.DeFrancis@redcross.org>; Hrouda, Chris <Chris.Hrouda@redcross.org>; Johnson, Harvey <harvey.johnson@redcross.org>
Subject: Re: [EXTERNAL] RE: Blood donations

Gail, Suzy, and all,
I have cced my Director of Science and Policy, Dr. Wright. We are happy to continue promoting blood donation, but want you to be aware that we are getting feedback from a number of quarters that

people can't actually get in or make an appointment at this time. 2 of my staffers tried to give blood in DC and were turned away- Dr . Wright can give more details. Just don't want a good story and surge to morph into, "there's no where to give blood, so there's no point in trying..."
Jerome

VADM Jerome Adams
20th US Surgeon General

On Mar 19, 2020, at 10:04 AM, McGovern, Gail J. <Gail.McGovern@redcross.org>wrote:

Thank you so very much, General.

Sincerely,
Gail

From: Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>
Sent: Wednesday, March 18, 2020 4:12 PM
To: DeFrancis, Suzy <Suzy.DeFrancis@redcross.org>
Cc: McGovern, Gail J. <Gail.McGovern@redcross.org>; Hrouda, Chris <Chris.Hrouda@redcross.org>; Johnson, Harvey <harvey.johnson@redcross.org>
Subject: [EXTERNAL] RE: Blood donations

I will keep leaning into this issue. We've got to make sure people aren't harmed by the response to COVID19

Jerome

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

From: DeFrancis, Suzy <Suzy.DeFrancis@redcross.org>
Sent: Wednesday, March 18, 2020 4:00 PM
To: Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>
Cc: McGovern, Gail J. <Gail.McGovern@redcross.org>; Hrouda, Chris <Chris.Hrouda@redcross.org>; Johnson, Harvey <harvey.johnson@redcross.org>
Subject: Blood donations

General,
Thank you so much for the shout out you gave for blood in your Today Show interview. Impressed the way you made sure it got in even as interview was wrapping up, and we loved the language about social distancing not meaning social disengagement.
Best,
Suzy

Suzy DeFrancis
Chief Public Affairs Officer

American Red Cross
430 17th Street NW
Washington, DC 20006
(202) 303-5486 (p)
[@sdefrancis](mailto:sdefrancis@redcross.org)

<image001.png>

From: DeFrancis, Suzy
Sent: Tuesday, March 17, 2020 4:17 PM
To: 'Jerome.adams@hhs.gov' <Jerome.adams@hhs.gov>
Cc: McGovern, Gail J. <Gail.McGovern@redcross.org>; Hrouda, Chris <Chris.Hrouda@redcross.org>; Johnson, Harvey <harvey.johnson@redcross.org>
Subject: Talking Points on Blood donations

General,

Thank you so much for your offer to make a plug for blood donations. Attached and below are some high level points. I did not mention "shortage", but just a call for healthy individuals to give blood.

- • One thing people can do to help the country during this public health emergency is to donate blood.
- • We need an adequate supply of blood to treat patients in hospitals who need emergency surgery or trauma patients (like I treated)
- • But a lot of blood drives take place on college campuses or workplaces, and those drives have been cancelled. (Red Cross alone reports 2,700 drives canceled and 86,000 fewer blood donations. Industry numbers are higher)
- • So if you are a healthy individual, it's important you go donate blood. Volunteer blood donors are the only source of blood for those in need.
- • It's safe to donate blood and blood centers are taking extra precautions during this time:
 - • Spacing beds 6' apart when possible, do
 - • Temperature checks to make donors and staff are healthy and
 - • Disinfecting surfaces and using a lot of hand sanitizers
- • We recommend people leave home for necessities like groceries, or a Dr. visit, or the pharmacy – and donating blood is a necessity too
- • So give blood – you'll feel good about it and you'll be helping your country during this crisis.

- • One donation can help save the lives of up to 3 people.

Video below with quotes from other federal officials

<https://www.youtube.com/watch?v=Z3V DX AVxc&feature=youtu.be>

Thanks again,
Suzy

Suzy DeFrancis
Chief Public Affairs Officer

American Red Cross
430 17th Street NW
Washington, DC 20006
(202) 303-5486 (p)
[@sdefrancis](mailto:sdefrancis@redcross.org)

<image001.png>

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Sender:	Wright, Janet (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=41F672E2527B4F44891FB4FBE08CDFDF-WRIGHT, JAN>
Recipient:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; McGovern, Gail J. <Gail.McGovern@redcross.org>; DeFrancis, Suzy <Suzy.DeFrancis@redcross.org>; Hrouda, Chris <Chris.Hrouda@redcross.org>; Johnson, Harvey <harvey.johnson@redcross.org>
Sent Date:	2020/03/23 14:10:18
Delivered Date:	2020/03/23 14:10:19

From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.OUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=BEBE389042BA411496B284F678CE7247-HERMANN, JA>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	FW: ASPR Phone Call
Date:	2020/03/23 14:19:44
Priority:	Normal
Type:	Note

FYI below....1300 ventilators currently in use in NJ out of the 1700 they have on hand.

J

Jack Herrmann, MSED, NCC, LMHC
 Director (Acting), National Healthcare Preparedness Programs
 Office of Emergency Management and Medical Operations, Readiness Division
 Office of the Assistant Secretary for Preparedness and Response

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

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From: Persichilli, Judith M <Judith.Persichilli@doh.nj.gov>
Sent: Monday, March 23, 2020 1:52 PM
To: Herrmann, Jack (OS/ASPR/OEA) <John.Herrmann@hhs.gov>
Subject: Re: ASPR Phone Call

As of last night 1300 in use.

Get [Outlook for Android](#)

From: Herrmann, Jack (OS/ASPR/OEA) <John.Herrmann@hhs.gov>
Sent: Monday, March 23, 2020 8:58:21 AM
To: Persichilli, Judith M <Judith.Persichilli@doh.nj.gov>
Subject: [EXTERNAL] Re: ASPR Phone Call

Thank you Judy. Just one more question, can you please give me a best guess estimate of how many of the 1700 vents you currently have are in use. Is it possible to give me a good estimate?

Regards,
Jack

Sent from my iPhone

Jack Herrmann, MEd, NCC, LMHC
Director (Acting), National Healthcare Preparedness Programs
Office of Emergency Management and Medical Operations, Readiness Division
Office of the Assistant Secretary for Preparedness and Response

HEALTH AND HUMAN SERVICES (DHHS) | Thomas P. O'Neill Federal Building | 200 C Street SW | Washington, DC 20515
o. (202) 205-5886 | m. (b)(6)
jack.herrmann@hhs.gov | <https://protect2.fireeye.com/url?k=749d6425-28c97d59-749d551a-0cc47adc5fa2-459a0b8da14e8f7e&u=http://www.phe.gov/>

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On Mar 23, 2020, at 8:48 AM, Persichilli, Judith M <Judith.Persichilli@doh.nj.gov> wrote:

Unfortunately the information on vents is not encouraging. Right now we have about 2000 licensed critical care beds in NJ and we have on hand 1700 vents total. Our concern is that not only should we have a 1:1 ratio CC beds to vents but have more on reserve for a surge. It looks like our initial request of 400 is low but will take whatever you can give us.

Judith M. Persichilli, RN, BSN, MA
Commissioner
New Jersey Department of Health

<image001.png>
<image002.png>

From: Herrmann, Jack (OS/ASPR/OEA) <John.Herrmann@hhs.gov>
Sent: Sunday, March 22, 2020 7:24 PM

To: Persichilli, Judith M <Judith.Persichilli@doh.nj.gov>

Subject: [EXTERNAL] ASPR Phone Call

Dear Judy,

Thank you so much for taking the call with Dr. Kadlec and me. It was extremely helpful to hear the work that you are doing to address COVID-19 in New Jersey and the far-leaning posture you are taking. When you do have a number of how many ventilators you would need in the near term, please let me know. As I shared, your initial request was 400 and given the limited supply we currently have in the Strategic National Stockpile and the need to disseminate these across the country, we wanted to explore whether or not the 400 requested was what was currently needed to address the COVID-19 response in your state.

I look forward to hearing from you tomorrow.

Warm Regards,
Jack

Jack Herrmann, MEd, NCC, LMHC
Director (Acting), National Healthcare Preparedness Programs
Office of Emergency Management and Medical Operations, Readiness Division
Office of the Assistant Secretary for Preparedness and Response

HEALTH AND HUMAN SERVICES (DHHS) | Thomas P. O'Neill Federal Building | 200 C Street SW | Washington, DC 20515
o. (202) 205-5886 | m. (b)(6)
jack.herrmann@hhs.gov | <https://protect2.fireeye.com/url?k=3094d4ba-6cc0cdc6-3094e585-0cc47adc5fa2-d3ab846f499c8d64&u=https://protect2.fireeye.com/url?k=b6854cae-ead155d2-b6857d91-0cc47adc5fa2-0487f6c903216b3f&u=http://www.phe.gov/>

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Sent Date:	2020/03/23 14:19:43
Delivered Date:	2020/03/23 14:19:44

From:	Robin Weisburger <(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:	2020/03/23 14:33:51
Priority:	Normal
Type:	Note

Robin Weisburger

(b)(6)

March 23, 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.

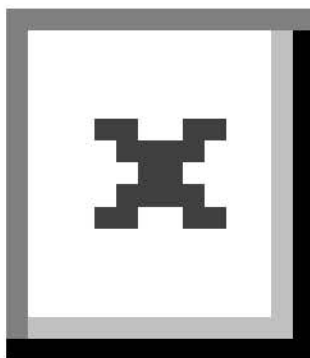
The federal Clinical Laboratory Improvement Advisory Committee recently recommended allowing qualified professionals to review and interpret digital images remotely when data is exchanged via a secure connection but CMS has not yet authorized this policy. Many U.S. laboratories have well-validated digital 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,
Robin Weisburger

Sender:	Robin Weisburger <(b)(6)>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/23 14:25:17
Delivered Date:	2020/03/23 14:33:51
Message Flags:	Unread

From:	(b)(6)
To:	<Raymond.K.Brown@usdoj.gov>; (b)(6) (b)(6); (b)(6) ASH Media </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f81951c75ddb407e9a4073bdc29fa81e-OPHS.Media>; HHS Secretary (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5e3fce8f00194d8d94fc91094888d811-HHS Secreta>; HHS ASH (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2101ba7c65214377be8e163423ca9c70-ASH>; McCance-Katz, Elinore (SAMHSA/OAS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d8b39d0626bb43c9b297678d56a03bc2-Mccance-Kat>; Lipari, Rachel (AHRQ/CFACT) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=08adfaecb15a452e9b6839ca3415da13-Lipari, Rac>; Avula, Deepa (SAMHSA/OFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d9fb4ed6e81a40fdae0eb1452b6dd2c-Avula, Deep>; Kade, Daryl W. (SAMHSA/CSAT) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ab2a5964e21a4d74a6dcb7127a9b1f95-Kade, Daryl>; Tice, Peter (AHRQ/CFACT) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c2cda79390c04b5f896439f3c565e339-Tice, Peter>; Chastagner, Stephanie (FDA/ORA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=80a050f54a4b4433991f252860c7f11d-stephanie.c>; <Melvin.S.Patterson@usdoj.gov>; Siegel, David A. (CDC/DDNID/NCCDPPH/DCPC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a6f9fe4f98de48228a4600cff818081e-david.siegel>; (h)(6) (b)(6) Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Wright, Janet (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=41f672e2527b4f44891fb4f8e08cdfd-Wright, Jan>; Gustin, Courtney (HHS/OASH/OSG) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0ddf261afd754988b69984e62cabe3f7-Gustin, Cou>; <Katie.Bante@hhs.gov>
Subject:	Fwd: Public Health Group Calls on State Governors to Close Marijuana Stores to Mitigate COVID-19 Harms
Date:	2020/03/23 14:40:41
Priority:	Normal
Type:	Note



**For Immediate Release:
March 23, 2020**



Public Health Group Calls on State Governors to Close Marijuana Stores to Mitigate COVID-19 Harms

(Alexandria, Va) - Today, Dr. Kevin Sabet, president of Smart Approaches to Marijuana (SAM), the leading national non-profit working to oppose the expansion and normalization of the commercial marijuana industry and a former senior drug policy advisor to the Obama Administration, released the following statement urging state governors to close marijuana storefronts in attempts to both prevent the spread of COVID-19 and help mitigate potential harms to public health:

“We are in contact with numerous governors across the country and have a simple message for them: Marijuana worsens symptoms related to COVID-19, and keeping marijuana stores open threatens public health. We have seen numerous reports of marijuana stores with long lines of people stocking up on the drug and have additionally seen states move to keep these stores open. Quite frankly, this presents a unique harm to public health and safety. Across the country, states are doing everything in their power to limit the gathering of people in one location. Long lines outside of establishments engaged in the distribution of marijuana should be a tremendous cause for concern.

“As U.S. Surgeon General Jerome Adams pointed out this morning, our nation could be at a higher risk of seeing worse health consequences resulting from

COVID-19 due to the higher proportion of people using vaping products containing either nicotine or marijuana. This was backed up by the National Institutes of Health (NIH) and the National Institute on Drug Abuse (NIDA) who reported that ‘the coronavirus that causes COVID-19 could be an especially serious threat to those who smoke tobacco or marijuana or who vape,’ due to its serious impact on the lungs of those it infects.

“What’s more, **studies have found** that the consumption of THC, the psychoactive chemical found in marijuana, in any form can negatively impact a user’s immune system, making them less capable of fighting off and recovering from COVID-19. This means we must also assume the consumption of high potency THC candies, gummies, ice creams, and oils can exacerbate issues with this virus.

“In light of these facts, we are urging governors in states with ‘legal’ marijuana operations to suspend the operations of these facilities in an effort to combat the spread of this pandemic and empower those who become infected to stand the best chance at a full recovery. With the very real shortage we are facing with ventilators, hospital beds, and other medical supplies, we must do all that is within our power to lessen the stress this will place on our healthcare system.”

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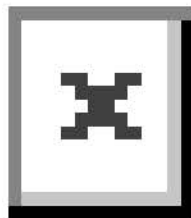
Media Contact:
Colton Grace
(864) 492-6719
Colton@learnaboutsam.org

Smart Approaches to Marijuana (SAM) | 400 N. Columbus Street, Suite 202, Alexandria, VA
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<Katie.Bante@hhs.gov>

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From: (b)(6)

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<jmothershead@patronusmedical.com>

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'Carter Mecher' <cmecher@charter.net>;
'Arthur Kellermann' (b)(6)
'William Lang' <wlang@worldclinic.com>;
'Lawler, James V' (b)(6)
'Rob Darling, MD' <rdarling@patronusmedical.com>;
'Dr. Eva K Lee' (b)(6)
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'Venkayya, Rajeev' <rajeev.venkayya@takeda.com>;
'Ronny Jackson' (b)(6)
alexander.eastman@hq.dhs.gov </o=ExchangeLabs/ou=Exchange Administrative Group
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'Mansoura, Monique K.' <mmansoura@mitre.org>;
'LLogandakar' (b)(6)
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'EVANS, MARIEFRED' <mariefred.evans@associates.hq.dhs.gov>;
'Kevin Montgomery' <kevin@collaborate.org>;
Phillips, Sally (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group
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CC: 'DC' <michelle.colby@usda.gov>;
'Matthew JtCIVtUSARMY (USA)' <matthew.j.hepburn.civ@mail.mil>;
'Andy Desjardins, MD' <adesjardins@patronusmedical.com>;
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'Danny Shiau' (b)(6)
Martin, Greg (state.gov) </o=ExchangeLabs/ou=Exchange Administrative Group
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'Ryan Morhard' <Ryan.Morhard@weforum.org>;
Disbrow, Gary (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group
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'Borio, Luciana' <LBorio@iq.t.org>;
Redd, John (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group
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'KAUSHIK, SANGEETA' <sangeeta.kaushik@hq.dhs.gov>;
'CHRISTOPHER ALLEN' <chrisallen_10@msn.com>;
'Richard Tubb' (b)(6)
'Cordts, Jerome (CTR)' <jerome.cordts@associates.hq.dhs.gov>;
'Baric, Ralph S' (b)(6)
'Schnitzer, Jay J.' <jschnitzer@mitre.org>;
(b)(6)
'HARVEY, MELISSA' <melissa.harvey@hq.dhs.gov>;
'Lisa Koonin' (b)(6)
'Larry G' <PadgetLG@state.gov>;
(b)(6) </o=ExchangeLabs/ou=Exchange Administrative Group
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'David' (b)(6)

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Subject:	BWIRP Files
Date:	2020/03/23 15:01:25
Importance:	High
Priority:	Urgent
Type:	Note

I can upload the zip folder that I have, and I can also ATTEMPT to get the final documents. The ones I have are lean on drug lists, etc. and I know the final versions had greatly expanded. I USED to have all the final stuff in hard copy, but got tired of lugging around 50 xerox boxes of paperwork, and tossed them a few years back I think (I do still have some xerox boxes full of stuff, I will take a look but doubt it). We worked on this just before I retired, and Battelle was the lead contractor supporting the effort (it was under the NLD initiatives). I am betting that the vast majority of players have retired or moved on, but I can try to contact someone at ECBC to see if they have the finalized files, and also they should have them on the Battelle servers (which I do not have access to anymore since I retired from Battelle).

From: McDonald, Eric <Eric.McDonald@sdcounty.ca.gov>

Sent: Monday, March 23, 2020 2:53 PM

To: jmothershead@patronusmedical.com

Cc: Caneva, Duane <duane.caneva@hq.dhs.gov>; (b)(6) Dr. Eva Lee
(b)(6) Carter Mecher <cmecher@charter.net>; Arthur Kellermann
(b)(6) William Lang <wlang@worldclinic.com>; Lawler, James V
(b)(6) Rob Darling, MD <rdarling@patronusmedical.com>; Dr. Eva K Lee <evalee-
(b)(6) Mecher, Carter <Carter.Mecher@va.gov>; Jamison Day (b)(6)
Logan, Linda L (b)(6) Dodgen, Daniel (OS/ASPR/SPPR) <Daniel.Dodgen@hhs.gov>;
Venkayya, Rajeev <rajeev.venkayya@takeda.com>; Ronny Jackson (b)(6)
Eastman, Alexander <alexander.eastman@hq.dhs.gov>; Mansoura, Monique K.
<mmansoura@mitre.org>; LLogandakar (b)(6) Walters, William (STATE.GOV)
<walterswa2@state.gov>; Parker Jr, Gerald W (b)(6) DeBord, Kristin
(OS/ASPR/SPPR) <Kristin.DeBord@hhs.gov>; EVANS, MARIEFRED
<mariefred.evans@associates.hq.dhs.gov>; Kevin Montgomery <kevin@collaborate.org>; Phillips, Sally
(OS/ASPR/SPPR) <Sally.Phillips@hhs.gov>; DC <michelle.colby@usda.gov>; Matthew JtCIVtUSARMY
(USA) <matthew.j.hepburn.civ@mail.mil>; Andy Desjardins, MD <adesjardins@patronusmedical.com>;
Fantinato, Jessica (USDA.GOV) <jessica.fantinato@usda.gov>; Yeskey, Kevin <kevin.yeskey@hhs.gov>;
Danny Shiau (b)(6) Martin, Greg (state.gov) <MartinGJ@state.gov>; Ryan Morhard
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Luciana <LBorio@iqt.org>; Redd, John (OS/ASPR/SPPR) <John.Redd@hhs.gov>; KAUSHIK, SANGEETA
<sangeeta.kaushik@hq.dhs.gov>; CHRISTOPHER ALLEN <chrisallen_10@msn.com>; Richard Tubb
(b)(6) Cordts, Jerome (CTR) <jerome.cordts@associates.hq.dhs.gov>; Baric,
Ralph S (b)(6) Schnitzer, Jay J. <jschnitzer@mitre.org>; (b)(6) HARVEY,
MELISSA <melissa.harvey@hq.dhs.gov>; Lisa Koonin (b)(6) Larry G
<PadgetLG@state.gov>; M.D. (b)(6) Ignacio, Joselito
<joselito.ignacio@fema.dhs.gov>; David (b)(6) Hassell, David (Chris)
(OS/ASPR/IO) <David.Hassell@hhs.gov>; Hanfling, Dan <DHanfling@iqt.org>; Will Gaskins
<will.gaskins@efiia.com>; TARANTINO, DAVID A <david.a.tarantino@cbp.dhs.gov>; Lee, Scott
(OS/ASPR/EMMO) <Scott.Lee@hhs.gov>; Lauren Johnston <ljohnston@patronusmedical.com>; Steven
Jt(tCHFStDPH) <steven.stack@ky.gov>; Tom Bossert <tom.bossert@me.com>; Johnson, Robert
(OS/ASPR/BARDA) <Robert.Johnson@hhs.gov>; HAMILTON, CAMERON
<cameron.hamilton@hq.dhs.gov>; Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>; David
Gruber <david.gruber@dshs.texas.gov>; Wade, David <david.wade@hq.dhs.gov>; Lewis Hofmann
<lewhof@mac.com>; WILKINSON, THOMAS <THOMAS.WILKINSON@hq.dhs.gov>; WOLFE, HERBERT
<HERBERT.WOLFE@hq.dhs.gov>; CharitytA@CDPH <Charity.Dean@cdph.ca.gov>; Taylor, Justin (CTR)
<justin.taylor@associates.hq.dhs.gov>; Marinissen, Maria (HHS/OS/OGA) <Maria.Marinissen@hhs.gov>;
Sutter, Mark <mark.sutter@hq.dhs.gov>; Mark Keim, MD MBA <mark@disasterdoc.org>; Richard
Hatchett <richard.hatchett@cepi.net>; McLeod James <jmcleod@patronusmedical.com>; Wine G.C.
<gcwine@patronusmedical.com>; Ciottone Greg (b)(6) Dan Carlin
<dcarlin@worldclinic.com>; Krohmer, Jon (NHTSA) <jon.krohmer@dot.gov>; Jolly, Brantley
(OS/ASPR/EMMO) (CTR) <Brantley.Jolly@hhs.gov>

Subject: Re: Red Dawn Suppression, Start Mar 23, 10:00 EDT

Can these BWIRP plans be accessed and disseminated?

Eric

Sent from my iPhone

On Mar 23, 2020, at 11:48 AM, "jmothershead@patronusmedical.com"
<jmothershead@patronusmedical.com>wrote:

Back in the 2000-2003 timeframe, the Soldiers Biological and Chemical Command (now called ECBC) at Aberdeen developed a concept of operations under the Biological Weapons Improved Response Program (BWIRP) called the Acute Care Center. Basically retooling a warehouse for open bay care. I was part of that effort, that included HHS, DOD, and others. I still have some of the draft files, but do not have all the final stuff. The engineers even worked out a method for oxygen logistics, and manifold systems for oxygen at every bed. They created a total conops, job action sheets, expedited credentialing, equipment and pharmaceutical lists (which likely would need to be tweaked) The head of the program at SBCCOM was a Dr. Richard Hutchinson and his deputy was a Dr. Mohamed Mughal. Since HHS was involved with this, the files should be somewhere around there I would think. I distinctly remember Mike Anderson and Kevin Tonat from HHS were heavily involved.

From: Caneva, Duane <duane.caneva@hq.dhs.gov>

Sent: Monday, March 23, 2020 2:26 PM

To: (b)(6) 'Dr. Eva Lee' (b)(6) 'Carter Mecher'
<cmecher@charter.net>

Cc: 'Arthur Kellermann' (b)(6) 'William Lang' <wlang@worldclinic.com>;
'Lawler, James V' (b)(6) 'Rob Darling, MD' <rdarling@patronusmedical.com>; 'Dr.
Eva K Lee' (b)(6) 'Mecher, Carter' <Carter.Mecher@va.gov>; 'Jamison Day'
(b)(6) 'Logan, Linda L' (b)(6) 'Dodgen, Daniel (OS/ASPR/SPPR)'
<Daniel.Dodgen@hhs.gov>; 'Venkayya, Rajeev' <rajeev.venkayya@takeda.com>; 'Ronny Jackson'
(b)(6) Eastman, Alexander <alexander.eastman@hq.dhs.gov>; 'Mansoura,
Monique K.' <mmansoura@mitre.org>; 'LLogandakar' (b)(6) 'Walters, William
(STATE.GOV)' <walterswa2@state.gov>; 'Parker Jr, Gerald W' (b)(6) 'DeBord,
Kristin (OS/ASPR/SPPR)' <Kristin.DeBord@hhs.gov>; EVANS, MARIEFRED
<mariefred.evans@associates.hq.dhs.gov>; 'Kevin Montgomery' <kevin@collaborate.org>; 'Phillips, Sally
(OS/ASPR/SPPR)' <Sally.Phillips@hhs.gov>; 'DC' <michelle.colby@usda.gov>; 'Matthew JtCIVtUSARMY
(USA)' <matthew.j.hepburn.civ@mail.mil>; 'Andy Desjardins, MD' <adesjardins@patronusmedical.com>;
'Fantinato, Jessica (USDA.GOV)' <jessica.fantinato@usda.gov>; 'Yeskey, Kevin' <kevin.yeskey@hhs.gov>;
'Danny Shiau' (b)(6) 'Martin, Greg (state.gov)' <MartinGJ@state.gov>; 'Ryan
Morhard' <Ryan.Morhard@weforum.org>; 'Disbrow, Gary (OS/ASPR/BARDA)' <Gary.Disbrow@hhs.gov>;
'Borio, Luciana' <LBorio@iq.t.org>; 'Redd, John (OS/ASPR/SPPR)' <John.Redd@hhs.gov>; KAUSHIK,
SANGEETA <sangeeta.kaushik@hq.dhs.gov>; 'Eric (San Diego County)'
<eric.mcdonald@sdcounty.ca.gov>; 'CHRISTOPHER ALLEN' <CHRISALLEN_10@msn.com>; 'Richard Tubb'
(b)(6) Cordts, Jerome (CTR) <jerome.cordts@associates.hq.dhs.gov>; 'Baric,
Ralph S' (b)(6) 'Schnitzer, Jay J.' <jschnitzer@mitre.org>; (b)(6)
HARVEY, MELISSA <melissa.harvey@hq.dhs.gov>; 'Lisa Koonin' (b)(6) 'Larry G'
<PadgetLG@state.gov>; 'M.D.' (b)(6) Ignacio, Joselito
<joselito.ignacio@fema.dhs.gov>; 'David' (b)(6) 'Hassell, David (Chris)
(OS/ASPR/IO)' <David.Hassell@hhs.gov>; 'Hanfling, Dan' <DHanfling@iq.t.org>; 'Will Gaskins'
<will.gaskins@efii.com>; TARANTINO, DAVID A <david.a.tarantino@cbp.dhs.gov>; 'Lee, Scott
(OS/ASPR/EMMO)' <Scott.Lee@hhs.gov>; 'Lauren Johnston' <ljohnston@patronusmedical.com>;

'Steven Jt(tCHFStDPH)' <steven.stack@ky.gov>; 'Tom Bossert' <tom.bossert@me.com>; 'Johnson, Robert (OS/ASPR/BARDA)' <Robert.Johnson@hhs.gov>; HAMILTON, CAMERON <cameron.hamilton@hq.dhs.gov>; 'Adams, Jerome (HHS/OASH)' <Jerome.Adams@hhs.gov>; 'David Gruber' <david.gruber@dshs.texas.gov>; Wade, David <david.wade@hq.dhs.gov>; 'Lewis Hofmann' <lewhof@mac.com>; WILKINSON, THOMAS <THOMAS.WILKINSON@hq.dhs.gov>; WOLFE, HERBERT <HERBERT.WOLFE@hq.dhs.gov>; 'CharitytA@CDPH' <Charity.Dean@cdph.ca.gov>; Taylor, Justin (CTR) <justin.taylor@associates.hq.dhs.gov>; 'Marinissen, Maria (HHS/OS/OGA)' <Maria.Marinissen@hhs.gov>; Sutter, Mark <mark.sutter@hq.dhs.gov>; 'Mark Keim, MD MBA' <mark@disasterdoc.org>; 'Richard Hatchett' <richard.hatchett@cepi.net>; 'McLeod James' <jmcleod@patronusmedical.com>; 'Wine G.C.' <gcwine@patronusmedical.com>; 'Ciottone Greg' <(b)(6)>; 'Dan Carlin' <dcarlin@worldclinic.com>; 'Jerry Mothershead' <jmothershead@patronusmedical.com>; 'Krohmer, Jon (NHTSA)' <jon.krohmer@dot.gov>; 'Jolly, Brantley (OS/ASPR/EMMO) (CTR)' <Brantley.Jolly@hhs.gov>
Subject: RE: Red Dawn Suppression, Start Mar 23, 10:00 EDT

Got to think we've got a lot more warehousing today than back in the day. Not sure what level of water/public works stuff there would be.

From: (b)(6) (b)(6)
Sent: Monday, March 23, 2020 2:11 PM
To:
Subject: RE: Red Dawn Suppression, Start Mar 23, 10:00 EDT

CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact your component SOC with questions or concerns.

Totally agree with Eva. We old folks remember the days (at least at military hospitals) of open bay wards – 10 or so beds on each side, each separated by a curtain. The ERs were that way as well, back in the day. Those were way more efficient as far as labor for the staff than individual rooms. I would use the hotel rooms for mildly ill, or better yet, for non-COVID patients in stable condition. If need be, use the convention centers or large meeting rooms in hotels for the ICU set ups. Better still might be to commandeer empty warehouses that have working environmental controls, electricity, and water supplies. That was the concept behind the Alternate Care Centers designed in the BWIRP Program at ECBC. We even developed a manifold system for oxygen at each bed. But maybe with our formerly booming economy, those warehouses are not to be found. Another advantage of the big box places was usually ample parking, and the ability for supply trucks to pull up and quickly load and unload, things that might be more difficult for a hotel.

Jerry

From: Dr. Eva Lee (b)(6)
Sent: Monday, March 23, 2020 2:02 PM
To: Carter Mecher <cmecher@charter.net>
Cc: Caneva, Duane <duane.caneva@hq.dhs.gov>; Arthur Kellermann (b)(6)
William Lang <wlang@worldclinic.com>; Lawler, James V (b)(6) Rob Darling, MD <rdarling@patronusmedical.com>; Dr. Eva K Lee (b)(6) (b)(6)
Mecher, Carter <Carter.Mecher@va.gov>; Jamison Day (b)(6) Logan, Linda L

(b)(6) Dodgen, Daniel (OS/ASPR/SPPR) <Daniel.Dodgen@hhs.gov>; Venkayya, Rajeev <rajeev.venkayya@takeda.com>; Ronny Jackson (b)(6) Eastman, Alexander <alexander.eastman@hq.dhs.gov>; Mansoura, Monique K. <mmansoura@mitre.org>; LLogandakar (b)(6) Walters, William (STATE.GOV) <walterswa2@state.gov>; Parker Jr, Gerald W (b)(6) DeBord, Kristin (OS/ASPR/SPPR) <Kristin.DeBord@hhs.gov>; EVANS, MARIEFRED <mariefred.evans@associates.hq.dhs.gov>; Kevin Montgomery <kevin@collaborate.org>; Phillips, Sally (OS/ASPR/SPPR) <Sally.Phillips@hhs.gov>; DC <michelle.colby@usda.gov>; Matthew JtCIVtUSARMY (USA) <matthew.j.hepburn.civ@mail.mil>; Andy Desjardins, MD <adesjardins@patronusmedical.com>; Fantinato, Jessica (USDA.GOV) <jessica.fantinato@usda.gov>; Yeskey, Kevin <kevin.yeskey@hhs.gov>; Danny Shiau (b)(6) Martin, Greg (state.gov) <MartinGJ@state.gov>; Ryan Morhard <Ryan.Morhard@weforum.org>; Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>; Borio, Luciana <LBorio@igt.org>; Redd, John (OS/ASPR/SPPR) <John.Redd@hhs.gov>; KAUSHIK, SANGEETA <sangeeta.kaushik@hq.dhs.gov>; Eric (San Diego County) <eric.mcdonald@sdcountry.ca.gov>; CHRISTOPHER ALLEN <CHRISALLEN_10@msn.com>; Richard Tubb (b)(6) Cordts, Jerome (CTR) <jerome.cordts@associates.hq.dhs.gov>; Baric, Ralph S (b)(6) Schnitzer, Jay J. <jschnitzer@mitre.org>; (b)(6) HARVEY, MELISSA <melissa.harvey@hq.dhs.gov>; Lisa Koonin (b)(6) Larry G <PadgetLG@state.gov>; M.D. (b)(6) Ignacio, Joselito <joselito.ignacio@fema.dhs.gov>; David (b)(6) Hassell, David (Chris) (OS/ASPR/IO) <David.Hassell@hhs.gov>; Hanfling, Dan <DHanfling@igt.org>; Will Gaskins <will.gaskins@efiia.com>; TARANTINO, DAVID A <david.a.tarantino@cbp.dhs.gov>; Lee, Scott (OS/ASPR/EMMO) <Scott.Lee@hhs.gov>; Lauren Johnston <ljohnston@patronusmedical.com>; Steven Jt(tCHFStDPH) <steven.stack@ky.gov>; Tom Bossert <tom.bossert@me.com>; Johnson, Robert (OS/ASPR/BARDA) <Robert.Johnson@hhs.gov>; HAMILTON, CAMERON <cameron.hamilton@hq.dhs.gov>; Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>; David Gruber <david.gruber@dshs.texas.gov>; Wade, David <david.wade@hq.dhs.gov>; Lewis Hofmann <lewhof@mac.com>; WILKINSON, THOMAS <THOMAS.WILKINSON@hq.dhs.gov>; WOLFE, HERBERT <HERBERT.WOLFE@hq.dhs.gov>; CharityTA@CDPH <Charity.Dean@cdph.ca.gov>; Taylor, Justin (CTR) <justin.taylor@associates.hq.dhs.gov>; Marinissen, Maria (HHS/OS/OGA) <Maria.Marinissen@hhs.gov>; Sutter, Mark <mark.sutter@hq.dhs.gov>; Mark Keim, MD MBA <mark@disasterdoc.org>; Richard Hatchett <richard.hatchett@cepi.net>; McLeod James <jmcleod@patronusmedical.com>; Wine G.C. <gcwine@patronusmedical.com>; Ciottone Greg (b)(6) Dan Carlin <dcarlin@worldclinic.com>; Jerry Mothershead <jmothershead@patronusmedical.com>; Krohmer, Jon (NHTSA) <jon.krohmer@dot.gov>; Jolly, Brantley (OS/ASPR/EMMO) (CTR) <Brantley.Jolly@hhs.gov>
Subject: Re: Red Dawn Suppression, Start Mar 23, 10:00 EDT

This is very expensive -- per hotel room as an ICU room. We need a POD - an ICU with 20 beds (or more) in one room. That way, a medical team can come in to serve in a massive manufacturing floor plan. Hotel is good for isolation for each mildly ill patient since we are just isolated them. And they don't need intubation.

A big area is good -- We can put all the beds in and make the negative pressure.

How about medical tents? We have no space and no ability to setup?

We will need many hotels regardless since we will have many infected individuals and we want all of them some critical ones in ICUs and some for isolation mild patients.

Where are the PPE, equipment and everything?

Yes, we will have many States that will need. But I maintain -- ICU has to be a large area to ensure economies of scale.

New York City will need many many ICU beds, but also ventilators, equipment. They can start procuring personnel all over as I mentioned.

On Mon, Mar 23, 2020 at 1:26 PM Carter Mecher <cmecher@charter.net>wrote:

Watch this video

<https://www.youtube.com/watch?v=csfCKuy5HH8>

All I can say is, Amen.

Sent from Mail for Windows 10

From: Carter Mecher

Sent: Monday, March 23, 2020 12:49 PM

To: Caneva, Duane; Arthur Kellermann; William Lang; Lawler, James V; Rob Darling, MD; Dr. Eva K Lee; (b)(6) Mecher, Carter; Jamison Day; Logan, Linda L; Dodgen, Daniel (OS/ASPR/SPPR); Venkayya, Rajeev; Ronny Jackson; Eastman, Alexander; Mansoura, Monique K.; LLogandakar; Walters, William (STATE.GOV); Parker Jr, Gerald W; DeBord, Kristin (OS/ASPR/SPPR); EVANS, MARIEFRED; Kevin Montgomery; Phillips, Sally (OS/ASPR/SPPR); DC; Matthew JtCIVtUSARMY (USA); Andy Desjardins, MD; Fantinato, Jessica (USDA.GOV); Yeskey, Kevin; Danny Shiau; Martin, Greg (state.gov); Ryan Morhard; Disbrow, Gary (OS/ASPR/BARDA); Borio, Luciana; Redd, John (OS/ASPR/SPPR); KAUSHIK, SANGEETA; Eric (San Diego County); CHRISTOPHER ALLEN; Richard Tubb; Cordts, Jerome (CTR); Baric, Ralph S; Schnitzer, Jay J.; (b)(6) HARVEY, MELISSA; Lisa Koonin; Larry G; M.D.; Ignacio, Joselito; David; Hassell, David (Chris) (OS/ASPR/IO); Hanfling, Dan; Will Gaskins; TARANTINO, DAVID A; Lee, Scott (OS/ASPR/EMMO); Lauren Johnston; Steven Jt(tCHFStDPH); Tom Bossert; Johnson, Robert (OS/ASPR/BARDA); HAMILTON, CAMERON; Adams, Jerome (HHS/OASH); David Gruber; Wade, David; Lewis Hofmann; WILKINSON, THOMAS; WOLFE, HERBERT; CharitytA@CDPH; Taylor, Justin (CTR); Marinissen, Maria (HHS/OS/OGA); Sutter, Mark; Mark Keim, MD MBA; Richard Hatchett; McLeod James; Wine G.C.; Ciottone Greg; Dan Carlin; Dr. Eva Lee; Jerry Mothershead; Krohmer, Jon (NHTSA); Jolly, Brantley (OS/ASPR/EMMO) (CTR)

Subject: RE: Red Dawn Suppression, Start Mar 23, 10:00 EDT

NYC data from March 22 (daily numbers, not cumulative numbers). The bottom graphic is useful for contrasting the current demand for hospital care to demand for hospital care over the 2019-20 flu season. Foothills vs. a mountain.

Sent from Mail for Windows 10

From: Carter Mecher

Sent: Monday, March 23, 2020 11:14 AM

To: Caneva, Duane; Arthur Kellermann; William Lang; Lawler, James V; Rob Darling, MD; Dr. Eva K Lee; (b)(6) Mecher, Carter; Jamison Day; Logan, Linda L; Dodgen, Daniel (OS/ASPR/SPPR); Venkayya, Rajeev; Ronny Jackson; Eastman, Alexander; Mansoura, Monique K.; LLogandakar; Walters, William (STATE.GOV); Parker Jr, Gerald W; DeBord, Kristin (OS/ASPR/SPPR); EVANS, MARIEFRED; Kevin Montgomery; Phillips, Sally (OS/ASPR/SPPR); DC; Matthew JtCIVtUSARMY (USA); Andy Desjardins, MD; Fantinato, Jessica (USDA.GOV); Yeskey, Kevin; Danny Shiau; Martin, Greg (state.gov); Ryan Morhard; Disbrow, Gary (OS/ASPR/BARDA); Borio, Luciana; Redd, John (OS/ASPR/SPPR); KAUSHIK, SANGEETA; Eric (San Diego County); CHRISTOPHER ALLEN; Richard Tubb; Cordts, Jerome (CTR); Baric, Ralph S; Schnitzer, Jay J.; (b)(6) HARVEY, MELISSA; Lisa Koonin; Larry G; M.D.; Ignacio, Joselito; David; Hassell, David (Chris) (OS/ASPR/IO); Hanfling, Dan; Will Gaskins; TARANTINO, DAVID A; Lee, Scott (OS/ASPR/EMMO); Lauren Johnston; Steven Jt(tCHFStDPH); Tom Bossert; Johnson, Robert (OS/ASPR/BARDA); HAMILTON, CAMERON; Adams, Jerome (HHS/OASH); David Gruber; Wade, David; Lewis Hofmann; WILKINSON, THOMAS; WOLFE, HERBERT; CharitytA@CDPH; Taylor, Justin (CTR); Marinissen, Maria (HHS/OS/OGA); Sutter, Mark; Mark Keim, MD MBA; Richard Hatchett; McLeod James; Wine G.C.; Ciottone Greg; Dan Carlin; Dr. Eva Lee; Jerry Mothershead; Krohmer, Jon (NHTSA); Jolly, Brantley (OS/ASPR/EMMO) (CTR)

Subject: RE: Red Dawn Suppression, Start Mar 23, 10:00 EDT

Here is the Wuhan data (a city of similar size to NYC). I would estimate that NYC is approximately where Wuhan was at the end of January (looking at deaths). Going to be a very rough month coming up. Given the questions re China data, I think that the China experience is useful for understanding tempo and timing. The Lombardy data is probably more useful for understanding severity (deaths, demand for ICU care).

Wuhan		
Date	Wuhan Cum Cases	Wuhan Cum Deaths
22-Jan	390	17
23-Jan	495	24
24-Jan	572	39
25-Jan	618	52
26-Jan	698	78
27-Jan	1,590	98
28-Jan	1,905	117
29-Jan	2,261	142
30-Jan	2,639	172
31-Jan	3,215	205
1-Feb	4,109	237
2-Feb	5,142	265
3-Feb	6,384	313
4-Feb	8,351	362
5-Feb	10,117	414

6-Feb	11,618	478
7-Feb	13,603	545
8-Feb	14,982	608
9-Feb	16,902	681
10-Feb	18,454	748
11-Feb	19,558	820
12-Feb	32,994	928
13-Feb	35,991	1,016
14-Feb	37,914	1,123
15-Feb	39,462	1,233
16-Feb	41,152	1,309
17-Feb	42,752	1,381
18-Feb	44,412	1,497
19-Feb	45,027	1,585
20-Feb	45,346	1,684
21-Feb	45,660	1,774
22-Feb	46,201	1,856
23-Feb	46,607	1,987
24-Feb	47,071	2,043
25-Feb	47,441	2,085
26-Feb	47,824	2,104
27-Feb	48,137	2,132
28-Feb	48,557	2,169
29-Feb	49,122	2,195
1-Mar	49,315	2,227
2-Mar	49,426	2,251
3-Mar	49,540	2,282
4-Mar	49,671	2,305
5-Mar	49,797	2,349
6-Mar	49,871	2,370
7-Mar	49,912	2,388
8-Mar	49,948	2,404
9-Mar	49,965	2,423
10-Mar	49,978	2,430
11-Mar	49,986	2,436
12-Mar	49,991	2,446
13-Mar	49,995	2,456
14-Mar	49,999	2,464
15-Mar	50,003	2,480

16-Mar		
17-Mar	50,005	2,490
18-Mar	50,005	2,496
19-Mar	50,005	2,498
20-Mar	50,005	2,504
21-Mar	50,005	2,508
22-Mar	50,005	2,517

Sent from [Mail](#) for Windows 10

From: [Carter Mecher](#)

Sent: Monday, March 23, 2020 11:04 AM

To: [Caneva, Duane](#); [Arthur Kellermann](#); [William Lang](#); [Lawler, James V](#); [Rob Darling, MD](#); [Dr. Eva K Lee](#); [\(b\)\(6\)](#); [Mecher, Carter](#); [Jamison Day](#); [Logan, Linda L](#); [Dodgen, Daniel \(OS/ASPR/SPPR\)](#); [Venkayya, Rajeev](#); [Ronny Jackson](#); [Eastman, Alexander](#); [Mansoura, Monique K.](#); [Llogandakar](#); [Walters, William \(STATE.GOV\)](#); [Parker Jr, Gerald W](#); [DeBord, Kristin \(OS/ASPR/SPPR\)](#); [EVANS, MARIEFRED](#); [Kevin Montgomery](#); [Phillips, Sally \(OS/ASPR/SPPR\)](#); [DC](#); [Matthew JtCIVtUSARMY \(USA\)](#); [Andy Desjardins, MD](#); [Fantinato, Jessica \(USDA.GOV\)](#); [Yeskey, Kevin](#); [Danny Shiao](#); [Martin, Greg \(state.gov\)](#); [Ryan Morhard](#); [Disbrow, Gary \(OS/ASPR/BARDA\)](#); [Borio, Luciana](#); [Redd, John \(OS/ASPR/SPPR\)](#); [KAUSHIK, SANGEETA](#); [Eric \(San Diego County\)](#); [CHRISTOPHER ALLEN](#); [Richard Tubbs](#); [Cordts, Jerome \(CTR\)](#); [Baric, Ralph S](#); [Schnitzer, Jay J.](#); [\(b\)\(6\)](#); [HARVEY, MELISSA](#); [Lisa Koonin](#); [Larry G](#); [M.D.](#); [Ignacio, Joselito](#); [David](#); [Hassell, David \(Chris\) \(OS/ASPR/IO\)](#); [Hanfling, Dan](#); [Will Gaskins](#); [TARANTINO, DAVID A](#); [Lee, Scott \(OS/ASPR/EMMO\)](#); [Lauren Johnston](#); [Steven Jt\(tCHFStDPH\)](#); [Tom Bossert](#); [Johnson, Robert \(OS/ASPR/BARDA\)](#); [HAMILTON, CAMERON](#); [Adams, Jerome \(HHS/OASH\)](#); [David Gruber](#); [Wade, David](#); [Lewis Hofmann](#); [WILKINSON, THOMAS](#); [WOLFE, HERBERT](#); [CharitytA@CDPH](#); [Taylor, Justin \(CTR\)](#); [Marinissen, Maria \(HHS/OS/OGA\)](#); [Sutter, Mark](#); [Mark Keim, MD MBA](#); [Richard Hatchett](#); [McLeod James](#); [Wine G.C.](#); [Ciottone Greg](#); [Dan Carlin](#); [Dr. Eva Lee](#); [Jerry Mothershead](#); [Krohmer, Jon \(NHTSA\)](#); [Jolly, Brantley \(OS/ASPR/EMMO\) \(CTR\)](#)

Subject: RE: Red Dawn Suppression, Start Mar 23, 10:00 EDT

Pretty much the final data for Hubei and Wuhan (hopefully). This should serve as a guide wrt the clinical course and timing of the outbreak. Hubei and Wuhan had reported no new cases since March 15 (just about 1 week). You can look at the first four columns to see how the hospitals are finally seeing a return toward normalcy. Will send only Wuhan data to get a sense of where NYC is.

Hubei COVID-19 Confirmed Hospital Data								
Date	Total Current Inpatients	Mild Disease	Severely Ill	Critically Ill	Cum Discharges	Cum Deaths	Cum Inpatients	Hubei Cum cases
1/14/20	6		6				6	41
1/15/20	5		5			2	7	41
1/16/20	5		5			2	7	45

1/17/20	8		8			2	10	62	
1/18/20	136	100	33	3		3	139	121	
1/19/20	170	126	35	9		4	174	198	
1/20/20	239	176	51	12		7	246	270	
1/21/20						15		375	
1/22/20	399	304	71	24		17	416	444	
1/23/20	494	365	106	23	31	24	549	549	
1/24/20	658	472	129	57	32	39	729	729	
1/25/20	915		221		85	52	1,052	1,052	
1/26/20	1,645	1,013	563	69	44	76	1,423	1,423	
1/27/20	2,567	1,877	563	127	47	100	2,714	2,714	
1/28/20	3,349	2,450	671	228	80	125	3,554	3,554	
1/29/20	4,334	3,346	711	277	90	162	4,586	4,586	
1/30/20	5,486	4,392	804	290	116	204	5,806	5,806	
1/31/20	6,738	5,444	956	338	166	249	7,153	7,153	
2/1/20	8,565	7,003	1,118	444	215	294	9,074	9,074	
2/2/20	9,618	7,917	1,223	478	295	350	10,263	11,177	
2/3/20	10,990	8,857	1,557	576	396	414	11,800	13,522	
2/4/20	12,627	10,107	1,809	711	520	479	13,626	16,678	
2/5/20	14,314	11,230	2,328	756	633	549	15,496	19,665	1
2/6/20	15,804	11,802	3,161	841	817	618	17,239	22,112	1
2/7/20	19,835	14,640	4,188	1,007	1,113	699	21,647	24,953	1
2/8/20	20,993	15,746	4,093	1,154	1,439	780	23,212	27,100	1
2/9/20	22,160	16,655	4,269	1,236	1,795	871	24,826	29,631	1
2/10/20	25,087	18,743	5,046	1,298	2,222	974	28,283	31,728	1
2/11/20	26,121	18,880	5,724	1,517	2,639	1,068	29,828	33,366	1
2/12/20	33,693	26,609	5,647	1,437	3,441	1,310	38,444	48,206	3
2/13/20	36,719	27,081	7,953	1,685	4,131	1,426	42,276	51,986	3
2/14/20	38,107	27,955	8,276	1,876	4,774	1,457	44,338	54,406	3
2/15/20	39,447	29,051	8,439	1,957	5,623	1,596	46,666	56,249	3
2/16/20	40,814	31,017	8,024	1,773	6,639	1,696	49,149	58,182	4
2/17/20	41,957	30,987	9,117	1,853	7,862	1,789	51,608	59,989	4
2/18/20	43,471	32,225	9,289	1,957	9,128	1,921	54,520	61,682	4
2/19/20	43,745	32,567	9,128	2,050	10,337	2,029	56,111	62,013	4
2/20/20	42,056	31,059	8,979	2,018	11,788	2,144	55,988	62,422	4
2/21/20	41,036	30,144	8,400	2,492	13,557	2,250	56,843	63,454	4
2/22/20	40,127	29,429	8,853	1,845	15,299	2,346	57,772	64,084	4
2/23/20	39,073	29,643	7,776	1,654	16,738	2,399	58,210	64,287	4
2/24/20	37,896	29,221	7,090	1,585	18,854	2,563	59,313	64,786	4

2/25/20	36,242	27,916	6,840	1,486	20,912	2,615	59,769	65,187	4
2/26/20	34,978	26,994	6,581	1,403	23,200	2,641	60,819	65,596	4
2/27/20	32,878	25,245	6,270	1,363	26,403	2,682	61,963	65,914	4
2/28/20	31,064	23,694	6,056	1,314	28,895	2,727	62,686	66,337	4
2/29/20	28,912	21,805	5,858	1,249	31,187	2,761	62,860	66,907	4
3/1/20	26,901	20,029	5,646	1,226	33,757	2,803	63,461	67,103	4
3/2/20	25,050	18,457	5,407	1,186	36,167	2,834	64,051	67,217	4
3/3/20	23,039	16,807	5,095	1,137	38,556	2,871	64,466	67,332	4
3/4/20	20,765	14,977	4,747	1,041	40,479	2,902	64,146	67,466	4
3/5/20	19,758	14,170	4,592	996	41,966	2,931	64,655	67,592	4
3/6/20	18,518	13,159	4,395	964	43,468	2,959	64,945	67,666	4
3/7/20	17,078	11,938	4,206	934	45,011	2,986	65,075	67,707	4
3/8/20	15,826	10,835	4,101	890	46,433	3,007	65,266	67,743	4
3/9/20	14,957	10,256	3,855	846	47,585	3,024	65,566	67,760	4
3/10/20	13,712	9,300	3,613	799	49,056	3,046	65,814	67,773	4
3/11/20	12,769	8,589	3,453	727	50,298	3,056	66,123	67,781	4
3/12/20	11,888	7,940	3,251	697	51,553	3,062	66,503	67,786	4
3/13/20	10,485	6,942	2,896	647	52,943	3,075	66,503	67,790	4
3/14/20	9,376	6,213	2,551	612	54,278	3,085	66,739	67,794	4
3/15/20	8,703	5,728	2,403	572	55,094	3,099	66,896	67,798	5
3/16/20									
3/17/20	7,336	4,756	2,077	503	56,883	3,122	67,341	67,800	5
3/18/20	6,636	4,362	1,809	465	57,678	3,130	67,444	67,800	5
3/19/20	6,016	3,918	1,657	441	58,381	3,132	67,529	67,800	5
3/20/20	5,423	3,496	1,521	406	58,942	3,139	67,504	67,800	5
3/21/20	5,013	3,201	1,419	393	59,432	3,144	67,589	67,800	5
3/22/20	4,493	2,779	1,343	371	59,579	3,153	67,225	67,800	5

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From: Caneva, Duane

Sent: Monday, March 23, 2020 10:01 AM

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Subject: Red Dawn Suppression, Start Mar 23, 10:00 EDT

Please use this string going forward.

We hope to have alternative media to run this forum soon.

House rules:

- • Succinctness. Thoughtfulness
- • No hyperbole/ no politics/ no conspiracy theory
- • References and links when available

DHS Science and Technology (SnT) Master Question List link (and also attached here, Mar 18 version): An update to the MQL has been posted online at <https://www.dhs.gov/publication/st-master-question-list-covid-19>. We will continue to update on a weekly basis (Thursday/Friday) and post to this site. I will no longer send out emails since the site will have the most current version, but please direct any questions/comments to our shared inbox: HACTechnologyCenter@hq.dhs.gov

Duane C. Caneva, MD, MS
Chief Medical Officer
Department of Homeland Security
202-254-6901 (o)
202-821-5374 (c)
Duane.Caneva@hq.dhs.gov
DCaneva@dhs.ic.gov

Executive Assistant: Nichole Burton, nichole.burton2@associates.hq.dhs.gov, 202-254-8284
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 'Hanfling, Dan' <DHanfling@iqt.org>;
 'Will Gaskins' <will.gaskins@efia.com>;
 david.a.tarantino@cbp.dhs.gov </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2b8ce179913e4ec6a251a91616b1bc4a-Guest_de2e9>;
 Lee, Scott (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userf6879348>;
 'Lauren Johnston' <ljohnston@patronusmedical.com>;
 'Steven Jt(tCHFStDPH)' <steven.stack@ky.gov>;
 'Tom Bossert' <tom.bossert@me.com>;
 Johnson, Robert (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0851e89240324306b78740a4a60745e2-Johnson, Ro>;
 'HAMILTON, CAMERON' <cameron.hamilton@hq.dhs.gov>;
 Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>;
 david.gruber@dshs.texas.gov </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user4629b831>;
 'Wade, David' <david.wade@hq.dhs.gov>;
 'Lewis Hofmann' <lewhof@mac.com>;
 'WILKINSON, THOMAS' <THOMAS.WILKINSON@hq.dhs.gov>;
 Wolfe, Herbert (DHS.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f2fb845c2e154d8e967ec3fdabecfbd6-Herbert.Wol>;
 'CharitytA@CDPH' <Charity.Dean@cdph.ca.gov>;
 'Taylor, Justin (CTR)' <justin.taylor@associates.hq.dhs.gov>;
 Marinissen, Maria (HHS/OS/OGA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d42fb4d94b041ee88e4f7dd5743e893-Marinissen,>;
 'Sutter, Mark' <mark.sutter@hq.dhs.gov>;
 'Mark Keim, MD MBA' <mark@disasterdoc.org>;
 'Richard Hatchett' <richard.hatchett@cepi.net>;
 'McLeod James' <jmcleod@patronusmedical.com>;
 'Wine G.C.' <gcwine@patronusmedical.com>;
 'Ciottone Greg' (b)(6)
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Sent Date: 2020/03/23 15:00:17

Delivered Date: 2020/03/23 15:01:25

From:	Robert Levitt (b)(6)
To:	Robert Levitt (b)(6)
Subject:	Dr. Levitt's COVID-19 Update for AFTERNOON 23 March 2020/NEED DPA NOW FOR NEXT WEEK/NEJM MADE A MISTAKE
Date:	2020/03/23 15:09:04
Priority:	Normal
Type:	Note

Dear All,

Below are short takes on the articles I have read today and online news and Gov. Cuomo's NY Press Briefing this morning. The President's Briefing will be at 5:30 pm Eastern time. Gov. Cuomo thanked the President for his granting of FEMA (National Guard) and ACE federal and field hospitals. The Governor again asked for the Federal Government to takeover the purchase of scarce medical supplies for the States: masks, ventilators, PPE equipment. Cuomo wants President/Navarro to order appropriate companies to manufacture these essential medical materiel for fighting COVID-19. **Cuomo emphasized that using the Defense Production Act does NOT nationalize an industry.**

NY statistics today include: 78,200 coronavirus tests with 27% positive; **13% of positives required hospitalization and 24% of hospitalized required the ICU (ventilator); death rate is 0.7%.** Note that the worldwide death rate from COVID-19 is much higher at 4.2% of the 349,000 infected with the novel coronarvirus.

Cuomo is looking forward and planning for the **NY Pause to become NY Forward.** When? That depends on how long the epidemic in U.S. lasts: it could be '6-8 weeks' or 6 months or 18 months. Cuomo is thinking now that isolating healthy family members of someone who tests positive for the virus may be isolating too many 'workers' without infection. He is guided by Dr. David Katz who says **we should focus our isolation process on >60 y.o. and those <60 y.o. who are immunocompromised.** See: <https://www.nytimes.com/2020/03/20/opinion/coronavirus-pandemic-social-distancing.html>. His recommendations are based on this paragraph in his Ed/Op

"The data from South Korea, where tracking the coronavirus has been by far the best to date, indicate that as much as 99 percent of active cases in the general population are "mild" and do not require specific medical treatment. The small percentage of cases that do require such services are highly concentrated among those age 60 and older, and further so the older people are. Other things being equal, those over age 70 appear at three times the mortality risk as those age 60 to 69, and those over age 80 at nearly twice the mortality risk of those age 70 to 79."

Author says to give these older/elderly the first does of the to be developed vaccine or anti-SARS-CoV-2 drug when discovered if the person is ill.

Becker's ... has summarized several of the **parameters that need to be considered when asking whether your city's hospitals will have the beds/ICU bed to handle the steep part of the COVID curve**: https://www.beckershospitalreview.com/patient-flow/will-covid-19-overwhelm-hospitals-near-you-16-things-to-know.html?origin=CFOE&utm_source=CFOE&utm_medium=email&oly_enc_id=5023J8656290B7J

Becker's ... also documents the '**price gouging**' of a certain company on the cost of their masks: https://www.beckershospitalreview.com/supply-chain/supplier-charging-7-for-face-masks-that-typically-cost-58-cents-hospital-ceo-says.html?origin=PharmacyE&utm_source=PharmacyE&utm_medium=email&oly_enc_id=0573J6191345F3O

If you want to show the gougers you mean business, President Trump and Mr. Navarro, order the company to make 58 cents masks per the Defense Protection Act and arrest the owner and directors. Throw them in jail.

The Scientist today documents the **human clinical studies that Chloroquine and Chloroquine and Azithromycin do shorten disease length and severity in COVID-19**: https://www.the-scientist.com/news-opinion/is-hype-over-chloroquine-as-a-potential-covid-19-therapy-justified-67301?utm_campaign=TS_DAILY%20NEWSLETTER_2020&utm_source=hs_email&utm_medium=email&utm_content=85111903&hsenc=p2ANqtz--BkhYRV8pABSQKkTMQNXcJX2_I2co4CRhuFFajcafVF3PTjoP2KLlq3R_Gn8p4v1t8u45OjltehmuOnXBe-23JliE9Ag&hsmi=85111903

Note the study samples are small. A big study begins in NY tomorrow.

Now for the troubling reports from the NEJM. See pdfs attached above. The **NEJM has published online two articles on how to choose who gets a ventilator with COVID-19.** The first pdf lists the considerations that must be taken into account when making the decision. One good recommendation is to remove the decision from the team caring for the patient, whatever the rules are.

The second pdf from an expert doctor is more specific than the first pdf; this second pdf lists 6 recommendations. The first 4 recommendations are worth thought. **Recommendation #5 that vaccines/drugs against COVID-19 go to researchers of COVID-19 is ridiculous. Shame on NEJM for allowing such a recommendation to be published in the Journal.**

Saint Louis Post Dispatch today has a business column by Nicklaus which **predicts from those who know a coming recession with double digit unemployment.** See: https://www.stltoday.com/business/columns/david-nicklaus/nicklaus-a-recession-is-coming-unlike-one-we-ve-ever/article_a6f63805-37ce-5971-ad06-e262c1dc52a0.html#utm_source=stltoday.com&utm_campaign=%2Fnewsletter-templates%2Fcoronavirus&utm_medium=PostUp&utm_content=6964eebf6ec63b07702b6fa4a18ca400830102b

Thus, the Federal Reserve actions this morning (the Fed knows the unemployment claims numbers by the day, not by the month as we do).

Thus, the Federal Reserve actions this morning (the Fed knows the unemployment claims numbers by the day, not by the month as we do).

So let's pass a \$4 Trillion dollar relief bill in Congress. Let's use the DPA to make all the essential medical supplies we need. Let's test 0.6% of the U.S. population and isolate and support those who test positive and are ill or over 60 y.o or meet these CDC criteria:
Based upon available information to date, those at high-risk for severe illness from COVID-19 include:

- • *People aged 65 years and older*
- • *People who live in a nursing home or long-term care facility*
- • *Other high-risk conditions could include:*
 - • *People with chronic lung disease or moderate to severe asthma*
 - • *People who have heart disease with complications*
 - • *People who are immunocompromised including cancer treatment*
 - • *People of any age with severe obesity (body mass index [(BM)I]≥40) or certain underlying medical conditions, particularly if not well controlled, such as those with diabetes, renal failure, or liver disease might also be at risk*
- • *People who are pregnant should be monitored since they are known to be at risk with severe viral illness, however, to date data on COVID-19 has not shown increased risk*

Many conditions can cause a person to be immunocompromised, including cancer treatment, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications

We are on the steep part of the exponential curve - that is what the Task Force doesn't understand, but will understand on April 1st. L

RGL, M.D.

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Subject:	RE: [EXTERNAL] RE: Blood donations
Date:	2020/03/23 15:28:10
Priority:	Normal
Type:	Note

This is great. Will definitely work this into our twitter activity later today.

From: Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>
Sent: Monday, March 23, 2020 3:26 PM
To: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Cc: Wright, Janet (HHS/OASH) <Janet.Wright@HHS.GOV>
Subject: FW: [EXTERNAL] RE: Blood donations

Jenn,

See TPs below. Can we tweet out my WH video on the need to give blood, and also include the points from below? No hurry- just at a time you deem appropriate.

Jerome

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

From: Wright, Janet (HHS/OASH) <Janet.Wright@HHS.GOV>
Sent: Monday, March 23, 2020 2:32 PM
To: DeFrancis, Suzy <Suzy.DeFrancis@redcross.org>; Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>; McGovern, Gail J. <Gail.McGovern@redcross.org>
Cc: Hrouda, Chris <Chris.Hrouda@redcross.org>; Johnson, Harvey <harvey.johnson@redcross.org>
Subject: RE: [EXTERNAL] RE: Blood donations

Thank you so much!
And sending you stamina and good health for this fight.

From: DeFrancis, Suzy <Suzy.DeFrancis@redcross.org>
Sent: Monday, March 23, 2020 2:26 PM
To: Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>; McGovern, Gail J. <Gail.McGovern@redcross.org>; Wright, Janet (HHS/OASH) <Janet.Wright@HHS.GOV>
Cc: Hrouda, Chris <Chris.Hrouda@redcross.org>; Johnson, Harvey <harvey.johnson@redcross.org>
Subject: RE: [EXTERNAL] RE: Blood donations

Dear Surgeon General,

Thank you so much for your feedback. We are aware of the problem and are working on it. We are using the following talking points:

- Given more than 6,000 drive cancellations, donors may see fewer opportunities to give. The Red Cross is working around the clock to add new blood drives each day.
- Please do not feel discouraged if there is not an immediate appointment available – *patients still need you*. As experts have emphasized, this outbreak is not limited to days and the Red Cross will need to collect more blood for weeks and even months during this crisis.
- Donors are asked to make an appointment before showing up to donate in order to manage the flow of donors appropriately in alignment with social distancing practices.

We are grateful for your continued shout outs (heard you on Today Show). Without them we would not have the traffic we are seeing, or the blood patients need.

Thanks again,

Best,

Suzy

Suzy DeFrancis
Chief Public Affairs Officer

American Red Cross
430 17th Street NW
Washington, DC 20006
(202) 303-5486 (p)
[@sdefrancis](mailto:sdefrancis@redcross.org)



ARC_Logo_Btn_HorizStkd_RGB

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

Sent: Monday, March 23, 2020 1:56 PM

To: McGovern, Gail J. <Gail.McGovern@redcross.org>; Wright, Janet (HHS/OASH) <Janet.Wright@HHS.GOV>

Cc: DeFrancis, Suzy <Suzy.DeFrancis@redcross.org>; Hrouda, Chris <Chris.Hrouda@redcross.org>; Johnson, Harvey <harvey.johnson@redcross.org>

Subject: Re: [EXTERNAL] RE: Blood donations

Gail, Suzy, and all,

I have cced my Director of Science and Policy, Dr. Wright. We are happy to continue promoting blood donation, but want you to be aware that we are getting feedback from a number of quarters that people can't actually get in or make an appointment at this time. 2 of my staffers tried to give blood in DC and were turned away- Dr . Wright can give more details. Just don't want a good story and surge to morph into, "there's no where to give blood, so there's no point in trying..."

Jerome

VADM Jerome Adams
20th US Surgeon General

On Mar 19, 2020, at 10:04 AM, McGovern, Gail J. <Gail.McGovern@redcross.org>wrote:

Thank you so very much, General.

Sincerely,
Gail

From: Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>
Sent: Wednesday, March 18, 2020 4:12 PM
To: DeFrancis, Suzy <Suzy.DeFrancis@redcross.org>
Cc: McGovern, Gail J. <Gail.McGovern@redcross.org>; Hrouda, Chris <Chris.Hrouda@redcross.org>; Johnson, Harvey <harvey.johnson@redcross.org>
Subject: [EXTERNAL] RE: Blood donations

I will keep leaning into this issue. We've got to make sure people aren't harmed by the response to COVID19

Jerome

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

From: DeFrancis, Suzy <Suzy.DeFrancis@redcross.org>
Sent: Wednesday, March 18, 2020 4:00 PM
To: Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>
Cc: McGovern, Gail J. <Gail.McGovern@redcross.org>; Hrouda, Chris <Chris.Hrouda@redcross.org>; Johnson, Harvey <harvey.johnson@redcross.org>
Subject: Blood donations

General,

Thank you so much for the shout out you gave for blood in your Today Show interview. Impressed the way you made sure it got in even as interview was wrapping up, and we loved the language about social distancing not meaning social disengagement.

Best,
Suzy

Suzy DeFrancis
Chief Public Affairs Officer

American Red Cross
430 17th Street NW
Washington, DC 20006
(202) 303-5486 (p)
[@sdefrancis](mailto:sdefrancis@redcross.org)

<image001.png>

From: DeFrancis, Suzy
Sent: Tuesday, March 17, 2020 4:17 PM
To: 'Jerome.adams@hhs.gov' <Jerome.adams@hhs.gov>
Cc: McGovern, Gail J. <Gail.McGovern@redcross.org>; Hrouda, Chris <Chris.Hrouda@redcross.org>; Johnson, Harvey <harvey.johnson@redcross.org>
Subject: Talking Points on Blood donations

General,

Thank you so much for your offer to make a plug for blood donations. Attached and below are some high level points. I did not mention “shortage”, but just a call for healthy individuals to give blood.

- • One thing people can do to help the country during this public health emergency is to donate blood.
- • We need an adequate supply of blood to treat patients in hospitals who need emergency surgery or trauma patients (like I treated)
- • But a lot of blood drives take place on college campuses or workplaces, and those drives have been cancelled. (Red Cross alone reports 2,700 drives canceled and 86,000 fewer blood donations. Industry numbers are higher)
- • So if you are a healthy individual, it’s important you go donate blood. Volunteer blood donors are the only source of blood for those in need.
- • It’s safe to donate blood and blood centers are taking extra precautions during this time:
 - • Spacing beds 6’ apart when possible, do
 - • Temperature checks to make donors and staff are healthy and
 - • Disinfecting surfaces and using a lot of hand sanitizers
- • We recommend people leave home for necessities like groceries, or a Dr. visit, or the pharmacy – and donating blood is a necessity too
- • So give blood – you’ll feel good about it and you’ll be helping your country during this crisis.
- • One donation can help save the lives of up to 3 people.

Video below with quotes from other federal officials

https://www.youtube.com/watch?v=Z3V_DX_AVxc&feature=youtu.be

Thanks again,
Suzy

Suzy DeFrancis
Chief Public Affairs Officer

American Red Cross
430 17th Street NW
Washington, DC 20006
(202) 303-5486 (p)
[@sdefrancis](mailto:sdefrancis@redcross.org)

<image001.png>

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CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

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>; Wright, Janet (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=41f672e2527b4f44891fb4fbe08cdfdf-Wright, Jan>
Sent Date:	2020/03/23 15:28:07
Delivered Date:	2020/03/23 15:28:10

From:	Sanja Dacic (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:	2020/03/23 15:51:12
Priority:	Normal
Type:	Note

Sanja Dacic
UPMC - DEpt of Pathology
Pittsburgh, PA 15213

March 23, 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,
Sanja Dacic

Sender:	Sanja Dacic (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/23 15:45:23
Delivered Date:	2020/03/23 15:51:12
Message Flags:	Unread

From:	Verna Helfferich <(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:	2020/03/23 15:51:13
Priority:	Normal
Type:	Note

Verna Helfferich

(b)(6)

March 23, 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.

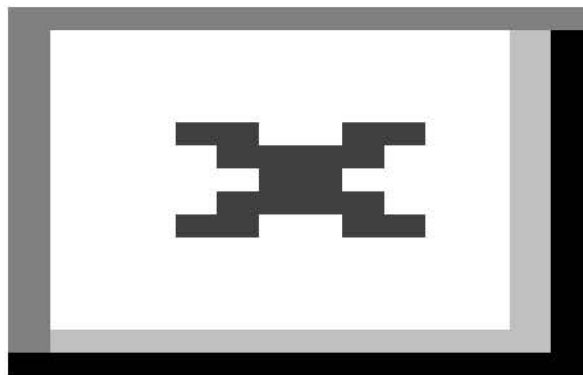
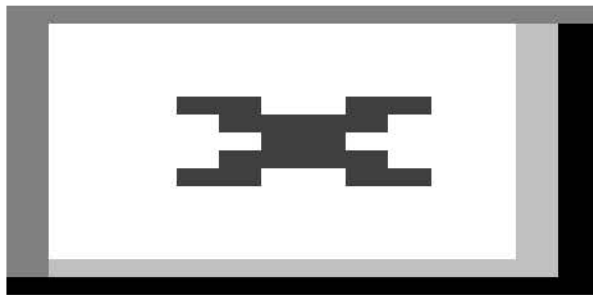
Sincerely,
Verna Helfferich

Sender:	Verna Helfferich <(b)(6)>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/23 15:45:23
Delivered Date:	2020/03/23 15:51:13
Message Flags:	Unread

From:	Carter Mecher (b)(6)
To:	(b)(6) Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=04b8a65f67f9453b9749d3d366481f53-Guest_bef32>; <jmothershead@patronusmedical.com>
CC:	Caneva, Duane (DHS.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b6ba3c00c7944e1b99ed3eecab996186-Duane.Canev>; 'Dr. Eva Lee' (b)(6) 'Arthur Kellermann' (b)(6) 'William Lang' <wlang@worldclinic.com>; 'Lawler, James V' (b)(6) 'Rob Darling, MD' <rdarling@patronusmedical.com>; 'Dr. Eva K Lee' (b)(6) Mecher, Carter (VA.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=505b94dcf2f74b6ab8da09f5bcc26761-Carter.Mech>; 'Jamison Day' (b)(6) 'Logan, Linda L' (b)(6) Dodgen, Daniel (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c23f0d7c1d634508918e1c87cf50c48c-Dodgen, Dan>; 'Venkayya, Rajeev' <rajeev.venkayya@takeda.com>; 'Ronny Jackson' (b)(6) alexander.eastman@hq.dhs.gov </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d6cb05aaaff49fb1ee44181880376c-Guest_37b50>; 'Mansoura, Monique K.' <mmansoura@mitre.org>; 'LLogandakar' (b)(6) Walters, William (STATE.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f3bd10f7e82440f282361d80de6b8c1f-William.Wal>; 'Parker Jr, Gerald W' (b)(6) DeBord, Kristin (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d2cce28859884c1c835a9404885d6534-DeBord, Kri>; 'EVANS, MARIEFRED' <mariefred.evans@associates.hq.dhs.gov>; 'Kevin Montgomery' <kevin@collaborate.org>; Phillips, Sally (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d6ce8134846423cb83b5b28464edb60-Phillips, S>; 'DC' <michelle.colby@usda.gov>; 'Matthew JtCIVtUSARMY (USA)' <matthew.j.hepburn.civ@mail.mil>; 'Andy Desjardins, MD' <adesjardins@patronusmedical.com>; Fantinato, Jessica (USDA.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4a03b6317c3840afb4ee617008e821a6-Jessica.Fan>; Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>; 'Danny Shiau' (b)(6) Martin, Greg (state.gov) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d48a91c6dc5f401a80e245c518874f15-MartinGJ.os>; 'Ryan Morhard' <Ryan.Morhard@weforum.org>; Disbrow, Gary (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0fd5845defda4dc0bb45f8fac629cf09-Disbrow, Ga>; 'Borio, Luciana' <LBorio@iq.t.org>; Redd, John (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ba3fed4ee8646ec849a5a87136a24f6-Redd, John>; 'KAUSHIK, SANGEETA' <sangeeta.kaushik@hq.dhs.gov>; 'CHRISTOPHER ALLEN' (b)(6) 'Richard Tubb' (b)(6) 'Cordts, Jerome (CTR)' <jerome.cordts@associates.hq.dhs.gov>; 'Baric, Ralph S' (b)(6) 'Schnitzer, Jay J.' <jschnitzer@mitre.org>; (b)(6) 'HARVEY, MELISSA' <melissa.harvey@hq.dhs.gov>; 'Lisa Koonin' (b)(6) 'Larry G' <PadgetLG@state.gov>; (b)(6) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=20f0e9a3ebef4ef99d30a96386fb2627-Guest_945f5>; Ignacio, Joselito (FEMA.DHS.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=908f39d0872d44b1b2c5e3ba11f04968-Joselito.Ig>; 'David' (b)(6)

	Hassell, David (Chris) (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=aedbfb0ff96e4119ac7a3b3abaf71a3d-Hassell, Da>; 'Hanfling, Dan' <DHanfling@iqt.org>; 'Will Gaskins' <will.gaskins@efia.com>; david.a.tarantino@cbp.dhs.gov </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2b8ce179913e4ec6a251a91616b1bc4a-Guest_de2e9>; Lee, Scott (OS/ASPR/EMMO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userf6879348>; 'Lauren Johnston' <ljohnston@patronusmedical.com>; 'Steven Jt(tCHFStDPH)' <steven.stack@ky.gov>; 'Tom Bossert' <tom.bossert@me.com>; Johnson, Robert (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0851e89240324306b78740a4a60745e2-Johnson, Ro>; 'HAMILTON, CAMERON' <cameron.hamilton@hq.dhs.gov>; Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; david.gruber@dshs.texas.gov </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user4629b831>; 'Wade, David' <david.wade@hq.dhs.gov>; 'Lewis Hofmann' (b)(6) 'WILKINSON, THOMAS' <THOMAS.WILKINSON@hq.dhs.gov>; Wolfe, Herbert (DHS.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f2fb845c2e154d8e967ec3fdabecfbd6-Herbert.Wol>; 'CharityA@CDPH' <Charity.Dean@cdph.ca.gov>; 'Taylor, Justin (CTR)' <justin.taylor@associates.hq.dhs.gov>; Marinissen, Maria (HHS/OS/OGA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d42fb4d94b041ee88e4f7dd5743e893-Marinissen,>; 'Sutter, Mark' <mark.sutter@hq.dhs.gov>; 'Mark Keim, MD MBA' <mark@disasterdoc.org>; 'Richard Hatchett' <richard.hatchett@cepi.net>; 'McLeod James' <jmcleod@patronusmedical.com>; 'Wine G.C.' <gcwine@patronusmedical.com>; 'Ciottone Greg' (b)(6) 'Dan Carlin' <dcarlin@worldclinic.com>; Krohmer, Jon (dot.gov) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=46c6513591aa4142b2c1c85354dd1816-Jon.Krohmer>; Jolly, Brantley (OS/ASPR/EMMO) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=571dba8bd7d549c8871e4d99a6ccdcac-Jolly, Bran>
Subject:	RE: BWIRP Files
Date:	2020/03/23 15:56:13
Priority:	Normal
Type:	Note

First hopeful sign. Looks like Italy and Lombardy curves maybe starting to bend (meaning we are near the peak)--took about 4 weeks. Daily case counts and daily deaths falling slightly for 3 days in a row. Hopefully Italy is starting to emerge. Time will tell.



Here is the data in tables:

First Italy

Italy (60M)

Date	Cum Confirmed Cases	Cum Deaths	Daily Cases	Daily Deaths	ICU
30-Jan	2	0			
31-Jan	2	0			
7-Feb	3	0	1		
20-Feb	3	0	0		2
21-Feb	20	1	17	1	6
22-Feb	63	2	43	1	7
23-Feb	155	3	92	1	26
24-Feb	229	7	74	4	23
25-Feb	322	11	93	4	19
26-Feb	453	12	131	1	
27-Feb	655	17	202	5	
28-Feb	889	21	234	4	64
29-Feb	1,128	29	239	8	105
1-Mar	1,694	34	566	5	140
2-Mar	2,036	52	342	18	166
3-Mar	2,502	79	466	27	
4-Mar	3,089	107	587	28	295
5-Mar	3,858	148	769	41	351
6-Mar	4,636	197	778	49	462
7-Mar	5,833	233	1,197	36	567
8-Mar	7,375	366	1,542	133	650
9-Mar	9,172	463	1,797	97	733
10-Mar	10,149	631	977	168	877
11-Mar	12,264	831	2,115	200	1,028
12-Mar	15,113	1,016	2,849	185	1,153
13-Mar	17,660	1,266	2,547	250	1,328
14-Mar	21,157	1,441	3,497	175	1,518
15-Mar	24,747	1,809	3,590	368	1,672
16-Mar	27,980	2,158	3,233	349	1,851
17-Mar	31,506	2,503	3,526	345	2,060
18-Mar	35,713	2,978	4,207	475	2,257
19-Mar	41,035	3,405	5,322	427	2,498
20-Mar	47,021	4,032	5,986	627	2,655
21-Mar	53,572	4,825	6,551	793	2,857
22-Mar	59,138	5,476	5,566	651	3,009
23-Mar	63,927	6,077	4,789	601	3,204

Lombardy (prior table had daily case counts not cumulative in first column).

Lombardy Region (9.7M)					
Date	Cum Cases	Cum Deaths	Daily Deaths	Daily Cases	ICU
24-Feb	172				
25-Feb	212				
26-Feb	258				
27-Feb	305				
28-Feb	531				
29-Feb					
1-Mar	984				
2-Mar	1,254				
3-Mar	1,520				
4-Mar					
5-Mar	1,777	98			244
6-Mar	2,612				
7-Mar	3,420	154			359
8-Mar	4,189	267	113	769	399
9-Mar	5,469	333	66	1,280	440
10-Mar	5,791	468	135	322	466
11-Mar	7,280	637	169	1,489	560
12-Mar	8,725	744	107	1,445	605
13-Mar	9,820	890	146	1,095	650
14-Mar	11,685	966	76	1,865	732
15-Mar	13,272	1,218	252	1,587	767
16-Mar	14,649	1,420	202	1,377	823
17-Mar	16,220	1,640	220	1,571	879
18-Mar	17,713	1,959	319	1,493	924
19-Mar	19,884	2,168	209	2,171	1,006
20-Mar	22,264	2,549	381	2,380	1,050
21-Mar	25,515	3,095	546	3,251	1,093
22-Mar	27,206	3,456	361	1,691	1,142
23-Mar	28,761	3,776	320	1,555	1,183

Sent from Mail for Windows 10

From: (b)(6)
Sent: Monday, March 23, 2020 3:00 PM
To: 'McDonald, Eric'; jmothershead@patronusmedical.com
Cc: 'Caneva, Duane'; 'Dr. Eva Lee'; 'Carter Mecher'; 'Arthur Kellermann'; 'William Lang'; 'Lawler, James V'; 'Rob Darling, MD'; 'Dr. Eva K Lee'; 'Mecher, Carter'; 'Jamison Day'; 'Logan, Linda L'; 'Dodgen, Daniel (OS/ASPR/SPPR)'; 'Venkayya, Rajeev'; 'Ronny Jackson'; 'Eastman, Alexander'; 'Mansoura, Monique K.'; 'LLogandakar'; 'Walters, William (STATE.GOV)'; 'Parker Jr, Gerald W'; 'DeBord, Kristin (OS/ASPR/SPPR)'; 'EVANS, MARIEFRED'; 'Kevin Montgomery'; 'Phillips, Sally (OS/ASPR/SPPR)'; 'DC'; 'Matthew JtCIVtUSARMY (USA)'; 'Andy Desjardins, MD'; 'Fantinato, Jessica (USDA.GOV)'; 'Yeskey, Kevin'; 'Danny Shiau'; 'Martin, Greg (state.gov)'; 'Ryan Morhard'; 'Disbrow, Gary (OS/ASPR/BARDA)'; 'Borio, Luciana'; 'Redd, John (OS/ASPR/SPPR)'; 'KAUSHIK, SANGEETA'; 'CHRISTOPHER ALLEN'; 'Richard Tubb'; 'Cordts, Jerome (CTR)'; 'Baric, Ralph S'; 'Schnitzer, Jay J.'; (b)(6) 'HARVEY, MELISSA'; 'Lisa Koonin'; 'Larry G'; 'M.D.'; 'Ignacio, Joselito'; 'David'; 'Hassell, David (Chris) (OS/ASPR/IO)'; 'Hanfling, Dan'; 'Will Gaskins'; 'TARANTINO, DAVID A'; 'Lee, Scott (OS/ASPR/EMMO)'; 'Lauren Johnston'; 'Steven Jt(tCHFStDPH)'; 'Tom Bossert'; 'Johnson, Robert (OS/ASPR/BARDA)'; 'HAMILTON, CAMERON'; 'Adams, Jerome (HHS/OASH)'; 'David Gruber'; 'Wade, David'; 'Lewis Hofmann'; 'WILKINSON, THOMAS'; 'WOLFE, HERBERT'; 'CharitytA@CDPH'; 'Taylor, Justin (CTR)'; 'Marinissen, Maria (HHS/OS/OGA)'; 'Sutter, Mark'; 'Mark Keim, MD MBA'; 'Richard Hatchett'; 'McLeod James'; 'Wine G.C.'; 'Ciottone Greg'; 'Dan Carlin'; 'Krohmer, Jon (NHTSA)'; 'Jolly, Brantley (OS/ASPR/EMMO) (CTR)'
Subject: BWIRP Files
Importance: High

I can upload the zip folder that I have, and I can also ATTEMPT to get the final documents. The ones I have are lean on drug lists, etc. and I know the final versions had greatly expanded. I USED to have all the final stuff in hard copy, but got tired of lugging around 50 xerox boxes of paperwork, and tossed them a few years back I think (I do still have some xerox boxes full of stuff, I will take a look but doubt it). We worked on this just before I retired, and Battelle was the lead contractor supporting the effort (it was under the NLD initiatives). I am betting that the vast majority of players have retired or moved on, but I can try to contact someone at ECBC to see if they have the finalized files, and also they should have them on the Battelle servers (which I do not have access to anymore since I retired from Battelle).

From: McDonald, Eric <Eric.McDonald@sdcountry.ca.gov>
Sent: Monday, March 23, 2020 2:53 PM
To: jmothershead@patronusmedical.com
Cc: Caneva, Duane <duane.caneva@hq.dhs.gov>; (b)(6) Dr. Eva Lee
(b)(6) Carter Mecher <cmecher@charter.net>; Arthur Kellermann
(b)(6) William Lang <wlang@worldclinic.com>; Lawler, James V
(b)(6) Rob Darling, MD <rdarling@patronusmedical.com>; Dr. Eva K Lee <evalee-
(b)(6) Mecher, Carter <Carter.Mecher@va.gov>; Jamison Day (b)(6)
Logan, Linda L (b)(6) Dodgen, Daniel (OS/ASPR/SPPR) <Daniel.Dodgen@hhs.gov>;

Venkayya, Rajeev <rajeev.venkayya@takeda.com>; Ronny Jackson (b)(6)
Eastman, Alexander <alexander.eastman@hq.dhs.gov>; Mansoura, Monique K.
<mmansoura@mitre.org>; LLogandakar (b)(6) Walters, William (STATE.GOV)
<walterswa2@state.gov>; Parker Jr, Gerald W (b)(6) DeBord, Kristin
(OS/ASPR/SPPR) <Kristin.DeBord@hhs.gov>; EVANS, MARIEFRED
<mariefred.evans@associates.hq.dhs.gov>; Kevin Montgomery <kevin@collaborate.org>; Phillips, Sally
(OS/ASPR/SPPR) <Sally.Phillips@hhs.gov>; DC <michelle.colby@usda.gov>; Matthew JtCIVtUSARMY
(USA) <matthew.j.hepburn.civ@mail.mil>; Andy Desjardins, MD <adesjardins@patronusmedical.com>;
Fantinato, Jessica (USDA.GOV) <jessica.fantinato@usda.gov>; Yeskey, Kevin <kevin.yeskey@hhs.gov>;
Danny Shiau (b)(6) Martin, Greg (state.gov) <MartinGJ@state.gov>; Ryan Morhard
<Ryan.Morhard@weforum.org>; Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>; Borio,
Luciana <LBorio@iqt.org>; Redd, John (OS/ASPR/SPPR) <John.Redd@hhs.gov>; KAUSHIK, SANGEETA
<sangeeta.kaushik@hq.dhs.gov>; CHRISTOPHER ALLEN (b)(6) Richard Tubb
(b)(6) Cordts, Jerome (CTR) <jerome.cordts@associates.hq.dhs.gov>; Baric,
Ralph S (b)(6) Schnitzer, Jay J. <jschnitzer@mitre.org>; (b)(6) HARVEY,
MELISSA <melissa.harvey@hq.dhs.gov>; Lisa Koonin (b)(6) Larry G
<PadgetLG@state.gov>; M.D. (b)(6) Ignacio, Joselito
<joselito.ignacio@fema.dhs.gov>; David (b)(6) Hassell, David (Chris)
(OS/ASPR/IO) <David.Hassell@hhs.gov>; Hanfling, Dan <DHanfling@iqt.org>; Will Gaskins
<will.gaskins@efiia.com>; TARANTINO, DAVID A <david.a.tarantino@cbp.dhs.gov>; Lee, Scott
(OS/ASPR/EMMO) <Scott.Lee@hhs.gov>; Lauren Johnston <ljohnston@patronusmedical.com>; Steven
Jt(tCHFStDPH) <steven.stack@ky.gov>; Tom Bossert <tom.bossert@me.com>; Johnson, Robert
(OS/ASPR/BARDA) <Robert.Johnson@hhs.gov>; HAMILTON, CAMERON
<cameron.hamilton@hq.dhs.gov>; Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>; David
Gruber <david.gruber@dshs.texas.gov>; Wade, David <david.wade@hq.dhs.gov>; Lewis Hofmann
(b)(6) WILKINSON, THOMAS <THOMAS.WILKINSON@hq.dhs.gov>; WOLFE, HERBERT
<HERBERT.WOLFE@hq.dhs.gov>; CharityA@CDPH <Charity.Dean@cdph.ca.gov>; Taylor, Justin (CTR)
<justin.taylor@associates.hq.dhs.gov>; Marinissen, Maria (HHS/OS/OGA) <Maria.Marinissen@hhs.gov>;
Sutter, Mark <mark.sutter@hq.dhs.gov>; Mark Keim, MD MBA <mark@disasterdoc.org>; Richard
Hatchett <richard.hatchett@cepi.net>; McLeod James <jmcleod@patronusmedical.com>; Wine G.C.
<gcwine@patronusmedical.com>; Ciottone Greg (b)(6) Dan Carlin
<dcarlin@worldclinic.com>; Krohmer, Jon (NHTSA) <jon.krohmer@dot.gov>; Jolly, Brantley
(OS/ASPR/EMMO) (CTR) <Brantley.Jolly@hhs.gov>
Subject: Re: Red Dawn Suppression, Start Mar 23, 10:00 EDT

Can these BWIRP plans be accessed and disseminated?

Eric

Sent from my iPhone

On Mar 23, 2020, at 11:48 AM, "jmothershead@patronusmedical.com"
<jmothershead@patronusmedical.com> wrote:

Back in the 2000-2003 timeframe, the Soldiers Biological and Chemical Command (now called ECBC) at
Aberdeen developed a concept of operations under the Biological Weapons Improved Response

Program (BWIRP) called the Acute Care Center. Basically retooling a warehouse for open bay care. I was part of that effort, that included HHS, DOD, and others. I still have some of the draft files, but do not have all the final stuff. The engineers even worked out a method for oxygen logistics, and manifold systems for oxygen at every bed. They created a total conops, job action sheets, expedited credentialing, equipment and pharmaceutical lists (which likely would need to be tweaked) The head of the program at SBCCOM was a Dr. Richard Hutchinson and his deputy was a Dr. Mohamed Mughal. Since HHS was involved with this, the files should be somewhere around there I would think. I distinctly remember Mike Anderson and Kevin Tonat from HHS were heavily involved.

From: Caneva, Duane <duane.caneva@hq.dhs.gov>

Sent: Monday, March 23, 2020 2:26 PM

To: (b)(6) 'Dr. Eva Lee' (b)(6) 'Carter Mecher'
(b)(6)

Cc: 'Arthur Kellermann' (b)(6) 'William Lang' <wlang@worldclinic.com>;
'Lawler, James V' (b)(6) 'Rob Darling, MD' <rdarling@patronusmedical.com>; 'Dr.
Eva K Lee' (b)(6) 'Mecher, Carter' <Carter.Mecher@va.gov>; 'Jamison Day'
(b)(6) 'Logan, Linda L' (b)(6) 'Dodgen, Daniel (OS/ASPR/SPPR)'
<Daniel.Dodgen@hhs.gov>; 'Venkayya, Rajeev' <rajeev.venkayya@takeda.com>; 'Ronny Jackson'
(b)(6) Eastman, Alexander <alexander.eastman@hq.dhs.gov>; 'Mansoura,
Monique K.' <mmansoura@mitre.org>; 'LLogandakar' (b)(6) 'Walters, William
(STATE.GOV)' <walterswa2@state.gov>; 'Parker Jr, Gerald W' (b)(6) 'DeBord,
Kristin (OS/ASPR/SPPR)' <Kristin.DeBord@hhs.gov>; EVANS, MARIEFRED
<mariefred.evans@associates.hq.dhs.gov>; 'Kevin Montgomery' <kevin@collaborate.org>; 'Phillips, Sally
(OS/ASPR/SPPR)' <Sally.Phillips@hhs.gov>; 'DC' <michelle.colby@usda.gov>; 'Matthew JtCIVtUSARMY
(USA)' <matthew.j.hepburn.civ@mail.mil>; 'Andy Desjardins, MD' <adesjardins@patronusmedical.com>;
'Fantinato, Jessica (USDA.GOV)' <jessica.fantinato@usda.gov>; 'Yeskey, Kevin' <kevin.yeskey@hhs.gov>;
'Danny Shiau' (b)(6) 'Martin, Greg (state.gov)' <MartinGJ@state.gov>; 'Ryan
Morhard' <Ryan.Morhard@weforum.org>; 'Disbrow, Gary (OS/ASPR/BARDA)' <Gary.Disbrow@hhs.gov>;
'Borio, Luciana' <LBorio@iq.t.org>; 'Redd, John (OS/ASPR/SPPR)' <John.Redd@hhs.gov>; KAUSHIK,
SANGEETA <sangeeta.kaushik@hq.dhs.gov>; 'Eric (San Diego County)'
<eric.mcdonald@sdcounty.ca.gov>; 'CHRISTOPHER ALLEN' <CHRISALLEN (b)(6) 'Richard Tubb'
(b)(6) Cordts, Jerome (CTR) <jerome.cordts@associates.hq.dhs.gov>; 'Baric,
Ralph S' (b)(6) 'Schnitzer, Jay J.' <jschnitzer@mitre.org>; (b)(6)
HARVEY, MELISSA <melissa.harvey@hq.dhs.gov>; 'Lisa Koonin' (b)(6) 'Larry G'
<PadgetLG@state.gov>; 'M.D.' (b)(6) Ignacio, Joselito
<joselito.ignacio@fema.dhs.gov>; 'David' (b)(6) 'Hassell, David (Chris)
(OS/ASPR/IO)' <David.Hassell@hhs.gov>; 'Hanfling, Dan' <DHanfling@iq.t.org>; 'Will Gaskins'
<will.gaskins@efii.com>; TARANTINO, DAVID A <david.a.tarantino@cbp.dhs.gov>; 'Lee, Scott
(OS/ASPR/EMMO)' <Scott.Lee@hhs.gov>; 'Lauren Johnston' <ljohnston@patronusmedical.com>;
'Steven Jt(tCHFStDPH)' <steven.stack@ky.gov>; 'Tom Bossert' <tom.bossert@me.com>; 'Johnson,
Robert (OS/ASPR/BARDA)' <Robert.Johnson@hhs.gov>; HAMILTON, CAMERON
<cameron.hamilton@hq.dhs.gov>; 'Adams, Jerome (HHS/OASH)' <Jerome.Adams@hhs.gov>; 'David
Gruber' <david.gruber@dshs.texas.gov>; 'Wade, David' <david.wade@hq.dhs.gov>; 'Lewis Hofmann'
(b)(6) WILKINSON, THOMAS <THOMAS.WILKINSON@hq.dhs.gov>; 'WOLFE, HERBERT
<HERBERT.WOLFE@hq.dhs.gov>; 'CharitytA@CDPH' <Charity.Dean@cdph.ca.gov>; Taylor, Justin (CTR)
<justin.taylor@associates.hq.dhs.gov>; 'Marinissen, Maria (HHS/OS/OGA)'
<Maria.Marinissen@hhs.gov>; Sutter, Mark <mark.sutter@hq.dhs.gov>; 'Mark Keim, MD MBA'

<mark@disasterdoc.org>; 'Richard Hatchett' <richard.hatchett@cepi.net>; 'McLeod James' <jmcleod@patronusmedical.com>; 'Wine G.C.' <gcwine@patronusmedical.com>; 'Ciottone Greg' <(b)(6)>; 'Dan Carlin' <dcarlin@worldclinic.com>; 'Jerry Mothershead' <jmothershead@patronusmedical.com>; 'Krohmer, Jon (NHTSA)' <jon.krohmer@dot.gov>; 'Jolly, Brantley (OS/ASPR/EMMO) (CTR)' <Brantley.Jolly@hhs.gov>
Subject: RE: Red Dawn Suppression, Start Mar 23, 10:00 EDT

Got to think we've got a lot more warehousing today than back in the day. Not sure what level of water/public works stuff there would be.

From: (b)(6) (b)(6)
Sent: Monday, March 23, 2020 2:11 PM
To:
Subject: RE: Red Dawn Suppression, Start Mar 23, 10:00 EDT

CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact your component SOC with questions or concerns.

Totally agree with Eva. We old folks remember the days (at least at military hospitals) of open bay wards – 10 or so beds on each side, each separated by a curtain. The ERs were that way as well, back in the day. Those were way more efficient as far as labor for the staff than individual rooms. I would use the hotel rooms for mildly ill, or better yet, for non-COVID patients in stable condition. If need be, use the convention centers or large meeting rooms in hotels for the ICU set ups. Better still might be to commandeer empty warehouses that have working environmental controls, electricity, and water supplies. That was the concept behind the Alternate Care Centers designed in the BWIRP Program at ECBC. We even developed a manifold system for oxygen at each bed. But maybe with our formerly booming economy, those warehouses are not to be found. Another advantage of the big box places was usually ample parking, and the ability for supply trucks to pull up and quickly load and unload, things that might be more difficult for a hotel.

Jerry

From: Dr. Eva Lee (b)(6)
Sent: Monday, March 23, 2020 2:02 PM
To: Carter Mecher (b)(6)
Cc: Caneva, Duane <duane.caneva@hq.dhs.gov>; Arthur Kellermann (b)(6)
William Lang <wlang@worldclinic.com>; Lawler, James V (b)(6) Rob Darling, MD <rdarling@patronusmedical.com>; Dr. Eva K Lee (b)(6) (b)(6)
Mecher, Carter <Carter.Mecher@va.gov>; Jamison Day (b)(6) Logan, Linda L (b)(6)
(b)(6) Dodgen, Daniel (OS/ASPR/SPPR) <Daniel.Dodgen@hhs.gov>; Venkayya, Rajeev <rajeev.venkayya@takeda.com>; Ronny Jackson (b)(6) Eastman, Alexander <alexander.eastman@hq.dhs.gov>; Mansoura, Monique K. <mmansoura@mitre.org>; LLogandakar (b)(6) Walters, William (STATE.GOV) <walterswa2@state.gov>; Parker Jr, Gerald W (b)(6) DeBord, Kristin (OS/ASPR/SPPR) <Kristin.DeBord@hhs.gov>; EVANS, MARIEFRED <mariefred.evans@associates.hq.dhs.gov>; Kevin Montgomery <kevin@collaborate.org>; Phillips, Sally (OS/ASPR/SPPR) <Sally.Phillips@hhs.gov>; DC <michelle.colby@usda.gov>; Matthew JtCIVtUSARMY (USA) <matthew.j.hepburn.civ@mail.mil>; Andy

Desjardins, MD <adesjardins@patronusmedical.com>; Fantinato, Jessica (USDA.GOV) <jessica.fantinato@usda.gov>; Yeskey, Kevin <kevin.yeskey@hhs.gov>; Danny Shiau <(b)(6)> Martin, Greg (state.gov) <MartinGJ@state.gov>; Ryan Morhard <Ryan.Morhard@weforum.org>; Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>; Borio, Luciana <LBorio@igt.org>; Redd, John (OS/ASPR/SPPR) <John.Redd@hhs.gov>; KAUSHIK, SANGEETA <sangeeta.kaushik@hq.dhs.gov>; Eric (San Diego County) <eric.mcdonald@sdcounty.ca.gov>; CHRISTOPHER ALLEN <CHRISALLEN <(b)(6)> Richard Tubb <(b)(6)> Cordts, Jerome (CTR) <jerome.cordts@associates.hq.dhs.gov>; Baric, Ralph S <(b)(6)> Schnitzer, Jay J. <jschnitzer@mitre.org>; <(b)(6)> HARVEY, MELISSA <melissa.harvey@hq.dhs.gov>; Lisa Koonin <(b)(6)> Larry G <PadgetLG@state.gov>; M.D. <(b)(6)> Ignacio, Joselito <joselito.ignacio@fema.dhs.gov>; David <(b)(6)> Hassell, David (Chris) (OS/ASPR/IO) <David.Hassell@hhs.gov>; Hanfling, Dan <DHanfling@igt.org>; Will Gaskins <will.gaskins@efiia.com>; TARANTINO, DAVID A <david.a.tarantino@cbp.dhs.gov>; Lee, Scott (OS/ASPR/EMMO) <Scott.Lee@hhs.gov>; Lauren Johnston <ljohnston@patronusmedical.com>; Steven Jt(tCHFStDPH) <steven.stack@ky.gov>; Tom Bossert <tom.bossert@me.com>; Johnson, Robert (OS/ASPR/BARDA) <Robert.Johnson@hhs.gov>; HAMILTON, CAMERON <cameron.hamilton@hq.dhs.gov>; Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>; David Gruber <david.gruber@dshs.texas.gov>; Wade, David <david.wade@hq.dhs.gov>; Lewis Hofmann <(b)(6)> WILKINSON, THOMAS <THOMAS.WILKINSON@hq.dhs.gov>; WOLFE, HERBERT <HERBERT.WOLFE@hq.dhs.gov>; CharitytA@CDPH <Charity.Dean@cdph.ca.gov>; Taylor, Justin (CTR) <justin.taylor@associates.hq.dhs.gov>; Marinissen, Maria (HHS/OS/OGA) <Maria.Marinissen@hhs.gov>; Sutter, Mark <mark.sutter@hq.dhs.gov>; Mark Keim, MD MBA <mark@disasterdoc.org>; Richard Hatchett <richard.hatchett@cepi.net>; McLeod James <jmcleod@patronusmedical.com>; Wine G.C. <gcwine@patronusmedical.com>; Ciottone Greg <(b)(6)> Dan Carlin <dcarlin@worldclinic.com>; Jerry Mothershead <jmothershead@patronusmedical.com>; Krohmer, Jon (NHTSA) <jon.krohmer@dot.gov>; Jolly, Brantley (OS/ASPR/EMMO) (CTR) <Brantley.Jolly@hhs.gov>
Subject: Re: Red Dawn Suppression, Start Mar 23, 10:00 EDT

This is very expensive -- per hotel room as an ICU room. We need a POD - an ICU with 20 beds (or more) in one room. That way, a medical team can come in to serve in a massive manufacturing floor plan. Hotel is good for isolation for each mildly ill patient since we are just isolated them. And they don't need intubation.

A big area is good -- We can put all the beds in and make the negative pressure.

How about medical tents? We have no space and no ability to setup?

We will need many hotels regardless since we will have many infected individuals and we want all of them some critical ones in ICUs and some for isolation mild patients.

Where are the PPE, equipment and everything?

Yes, we will have many States that will need. But I maintain -- ICU has to be a large area to ensure economies of scale.

New York City will need many many ICU beds, but also ventilators, equipment. They can start procuring personnel all over as I mentioned.

On Mon, Mar 23, 2020 at 1:26 PM Carter Mecher (b)(6)

Watch this video

<https://www.youtube.com/watch?v=csfCKuy5HH8>

All I can say is, Amen.

Sent from Mail for Windows 10

From: Carter Mecher

Sent: Monday, March 23, 2020 12:49 PM

To: Caneva, Duane; Arthur Kellermann; William Lang; Lawler, James V; Rob Darling, MD; Dr. Eva K Lee; (b)(6) Mecher, Carter; Jamison Day; Logan, Linda L; Dodgen, Daniel (OS/ASPR/SPPR); Venkayya, Rajeev; Ronny Jackson; Eastman, Alexander; Mansoura, Monique K.; LLogandakar; Walters, William (STATE.GOV); Parker Jr, Gerald W; DeBord, Kristin (OS/ASPR/SPPR); EVANS, MARIEFRED; Kevin Montgomery; Phillips, Sally (OS/ASPR/SPPR); DC; Matthew JtCIVtUSARMY (USA); Andy Desjardins, MD; Fantinato, Jessica (USDA.GOV); Yeskey, Kevin; Danny Shiau; Martin, Greg (state.gov); Ryan Morhard; Disbrow, Gary (OS/ASPR/BARDA); Borio, Luciana; Redd, John (OS/ASPR/SPPR); KAUSHIK, SANGEETA; Eric (San Diego County); CHRISTOPHER ALLEN; Richard Tubbs; Cordts, Jerome (CTR); Baric, Ralph S; Schnitzer, Jay J.; (b)(6) HARVEY, MELISSA; Lisa Koonin; Larry G; M.D.; Ignacio, Joselito; David; Hassell, David (Chris) (OS/ASPR/IO); Hanfling, Dan; Will Gaskins; TARANTINO, DAVID A; Lee, Scott (OS/ASPR/EMMO); Lauren Johnston; Steven Jt(tCHFStDPH); Tom Bossert; Johnson, Robert (OS/ASPR/BARDA); HAMILTON, CAMERON; Adams, Jerome (HHS/OASH); David Gruber; Wade, David; Lewis Hofmann; WILKINSON, THOMAS; WOLFE, HERBERT; CharitytA@CDPH; Taylor, Justin (CTR); Marinissen, Maria (HHS/OS/OGA); Sutter, Mark; Mark Keim, MD MBA; Richard Hatchett; McLeod James; Wine G.C.; Ciotto Greg; Dan Carlin; Dr. Eva Lee; Jerry Mothershead; Krohmer, Jon (NHTSA); Jolly, Brantley (OS/ASPR/EMMO) (CTR)

Subject: RE: Red Dawn Suppression, Start Mar 23, 10:00 EDT

NYC data from March 22 (daily numbers, not cumulative numbers). The bottom graphic is useful for contrasting the current demand for hospital care to demand for hospital care over the 2019-20 flu season. Foothills vs. a mountain.

Sent from Mail for Windows 10

From: Carter Mecher

Sent: Monday, March 23, 2020 11:14 AM

To: Caneva, Duane; Arthur Kellermann; William Lang; Lawler, James V; Rob Darling, MD; Dr. Eva K Lee; (b)(6) Mecher, Carter; Jamison Day; Logan, Linda L; Dodgen, Daniel (OS/ASPR/SPPR); Venkayya, Rajeev; Ronny Jackson; Eastman, Alexander; Mansoura, Monique K.; LLogandakar; Walters, William (STATE.GOV); Parker Jr, Gerald W; DeBord, Kristin (OS/ASPR/SPPR); EVANS, MARIEFRED; Kevin Montgomery; Phillips, Sally (OS/ASPR/SPPR); DC;

Matthew JtCIVtUSARMY (USA); Andy Desjardins, MD; Fantinato, Jessica (USDA.GOV); Yeskey, Kevin; Danny Shiau; Martin, Greg (state.gov); Ryan Morhard; Disbrow, Gary (OS/ASPR/BARDA); Borio, Luciana; Redd, John (OS/ASPR/SPPR); KAUSHIK, SANGEETA; Eric (San Diego County); CHRISTOPHER ALLEN; Richard Tubb; Cordts, Jerome (CTR); Baric, Ralph S; Schnitzer, Jay J.; (b)(6) HARVEY, MELISSA; Lisa Koonin; Larry G; M.D.; Ignacio, Joselito; David; Hassell, David (Chris) (OS/ASPR/IO); Hanfling, Dan; Will Gaskins; TARANTINO, DAVID A; Lee, Scott (OS/ASPR/EMMO); Lauren Johnston; Steven Jt(tCHFStDPH); Tom Bossert; Johnson, Robert (OS/ASPR/BARDA); HAMILTON, CAMERON; Adams, Jerome (HHS/OASH); David Gruber; Wade, David; Lewis Hofmann; WILKINSON, THOMAS; WOLFE, HERBERT; CharitytA@CDPH; Taylor, Justin (CTR); Marinissen, Maria (HHS/OS/OGA); Sutter, Mark; Mark Keim, MD MBA; Richard Hatchett; McLeod James; Wine G.C.; Ciottone Greg; Dan Carlin; Dr. Eva Lee; Jerry Mothershead; Krohmer, Jon (NHTSA); Jolly, Brantley (OS/ASPR/EMMO) (CTR)

Subject: RE: Red Dawn Suppression, Start Mar 23, 10:00 EDT

Here is the Wuhan data (a city of similar size to NYC). I would estimate that NYC is approximately where Wuhan was at the end of January (looking at deaths). Going to be a very rough month coming up. Given the questions re China data, I think that the China experience is useful for understanding tempo and timing. The Lombardy data is probably more useful for understanding severity (deaths, demand for ICU care).

Wuhan		
Date	Wuhan Cum Cases	Wuhan Cum Deaths
22-Jan	390	17
23-Jan	495	24
24-Jan	572	39
25-Jan	618	52
26-Jan	698	78
27-Jan	1,590	98
28-Jan	1,905	117
29-Jan	2,261	142
30-Jan	2,639	172
31-Jan	3,215	205
1-Feb	4,109	237
2-Feb	5,142	265
3-Feb	6,384	313
4-Feb	8,351	362
5-Feb	10,117	414
6-Feb	11,618	478
7-Feb	13,603	545
8-Feb	14,982	608
9-Feb	16,902	681
10-Feb	18,454	748

11-Feb	19,558	820
12-Feb	32,994	928
13-Feb	35,991	1,016
14-Feb	37,914	1,123
15-Feb	39,462	1,233
16-Feb	41,152	1,309
17-Feb	42,752	1,381
18-Feb	44,412	1,497
19-Feb	45,027	1,585
20-Feb	45,346	1,684
21-Feb	45,660	1,774
22-Feb	46,201	1,856
23-Feb	46,607	1,987
24-Feb	47,071	2,043
25-Feb	47,441	2,085
26-Feb	47,824	2,104
27-Feb	48,137	2,132
28-Feb	48,557	2,169
29-Feb	49,122	2,195
1-Mar	49,315	2,227
2-Mar	49,426	2,251
3-Mar	49,540	2,282
4-Mar	49,671	2,305
5-Mar	49,797	2,349
6-Mar	49,871	2,370
7-Mar	49,912	2,388
8-Mar	49,948	2,404
9-Mar	49,965	2,423
10-Mar	49,978	2,430
11-Mar	49,986	2,436
12-Mar	49,991	2,446
13-Mar	49,995	2,456
14-Mar	49,999	2,464
15-Mar	50,003	2,480
16-Mar		
17-Mar	50,005	2,490
18-Mar	50,005	2,496
19-Mar	50,005	2,498
20-Mar	50,005	2,504

21-Mar	50,005	2,508
22-Mar	50,005	2,517

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From: Carter Mecher

Sent: Monday, March 23, 2020 11:04 AM

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Subject: RE: Red Dawn Suppression, Start Mar 23, 10:00 EDT

Pretty much the final data for Hubei and Wuhan (hopefully). This should serve as a guide wrt the clinical course and timing of the outbreak. Hubei and Wuhan had reported no new cases since March 15 (just about 1 week). You can look at the first four columns to see how the hospitals are finally seeing a return toward normalcy. Will send only Wuhan data to get a sense of where NYC is.

Hubei COVID-19 Confirmed Hospital Data								
Date	Total Current Inpatients	Mild Disease	Severely Ill	Critically Ill	Cum Discharges	Cum Deaths	Cum Inpatients	Hubei Cum cases
1/14/20	6		6				6	41
1/15/20	5		5			2	7	41
1/16/20	5		5			2	7	45
1/17/20	8		8			2	10	62
1/18/20	136	100	33	3		3	139	121
1/19/20	170	126	35	9		4	174	198
1/20/20	239	176	51	12		7	246	270

1/21/20						15		375	
1/22/20	399	304	71	24		17	416	444	
1/23/20	494	365	106	23	31	24	549	549	
1/24/20	658	472	129	57	32	39	729	729	
1/25/20	915		221		85	52	1,052	1,052	
1/26/20	1,645	1,013	563	69	44	76	1,423	1,423	
1/27/20	2,567	1,877	563	127	47	100	2,714	2,714	
1/28/20	3,349	2,450	671	228	80	125	3,554	3,554	
1/29/20	4,334	3,346	711	277	90	162	4,586	4,586	
1/30/20	5,486	4,392	804	290	116	204	5,806	5,806	
1/31/20	6,738	5,444	956	338	166	249	7,153	7,153	
2/1/20	8,565	7,003	1,118	444	215	294	9,074	9,074	
2/2/20	9,618	7,917	1,223	478	295	350	10,263	11,177	
2/3/20	10,990	8,857	1,557	576	396	414	11,800	13,522	
2/4/20	12,627	10,107	1,809	711	520	479	13,626	16,678	
2/5/20	14,314	11,230	2,328	756	633	549	15,496	19,665	1
2/6/20	15,804	11,802	3,161	841	817	618	17,239	22,112	1
2/7/20	19,835	14,640	4,188	1,007	1,113	699	21,647	24,953	1
2/8/20	20,993	15,746	4,093	1,154	1,439	780	23,212	27,100	1
2/9/20	22,160	16,655	4,269	1,236	1,795	871	24,826	29,631	1
2/10/20	25,087	18,743	5,046	1,298	2,222	974	28,283	31,728	1
2/11/20	26,121	18,880	5,724	1,517	2,639	1,068	29,828	33,366	1
2/12/20	33,693	26,609	5,647	1,437	3,441	1,310	38,444	48,206	3
2/13/20	36,719	27,081	7,953	1,685	4,131	1,426	42,276	51,986	3
2/14/20	38,107	27,955	8,276	1,876	4,774	1,457	44,338	54,406	3
2/15/20	39,447	29,051	8,439	1,957	5,623	1,596	46,666	56,249	3
2/16/20	40,814	31,017	8,024	1,773	6,639	1,696	49,149	58,182	4
2/17/20	41,957	30,987	9,117	1,853	7,862	1,789	51,608	59,989	4
2/18/20	43,471	32,225	9,289	1,957	9,128	1,921	54,520	61,682	4
2/19/20	43,745	32,567	9,128	2,050	10,337	2,029	56,111	62,013	4
2/20/20	42,056	31,059	8,979	2,018	11,788	2,144	55,988	62,422	4
2/21/20	41,036	30,144	8,400	2,492	13,557	2,250	56,843	63,454	4
2/22/20	40,127	29,429	8,853	1,845	15,299	2,346	57,772	64,084	4
2/23/20	39,073	29,643	7,776	1,654	16,738	2,399	58,210	64,287	4
2/24/20	37,896	29,221	7,090	1,585	18,854	2,563	59,313	64,786	4
2/25/20	36,242	27,916	6,840	1,486	20,912	2,615	59,769	65,187	4
2/26/20	34,978	26,994	6,581	1,403	23,200	2,641	60,819	65,596	4
2/27/20	32,878	25,245	6,270	1,363	26,403	2,682	61,963	65,914	4
2/28/20	31,064	23,694	6,056	1,314	28,895	2,727	62,686	66,337	4

2/29/20	28,912	21,805	5,858	1,249	31,187	2,761	62,860	66,907	4
3/1/20	26,901	20,029	5,646	1,226	33,757	2,803	63,461	67,103	4
3/2/20	25,050	18,457	5,407	1,186	36,167	2,834	64,051	67,217	4
3/3/20	23,039	16,807	5,095	1,137	38,556	2,871	64,466	67,332	4
3/4/20	20,765	14,977	4,747	1,041	40,479	2,902	64,146	67,466	4
3/5/20	19,758	14,170	4,592	996	41,966	2,931	64,655	67,592	4
3/6/20	18,518	13,159	4,395	964	43,468	2,959	64,945	67,666	4
3/7/20	17,078	11,938	4,206	934	45,011	2,986	65,075	67,707	4
3/8/20	15,826	10,835	4,101	890	46,433	3,007	65,266	67,743	4
3/9/20	14,957	10,256	3,855	846	47,585	3,024	65,566	67,760	4
3/10/20	13,712	9,300	3,613	799	49,056	3,046	65,814	67,773	4
3/11/20	12,769	8,589	3,453	727	50,298	3,056	66,123	67,781	4
3/12/20	11,888	7,940	3,251	697	51,553	3,062	66,503	67,786	4
3/13/20	10,485	6,942	2,896	647	52,943	3,075	66,503	67,790	4
3/14/20	9,376	6,213	2,551	612	54,278	3,085	66,739	67,794	4
3/15/20	8,703	5,728	2,403	572	55,094	3,099	66,896	67,798	5
3/16/20									
3/17/20	7,336	4,756	2,077	503	56,883	3,122	67,341	67,800	5
3/18/20	6,636	4,362	1,809	465	57,678	3,130	67,444	67,800	5
3/19/20	6,016	3,918	1,657	441	58,381	3,132	67,529	67,800	5
3/20/20	5,423	3,496	1,521	406	58,942	3,139	67,504	67,800	5
3/21/20	5,013	3,201	1,419	393	59,432	3,144	67,589	67,800	5
3/22/20	4,493	2,779	1,343	371	59,579	3,153	67,225	67,800	5

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From: Caneva, Duane

Sent: Monday, March 23, 2020 10:01 AM

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Wade, David; Lewis Hofmann; WILKINSON, THOMAS; WOLFE, HERBERT; CharitytA@CDPH; Taylor, Justin (CTR); Marinissen, Maria (HHS/OS/OGA); Sutter, Mark; Mark Keim, MD MBA; Richard Hatchett; McLeod James; Wine G.C.; Ciottone Greg; Dan Carlin; Carter Mecher; Dr. Eva Lee; Jerry Mothershead; Krohmer, Jon (NHTSA); Jolly, Brantley (OS/ASPR/EMMO) (CTR)
Subject: Red Dawn Suppression, Start Mar 23, 10:00 EDT

Please use this string going forward.

We hope to have alternative media to run this forum soon.

House rules:

- Succinctness. Thoughtfulness
- No hyperbole/ no politics/ no conspiracy theory
- References and links when available

DHS Science and Technology (SnT) Master Question List link (and also attached here, Mar 18 version):

An update to the MQL has been posted online at <https://www.dhs.gov/publication/st-master-question-list-covid-19>. We will continue to update on a weekly basis (Thursday/Friday) and post to this site. I will no longer send out emails since the site will have the most current version, but please direct any questions/comments to our shared inbox:

HACTechnologyCenter@hq.dhs.gov

Duane C. Caneva, MD, MS
Chief Medical Officer
Department of Homeland Security
202-254-6901 (o)

(b)(6) (c)

Duane.Caneva@hq.dhs.gov

DCaneva@dhs.ic.gov

Executive Assistant: Nichole Burton, nichole.burton2@associates.hq.dhs.gov, 202-254-8284

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 'Will Gaskins' <will.gaskins@efia.com>;
 david.a.tarantino@cbp.dhs.gov </o=ExchangeLabs/ou=Exchange Administrative Group
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 'Wade, David' <david.wade@hq.dhs.gov>;
 'Lewis Hofmann' (b)(6)
 'WILKINSON, THOMAS' <THOMAS.WILKINSON@hq.dhs.gov>;
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 'Sutter, Mark' <mark.sutter@hq.dhs.gov>;
 'Mark Keim, MD MBA' <mark@disasterdoc.org>;
 'Richard Hatchett' <richard.hatchett@cepi.net>;
 'McLeod James' <jmcleod@patronusmedical.com>;
 'Wine G.C.' <gcwine@patronusmedical.com>;
 'Ciottone Greg' (b)(6)
 'Dan Carlin' <dcarlin@worldclinic.com>;
 Krohmer, Jon (dot.gov) </o=ExchangeLabs/ou=Exchange Administrative Group
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Sent Date: 2020/03/23 15:54:29

Delivered Date: 2020/03/23 15:56:13

From:	The Hastings Center <TheHastingsCenter@MessagePartnersPR.com>
To:	The Hastings Center <TheHastingsCenter@MessagePartnersPR.com>
Subject:	Bioethicists: Government Must Act
Date:	2020/03/23 16:01:12
Priority:	Normal
Type:	Note

AMERICA'S BIOETHICISTS: GOVERNMENT MUST USE FEDERAL POWERS TO ACT

1,400 Bioethicists Implore Congress and Administration to Respond to Moral Imperative

Nearly 1,400 of the nation's most prominent bioethicists and health leaders this weekend [signed an urgent letter to Congress and the White House](#), imploring the U.S. government to immediately use its federal power and funds to respond to the COVID-19 pandemic as a matter of moral imperative.

The letter calls for five immediate federal actions:

- • *Ensure the manufacture and distribution of needed supplies.*
- • *Commit to payment for COVID-19 care and treatment.*
- • *Provide sick leave for all.*
- • *Protect the vulnerable.*
- • *Build a comprehensive, trustworthy communication strategy.*

The signatories acknowledge that President Trump has invoked the Defense Production Act, which grants the administration broad powers to incentivize and direct the manufacture of essential medical and other supplies. However, the administration has refrained from using that power to its full extent. The bioethicists are now calling for immediate, forceful federal action to rapidly manufacture and distribute personal protective equipment and much-needed ventilators, and to take other critical actions hospitals and health professionals need urgently.

The petition was developed by Mildred Solomon, president of The Hastings Center, the oldest independent, nonpartisan, interdisciplinary, research institute in the world focused on social and ethical issues in health care, and by Lawrence Gostin, a Hastings Fellow and director of the O'Neill Center for National and Global Health Law at Georgetown University.

"We are at a precipice and implore the federal government to act—to do things only the U.S. government has the power and the means to do— and upon which the nation's vitality depends," said Dr. Solomon, explaining the purpose of the petition. "Because of the dire lack of supplies and ventilators, health care workers will face heart-wrenching decisions with life and death consequences. As bioethicists, we have the expertise to offer triage guidance, but our first and immediate obligation is to prevent or dramatically reduce the need for such decisions."

The bioethicists also emphasized the humanitarian disaster that awaits and the likelihood of human rights violations.

“In a pandemic, the federal government must ensure that hospitals and health professionals have all the tools they need to protect themselves, the public, and their patients,” Gostin said, and went on to define coordinated, forceful federal action as an ethical duty. “Equity and justice are vital, as is safeguarding community health while protecting the most vulnerable. The federal government must recognize that, no matter one’s political affiliations or ideologies, this is a moral imperative, and nothing short of powerful government action will work.”

More on the Five Needed Federal Actions:

- • *Ensure the manufacture and distribution of needed supplies.* The government must make full use of the authorities now given it by the Defense Production Act. The federal government should mandate and facilitate, through additional financing and other incentives, the production and distribution of essential medical supplies, including personal protective equipment and ventilators. To build public trust, the government should identify company’s manufacturing these supplies for all to see.
- • *Commit to payment for COVID-19 care and treatment.* Legislation passed on March 19 assured the public of free testing (as it becomes available), but the costs of care and treatment have not been assured. As the only developed country in the world without universal health care, it is imperative that the government state unequivocally that the costs for care and treatment of this disease will be covered for the uninsured and under-insured.
- • *Provide sick leave for all.* The Families First Coronavirus Response Act requires sick leave for some employees, but exempts small businesses, leaving many Americans without guaranteed leave. The requirements of the Act should be immediately expanded to cover all employees and to consider innovative strategies for those who work in the gig economy and are not employees of businesses.
- • *Protect the vulnerable.* The federal government should assist state and local authorities to design solutions to protect more than 500,000 homeless people in the United States, millions of people with disabilities, incarcerated prisoners, and immigrants in detention centers. Often living in confined spaces, sometimes without access to proper hygiene, plans should include strategies to keep these populations healthy and should be designed in close collaboration with advocacy organizations.
- • *Build a comprehensive, trustworthy communication strategy.* Some parts of the U.S. population are complying with recommendations, while others are not taking the situation seriously, and dangerous misinformation is circulating. A federal entity, with regional or state affiliates, should monitor information and develop evidence-based strategies to build health literacy and socially responsible action across all communities in American society.

###

For more information or to speak with an expert, contact Frank Walsh at 202-697-2029 or FWalsh@MessagePartnersPR.com.

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Subject:	Bioethicists: Government Must Act
Date:	2020/03/23 16:01:12
Priority:	Normal
Type:	Note

AMERICA'S BIOETHICISTS: GOVERNMENT MUST USE FEDERAL POWERS TO ACT

1,400 Bioethicists Implore Congress and Administration to Respond to Moral Imperative

Nearly 1,400 of the nation's most prominent bioethicists and health leaders this weekend [signed an urgent letter to Congress and the White House](#), imploring the U.S. government to immediately use its federal power and funds to respond to the COVID-19 pandemic as a matter of moral imperative.

The letter calls for five immediate federal actions:

- • *Ensure the manufacture and distribution of needed supplies.*
- • *Commit to payment for COVID-19 care and treatment.*
- • *Provide sick leave for all.*
- • *Protect the vulnerable.*
- • *Build a comprehensive, trustworthy communication strategy.*

The signatories acknowledge that President Trump has invoked the Defense Production Act, which grants the administration broad powers to incentivize and direct the manufacture of essential medical and other supplies. However, the administration has refrained from using that power to its full extent. The bioethicists are now calling for immediate, forceful federal action to rapidly manufacture and distribute personal protective equipment and much-needed ventilators, and to take other critical actions hospitals and health professionals need urgently.

The petition was developed by Mildred Solomon, president of The Hastings Center, the oldest independent, nonpartisan, interdisciplinary, research institute in the world focused on social and ethical issues in health care, and by Lawrence Gostin, a Hastings Fellow and director of the O'Neill Center for National and Global Health Law at Georgetown University.

"We are at a precipice and implore the federal government to act—to do things only the U.S. government has the power and the means to do— and upon which the nation's vitality depends," said Dr. Solomon, explaining the purpose of the petition. "Because of the dire lack of supplies and ventilators, health care workers will face heart-wrenching decisions with life and death consequences. As bioethicists, we have the expertise to offer triage guidance, but our first and immediate obligation is to prevent or dramatically reduce the need for such decisions."

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From:	Kevin Comcast (b)(6)
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Subject:	Re: Corona/COVID19/CCP Virus - Companies Offering Help
Date:	2020/03/23 16:02:43
Priority:	Normal
Type:	Note

Sir,

Many thanks.

Standing by to help in any way I/we can.

God bless you, the President and VP and the Task Force.

VR,

Kevin Wensing
Captain USN (Ret)

(b)(6)

(b)(6)

Sent from my iPhone

On Mar 23, 2020, at 3:53 PM, Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov> wrote:

Thank you CAPT Wensing! I will pass along to the appropriate people!

VADM Jerome Adams
20th US Surgeon General

On Mar 23, 2020, at 10:16 AM, Kevin Wensing <(b)(6)> wrote:

Dear Dr. Adams and Team:

Thank you for all that you and your amazing team are doing for our Nation.

I'm a retired U.S. Navy Captain and we spoke at the NYC Veterans Day Parade last year.

Wanted to reach out and connect you and the WH Corona Task Force with three companies that would be helpful:

Please let me know if these are of interest or if there is someone whom I should follow up with as each of these can be helpful in meeting the needs I have heard outlined by POTUS, VP and CDC in the daily briefings.

My cell is (b)(6)

I know the entire WH team are working around the clock to solve this global threat and as a retired Navy officer who remembers 9-11 all too well, I can say this threat is indeed a far greater challenge.

My hope is to help my country in any way I can and that once defeated the American people and the World will look back on the President and his team and say "This Was Their Finest Hour."

Here are the companies who can be helpful in this battle.

1- Ventilators:

- Event-Medical makes ventilators in USA (California) and has not been contacted yet (just got email from CEO).
- Tony van den Berg (30 years as President of two ventilator companies) sent me some not so surprising news his medical ventilator company, eVent Medical, Ltd., located in Lake Forest, California has not been contacted by any US government agency for his company to provide ventilators to anyone in the United States.
<https://protect2.fireeye.com/url?k=aa0498ec-f65191ff-aa04a9d3-0cc47adb5650-cdc041ee4afbceea&u=https://protect2.fireeye.com/url?k=637d78fa-3f296186-637d49c5-0cc47adc5fa2-510eebb9fc7ff0a9&u=http://www.event-medical.com/>
eVent Medical, Ltd. makes an FDA approved ICU ventilator which can run on batteries and has an internal air source.

eVent Medical, Ltd. is getting lots of orders from all over the world but nothing from our governments.

2- Pathogard - Virus/Bacteria killing cleaner:

- Pathogard is a company that has tested a product called Pathogard that puts down a disinfectant that bonds to surfaces like door knobs, countertops, handrails, etc for up to 90 days and kills any bacteria and virus that land on the surface.
- It lasts longer than Lysol type products and works better.
- The Pathogard team have tested this in labs but had been working to get into a long EPA process for approval so they can bring it to market.
- This could be a potential game changer for stopping the spread of Corona/COVID/China Virus and pathogens we may face in the future.
- Since we are on a war-time footing I believe it would be worth Task Force having EPA/CDC look at Pathogard quickly test to validate its effectiveness and if they concur with the company's test results, deploy this virus killer across the nation and around the world to save lives.
- I'm not a chemist and only know the test results that I have read but the creator of Pathogard and his team can be available in 24-48 hours to meet with CDC/EPA whomever the WH designates.
- I attached an outline below

(#1) PathoGard is a surface spray then

(#2) a textile treatment so apply it to clothing, sheets, towels and you have the same protection as on that door knob and finally

(#3) a hand gel which when rubbed onto your skin lasts for 4-5 hours and whatever you touch pathogens will die before you get your fingers to your eyes or face.

Here is a common fact that most people ignore, Lysol or Clorox must sit wet on a hard surface for 10 minutes to kill anything otherwise all you did was wipe off the coffee stains on the table. We will demonstrate that we can kill pathogens from mold to potentially ebola and even coronavirus and this kill process occurs on-going from the time of application up to 90 days. The only way to protect mankind today from all these issues that are in the news like Coronavirus, Candida and Measles and more is to stop cross contamination from occurring.

Extreme Cleaning Solutions:

- If there is a need for traditional disinfectants in large hospitals or other facilities, Extreme Cleaning can produce 100,000 gallons per day out of their Melbourne, Florida, Grain Valley, Mo, and San Antonio, Texas plants.
- The product comes in 55 gal drums or 27.5 gallon totes.
- They can also send out bulk tankers that hold 5000 gal or offer 2.5 gal or 5 gal pails.

Please see the link on the company info.

<https://protect2.fireeye.com/url?k=56e0a35f-0ab5aa4c-56e09260-0cc47adb5650-7e332a22341eda7d&u=https://protect2.fireeye.com/url?k=e8866afe-b4d27382-e8865bc1-0cc47adc5fa2-dc567ae753ab71d1&u=http://www.heartlandenergygroup.net/>

Please let me know if I can help you and the Task Force in any other way.

Blessings,

Kevin Wensing

Captain USN (Ret)

(b)(6)

<GAS brief final summary.pdf>

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Subject:	Pelosi hijacks Senate virus economic relief bill
Date:	2020/03/23 16:11:10
Priority:	Normal
Type:	Note



6

For Immediate Release

Contact: Rick Manning

March 23, 2020

Phone: 703-383-0880

Pelosi hijacks Senate virus economic relief bill

March 23, 2020, Fairfax, Va.—Americans for Limited Government President Rick Manning today issued the following statement blasting Congressional Democrats delaying passage of a Senate virus economic relief bill:

“Speaker Nancy Pelosi’s hijacking the Senate CARES Act in an attempt to extort everything from misguided election law changes to green new deal demands. It is clear that there is no honor in the Democrats who would rather throw our economy into a deep recession, than pass an emergency measure designed to provide a necessary safety net for our nation’s economy. Pelosi and Schumer’s ploy is akin to a doctor stopping in the middle of an operation and re-negotiating rates. Having already gotten their priorities met in the first and second bites of the apple, they now are seeking to derail the legislation which sets the restoration of the economy in place. While many Democrats of Pelosi and Schumer’s age look at the presidency of FDR as the good ole days, it is rare that any of them actually attempt to throw our nation into a depression as their legacy.

“Senator McConnell should force them to vote every single day and once GOP Senators who have been in self-quarantine are able to come to the floor to vote, they should pass a rule that ends the filibuster when the nation is under a national emergency and pass the CARES Act and send it to Pelosi. Let’s see if vulnerable Democrats will risk national economic destruction and personal political suicide to follow their leftist leader off of a cliff.”

To view online: <https://protect2.fireeye.com/url?k=6522f5b9-3977fc69-6522c486-0cc47a6a52de-e29426177b83f6f6&u=https://getliberty.org/2020/03/pelosi-hijacks-senate-virus-economic-relief-bill/>

Attachments:

Senate Dems hold economy hostage after demanding everything close to slow down Chinese coronavirus, By Robert Romano, March 23, 2020 at <https://protect2.fireeye.com/url?k=90b9e4cc-cceced1c-90b9d5f3-0cc47a6a52de-006f314172be4b43&u=http://dailytorch.com/2020/03/senate-dems-hold-economy-hostage-after-demanding-everything-close-to-slow-down-chinese-coronavirus/>

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

###

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

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Subject:	Pelosi hijacks Senate virus economic relief bill
Date:	2020/03/23 16:11:12
Priority:	Normal
Type:	Note



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Fairfax Virginia 22030
United States

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Delivered Date:	2020/03/23 16:11:12

From:	Sherman, Jennifer (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F30FE7FAE664419FA654B20EDCCB1E78-SHERMAN, JE>
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CC:	Wright, Janet (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=41f672e2527b4f44891fb4fbe08cdfd-Wright, Jan>; Kotwicki, Lauren (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=54d62ddb3fc4b358ab573ccc13fbbb7-Kotwicki, L>
Subject:	FW: Johnson announces coronavirus lockdown in U.K.
Date:	2020/03/23 17:13:05
Priority:	Normal
Type:	Note

From: POLITICO Pro <politicoemail@politico.com>
Sent: Monday, March 23, 2020 5:12 PM
To: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Subject: Johnson announces coronavirus lockdown in U.K.

Johnson announces coronavirus lockdown in U.K.

By Annabelle Dickson

03/23/2020 05:11 PM EDT

LONDON — U.K. police will be given the power to enforce strict new government rules about when people can leave their homes, Boris Johnson said Monday night as the government tries to halt the spread of coronavirus.

British people will only be allowed to leave their homes to shop for basic goods, to exercise once a day, to receive care or help a vulnerable person and to travel to essential work, the U.K. prime minister said during an address to the nation from No. 10 Downing Street.

Police will be given powers to issue fines and disperse gatherings, he added.

All shops selling nonessential goods, libraries, playgrounds, outdoor gyms and places of worship will close and no more than two people will be allowed to gather in public. All social events including weddings, baptisms and other ceremonies will be stopped, apart from funerals.

"Without a huge national effort to halt the growth of this virus, there will come a moment when no health service in the world could possibly cope because there won't be enough ventilators, enough intensive care beds, enough doctors and nurses," he said.

The restrictions will be kept under "constant review," Johnson said, and would be relaxed in three weeks' time if the evidence allowed.

"In this fight we can be in no doubt that each and every one of us is directly enlisted. Each and every one of us is now obliged to join together to halt the spread of this disease to protect our NHS and to save many, many thousands of lives," he said.

To view online:

<https://subscriber.politicopro.com/financial-services/whiteboard/2020/03/johnson-announces-coronavirus-lockdown-in-uk-3978389>

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Delivered Date:	2020/03/23 17:13:05

From:	Jennifer Sauter <sauterj@mskcc.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:	2020/03/23 17:23:24
Priority:	Normal
Type:	Note

Jennifer Sauter

(b)(6)

March 23, 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 Sauter

Sender:	Jennifer Sauter <sauterj@mskcc.org>
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From:	Tina Philip <tina.philip@advocatehealth.com>
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Subject:	Clinical Labs Need Remote Pathology Authorization
Date:	2020/03/23 17:36:43
Priority:	Normal
Type:	Note

Tina Philip

(b)(6)

March 23, 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,
Tina Philip

Sender:	Tina Philip <tina.philip@advocatehealth.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
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To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Subject:	FW: Update from discussion with anesthesiologists—
Date:	2020/03/23 18:13:08
Priority:	Normal
Type:	Note

From: Shuy, Bryan (OS/ASPR/IO)
Sent: Monday, March 23, 2020 8:22 AM
To: Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>
Subject: Fwd: Update from discussion with anesthesiologists—

Meant to include you on this too sir

Sent from my iPhone

Begin forwarded message:

From: "Shuy, Bryan (OS/ASPR/IO)" <Bryan.Shuy@hhs.gov>
Date: March 23, 2020 at 8:09:45 AM EDT
To: "Kadlec, Robert (OS/ASPR/IO)" <Robert.Kadlec@hhs.gov>
Subject: Fwd: Update from discussion with anesthesiologists—

Fysa

Sent from my iPhone

Begin forwarded message:

From: Bryan.Shuy@hhs.gov
Date: March 22, 2020 at 6:52:44 PM EDT
To: John.Redd@hhs.gov
Cc: John.Herrmann@hhs.gov
Subject: Update from discussion with anesthesiologists—

From them by text to me—
Three items -

(b)(5)

(b)(5)

Sent from my iPhone

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Delivered Date:	2020/03/23 18:13:08

From:	Sherman, Jennifer (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F30FE7FAE664419FA654B20EDCCB1E78-SHERMAN, JE>
To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Wright, Janet (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=41f672e2527b4f44891fb4f4be08cdfd-Wright, Jan>; Kotwicki, Lauren (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=54d62ddb3fc4b358ab573ccc13fbbb7-Kotwicki, L>
Subject:	FW: CMS announces targeted nursing home inspections
Date:	2020/03/23 18:28:34
Priority:	Normal
Type:	Note

FYI

From: POLITICO Pro Health Care <politicoemail@politicopro.com>
Sent: Monday, March 23, 2020 6:27 PM
To: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Subject: CMS announces targeted nursing home inspections

CMS announces targeted nursing home inspections

By Rachel Roubein

03/23/2020 06:24 PM EDT

CMS will begin targeting nursing home inspections in regions the coronavirus is likeliest to crop up amid concerns over the toll it's taken on the elderly and the way it can spread in senior housing.

The agency in early March began focusing inspections on infection control in nursing homes, but for the next three weeks CMS will work with CDC on identifying areas the virus may strike and deploy inspectors accordingly.

An estimated 147 nursing homes in 27 states have at least one resident infected with the coronavirus, according to CDC data shared with CMS.

"This is a cause for concern," CMS notes, even though it's a "small fraction" of the country's 15,000 nursing homes.

CMS also announced the results of a federal and state inspection of Life Care Center in Kirkland, Wash., the epicenter of a coronavirus outbreak that's contributed to 35 deaths. Inspectors found three situations where patients' safety was in imminent danger: the facility's failure to quickly identify and manage sick residents; failure to alert the state health department of the growing number of patients with a respiratory infection and failure to have a back-up plan when the primary clinician became ill.

To view online:

<https://subscriber.politicopro.com/health-care/whiteboard/2020/03/cms-announces-targeted-nursing-home-inspections-3978393>

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Sent Date:	2020/03/23 18:28:32
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To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	Summary: Immediate Rescission Order for Guests Quarantined at Military Bases and Federal Sites
Date:	2020/03/23 18:35:49
Priority:	Normal
Type:	Note

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Good evening Dr. Kadlec,

BLUF: National IMT is advised that CDC has issued a rescission of the quarantine order for individuals in federal quarantine sites.

- □As a result, HHS no longer has legal authority to hold individuals on military bases and quarantine sites.
- □Guests are free to leave for their homes, though they may be subject to their own state's laws or the laws of states through which they transit.
- □Guests will be asked to remain in quarantine voluntarily for the duration of the 14-day quarantine order.
- □Guests are not required to leave at this time, and may remain where they are, taking advantage of the existing logistics plan for an orderly movement as previously scheduled over the next 2-3 days.
- □This is not a transfer of quarantine authority, the states are not required to comply with this release from federal quarantine.
- □This rescission of the quarantine order does not apply to those under a separate isolation order, including individuals in HHS Care Sites.
- □Private accommodations are permissible as long as they continue to observe quarantine provisions (self-monitoring, personal and environmental hygiene, and social distancing).

The SOC will continue to monitor this incident and report as needed. *This notification is limited distribution and is intended for HHS Senior Leadership Only. **DO NOT FORWARD.** This notification was sent to the COVID-19 Senior Leadership distribution list.*

Very Respectfully,

Secretary's Operations Center (SOC)
U.S. Department of Health and Human Services (HHS)
Assistant Secretary for Preparedness and Response (ASPR)
200 Independence Ave S.W.
Washington D.C. 20201
WK: (202) 619 – 7800

Fax: (202) 619 - 8602
Cell: (b)(6)
Email: hhs.soc@hhs.gov



cid:image001.png@01D6013F.7FB14620

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Sent Date:	2020/03/23 18:35:46
Delivered Date:	2020/03/23 18:35:49

From:	Patrick Wildman <Wildman@lupus.org>
To:	Patrick Wildman <Wildman@lupus.org>
Subject:	Joint Statement on Hydroxychloroquine
Date:	2020/03/23 18:39:34
Priority:	Normal
Type:	Note

Dear Vice President Pence:

We write to you as organizations that represent patients and physicians who have extensive experience with the antimalarials, hydroxychloroquine and chloroquine, which are under investigation as potential treatments for Coronavirus (COVID-19). Both medications have been successfully used to treat lupus and rheumatoid arthritis for decades. We are concerned that increased demand for these drugs attributed to COVID-19 has exacerbated their already limited availability for patients who rely on them to meet their medical needs. Therefore, we urge you to work with us and the broader health care community to help ensure continued availability of these drugs for the patients who are maintained on them to avoid disability, illness and even early death.

Tens of thousands of Americans currently are prescribed hydroxychloroquine and chloroquine for lupus and rheumatoid arthritis, particularly when a patient's symptoms do not respond to other treatments. In fact, lupus, rheumatoid arthritis and malaria are the only indications for which these drugs are approved by the Food and Drug Administration (FDA). In many cases, there are no alternatives to hydroxychloroquine or chloroquine. For patients with lupus, hydroxychloroquine is the only medication shown to increase survival. Hydroxychloroquine is the cornerstone of therapy, used in most patients unless a contraindication exists. Already today, many of our patients are not able to fill their prescriptions, due to major shortages of hydroxychloroquine, with validated reports across the country of pharmacies having depleted their supplies and half of the drugs' manufacturers reporting backorders.

To date, limited data supports the efficacy of hydroxychloroquine and chloroquine for COVID-19. While we support rigorous clinical trials to investigate their potential use for COVID-19, it is imperative to preserve access to these medications for those patients whose lives and productivity depend on them. Specifically, we urge you to:

- Work with the pharmaceutical industry, pharmacies and the FDA to:
 - increase monitoring and timely reporting of shortages and to mitigate the shortage that has resulted from an increased demand for these drugs;
 - utilize existing authorities to increase the production and supply of the drugs; and
 - take action to ensure current supplies are allocated for patients taking them for indicated uses and that any increase in supply be available for continued access, not diverted for use in COVID-19.
- Communicate to the public, healthcare professionals, and other stakeholders accurate and up-to-date information about these drugs, their critical role in treatment for the current indications and the status of their use for COVID-19, including clinical trials underway and what is known or not known about the safety and efficacy of these drugs in COVID-19;

- Ensure sufficient supplies for the people who take these drugs for the indicated uses by implementing restrictions to minimize unnecessary prescribing or stockpiling of hydroxychloroquine and chloroquine solely for use in COVID-19;
- Monitor and take action as necessary to prevent unreasonable price increases or cost sharing for the drugs;
- Give patients who take these medications for indicated uses ongoing access to refills of a 90-day supply of these medications to prepare them for emergency in case of sudden shortage and establish policies to assist patients with cost-sharing related to emergency supplies;
- Limit prior authorization and utilization management practices that may delay access to these medications for those for whom the medications are indicated.

We recognize the urgent global need to find treatments for COVID-19 and to minimize the spread of the virus. Our organizations share these priorities. At the same time, we are committed to the health of the patients we serve, which includes making sure that they have timely access to the medications and care upon which they have relied for decades. We stand ready to work with you and other stakeholders in this effort.

Thank you for your consideration of our concerns during this time. If you have any questions, please contact Pat Wildman at wildman@lupus.org.



Stevan W. Gibson
President and CEO
Lupus Foundation of America



Hruza signature Sincerely,

George J. Hruza, MD, MBA, FAAD
President
American Academy of Dermatology



Ellen Gravalles, MD
President
American College of Rheumatology



Ann Palmer
Signature

Ann M. Palmer
President and CEO
Arthritis Foundation

cc: White House Coronavirus Task Force
The Honorable Mitch McConnell
The Honorable Charles E. Schumer
The Honorable Nancy Pelosi
The Honorable Kevin McCarthy
United States' Governors

Patrick Wildman
Vice President, Advocacy and Government Relations
Lupus Foundation of America
2121 K Street, NW, Suite 200
Washington, DC 20037

Email: Wildman@lupus.org

Sender:	Patrick Wildman <Wildman@lupus.org>
Recipient:	Patrick Wildman <Wildman@lupus.org>
Sent Date:	2020/03/23 18:40:18
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Subject:	Remarks by Vice President Pence Before a Video Teleconference with Governors on Partnership to Prepare, Mitigate, and Respond to COVID-19
Date:	2020/03/23 18:44:24
Priority:	Normal
Type:	Note

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The White House

Office of the Vice President

FOR IMMEDIATE RELEASE

March 23, 2020

REMARKS BY VICE PRESIDENT PENCE
BEFORE A VIDEO TELECONFERENCE WITH GOVERNORS
ON PARTNERSHIP TO PREPARE, MITIGATE, AND RESPOND TO COVID-19

Federal Emergency Management Agency Headquarters
Washington, D.C.

2:04 P.M. EDT

THE VICE PRESIDENT: Well, on behalf of President Donald Trump and the White House

Coronavirus Task Force, allow me to welcome all of the governors who are joining us for this video teleconference. And more importantly, thank you. Thank you for the leadership that each of one of you are showing in your states.

Yesterday, the President took specific action with regard to California, Washington State, and New York. We'll talk about that in a bit. But I know, in speaking with so many of you myself, the regular contacts that we have had with you, the extraordinary leadership that's being demonstrated by our governors all across the states and territories of this nation.

And so, first and foremost, just allow me to say thank you, not just on behalf of the President and our team, but what I know is on behalf of the American people.

We're going to speak today about issues that you all continue to focus on and continue to be the focus of the White House Coronavirus Task Force.

We'll be meeting later this afternoon. But as you can see, we are here at FEMA. It was now a little bit more than 10 days ago that the President signed the emergency declaration. And it goes without saying that -- that FEMA is now the hub of all of our efforts.

Pete Gaynor will share with you a bit about how we have operationalized the President's vision for a response to the threat of the coronavirus threat that is locally executed, state-managed, and federally supported.

It is FEMA's mission. It's what every governor on this call knows they're good at. No one better in the world. And, Pete, I want to thank you and 20,000 strong, the team here at FEMA, stepping up, stepping into the gap, fully integrating HHS and working with the White House Coronavirus Task Force and all these governors. You're doing a phenomenal job.

I hope that yesterday's action, where the President signed major disaster declarations; initiated Title 32 authority for three states to stand up your National Guard with full federal support; the deployment of field hospitals in those states; and the deployment of

PPE on an ongoing basis gives each of you confidence that -- that we're going to do whatever it takes to make sure that our states and your courageous local health officials have the support that you need to meet this moment.

Dr. Deborah Birx will talk about some progress that we are making on data, understanding what -- what the circumstances in the ground are, better focusing our resources at the point of the need, and also some very important breakthroughs on ventilators and how we're going to partner with you to expand the capacity of ventilators going forward.

But before I dismiss the media, again, let me just say thank you to all the governors. I mean, this -- it really is what makes America different, that we have 50 CEOs of states and several territories who are with us here today. You are leading the efforts in your states. The federal government is coming along behind you, supporting you, resourcing you with expertise, personnel. And it is a real partnership that is precisely -- it's precisely how the American people expect us to work.

And I just left the President a few minutes ago. He was on the phone with a governor when I was leaving the Oval Office. And I just hope all of you know that while we will continue to use these large forums, not only to share information, but we'll have an ongoing conversation about what you're dealing with at the local level.

But I hope you all know that, should any need arise, contacting your regional administrator for FEMA, letting them know what you're specific needs are. But I hope it goes without saying: I'm a phone call away to any governor on this call. And as you go through the ordinary processes, you should not hesitate to reach me, and I think you also know the President -- the President values the relationship and the leadership represented by everyone here.

So, with that, we'll have the media step out. We'll brief them afterwards. Thank you all very much.

END 2:09 P.M. EDT

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Subject:	Moderna's Experimental COVID-19 Vaccine Might Be Ready For Limited Use By The Fall
Date:	2020/03/23 18:44:56
Priority:	Normal
Type:	Note

Moderna's Experimental COVID-19 Vaccine Might Be Ready For Limited Use By The Fall



Profile picture for user Tyler Durden

by Tyler Durden

Mon, 03/23/2020 - 15:31

A human trial being held in Washington State promising drug designed to fight COVID-19 is better than expected, and it's possible

to research a reportedly going that a handful of infected

patients - likely health-care
drug by the fall.

workers - could be administered the

Moderna's Stephane Bancel, the biotech's chief executive, told
Goldman Sachs on Friday that mRNA-1273 could be made
available to a few patients, likely health-care workers suffering
from COVID-19, under emergency use authorization, according
to a statement from the company picked up by Bloomberg.



The vaccine was developed in partnership with Moderna and the
National Institute of Allergy and Infectious Diseases, with human
testing starting earlier this month.

Moderna is ramping up production so it's ready to produce
millions of doses of its experimental vaccine if the vaccine is
found to be useful in curing and preventing the virus. A
commercially-available vaccine isn't expected for at least a year.

Israeli scientists over the past few weeks had claimed that they
could have a vaccine ready in a matter of weeks or months,

though these claims have largely been debunked. Still, more than 20 companies are racing to produce a cure for the novel coronavirus.

A recent article by the Jerusalem Post outlined the companies behind some of the more promising efforts to develop a treatment or vaccine.

Moderna

The first dose of the mRNA-1273 coronavirus vaccine, developed by the US National Institutes of Health (NIH) and Moderna's infectious disease research team, was given to the first participant in their Phase 1 study on March 16. The trial of the vaccine, built on previous studies of SARS and MERS, is intended to provide data on the safety and immunogenicity of the vaccine, and is expected to enroll 45 healthy adult volunteers over six weeks.

The Cambridge, Massachusetts-based drug discovery company emphasized that it is "still early in the story," with no approved drugs to date emerging from its vaccine program and no previous human trials. The current trials are being carried out at the Kaiser Permanente Washington Health Research Institute in Seattle.

Dr. Anthony Fauci, director of the NIH's National Institute of Allergy and Infectious Diseases, described the study as "an important first step toward" finding a safe and effective vaccine.

CanSino Biologics

Authorities in China granted approval last week for Phase 1 clinical trials of a coronavirus vaccine developed by researchers at Tianjin-based CanSino Biologics and the Academy of Military Medical Sciences.

Tests of Ad5-nCoV in animals, researchers said, showed that the vaccine candidate can induce strong immune response and demonstrated a good safety profile. Prescreening for the first human study has already begun, and is expected to enroll 108 healthy participants at Wuhan's Tongji Hospital.

"Having committed to provide unconditional support to fight against the global epidemic, CanSinoBIO is determined to launch our vaccine product candidate as soon as possible with no compromise on quality and safety," said CanSino chairman and CEO Xuefeng Yu.

MIGAL

Located in Kiryat Shmona, the MIGAL – Galilee Research Institute is working to adapt a vaccine initially developed to prevent the Infectious Bronchitis Virus (IBV) in poultry.

Funded by the government, the institute hailed a "scientific breakthrough that will lead to the rapid creation of a vaccine against coronavirus" in late February, based on the genetic similarity between the avian coronavirus and the novel coronavirus. Human testing of the oral vaccine, the institute said, is expected to begin within eight to 10 weeks, and safety approval is expected within 90 days.

"We are currently in intensive discussions with potential partners that can help accelerate the in-human trials phase and

expedite the completion of final product development and regulatory activities," said MIGAL CEO David Zigdon.

INOVIO Pharmaceuticals

Pennsylvania-based INOVIO announced the receipt of a new \$5 million grant from the Bill & Melinda Gates Foundation on March 12 to accelerate the testing of its novel DNA vaccine for COVID-19, known as INO-4800.

Currently in preclinical studies, INOVIO plans to advance into US Phase 1 clinical trials next month, backed by up to \$9m. in funding from the Coalition for Epidemic Preparedness Innovations. The company says it aims to deliver one million doses of INO-4900 and handheld intradermal delivery devices to administer them by the end of 2020.

"Our team of vaccine experts are working around the clock to advance INO-4800 and we look forward to attracting additional partnerships to expedite its development to meet this urgent global health need," said INOVIO president and CEO Dr. J. Joseph Kim.

CureVac

Reportedly the target of an acquisition attempt by US President Donald Trump, German biopharmaceutical company CureVac announced that it is leveraging its mRNA-based drug platform to produce a vaccine against the novel coronavirus.

The European Commission has offered up to €80 million of financial support to CureVac, which plans to launch clinical tests in June 2020. If proven, the commission said, millions of

vaccine doses could be produced at low costs in the company's existing production facilities.

"The combination of mRNA science, disease understanding, formulation and production expertise make CureVac a unique player to fight against any infectious disease, no matter whether they are seasonal or pandemic," said CureVac CTO Mariola Fotin-Mleczek.

BioNTech

German immunotherapy company BioNTech and American pharma giant Pfizer signed a letter of intent last week to co-develop and distribute an mRNA-based vaccine against the novel coronavirus. The partnership, originally formed in 2018 to develop flu vaccines, will accelerate BioNTech's COVID-19 vaccine program BNT162, which is expected to enter the clinic by the end of April.

Just one day earlier, the Mainz-based company announced a strategic development and commercialization collaboration with Fosun Pharma to advance its mRNA vaccine in China. Fosun Pharma will pay BioNTech up to \$135m. in upfront and potential future investment and milestone payments.

"We feel a duty to exploit our full technology and immunotherapy expertise to help address the COVID-19 pandemic emergency," said BioNTech founder and CEO Prof. Ugur Sahin, adding that the company is also working on a novel therapeutics approach for patients who have already been infected. Details, he said, will be disclosed "in the coming weeks."

Source: The Jerusalem Post

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Subject:	Moderna's Experimental COVID-19 Vaccine Might Be Ready For Limited Use By The Fall
Date:	2020/03/23 18:45:25
Priority:	Normal
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Moderna's Experimental COVID-19 Vaccine Might Be Ready For Limited Use By The Fall



Profile picture for user Tyler Durden

by Tyler Durden

Mon, 03/23/2020 - 15:31

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A recent article by the Jerusalem Post outlined the companies behind some of the more promising efforts to develop a treatment or vaccine.

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The Cambridge, Massachusetts-based drug discovery company emphasized that it is "still early in the story," with no approved drugs to date emerging from its vaccine program and no previous human trials. The current trials are being carried out at the Kaiser Permanente Washington Health Research Institute in Seattle.

Dr. Anthony Fauci, director of the NIH's National Institute of Allergy and Infectious Diseases, described the study as "an important first step toward" finding a safe and effective vaccine.

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Tests of Ad5-nCoV in animals, researchers said, showed that the vaccine candidate can induce strong immune response and demonstrated a good safety profile. Prescreening for the first human study has already begun, and is expected to enroll 108 healthy participants at Wuhan's Tongji Hospital.

"Having committed to provide unconditional support to fight against the global epidemic, CanSinoBIO is determined to launch our vaccine product candidate as soon as possible with no compromise on quality and safety," said CanSino chairman and CEO Xuefeng Yu.

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Just one day earlier, the Mainz-based company announced a strategic development and commercialization collaboration with Fosun Pharma to advance its mRNA vaccine in China. Fosun Pharma will pay BioNTech up to \$135m. in upfront and potential future investment and milestone payments.

"We feel a duty to exploit our full technology and immunotherapy expertise to help address the COVID-19 pandemic emergency," said BioNTech founder and CEO Prof. Ugur Sahin, adding that the company is also working on a novel therapeutics approach for patients who have already been infected. Details, he said, will be disclosed "in the coming weeks."

Source: The Jerusalem Post

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Source: *The Jerusalem Post*

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Subject:	Fwd: Summary: Immediate Rescission Order for Guests Quarantined at Military Bases and Federal Sites
Date:	2020/03/23 18:44:37
Priority:	Normal
Type:	Note

From: OS Secretarys Operations Center <hhs.soc@hhs.gov>
Date: March 23, 2020 at 6:35:49 PM EDT
To: OS Secretarys Operations Center <hhs.soc@hhs.gov>
Subject: Summary: Immediate Rescission Order for Guests Quarantined at Military Bases and Federal Sites

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Good evening Dr. Kadlec,

BLUF: National IMT is advised that CDC has issued a rescission of the quarantine order for individuals in federal quarantine sites.

- As a result, HHS no longer has legal authority to hold individuals on military bases and quarantine sites.
- Guests are free to leave for their homes, though they may be subject to their own state's laws or the laws of states through which they transit.
- Guests will be asked to remain in quarantine voluntarily for the duration of the 14-day quarantine order.
- Guests are not required to leave at this time, and may remain where they are, taking advantage of the existing logistics plan for an orderly movement as previously scheduled over the next 2-3 days.
- This is not a transfer of quarantine authority, the states are not required to comply with this release from federal quarantine.
- This rescission of the quarantine order does not apply to those under a separate isolation order, including individuals in HHS Care Sites.
- Private accommodations are permissible as long as they continue to observe quarantine provisions (self-monitoring, personal and environmental hygiene, and social distancing).

The SOC will continue to monitor this incident and report as needed. *This notification is limited distribution and is intended for HHS Senior Leadership Only. **DO NOT FORWARD.** This notification was sent to the COVID-19 Senior Leadership distribution list.*

Very Respectfully,

Secretary's Operations Center (SOC)
U.S. Department of Health and Human Services (HHS)
Assistant Secretary for Preparedness and Response (ASPR)
200 Independence Ave S.W.
Washington D.C. 20201
WK: (202) 619 – 7800
Fax: (202) 619 – 8602
Cell: (b)(6)
Email: hhs.soc@hhs.gov



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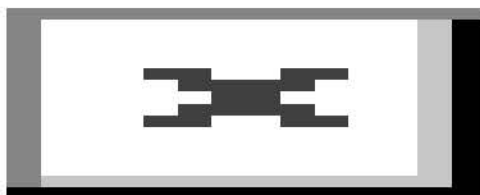
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From:	COVID-19 Health Care Coalition <c19hcc@mitre.org>
Subject:	March 23rd Daily Update: COVID-19 Healthcare Coalition
Date:	2020/03/23 18:47:45
Priority:	Normal
Type:	Note

This is a regular email update to all coalition participants summarizing key activities and developments.



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A close up

Coalition Strategic Priorities

To protect the nation's healthcare delivery system and save lives, the coalition must focus on immediate problems and solutions. Based on the knowledge of our partners and pandemic experts—who see what's coming in the next few weeks—we recommend focusing on the five problems below.

Let's discuss how best to tackle these in our coalition workgroups. Think about: Who is already collecting data on these issues? Who is already pursuing solutions? Who has relevant connections?

- • **CRITICAL MEDICAL EQUIPMENT: N95 masks, other PPE, and ventilators**
 - • Increase supplies of N95 masks and ventilators to frontline healthcare workers by creating more manufacturing capacity and adding new supply chain options
 - • Identify the best ways to recharge N95s, confirming safety through testing. Share best practices broadly.
- • **TELEHEALTH/TELEMEDICINE: To support surge health system capacity/capability**
 - • Look at a fully integrated healthcare delivery system (virtual and physical)

- • Collect best practices, discuss challenges across partners, and share guidance broadly. Issues include:
 - • Telehealth workforce supply/demand matching
 - • Regulatory issues (e.g., licenses and billing clarity)
 - • Workflow and documentation best practices
 - • Supply chain management for home hospitals
- • **REAL-TIME CLINICAL CARE GUIDANCE: Global and national**
 - • Identify what is or isn't working and share that information broadly. Include:
 - • Pharmaceuticals with evidence-based potential benefits
 - • Protocols from healthcare systems on the frontline
- • **DATA ANALYTICS: Create heat maps and other visualizations to enhance situational awareness and enable real-time learning across the spectrum**
 - • General (healthy) population: Identify which NPIs are working and where; develop reverse triggers
 - • Identify vulnerable populations
 - • Population at risk of exposure: Track diagnostic testing
 - • Healthcare Systems: Track space, staff, stuff—for both physical and virtual healthcare
- • **COALITION ENABLEMENT/OPERATIONS**
 - • Adopt systems and tools to enable coalition action
 - • Includes .org website for public interaction and .info site, strictly for partners, to store data storage and conduct analytics

If we haven't already talked to you about what you are bringing to the coalition and what you'd like to work on together, please sign up on the website. Then we'll schedule time to talk so that we can effectively map your capabilities to our framework and have you engage with other coalition partners.

Please let us know if you have any questions. Send emails to C19HCC@mitre.org.

COVID-19 Healthcare Coalition Operations Team

Website: <<https://protect2.fireeye.com/url?k=83b99720-dfec9e33-83b9a61f-0cc47adb5650-53d754a5c35e2eaa&u=https://c19hcc.org/>>

Coalition Partners who are willing to be named publicly (this is not a requirement, but good for us to know who we can mention in external coalition communications). We'll add to this daily (underlined indicates new to the list).

Amazon Web Services

Arcadia Health

athenahealth

CommonWell Alliance

HCA Healthcare

Intermountain

Leavitt Partners

MassChallenge

Mayo Clinic

Microsoft

Rush University System for Health

Salesforce

University of California Health System

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Subject:	Remarks by Vice President Pence in a Press Gaggle
Date:	2020/03/23 18:51:41
Priority:	Normal
Type:	Note

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The White House

Office of the Vice President

FOR IMMEDIATE RELEASE

March 23, 2020

REMARKS BY VICE PRESIDENT PENCE
IN A PRESS GAGGLE

Federal Emergency Management Agency Headquarters
Washington, D.C.

THE VICE PRESIDENT: Well, good afternoon, everyone. On behalf of President Donald Trump and a grateful nation, I want to say how proud and grateful we are to each and every one of you here at the National Response Coordination Center. Thank you for stepping up for America. Thank you for the efforts here at FEMA to bring together this

whole-of-government approach. We couldn't be more proud of each and every one of you.

The American people know FEMA. They know that when disaster strikes their communities, and they see that FEMA flag flying, they know that we're bringing our very best. And by having FEMA in the lead as part of this effort, it's built great, great confidence among the American people that we're going to bring all the resources of this nation, we're going to do whatever it takes, and we're going to get through this together. So thank you all for your work. Keep it up.

And we're going to make sure that you have the support and the resources you need. And we're going to -- we're going to do this the way FEMA always does it: We're going to respond to the coronavirus in America in a way that is locally executed, state -managed, and federally supported.

So keep up the great work everybody and God bless you all. (Applause.)

Well, thank you all. We just completed a conference call with the nation's governors, all of our states and territories. It was a good, productive discussion. We talked about mitigation efforts, talked about the President's decision yesterday to issue a major disaster declaration for New York and California and Washington State to surge resources to those areas, including field hospitals and personal protective equipment.

We fielded additional requests today from other states, most especially New Jersey that's feeling the impact of the outbreak in New York State.

At this point, our health experts inform us that New York has become, in effect, the epicenter of the coronavirus spread in the country. And so we're going to continue to focus resources there, even as we work through this extraordinary structure here at FEMA to make sure that our states and local communities have the full support of the federal government as they confront the coronavirus.

It was a good discussion today. We talked about all the issues, whether it be enabling

states to stand up their National Guard with federal support, the specific need for supplies, the progress that we're making on issues from masks to ventilators.

And all of it represents the ongoing partnership that President Trump has forged with all of our governors, all of our states and territories, and that dialogue will continue. And we continue to make it clear to our governors that we're going to do whatever it takes. We're going to make sure they have the resources, and the support, and the best guidance from the best health experts in the world to put the health and safety of their citizens first.

Questions?

Q Sir, you mentioned earlier, at the top of that meeting, that there was a very important ventilator breakthroughs that you were going to be discussing with the governors.

THE VICE PRESIDENT: There is.

Q What -- can you describe what that breakthrough is?

THE VICE PRESIDENT: Well, what we unpacked for the governors today is that when the President engaged leaders of a number of medical associations, we determined that the devices that are used by anesthesiologists could be easily converted to ventilators that could be used for people struggling with the coronavirus. We've worked with the FDA. They issued guidance on the changing of a vent in that piece of equipment. And so we directed all of our governors again today to survey all of their outpatient clinics to identify what we believe are tens of thousands of these devices, which could add to our nation's resources for ventilators for people that might be severely impacted by the coronavirus.

But we got a strong response from our governors, but we reiterated again today that because of what the anesthesiologists have stepped forward and told us would be available because of the swift work of the FDA, now our governors around America are going to be able to identify a whole new range of ventilators that could be easily converted, add to their

supply, and focused at the point of the need in their states. That's in addition to what we have in the National Stockpile, the ventilators that we have in the marketplace today, as well as extraordinary efforts by American industry to step up and join us in manufacturing more ventilators for the American people.

General Motors is working with one other company to begin to actually manufacture ventilators. We're working with them on that contract. And again, it's -- this is a whole-of-America approach. We're seeing all of America step up. And when we our anesthesiologists made it clear that these devices could be available and converted to treat people struggling with coronavirus, our team went straight to work. And now working with our governors, we're going to identify that resource.

Q Are you considering loosening any of the White House guidelines to try to resuscitate the economy at all?

THE VICE PRESIDENT: When the President laid out the "15 Days to Slow the Spread," we believe that we had an opportunity early in the progress of the coronavirus across our country to impact the trajectory of the disease.

It's significantly lower the number of Americans who would be exposed to it and threatened by serious illness. It's important to remember most Americans, even those who contract the coronavirus, will fully recover. But for seniors with serious underlying health conditions, with people with serious immunodeficiencies, the threat is real.

And so the President thought it was important, as we focus on areas where we've had significant outbreak and we support areas like California and Washington State and New York with specific countermeasures, and support the governors in those states, he thought it was important for every American to take action, as tens of millions are, to help us slow the spread.

But at the end of this 15 days, we're going to get with our experts, we're going to evaluate ways in which we might be able to adjust that guidance for the American people.

But those measures, right now, we're all in the belief that we could impact the trajectory of the curve of the coronavirus in America in a way that would spare many Americans from being exposed or contracting the disease and, of course, save lives. But we'll look at where we are and we'll evaluate, based on our health experts, what steps might be possible.

I will tell you -- I told the governors today -- that in early March we issued guidance for healthcare workers saying that they could return to work even if they'd been exposed to the coronavirus, if they wore a mask for 14 days. Today we fully expect the Coronavirus Task Force to review recommendations for critical infrastructure workers, first responders, those that play a vital role in public safety, in the life of our communities.

We're going to give guidance out of HHS and DHS today about how those workers, even if they've been exposed to someone with coronavirus, as long as they don't have symptoms, would be able to return to work immediately. Wear a mask for two weeks, but otherwise return to the important roles that they play in all of our communities.

Thank you.

Q Are you confident that the Senate can reach a stimulus deal?

THE VICE PRESIDENT: I think this is a very inspiring time across America. You see people coming together as never before in my lifetime. I mean, the American people are rising to the occasion, and it's time for the United States Senate to do the same.

I mean, the CARE Act will provide direct support to working families. The average family of four could receive up to \$3,000 in a direct payment. There'll be payroll support for businesses for several months that have been impacted by this. There'll be unemployment insurance support as we see the unemployment insurance rolls swell around the country.

President Trump and I absolutely believe, for the sake of American workers, for the sake of our economy, for the sake of seeing our country through the coronavirus, the Senate and

the House must act to pass the CARE Act and pass the CARE Act this week. It's time they got to work.

END

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

Sender:	White House: Office of the Vice President <info@mail.whitehouse.gov>
Recipient:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Sent Date:	2020/03/23 18:51:27
Delivered Date:	2020/03/23 18:51:41

From:	McGowan, Robert (Kyle) (CDC/OD/OCS) <(b)(6)>
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.YDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Murphy, Ryan (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya>; Hall, Bill (HHS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02b39f27f3b4469a960054b23545cc24-Hall, Bill>; Oakley, Caitlin B. (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e5ee4c35534c4af9bdac46789c034790-Oakley, Cai>
Subject:	Re: Summary: Immediate Rescission Order for Guests Quarantined at Military Bases and Federal Sites
Date:	2020/03/23 18:53:53
Priority:	Normal
Type:	Note

Checking on this now.

Get Outlook for iOS

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

Sent: Monday, March 23, 2020 6:40:31 PM

To: McGowan, Robert (Kyle) (CDC/OD/OCS) <(b)(6)> Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Hall, Bill (HHS/ASPA) <bill.hall@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>

Subject: Fwd: Summary: Immediate Rescission Order for Guests Quarantined at Military Bases and Federal Sites

This isn't in the tps we just got from CDC. Did this clear?

Sent from my iPhone

Begin forwarded message:

From: OS Secretarys Operations Center <hhs.soc@hhs.gov>

Date: March 23, 2020 at 6:35:49 PM EDT

To: OS Secretarys Operations Center <hhs.soc@hhs.gov>

Subject: Summary: Immediate Rescission Order for Guests Quarantined at Military Bases and Federal Sites

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Good evening Dr. Kadlec,

BLUF: National IMT is advised that CDC has issued a rescission of the quarantine order for individuals in federal quarantine sites.

- As a result, HHS no longer has legal authority to hold individuals on military bases and quarantine sites.
- Guests are free to leave for their homes, though they may be subject to their own state's laws or the laws of states through which they transit.
- Guests will be asked to remain in quarantine voluntarily for the duration of the 14-day quarantine order.
- Guests are not required to leave at this time, and may remain where they are, taking advantage of the existing logistics plan for an orderly movement as previously scheduled over the next 2-3 days.
- This is not a transfer of quarantine authority, the states are not required to comply with this release from federal quarantine.
- This rescission of the quarantine order does not apply to those under a separate isolation order, including individuals in HHS Care Sites.
- Private accommodations are permissible as long as they continue to observe quarantine provisions (self-monitoring, personal and environmental hygiene, and social distancing).

The SOC will continue to monitor this incident and report as needed. *This notification is limited distribution and is intended for HHS Senior Leadership Only. **DO NOT FORWARD.** This notification was sent to the COVID-19 Senior Leadership distribution list.*

Very Respectfully,

Secretary's Operations Center (SOC)
 U.S. Department of Health and Human Services (HHS)
 Assistant Secretary for Preparedness and Response (ASPR)
 200 Independence Ave S.W.
 Washington D.C. 20201
 WK: (202) 619 – 7800
 Fax: (202) 619 – 8602
 Cell: (b)(6)
 Email: hhs.soc@hhs.gov



cid:image001.png@01D6013F.7FB14620

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Sender:	McGowan, Robert (Kyle) (CDC/OD/OCS) <(b)(6)>
Recipient:	Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Murphy, Ryan (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya>; Hall, Bill (HHS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02b39f27f3b4469a960054b23545cc24-Hall, Bill>; Oakley, Caitlin B. (OS/ASPA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e5ee4c35534c4af9bdac46789c034790-Oakley, Cai>
Sent Date:	2020/03/23 18:53:25
Delivered Date:	2020/03/23 18:53:53

From:	Tom M. Schossau (b)(6)
To:	<community@cnn.com>; <cnn.feedback@cnn.com>; <comments@cnn.com>; Tom M. Schossau (b)(6)
CC:	(b)(6)
Subject:	Mask Sterilization and the President's Intent
Date:	2020/03/23 18:55:57
Priority:	Normal
Type:	Note

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Dear CNN:

Thank you for televising Dr. Megan Ranney's talk yesterday over mask/respirator availability and sterilization that countered President Trump's suggestion and intent the day prior.

However, there are serious concerns over this misinformation and narrow-mindedness that may result in grave consequences.

Background - Experienced and Neutral. I am not affiliated with any political party, and I've supported candidates from both major and other parties. I am also an ophthalmologist having completed my internship in surgery (where many admissions are through the ER/ED), and a grad-level engineering-physicist from Cornell. I am also fortunate to have a variety of leadership experiences that includes being a former military commander, and NBC and logistics officer having been involved with combat operations. Officers recognized before the arrival of the 9mm M9 Beretta that even the old pre-WWII M1911 .45 pistol was better than nothing even if shots fired were erratic from worn out barrels.

Situation. Good leaders give direction through known goals with intentions/concepts, having a staff to work out technicalities while allowing subordinates to use their initiative and ingenuity to achieve these goals. President Trump reasonably suggested sterilization and reuse of masks that are in short supply [in this time of crisis, despite federal guidelines (not laws), until supplies are established, as supported by NIH Fauci with technical caveats]. It reasonably appears that Trump's term, "mask," was used to describe face shields that are being cleaned with liquids as noted because a mask truly and reasonably masks and protects the face from a lay person's perspective. CNN used a doctor having the goodwill to help people who criticized President Trump on technical, not conceptual matters, with an invitation to visit.

Assessment & Plan. This situation indicates no apparent application of the President's intent with his non-medical background, and a relatively myopic view of the world crisis from both CNN's world perspective and this local level from the Emergency Dept.

Being "down in the trenches" can be nerve-racking and frustrating, like going to war, especially when logistical systems are stressed from demand suddenly exceeding existing supplies, and where organizations must initially rely on previously established contingency plans.

Voicing concerns to the media may bring needed attention and priority, but like the old, worn out .45 pistol, it's the "bird in hand" that must be skillfully used to its best capacity. Korean War fighter pilots knew their aircrafts were inferior to the MiGs, but the skill of American pilots made the difference. Consequently, I anticipate the skill of American physicians and surgeons

and nurses and hospital support personnel with support from government and the American people will make the difference in this World War against COVID-19.
I am happy to assist Dr. Ranney at her EDHI at Brown since I live in the NYC area, because

(a) there are various other types of masks/respirators that may be more readily available and acceptable (such as reusable/non-disposable ones similar to the military's NBC "gas masks," where the military is providing 5 million N95 respirators per new online sources), and
(b) it is NOT impossible to sterilize such masks/respirators as stated because there are other possible and feasible methods of sterilization such as UV that I recommended 8 Mar to the CDC to explore, below, and where China is using UV to sterilize COVID-19 (on non-living objects). Please note, below, that I also sounded bugle calls while identifying myself as a Doctor (**where confidentiality is requested**) to my NYS Congressionals 22 Feb to alert Americans that COVID-19 is coming, and we must prepare. Unlike Paul Revere, my calls landed on deaf ears, and we are now "behind the eight ball."

Summary. God is omniscient, not humans. The goal here is to save lives and our economy with our resources in mind, just as Bernie Sanders hotly and rightfully shot back to a reporter, NOT to politicize or to further one's agenda, as what CNN appears to be doing by honing in on technicalities while missing the point and the goal. **These actions at this critical time are a serious disservice to the American people and hazard to our lives.** Therefore, I respectfully request

(a) CNN to make public correction, and
(b) media organizations to keep the understanding of any leader's direction and intent; to provide constructive, not destructive criticism; and to support our leaders, whoever they may be, whatever they have done or not done, or whatever political party, at least until we are on a clear road to recovery.
"Lead, follow, or get out of the way!"

GBA — God Bless America

Tom M. Schossau, MD, MEng-Physics (USAFA 79, Cornell 90)

TheBestEyeDoc.com

Cf:

(1) The White House

(2) Robert Kadlec, MD, MTM&H, MS, HHS Assistant Secretary for Preparedness and Response
PS. BCC recipients are free to forward this email.

◇=◇=◇=◇=◇=◇=◇=◇=◇=◇

Notes about my webmails to NYS Congressionals 22 Feb with "20/20 foresight/hindsight" (below):

(1) Schumer has been "on top of his game," the reason for my contact. He texted back an impressive 4 hours later . . . but asking for donations!? Issues? "Show me the money!"
(2) Engel provided no (other) response, like a black hole — a vacuum where nothing comes out.
(3) Gillibrand's website was broken, begging the question if her "piggy bank" was also broken (and not able to make repairs) after her run for President.

On Sun, Mar 8, 2020 at 3:41 AM Tom M. Schossau (b)(6) wrote:
Office of the Associate Director for Policy and Strategy, Centers for Disease Control and Prevention, 1600 Clifton Road, NE, Atlanta, GA 30333 Mail Stop:D-28, Phone: 800-CDC-INFO, Email: (b)(6)

Dear CDC:

Thank you for publishing (1) that COVID-19 was expected to be a community virus because I alerted my Members of Congress as a Medical Doctor/Ophthalmologist to take action immediately after I heard about this (22 Feb, attached), where we have then seen our leadership take more active roles. Thank you, also, for (2) the useful information on CDC's website about products that are expected to be effective against COVID-19.

Although there has been more recent updates on the characteristics of COVID-19, with warmer weather expected, **please test and publish information about more natural or practical means of disinfection** {such as exposure to the sun, wind, fire/dry heat, freezing/dry cold temperatures, (less so rain/showers) and artificial lighting such as UV and high intensity lights [ie, COOL, HID headlights (in vehicles that emit significant UV)], etc}. It may be practical and economical for people to disrobe, to lay out clothes and perhaps to shower outside (ie, in a tent-like enclosure) for COVID-19 "disinfection" before entering a building, especially hospitals or homes for the elderly who are extremely susceptible. Thank you.

Dr. T

Tom M. Schossau, MD, MEng-Physics, Ophthalmology

TheBestEyeDoc.com

<https://www.cdc.gov/coronavirus/2019-ncov/community/home/cleaning-disinfection.html>

Sent from my iPhone



Image.jpeg



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Sender:	Tom M. Schossau (b)(6)
Recipient:	<community@cnn.com>; <cnn.feedback@cnn.com>; <comments@cnn.com>; Tom M. Schossau (b)(6) (b)(6)
Sent Date:	2020/03/23 18:54:38
Delivered Date:	2020/03/23 18:55:57

From:	White House: Office of the Vice President <info@mail.whitehouse.gov>
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	Readout from the Vice President's Video Teleconference with Governors on the Partnership to Prepare, Mitigate and Respond to COVID-19
Date:	2020/03/23 19:02:33
Priority:	Normal
Type:	Note

-->



The White House

Office of the Vice President

FOR IMMEDIATE RELEASE

March 23, 2020

**READOUT FROM THE VICE PRESIDENT'S VIDEO TELECONFERENCE WITH
GOVERNORS ON THE PARTNERSHIP TO PREPARE, MITIGATE, AND
RESPOND TO COVID-19**

Today, Vice President Mike Pence led a discussion with the chief executives of over 50 States, territories, and Washington, DC, to provide an update on the all-of-America approach to respond to, prepare for, and mitigate the effects of COVID-19. The leadership of governors, mayors, county commissioners, and tribal officials is vital for effective emergency management. Emergency management in America is locally-executed, State-managed, and Federally supported, which allows for innovative solutions to be identified

at the local and State level for the majority of issues. The Federal government helps scale best practices, coordinates key priorities, and provides regulatory flexibilities and key resources to supplement, but not replace private sector, local, and state resources. Federal leaders stressed that local leaders need to work with State leaders. Participants also discussed the importance of connectivity to healthcare providers and their associated supply chains to create a clear dashboard of all the key resources in each community and across each State. Many States have worked diligently to pull-together all of the key stakeholders in their State to have a coordinated, innovative, solution-focused supply management ecosystem.

The Vice President and Dr. Birx urged State and local leaders to regularly highlight the “[15 Days to Slow the Spread](#)” community mitigation guidance established by the CDC. Participants discussed the historic actions taken by the Federal government to support State, local, and private sector leaders, importance of data sharing between State and Federal governments, States removing telemedicine barriers, importance of Emergency Management Assistance Compact (EMAC) agreements to surge resources and personnel, preserving key medical supplies by curtailing elective medical procedures and appointments, and supporting small businesses and American workers.

The Vice President applauded specific Governors for driving innovative solutions to this unprecedented challenge, including implementing best practices in scaling testing, conserving key resources, communicating with local and tribal officials, waiving state regulatory barriers, and utilizing established emergency management structures to ensure coordinated efforts and communications across all levels of government.

Since January 2020, the Trump Administration has held over 60 briefings with over 35,000 State, local, and tribal leaders in every State and territory in the Nation. Leaders at every level of government and the private sector are working to bend the curve.

###

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Sender:	White House: Office of the Vice President <info@mail.whitehouse.gov>
Recipient:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Sent Date:	2020/03/23 19:02:11
Delivered Date:	2020/03/23 19:02:33

From:	Oscar Alleyne <oalleyne@naccho.org>
To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Subject:	Request for Dr Adams on Webinar
Date:	2020/03/23 19:15:12
Priority:	Normal
Type:	Note

Dear Dr Adams

On Thursday at 7 pm ET I will be moderating and presenting a 1 hr Webinar on the Coronavirus Pandemic. I am requesting the honor of your participation with this webinar. The audience and participants will be the 105,000 members and leaders of SR Supreme Council community service fraternal organization across 15 states in the Northeast. Headquartered in Lexington, Massachusetts, these 15 member states are Connecticut, Delaware, Illinois, Indiana, Maine, Massachusetts, Michigan, New Jersey, New Hampshire, New York, Ohio, Pennsylvania, Rhode Island, Wisconsin, and Vermont.

Communities in these and other states are grappling with the impact of the Coronavirus. This webinar is part of their leadership effort to remotely leverage technology to keep community members informed during this difficult time.

The layout of the webinar will be a 15-25 min of overview and recommendations on community mitigation and it would be great to have you give a few remarks on the President's Coronavirus Guidelines for America -15 Days to Slow the Spread of Coronavirus as the US Surgeon General and participate in the question and answer period.

Please let me know if you would be able to participate.

Thank you and be safe.

Dr Oscar Alleyne
Chief of Programs and Services
National Association of County and City Health Officials
Sent from my iPhone

Sender:	Oscar Alleyne <oalleyne@naccho.org>
Recipient:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Sent Date:	2020/03/23 19:15:04
Delivered Date:	2020/03/23 19:15:12

From:	Rose Baker <rbaker@MCBGroupHQ.com>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
CC:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>; Redfield, Robert R. (CDC/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ab74a26317547b8a754285d9eaa847c-robert.redf>; Redd, Stephen (CDC/DDPHSIS/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cc7e9098d36f459fb05591a4655f7f68-Redd, Steph>; SNS Ops (CDC.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c435b9bb894840a5b9a7083d491b0d15-Sns.Ops.cdc>; Miles, Gwendolyn S. (HHS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ead2992a43e14f41b85802d81db74d47-Miles, Gwen>; Charles Baker <CBaker@mcbgrouphq.com>; Marcia Richard <mrichard@mcbgrouphq.com>
Subject:	CoVid-19 (Medical Supplies)
Date:	2020/03/23 19:16:29
Priority:	Normal
Type:	Note

Rose Baker has shared a OneDrive for Business file with you. To view it, click the link below.



DRAFT Strategic Expansion Plan
v04(1).pdf



Hello Mr. Kadlec,

This email is to inform the HHS staff (in particular), that we currently have unlimited access to large amounts of PPE and would like to encourage the use of FAR Part 6.202(6) Establishing or Maintaining Alternative Sources (to satisfy a critical need for medical, safety or emergency supplies), FAR Part 6.302-2 Unusual and Compelling Urgency, FAR Part 6.302-3 Industrial Mobilization; Engineering, Developmental, or Research Capability or Expert Services to stock the national stock pile immediately. During this particular crisis, we feel a letter contract would be the most appropriate and quickest

manner to execute a contract under emergency conditions. We have access to millions of PPE and want to do our part to stock the national stock pile. We are referencing the National Stock Pile managed by the office of the Assistant Secretary for Preparedness in response in the US Department of Health and Human Services. MCB has a powerful international business relationship spanning over 12 years, and we have access to a large order, but it must be done quickly.

MCB also personally has worked for 10 years with the only domestic glove manufacturer in the USA that makes medical exam gloves and has a 510k needed to sell medical gloves. We need to get the plant expanded immediately and start placing orders so they can start manufacturing and re-creating the nonexistent glove industrial base. No one is going to make any gloves or buy any gloves outside of normal distribution which is delayed because you can't sell them. We are going to run out of gloves and masks etc in less than 3 weeks totally because the supply chain is broken. There is going to be a gap in the supply chain for several months, 2 months at a minimum. MCB has sent emails to the state of Maryland and the state of NYC for gloves and PPE for the last two weeks. No one will buy them even though they were on hand.

Over the last four months, MCB started a plan for making additional glove plants in the USA for emergency and wartime situations. You can't have GM or paint companies making gloves and masks when you have American small businesses who have been in the business for 40 years.

As a SDVOSB, MCB is bringing the resources of the veteran community in the medical and PPE field together under one roof. There are only two small US manufacturers of gloves in the USA and neither is making gloves for the pandemic (40M gloves capacity). There are several mask manufacturers but they cannot handle the surge, even with new factories coming on line. There is one small business (making 14 million masks in Texas, not selling any to government and they are swamped). The usage of rubber gloves annually without the pandemic is 30B, with most hospitals going thru a six months supply in 6 days. A realistic plan must supply a minimum of 1 trillion gloves and half a trillion mask. For every day we wait it's millions of products we miss.

MCB is also working towards having a recycle and sterilization program coming on line in the next 60 days to repurpose masks and gowns by sterilizing them.

Basically, we would like help as Patriots to secure a portion of the emergency PPE which we requested to be set-aside for small business, but the key is that

the small businesses are the ones who can help the most domestically right now, we must source overseas additionally.

MCB would like to start supplying the national and DLA stockpile immediately to protect our national defense and fill it to the surge capacity using the FAR Part 6.302 to be awarded contract to continue the flow of product. This stock pile would be the ideal method of distributing competitive PPE to each state. We have several contracting experts assisting including former heads of US Air force and Navy contracting as well as the former President of the Defense Acquisition contracting professors making our recommendations how to source and help. A key member of our team is the former head of DoD Small Business director, who has actually put an industrial mobilization plan together so this is easy and a contract can be written on a piece of paper and a formal contract can be done later. This is called a letter contract, and it's the thing to do ASAP.

MCB is creating a supplier portal specifically for the CoVid-19 emergency to negotiate the best price to meet the needs of the customer, and to offer supplies to customers currently unavailable.

We are the .80 cent source the Governor of NY was referring to recently, but they have yet to purchase anything, so we need help getting to a person who has the power to make this happen.

The quantities are:

Surgical Mask: 43,950,000 pieces (10,000,000 pieces by air)

Nitrile Exam Gloves: 186,000,000 pair (2,000,000 pair by air)

Respirators: 5,700,000 pieces (4,000,000 pieces by air)

Air Shipments will be delivered to:

5,000,000 Surgical Masks to JFK

5,000,000 Surgical Masks to Dulles

1,000,000 Nitrile Exam Gloves to JFK

1,000,000 Nitrile Exam Gloves to Dulles

2,000,000 respirators will be going to JFK

2,000,000 respirators will be going to Dulles

MCB's CEO, Charles M. Baker, can be reached by cell at 202-812-1378.

Thank you!

V/r

Rose M. Baker



1495721736836_SDVOSB

MCB Lighting & Electrical, Inc.

3540 Chaneyville Rd.

Owings, MD. 20736

619.225.8501

[https://protect2.fireeye.com/url?k=e987244a-b5d22d59-e9871575-0cc47adb5650-](https://protect2.fireeye.com/url?k=e987244a-b5d22d59-e9871575-0cc47adb5650-698cee82e520c4f9&u=http://www.mcblightingandelectrical.com/)

[698cee82e520c4f9&u=http://www.mcblightingandelectrical.com/](http://www.mcblightingandelectrical.com/)

Sender:	Rose Baker <rbaker@MCBGroupHQ.com>
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>; Redfield, Robert R. (CDC/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ab74a26317547b8a754285d9eaa847c-robert.redf>; Redd, Stephen (CDC/DDPHSIS/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cc7e9098d36f459fb05591a4655f7f68-Redd, Steph>; SNS Ops (CDC.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c435b9bb894840a5b9a7083d491b0d15-Sns.Ops.cdc>; Miles, Gwendolyn S. (HHS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ead2992a43e14f41b85802d81db74d47-Miles, Gwen>; Charles Baker <CBaker@mcbgroupqh.com>; Marcia Richard <mrichard@mcbgroupqh.com>
Sent Date:	2020/03/23 19:15:32
Delivered Date:	2020/03/23 19:16:29
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To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
CC:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>; Redfield, Robert R. (CDC/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ab74a26317547b8a754285d9eaa847c-robert.redf>; Redd, Stephen (CDC/DDPHSIS/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cc7e9098d36f459fb05591a4655f7f68-Redd, Steph>; SNS Ops (CDC.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c435b9bb894840a5b9a7083d491b0d15-Sns.Ops.cdc>; Miles, Gwendolyn S. (HHS/ASFR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ead2992a43e14f41b85802d81db74d47-Miles, Gwen>; Charles Baker <CBaker@mcbgroupqh.com>; Marcia Richard <mrichard@mcbgroupqh.com>
Subject:	CoVid-19 (Medical Supplies)
Date:	2020/03/23 19:16:23
Priority:	Normal
Type:	Note

Rose Baker has shared a OneDrive for Business file with you. To view it, click the link below.



DRAFT Strategic Expansion Plan
v04(1).pdf



Hello Mr. Kadlec,

This email is to inform the HHS staff (in particular), that we currently have unlimited access to large amounts of PPE and would like to encourage the use of FAR Part 6.202(6) Establishing or Maintaining Alternative Sources (to satisfy a critical need for medical, safety or emergency supplies), FAR Part 6.302-2 Unusual and Compelling Urgency, FAR Part 6.302-3 Industrial Mobilization; Engineering, Developmental, or Research Capability or Expert Services to stock the national stock pile immediately. During this particular crisis, we feel a letter contract would be the most appropriate and quickest

manner to execute a contract under emergency conditions. We have access to millions of PPE and want to do our part to stock the national stock pile. We are referencing the National Stock Pile managed by the office of the Assistant Secretary for Preparedness in response in the US Department of Health and Human Services. MCB has a powerful international business relationship spanning over 12 years, and we have access to a large order, but it must be done quickly.

MCB also personally has worked for 10 years with the only domestic glove manufacturer in the USA that makes medical exam gloves and has a 510k needed to sell medical gloves. We need to get the plant expanded immediately and start placing orders so they can start manufacturing and re-creating the nonexistent glove industrial base. No one is going to make any gloves or buy any gloves outside of normal distribution which is delayed because you can't sell them. We are going to run out of gloves and masks etc in less than 3 weeks totally because the supply chain is broken. There is going to be a gap in the supply chain for several months, 2 months at a minimum. MCB has sent emails to the state of Maryland and the state of NYC for gloves and PPE for the last two weeks. No one will buy them even though they were on hand.

Over the last four months, MCB started a plan for making additional glove plants in the USA for emergency and wartime situations. You can't have GM or paint companies making gloves and masks when you have American small businesses who have been in the business for 40 years.

As a SDVOSB, MCB is bringing the resources of the veteran community in the medical and PPE field together under one roof. There are only two small US manufacturers of gloves in the USA and neither is making gloves for the pandemic (40M gloves capacity). There are several mask manufacturers but they cannot handle the surge, even with new factories coming on line. There is one small business (making 14 million masks in Texas, not selling any to government and they are swamped). The usage of rubber gloves annually without the pandemic is 30B, with most hospitals going thru a six months supply in 6 days. A realistic plan must supply a minimum of 1 trillion gloves and half a trillion mask. For every day we wait it's millions of products we miss.

MCB is also working towards having a recycle and sterilization program coming on line in the next 60 days to repurpose masks and gowns by sterilizing them.

Basically, we would like help as Patriots to secure a portion of the emergency PPE which we requested to be set-aside for small business, but the key is that

the small businesses are the ones who can help the most domestically right now, we must source overseas additionally.

MCB would like to start supplying the national and DLA stockpile immediately to protect our national defense and fill it to the surge capacity using the FAR Part 6.302 to be awarded contract to continue the flow of product. This stock pile would be the ideal method of distributing competitive PPE to each state. We have several contracting experts assisting including former heads of US Air force and Navy contracting as well as the former President of the Defense Acquisition contracting professors making our recommendations how to source and help. A key member of our team is the former head of DoD Small Business director, who has actually put an industrial mobilization plan together so this is easy and a contract can be written on a piece of paper and a formal contract can be done later. This is called a letter contract, and it's the thing to do ASAP.

MCB is creating a supplier portal specifically for the CoVid-19 emergency to negotiate the best price to meet the needs of the customer, and to offer supplies to customers currently unavailable.

We are the .80 cent source the Governor of NY was referring to recently, but they have yet to purchase anything, so we need help getting to a person who has the power to make this happen.

The quantities are:

Surgical Mask: 43,950,000 pieces (10,000,000 pieces by air)

Nitrile Exam Gloves: 186,000,000 pair (2,000,000 pair by air)

Respirators: 5,700,000 pieces (4,000,000 pieces by air)

Air Shipments will be delivered to:

5,000,000 Surgical Masks to JFK

5,000,000 Surgical Masks to Dulles

1,000,000 Nitrile Exam Gloves to JFK

1,000,000 Nitrile Exam Gloves to Dulles

2,000,000 respirators will be going to JFK

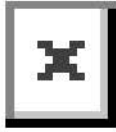
2,000,000 respirators will be going to Dulles

MCB's CEO, Charles M. Baker, can be reached by cell at 202-812-1378.

Thank you!

V/r

Rose M. Baker



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MCB Lighting & Electrical, Inc.

3540 Chaneyville Rd.

Owings, MD. 20736

619.225.8501

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Sent Date:	2020/03/23 19:15:32
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Message Flags:	Unread

From:	Kenneth Bretania <(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:	2020/03/23 19:58:43
Priority:	Normal
Type:	Note

Kenneth Bretania

(b)(6)

March 23, 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,

Kenneth Bretania

Sender:	Kenneth Bretania <(b)(6)>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/23 19:49:20
Delivered Date:	2020/03/23 19:58:43
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To:	Secretary Scheduler (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6801b3307d554c04b245714132602e16-Secretary S>; (b)(6) (OS/IOS) <(b)(6)>; Apple, Matthew (HHS/IOS) <Matthew.Apple@hhs.gov>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Mango, Paul (HHS/IOS) <paul.mango@hhs.gov>; Puesan, Cesar (HHS/OS/IOS) <Cesar.Puesan@hhs.gov>; Stecker, Judy (OS/IOS) <Judy.Stecker@hhs.gov>; Tignor, Beth (HHS/IOS) <Beth.Tignor@hhs.gov>; Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Bante, Katie (OS/OASH) <Katie.Bante@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Ford-Barnes, Arwenithia (OS/ASPR/IO) <Arwenithia.FordBarnes@hhs.gov>; Beckham, Tammy (HHS/OASH) <Tammy.Beckham@hhs.gov>; Hayes, Jonathan (OS/ASPR/IO) <Jonathan.Hayes@hhs.gov>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Parker, Jim (HHS/IOS) <Jim.Parker@hhs.gov>; Trueman, Laura (HHS/IEA) <Laura.Trueman@hhs.gov>; Beck, Gary (OS/IEA) <Gary.Beck@hhs.gov>
Subject:	AMA call with Joe Almedia, Baxter
Date:	2020/03/22 13:38:06
Start Date:	2020/03/24 13:30:00
End Date:	2020/03/24 13:45:00
Priority:	Normal
Type:	Appointment
Location:	615-F // CALL (b)(6)
Attendees:	(b)(6) (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); Beckham, Tammy (HHS/OASH); 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 (b)(6) 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:	2020/03/24 10:37:09
Delivered Date:	2020/03/22 13:38:06