



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

August 7, 2023

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

Dear Mr. Evers:

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

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

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

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

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

Government Officials

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

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

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

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

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

~~vii. SARS~~

~~viii. Epidemic~~

~~ix. Pandemic~~

~~x. Outbreak~~

~~xi. "Public Health Emergency"~~

-

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

~~viii. Isolation~~

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

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

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

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

~~xiii. Containment~~

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

- i. Disease
- ii. Virus

The Department processed **400 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 **160 pages** to you in their entirety and I am further releasing in part **144 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 **96 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:	George, Edward,M.D.,Ph.D. (b)(6)
To:	Caneva, Duane (DHS.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b6ba3c00c7944e1b99ed3eecab996186-Duane.Canev>; (b)(6) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=20f0e9a3ebeb4ef99d30a96386fb2627-Guest_945f5>; 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>; Redd, John (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ba3fed4ee8646ec849a5a87136a24f6-Redd, John>; Lawler, James V (b)(6) Carter Mecher (b)(6)
Subject:	Re: Mass Casualty Ventilators
Date:	2020/03/20 02:00:30
Priority:	Normal
Type:	Note

The requirement to rapidly increase national capacity to provide mechanical ventilation may soon occur given the potential impacts of the Corona virus. In addition to the need for substantially more ventilators than are currently available, there will likely be a shortage of space and trained personnel (critical care nurses, respiratory therapists, paramedics) to implement and maintain the therapy. As a Navy Medical Corps doc working with Dr. Callahan at DARPA I had the opportunity to bring the newly developed Save II ventilator to Mass General for informal evaluation by several intensivists and therapists with experience in military/disaster medicine. It was uniformly viewed as a game changer. This device could clearly serve as a significant force multiplier iso resource constrained scenarios such as an epidemic.

It is simple to use and is effectively automated, with minimal requirements on the operator for settings adjustment. Requiring little training, it is light weight and battery powered (newer model rechargeable with 10-12 hours use per charge) and, if necessary could likely be paired with a light weight, battery powered oxygen concentrator (Inogen). While not able to perform at the level of a sophisticated OR or ICU vent, such a device(s) may very well bridge critical shortfalls anticipated in epidemics.

The push button operation, revolving around a patient's height, along with its small size/self-contained power supply would offer significant depth in resource-constrained environments. Additionally this type of device may be completely appropriate for many applications requiring short term (i.e. overnight) mechanical ventilation, thereby freeing up the more robust ventilators for more challenging patients. This approach of resource stratification could also include the use of the more robust transport ventilators (Zoll) in an algorithm that could further extend resources.

I am less familiar with other available devices, such as the model by Phillips. However I support the attempt to implement a rapid examination of such devices wrt appropriate capabilities iso major respiratory disease outbreaks as well

as the feasibility of enhancing the manufacture of such a device to meet present and future shortfalls.

I am in Miramar with a contingent from the Oakland transfer returning to Boston next week. Please let me know if I can be of assistance.

**semper fi,
ed**

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

Sent: Thursday, March 19, 2020 19:12

To: Callahan, Michael V., M.D. (b)(6) Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Yeskey, Kevin <kevin.yeskey@hhs.gov>; Redd, John (OS/ASPR/SPPR) <John.Redd@hhs.gov>; Lawler, James V (b)(6) Carter Mecher (b)(6) George, Edward, M.D., Ph.D. (b)(6)

Subject: Re: Mass Casualty Ventilators

External Email - Use Caution

Are they good enough? Is there something better, cheaper, faster? Are they storable for the next our break/ attack/ war?

Get Outlook for iOS

From: Callahan, Michael V., M.D. (b)(6)

Sent: Thursday, March 19, 2020 7:08:37 PM

To: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Yeskey, Kevin <kevin.yeskey@hhs.gov>; Redd, John (OS/ASPR/SPPR) <John.Redd@hhs.gov>; Lawler, James V (b)(6) Caneva, Duane <duane.caneva@hq.dhs.gov>; Carter Mecher (b)(6) George, Edward, M.D., Ph.D. (b)(6) Callahan, Michael V., M.D. (b)(6)

Subject: Mass Casualty Ventilators

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.

Ed George is added to the string. Ed is a MD PhD Anesthesiologist on NDMS/DMAT and MEDSURGINsert MGH. I have worked with him on this problem.

Problem statement:

During mass casualty respiratory infections uncertainties in power grid, the need for rapid mobility of patients, and the need for a rapidly scalable ventilatory capability to support ICU infrastructures. In prior large scale respiratory disease outbreaks, patients succumbed because the ventilators required manufacture-specific training, required grid power of pressurized oxygen to run compressors, or could not be decontaminated and quickly returned to service. The DARPA funded SAVEII ventilatory was the first mass casualty ventilator that provided 8 hours of autonomy, possessed an smart algorithm that permitted use in minimal medical skill environments, and which could be easily transported with the patient. Since then only a few ventilators have been purpose-built for a disaster environment. The new Philips 2000 ventilatory is a more modern version of the Automedx, and possesses an enhanced algorithm for care of more complex patients.

This email string proposes a evaluation effort to compare the two DISMED viable battery compressor-driven ventilators, the SAVEII and the Philips 2000 for use in improvised surge ventilatory facilities intended to offload CONUS ICU capability.

I recommend Dr. Ed George comment on this from his perspective as a marine, a anesthesiologist and a disaster operative for both federal and hospital based disaster teams.
mc

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Sent: Thursday, March 19, 2020 3:08 PM

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<John.Redd@hhs.gov>; Callahan, Michael V., M.D. (b)(6) Lawler, James V

(b)(6) Caneva, Duane (DHS.GOV) <duane.caneva@hq.dhs.gov>; Carter Mecher

(b)(6)

Subject: SAVell Hand Out_20200319v1.pdf

External Email - Use Caution

Need guidance broadly on appropriate vents. I am getting deluged.

The information in this e-mail is intended only for the person to whom it is addressed. If you believe this e-mail was sent to you in error and the e-mail contains patient information, please contact the Partners Compliance HelpLine at <http://www.partners.org/complianceline> . If the e-mail was sent to you in error but does not contain patient information, please contact the sender and properly dispose of the e-mail.

Sender:	George, Edward, M.D., Ph.D. (b)(6)
Recipient:	Caneva, Duane (DHS.GOV) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b6ba3c00c7944e1b99ed3eecab996186-Duane.Canev>; (b)(6) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=20f0e9a3ebeb4ef99d30a96386fb2627-Guest_945f5>; 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>; Redd, John (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ba3fed4ee8646ec849a5a87136a24f6-Redd, John>; Lawler, James V (b)(6) Carter Mecher (b)(6)
Sent Date:	2020/03/20 02:00:20
Delivered Date:	2020/03/20 02:00:30
Message Flags:	Unread

From:	Callahan, Michael V.,M.D. (b)(6)
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.up (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	Fwd: Mass Casualty Ventilators
Date:	2020/03/20 02:54:32
Priority:	Normal
Type:	Note

A marine anesthesiologist's view of SAVEII vent = good.

Michael Callahan MD MSPH DTM&H, DMCC (UK)
 Director, Mass-Casualty Infection Operations
 Vaccine & Immunotherapy Center
 Massachusetts General Hospital
 Boston, MA
 Special Advisor to the Assistant Secretary of Public Health Preparedness and Response
 U.S Dept of Health and Human Services
 O'Neil Building 6th Floor
 Washington, DC

Begin forwarded message:

From: "George, Edward,M.D.,Ph.D." (b)(6)
Date: March 20, 2020 at 00:00:22 MDT
To: "Caneva, Duane" <duane.caneva@hq.dhs.gov>, "Callahan, Michael V.,M.D." (b)(6) "Kadlec, Robert (OS/ASPR/IO)" <Robert.Kadlec@hhs.gov>, "Yeskey, Kevin" <kevin.yeskey@hhs.gov>, "Redd, John (OS/ASPR/SPPR)" <John.Redd@hhs.gov>, "Lawler, James V" (b)(6) Carter Mecher (b)(6)
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(b)(6) George, Edward, M.D., Ph.D. (b)(6)

Subject: Re: Mass Casualty Ventilators

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Caneva, Duane <duane.caneva@hq.dhs.gov>; Carter Mecher (b)(6) George, Edward, M.D., Ph.D. (b)(6)

(b)(6) Callahan, Michael V., M.D.

Subject: Mass Casualty Ventilators

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<John.Redd@hhs.gov>; Callahan, Michael V., M.D. (b)(6) Lawler, James V

(b)(6) Caneva, Duane (DHS.GOV) <duane.caneva@hq.dhs.gov>; Carter Mecher

(b)(6)

Subject: SAVeIt Hand Out_20200319v1.pdf

External Email - Use Caution

Need guidance broadly on appropriate vents. I am getting deluged.

Sender:	Callahan, Michael V., M.D. (b)(6)
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Sent Date:	2020/03/20 02:54:11
Delivered Date:	2020/03/20 02:54:32

From:	Jim O'Neill <(b)(6)>
To:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Kouzoukas, Demetrios (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f4b26cbb0cbd43dd99c01d0862026aa3-KLY4>
Subject:	FDA ideas
Date:	2020/03/20 02:59:41
Priority:	Normal
Type:	Note

1. FDA got out of the way of serology tests this week. Great! But they should extend this to home tests, not just poc and lab.

2. Hahn was trying to embarrass the President on chloroquine. The President was right. It's an approved drug, and off-label use is legal in the land of the free, and there is data that it can help people with severe COVID. Few people even know that UMN is running a study.

I think there's an opportunity to collect real world evidence regarding safety and efficacy of treatments such as hydroxychloroquine, chloroquine, azithromycin, etc. by aggregating real world evidence collected from hospitals and health systems currently treating COVID-19 patients. I haven't seen any effort to systematically aggregate data and learn rapidly which drugs may be most useful. There are lots of papers and data and anecdotes circulating on the internet. Doctors in ICUs are desperately trying to track all of this to make decisions. Creating this infrastructure would be a great way to identify ways to slow down progression of disease, clear hospital beds, and save lives.

There are lots of people in SV who could build this quickly, and they could probably fund it too. They would just need some encouragement from the top. Or some government entity could do it. NOT FDA. Maybe CMS or AHRQ or ONC?

3. Hospitals already have a big shortage of respirators. Have FDA accept the CE mark for respirators.

4. Make it easier for new or retrofitted respirator factories to be approved. And ventilator factories, too.

5. Encourage, don't require, all test results to be reported to CDC and Johns Hopkins, positive or negative, along with age, zip code, and symptoms.

6. Have the Secretary reassure antiviral and vaccine developers that you will defend them against FDA retribution for any use of right to try.

Sender:	Jim O'Neill (b)(6)
Recipient:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Kouzoukas, Demetrios (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f4b26cbb0cbd43dd99c01d0862026aa3-KLY4>
Sent Date:	2020/03/20 02:59:14
Delivered Date:	2020/03/20 02:59:41

From:	OS Secretarys Operations Center </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=32B1F28D808B43B6903C00083291303E-SECRETARYS>
To:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Subject:	HHS Executive Summary 20Mar20
Date:	2020/03/20 06:40:02
Priority:	Normal
Type:	Note

UNCLASSIFIED // FOR OFFICIAL USE ONLY

HHS Executive Summary: Friday, 20Mar20

1. HHS

Today's Noteworthy Topics:

COVID-19 (Novel Coronavirus)

As of 19Mar20, 1700ET, the CDC has confirmed that presumptive positive U.S. cases of COVID-19 have reached 9,026 across 50 states and D.C. with 150 deaths. Combined CDC and WHO reported global cases: 196,617; global deaths: 7,899; Countries with cases: 169. Multiple Regions report risk of future sheltering shortages; ongoing efforts to identify sheltering options for vulnerable populations when self-quarantining.

Daily Operational Schedule:

0830 – FEMA Daily Operations Brief
0900 – White House Coronavirus Sub Task Force
1100 – Grand Princess Update Call
1230 – Joint HHS/FEMA Interagency VTC
1300 – IMD Sync Call for COVID-19 and Repatriation
1400 – COVID-19 Resource Coordination Call
1600 – White House COVID-19 Task Force Call

Public Health Emergency of National Significance:

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

HHS Response Status Summary:

HHS SOC: Level I (Full Activation)
CDC EOC: Level III (Polio/Ebola)
CDC EOC: COVID-19 (Agency-Wide Response)
FDA EOC: Level II (Vape Product Response, COVID-19)

Emergency Support Function (ESF) Activation:

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

Recovery Support Function (RSF) Activation:

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

HHS Deployments: (Total = 1,473)

ASPR: 1,197 – (9) Earthquake Puerto Rico, (1,174) COVID-19, (5) Irma/Maria Recovery, (3) Irma, (2) FY Funded Training Q1, (2) FY Non-Funded Training Q1, (1) California Wildfires, (1) California Wildfires Recovery

CDC: 276 – (242) COVID-19, (9) Polio, (25) Ebola

FMS Status:

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

New Mission Assignments (MA): 3434EM-NY-HHS-01: FEMA has sent, and HHS has accepted, a mission assignment in support of New York State/Territory/Tribal request, as directed by and in coordination with FEMA, Health & Human Services (HHS) will provide medical care and support capabilities (personnel, equipment, and supplies) to augment State and local medical response resources for immediate and short-term medical needs. This mission assignment is for \$6,000,000 with a projected end date of 01Apr20.

Active Situations (7):

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

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

2. FEMA:**Interagency Response Status Summary:**

NWC: Monitoring

NRCC: Level I

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

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

Significant National Weather:

Enhanced risk of severe thunderstorms across portions of the Middle Mississippi and Lower Ohio Valley.

3. OPDIV/STAFFDIV Overnight Reports:

CDC:

- COVID-19 – 160 Locations (including countries, territories, and areas) – Update

FDA:

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

Prepared by:

Secretary's Operations Center

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



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Recipient:	OS Secretarys Operations Center </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=32b1f28d808b43b6903c00083291303e-Secretarys>
Sent Date:	2020/03/20 06:39:38
Delivered Date:	2020/03/20 06:40:02

From:	Mike Allen <mike@axios.com>
To:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	Axios AM: Mike's Top 10 — Coronavirus in Trump country — A smart idea to save business
Date:	2020/03/20 06:45:38
Priority:	Normal
Type:	Note



 **Coming Sunday** on "Axios on HBO" (6 p.m. ET/PT): Jonathan Swan has a rare (and intense) interview with Carnival Corp. ... Margaret Talev sits down with Justice Stephen Breyer.

• • *Watch a clip.*

1 big thing: Coronavirus risk in Trump country



Sender:	Mike Allen <mike@axios.com>
Recipient:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Sent Date:	2020/03/20 06:45:22
Delivered Date:	2020/03/20 06:45:38

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To:	ASPA-Deputies </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=884d75c735db47cca76a4c0fc74a06b8-ASPA-Deputi>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	Fwd: Poll: Majority of Americans now approve of Trump's coronavirus management
Date:	2020/03/20 08:06:37
Priority:	Normal
Type:	Note

Sent from my iPhone

Begin forwarded message:

From: "POLITICO Pro Health Care" <politicoemail@politicopro.com>
Date: March 20, 2020 at 7:48:30 AM EDT
To: <caitlin.oakley@hhs.gov>
Subject: Poll: Majority of Americans now approve of Trump's coronavirus management
Reply-To: "POLITICO subscriptions" <reply-fe971c727160017c75-553241_HTML-783024725-1376319-329001@politicoemail.com>

Poll: Majority of Americans now approve of Trump's coronavirus management

By Quint Forgey

03/20/2020 07:47 AM EDT

A majority of Americans now approve of President Donald Trump's handling of the coronavirus pandemic, according to a new survey, as the administration has issued stricter federal guidelines in recent days and the president has adopted a more public-facing role in combating the disease.

An ABC News/Ipsos poll released Friday reports that 55 percent of respondents approve of Trump's management of the public health crisis, while 43 percent disapprove. The latest figures represent a boost in the president's rating from the previous iteration of the survey, published one week ago, which showed only 43 percent approval for Trump and 54 percent disapproval.

The uptick in public sentiment comes in the wake of a variety of measures the president has taken since last Friday to combat the rapid spread of coronavirus within the United States. Trump has been widely criticized for his initial response to the pandemic as well as his administration's inability to quickly ramp up testing in the U.S.

Trump has declared a national emergency, expanded the European travel ban, urged people to avoid group gatherings of more than 10 people, signaled his support for dispensing checks to

affected Americans and invoked the Defense Production Act — although he has stopped short of actually triggering the statute.

The president has also often led the daily press briefings of the White House coronavirus task force, announcing new federal actions, taking questions from reporters and generally appearing more solemn regarding the nature of the threat facing the country.

Governors on the front lines of the outbreak have praised the administration's increased engagement, while still demanding a more robust, all-encompassing federal response and the delivery of sorely needed medical equipment in anticipation of the coronavirus' overrunning of local health care systems.

But Trump has largely placed the onus back on governors to acquire those potentially life-saving supplies, telling reporters Thursday that the federal government is "not a shipping clerk."

To view online:

<https://protect2.fireeye.com/url?k=ad0c5d5b-f1584427-ad0c6c64-0cc47adc5fa2-b0d6a0d40414c12e&u=https://subscriber.politicopro.com/health-care/article/2020/03/poll-majority-of-americans-now-approve-of-trumps-coronavirus-management-1898571>

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This email was sent to caitlin.oakley@hhs.gov by:

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Sender:	Oakley, Caitlin B. (OS/ASPA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=E5EE4C35534C4AF9BDAC46789C034790-OAKLEY, CAI>
Recipient:	ASPA-Deputies </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=884d75c735db47cca76a4c0fc74a06b8-ASPA-Deputi>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group

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Sent Date:	2020/03/20 08:06:36
Delivered Date:	2020/03/20 08:06:37

From:	Sherman, Jennifer (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F30FE7FAE664419FA654B20EDCCB1E78-SHERMAN, JE>
To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Subject:	FW: USA Today comment?
Date:	2020/03/20 08:24:59
Priority:	Normal
Type:	Note

Dr. Adams – Please see below inquiry from Jayne at USA Today and a draft response. Let me know if you have anything additional you’d like added. Right now I have it drafted to come from me, but we can easily rework if you’d like it to come from you.

SG Spokesperson:

“Dr. Adams and the President’s Coronavirus Task Force have encouraged healthcare facilities to consider rescheduling non-urgent outpatient visits and elective surgeries, as necessary, due to the demands on our healthcare system during the COVID-19 pandemic. This message is in sync with current CDC recommendations for healthcare facilities (see link below). As Dr. Adams has stated in recent days, we’re facing an unprecedented threat and it’s important we preserve critical hospital resources – and staff – to ensure we have adequate resources for the COVID-19 response.”

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html>

From: O'Donnell, Jayne <jodonnell@usatoday.com>
Sent: Friday, March 20, 2020 12:38 AM
To: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Subject: USA Today comment?

Hi, I’d like to get a comment from Dr. Adams about my story posting tomorrow afternoon on the number of hospitals that are still doing elective surgeries – including USC, Pitt and Virginia Hospital Center – despite shortages at least at Pitt and concerns about the risks by staff members.

1. • Why is this risky?
2. • Is it enough to leave this to states and local governments if it’s a national problem (I’ve heard of other hospitals in Buffalo and Oklahoma)?
3. • What would you say to the hospitals still doing this and the employees (doctors and nurses) who are now worried about their jobs (given layoffs) and afraid to speak up?

I’d need a comment by noon if possible. Maybe 2.

Thanks!

Jayne O’Donnell

Health policy reporter
USA TODAY



girl-dot

jodonnell@usatoday.com | P. 703-854-5330 | C. (b)(6)
7950 Jones Branch Drive, McLean, VA 22108

Follow me on Twitter: <https://twitter.com/JayneODonnell>

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Join: USA TODAY's new Facebook group [I Survived It](#)

Read and watch: [Articles and videos](#)

Sender:	Sherman, Jennifer (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F30FE7FAE664419FA654B20EDCCB1E78-SHERMAN, JE>
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From:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.UP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A182EDA693D040D3832BAE6EFCF7A255-KADLEC, ROB>
To:	Sam Feinburg <sam@helena.org>
Subject:	RE: [EXT] Re: FW: URGENT: Coronavirus Request
Date:	2020/03/20 08:26:00
Priority:	Normal
Type:	Note

Yes even better to get into the private sector distribution

From: Sam Feinburg <sam@helena.org>
Sent: Friday, March 20, 2020 8:00 AM
To: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Subject: RE: [EXT] Re: FW: URGENT: Coronavirus Request

Bob,

Checking in on this - would love to get these supplies into the USG procurement and distribution network.

Sam Feinburg
 Chief Operating Officer | Helena
sam@helena.org | 917.544.6725
helena.org | [@helena](https://www.instagram.com/helena)



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Sent via Superhuman

On Wed, Mar 18, 2020 at 8:48 AM, Sam Feinburg <sam@helena.org> wrote:
 Thank you very much Bob, on standby.

Canadian govt trying to order the lot of 550k gloves currently in Virginia. Hope to move faster.

If HHS needs more time I will try to the American Hospital Association to submit a PO.

Sam Feinburg
Chief Operating Officer | Helena
sam@helena.org | 917.544.6725
helena.org | [@helena](https://www.instagram.com/helena)



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Sent via [Superhuman](#)

On Wed, Mar 18, 2020 at 3:43 AM, Robert <Robert.Kadlec@hhs.gov> wrote:
Sam thank you and yes this would be extraordinarily helpful Will link you up with our logs effort asap

From: Sam Feinburg <sam@helena.org>
Sent: Wednesday, March 18, 2020 1:48 AM
To: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Cc: Schwartz, Norton A Norty <nschwartz@ida.org>
Subject: Re: [EXT] Re: FW: URGENT: Coronavirus Request

Thank you so much Norty.

Bob,

It's an honor to be connected.

We are spinning up many COVID response teams across all verticals and are here to help wherever we can.

Two opportunities on the table right now:

Immediate

We have a line on several million masks (N95 and surgical), in addition to gloves, protective suits and hand sanitizer, plus factories with spare capacity to produce more of all of the above in the coming weeks.

- The items are spread out across US and intl locations, but can be palletized and loaded onto C-5s, C-17s, C-130s, etc for emergency transport.

- If this sounds of interest I will get you all of the info about what items are where in what volumes and at what costs.

Medium-term

- We are working on emergency procurement of new masks with <0.1 micron mesh (as you know N95s are 0.5 micron mesh and the virus is 0.1 micron length so N95s are insufficient).
- Could use your help directing to areas of greatest need as soon as this capacity comes online, assuming govt has desire for product.

Please let me know if this is of general interest and we will get whatever specifics you need ASAP. Other countries knocking on the door of these suppliers but we have first shot. At your and your team's disposal.

- Sam

Sent from my iPhone

On Mar 17, 2020, at 18:15, Schwartz, Norton A Norty <nschwartz@ida.org>wrote:

Sender:	Kadlec, Robert (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A182EDA693D040D3832BAE6EFCF7A255-KADLEC, ROB>
Recipient:	Sam Feinburg < sam@helena.org >
Sent Date:	2020/03/20 08:26:28
Delivered Date:	2020/03/20 08:26:00

From:	CARL TUTTLE (b)(6)
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=114b5f2248a44594abf1b5620bf75678-Horton, Hea> (b)(6) <jgs@jacquessimon.com>; <liawl@mmc.org>; (b)(6) <hanp@mmc.org>; <gskall@wcsr.com>; <sgreen@hardball-law.com>; (b)(6) (b)(6) (b)(6) <lida@lymediseaseassociation.org>; (b)(6) <c.perronne@aphp.fr>; (b)(6) Redfield, Robert R. (CDC/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ab74a26317547b8a754285d9eaa847c-robert.redf>; (b)(6) <allen.l.richards.civ@mail.mil>; <chris.smith@mail.house.gov>; (b)(6) (b)(6) <collin.peterson@mail.house.gov>; Jones, Estella (FDA/OC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1a7a0c59d9084447aca534bb8f0447b0-estella.jon>; (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6)
CC:	Beard, Charles (Ben) (CDC/DDID/NCEZID/DVBD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b0d99c3e702946cebb5443dc1ae53e4-Beard, Char>; <rsabatino@lymesocietyinc.org>; (b)(6) (b)(6) (b)(6) <andrew.dillon@nice.org.uk>; <nice@nice.org.uk>; <phil.fontanarosa@jamanetwork.org>; <howard.bauchner@jamanetwork.org>; <leah.colton@us.af.mil>; (b)(6) <vanessa.r.melanson.ctr@mail.mil>; (b)(6) Weahkee, Michael (IHS/HQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e3cef0a48d0842dfb636569257ca0e92-michael.wea>; <bryant.webber@us.af.mil>; Trent-Adams, Sylvia (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=650dc3276414421693345147bfafd132-Trent-Adams>; <Las@silverleafconsulting.net>; Berger, James J. (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dcaf2b2f7b1a479d82a2d970d3bef40e-Berger, Jam>; (b)(6) Bunnell, Rebecca (CDC/DDPHSS/OS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5c3aaf4e4c26495e978a2c467d6d4930-Bunnell, Re>; <beto.perezdeleon@ars.usda.gov>; <chien-chung.c.chao.civ@mail.mil>; Jilani, Shahla (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5e32c6a924444e6185ede0bb2e8712df-Jilani, Sha>; Visser, Susanna (CDC/DDID/NCEZID/DVBD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ea262e920c9c4146af669a320eec3edf-Visser, Sus>;

	States, Leith (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3a073452f5de48bf8241641fd493f85e-States, Lei>; <Angel.Davey@mail.mil>; <david.scharfenberg@globe.com>; <jennifer.peter@globe.com>; <brian.mcgrory@globe.com>; (b)(6) Charrow, Robert (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00531138af454ce3ac0b5885bead345f-Charrow, Ro>; (b)(6) Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; <emberry@medscape.net>; (b)(6); <ddutko@rustyhardin.com>; (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) <shlee01@snet.net>; <letters@nytimes.com>; <editorial@nytimes.com>; <corrections@nytimes.com>; <nytnews@nytimes.com>; <editbd@nytimes.com>; <oped@nytimes.com>; <bilanow@nytimes.com>; HHS Secretary (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5e3fce8f00194d8d94fc91094888d811-HHS Secreta>; <Shannon.Chandley@leg.state.nh.us>; <martha.fullerclark@leg.state.nh.us>; <James.Gray@leg.state.nh.us>; <Jeb.Bradley@leg.state.nh.us>; <Howard.Moffett@leg.state.nh.us>; <james.potter@nhms.org>; <michael.padmore@nhms.org>; <kathie@kathiefife.com>; <arankin@herald.ca>; Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>; Tick-Borne Disease Working Group (OS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bda3a527cbc247e7b2b52b192f68b92d-Tick-Borne>; (b)(6)
Subject:	Re: Three additional questions for CDC attorney Heather Huntley
Date:	2020/03/20 08:45:26
Priority:	Normal
Type:	Note

Attorney Huntley,

It has been nearly three weeks and I have yet to receive a response to my inquiry below dated March 2, 2020.

As legal counsel to the Centers for Disease Control I expect an answer to these serious questions.

Carl Tuttle

On March 2, 2020 at 10:33 AM CARL TUTTLE

(b)(6)

March 2, 2020

Attorney Heather Huntley

Centers for Disease Control and Prevention

1600 Clifton Road NE M/S D-53

Atlanta, GA 30329

Attorney Huntley,

While you contemplate an answer to Dr. Lee's open letter regarding **Lyme Disease and COVID-19 laboratory testing** perhaps you could answer three additional questions on behalf of the US Centers for Disease Control?

Question #1

1. • Why did it take the CDC **35 years** to recognize mother-to-fetus transmission of Lyme disease when it was reported back in **1985** per the attached list of twenty six references?

<https://protect2.fireeye.com/url?k=d504ba59-8950a325-d5048b66-0cc47adc5fa2-94369e4259309839&u=https://www.dropbox.com/s/z10em0szgpm8bll/Congenital%20Transmission%20of%20Lyme%202015.doc?dl=0>

U.S. health agency acknowledges Lyme disease mother-to-fetus transmission

Published: Feb 11, 2020

<https://www.thechronicleherald.ca/news/provincial/us-health-agency-acknowledges-lyme-disease-mother-to-fetus-transmission-409641/>

It should be noted that transmission of Lyme to the new born occurred despite antibiotic treatment.

Borrelia burgdorferi in a newborn despite oral penicillin for Lyme borreliosis during pregnancy.

Published 1988 Paul H. Duray, Infectious Diseases

<http://www.ncbi.nlm.nih.gov/pubmed/3130607>

Question #2

2. • Why has the CDC suppressed evidence of persistent infection after extensive antibiotic treatment as identified in the attached 2012 letter addressed to past CDC Director **Brenda Fitzgerald, MD**?

Letter to Fitzgerald:

<https://protect2.fireeye.com/url?k=c33cd817-9f68c16b-c33ce928-0cc47adc5fa2-e0ff4d2f20b69687&u=https://www.dropbox.com/s/xaul84dqmgbre0/Brenda%20Fitzgerald%20MD%20Director%20CDC.docx?dl=0>

The 1991 Positive CSF Culture Report identified in that letter (performed by the CDC's Fort Collins laboratory) should have set off a red flag but was ignored while the focus remained on discrediting the sick and disabled Lyme patient population.¹ The autopsy report shows the destructive nature of *Borrelia* evident in the liver (nutmeg liver), kidneys, heart, lungs and brain. The patient died after the insurer refused additional IV antibiotic therapy. (**Medical execution**)

Patient testimony all across America is describing a disease that is destroying lives, ending careers while leaving its victim in financial ruin and yet the disease is classified as a low-risk and non-urgent health threat.

Six of the seven defendants of the **Lisa Torrey vs. IDSA** racketeering lawsuit were authors of the Lancet article below. It is no secret that the CDC has aligned themselves with these defendants and supplied the financing of the 'Enterprise' through taxpayer funds under **CDC Grant# RO1 CK 000152**

NIH Online Reporting Tools

https://projectreporter.nih.gov/project_info_history.cfm?aid=8707215&icde=48502354

Question #3

3. • Does sovereign immunity protect government health officials involved in acts of atrocity?

A response to this inquiry is requested.

Sincerely,

Carl Tuttle

Lyme Endemic Hudson, NH

Cc: The Tick-Borne Disease Working Group

Daniel Dutko, Lead attorney of the Lisa Torrey vs. IDSA lawsuit

Reference:

¹ **Lyme disease antiscience** Published Sept 1, 2011

[http://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(12\)70054-3/fulltext](http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(12)70054-3/fulltext)

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Subject: Re: Three additional questions for CDC attorney Heather Huntley

Date: 2020/03/20 08:45:32

Priority: Normal

Type: Note

Attorney Huntley,

It has been nearly three weeks and I have yet to receive a response to my inquiry below dated March 2, 2020.

As legal counsel to the Centers for Disease Control I expect an answer to these serious questions.

Carl Tuttle

On March 2, 2020 at 10:33 AM CARL TUTTLE (b)(6)

March 2, 2020

Attorney Heather Huntley

Centers for Disease Control and Prevention

1600 Clifton Road NE M/S D-53

Atlanta, GA 30329

Attorney Huntley,

While you contemplate an answer to Dr. Lee's open letter regarding **Lyme Disease and COVID-19 laboratory testing** perhaps you could answer three additional questions on behalf of the US Centers for Disease Control?

Question #1

1. • Why did it take the CDC **35 years** to recognize mother-to-fetus transmission of Lyme disease when it was reported back in **1985** per the attached list of twenty six references?

<https://protect2.fireeye.com/url?k=4070386c-1c242110-40700953-0cc47adc5fa2-581def9927855f41&u=https://www.dropbox.com/s/z10em0szgpm8bll/Congenital%20Transmiss ion%20of%20Lyme%202015.doc?dl=0>

U.S. health agency acknowledges Lyme disease mother-to-fetus transmission

Published: Feb 11, 2020

<https://www.thechronicleherald.ca/news/provincial/us-health-agency-acknowledges-lyme-disease-mother-to-fetus-transmission-409641/>

It should be noted that transmission of Lyme to the new born occurred despite antibiotic treatment.

Borrelia burgdorferi in a newborn despite oral penicillin for Lyme borreliosis during pregnancy.

Published 1988 Paul H. Duray, Infectious Diseases

<http://www.ncbi.nlm.nih.gov/pubmed/3130607>

Question #2

2. • Why has the CDC suppressed evidence of persistent infection after extensive antibiotic treatment as identified in the attached 2012 letter addressed to past CDC Director **Brenda Fitzgerald, MD**?

Letter to Fitzgerald:

<https://protect2.fireeye.com/url?k=70e2ea53-2cb6f32f-70e2db6c-0cc47adc5fa2-b6ea7dd07329e870&u=https://www.dropbox.com/s/xaul84dqmgbre0/Brenda%20Fitzgerald%20MD%20Director%20CDC.docx?dl=0>

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3. • Does sovereign immunity protect government health officials involved in acts of atrocity?

A response to this inquiry is requested.

Sincerely,

Carl Tuttle

Lyme Endemic Hudson, NH

Cc: The Tick-Borne Disease Working Group

Daniel Dutko, Lead attorney of the Lisa Torrey vs. IDSA lawsuit

Reference:

¹ **Lyme disease antiscience** Published Sept 1, 2011

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From: CARL TUTTLE <(b)(6)>

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CC: Beard, Charles (Ben) (CDC/DDID/NCEZID/DVBD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b0d99c3e702946cebb5443dc1ae53e4-Beard, Char>;
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<Las@silverleafconsulting.net>;

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Jilani, Shahla (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5e32c6a92444e6185ede0bb2e8712df-Jilani, Sha>;

Visser, Susanna (CDC/DDID/NCEZID/DVBD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ea262e920c9c4146af669a320eec3edf-Visser, Sus>;

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 <Angel.Davey@mail.mil>;
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 Tick-Borne Disease Working Group (OS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bda3a527cbc247e7b2b52b192f68b92d-Tick-Borne>;
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Subject: Re: Three additional questions for CDC attorney Heather Huntley

Date: 2020/03/20 08:45:26

Priority: Normal

Type: Note

Attorney Huntley,

It has been nearly three weeks and I have yet to receive a response to my inquiry below dated March 2, 2020.

As legal counsel to the Centers for Disease Control I expect an answer to these serious questions.

Carl Tuttle

On March 2, 2020 at 10:33 AM CARL TUTTLE (b)(6)

March 2, 2020

Attorney Heather Huntley

Centers for Disease Control and Prevention

1600 Clifton Road NE M/S D-53

Atlanta, GA 30329

Attorney Huntley,

While you contemplate an answer to Dr. Lee's open letter regarding **Lyme Disease and COVID-19 laboratory testing** perhaps you could answer three additional questions on behalf of the US Centers for Disease Control?

Question #1

1. • Why did it take the CDC **35 years** to recognize mother-to-fetus transmission of Lyme disease when it was reported back in **1985** per the attached list of twenty six references?

<https://protect2.fireeye.com/url?k=37c51990-6b9100ec-37c528af-0cc47adc5fa2-9135867a28c7be50&u=https://www.dropbox.com/s/z10em0szgpm8bll/Congenital%20Transmission%20of%20Lyme%202015.doc?dl=0>

U.S. health agency acknowledges Lyme disease mother-to-fetus transmission

Published: Feb 11, 2020

<https://www.thechronicleherald.ca/news/provincial/us-health-agency-acknowledges-lyme-disease-mother-to-fetus-transmission-409641/>

It should be noted that transmission of Lyme to the new born occurred despite antibiotic treatment.

Borrelia burgdorferi in a newborn despite oral penicillin for Lyme borreliosis during pregnancy.

Published 1988 Paul H. Duray, Infectious Diseases

<http://www.ncbi.nlm.nih.gov/pubmed/3130607>

Question #2

2. • Why has the CDC suppressed evidence of persistent infection after extensive antibiotic treatment as identified in the attached 2012 letter addressed to past CDC Director **Brenda Fitzgerald, MD**?

Letter to Fitzgerald:

<https://protect2.fireeye.com/url?k=a697982c-fac38150-a697a913-0cc47adc5fa2-bbaeb72f0b63e332&u=https://www.dropbox.com/s/xaul84dqmgbre0/Brenda%20Fitzgerald%20MD%20Director%20CDC.docx?dl=0>

The 1991 Positive CSF Culture Report identified in that letter (performed by the CDC's Fort Collins laboratory) should have set off a red flag but was ignored while the focus remained on discrediting the sick and disabled Lyme patient population.¹ The autopsy report shows the destructive nature of *Borrelia* evident in the liver (nutmeg liver), kidneys, heart, lungs and brain. The patient died after the insurer refused additional IV antibiotic therapy. (**Medical execution**)

Patient testimony all across America is describing a disease that is destroying lives, ending careers while leaving its victim in financial ruin and yet the disease is classified as a low-risk and non-urgent health threat.

Six of the seven defendants of the **Lisa Torrey vs. IDSA** racketeering lawsuit were authors of the Lancet article below. It is no secret that the CDC has aligned themselves with these defendants and supplied the financing of the 'Enterprise' through taxpayer funds under **CDC Grant# RO1 CK 000152**

NIH Online Reporting Tools

https://projectreporter.nih.gov/project_info_history.cfm?aid=8707215&icde=48502354

Question #3

3. • Does sovereign immunity protect government health officials involved in acts of atrocity?

A response to this inquiry is requested.

Sincerely,

Carl Tuttle

Lyme Endemic Hudson, NH

Cc: The Tick-Borne Disease Working Group

Daniel Dutko, Lead attorney of the Lisa Torrey vs. IDSA lawsuit

Reference:

¹ **Lyme disease antiscience** Published Sept 1, 2011

[http://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(12\)70054-3/fulltext](http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(12)70054-3/fulltext)

Authors:

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Prof J Stephen Dumler, MD

Prof John J Halperin, MD

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Prof Sunil K Sood, MD

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Weahkee, Michael (IHS/HQ) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e3cef0a48d0842dfb636569257ca0e92-michael.wea>; <bryant.webber@us.af.mil>;

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Jilani, Shahla (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5e32c6a92444e6185ede0bb2e8712df-Jilani, Sha>; Visser, Susanna (CDC/DDID/NCEZID/DVBD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ea262e920c9c4146af669a320eec3edf-Visser, Sus>; States, Leith (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3a073452f5de48bf8241641fd493f85e-States, Lei>; <Angel.Davey@mail.mil>; <david.scharfenberg@globe.com>; <jennifer.peter@globe.com>; <brian.mcgrory@globe.com>; (b)(6)

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HHS Secretary (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5e3fce8f00194d8d94fc91094888d811-HHS Secreta>; <Shannon.Chandley@leg.state.nh.us>; <martha.fullerclark@leg.state.nh.us>; <James.Gray@leg.state.nh.us>; <Jeb.Bradley@leg.state.nh.us>; <Howard.Moffett@leg.state.nh.us>; <james.potter@nhms.org>; <michael.padmore@nhms.org>; <kathie@kathiefife.com>; <arankin@herald.ca>;

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Sent Date: 2020/03/20 08:44:23

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From:	Jenny Popik <jpopik@nrlc.org>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	National Right to Life- Rationing Protocols Covid-19
Date:	2020/03/20 08:46:04
Priority:	Normal
Type:	Note

Dear Secretary Azar,

First, on behalf of National Right to Life, I want to thank you for your heroic efforts on fighting Covid-19. I want to flag something you are likely already aware of -- the alarming proposals from several states laying out potential discriminatory rationing treatment protocols for patients. I have attached a letter from NRLC urging clear guidance from the administration. Please do not hesitate to contact me, or Dr. David O'Steen at 240.305.3539.

Thank you!

Jennifer Popik, Director of Federal Legislation

216.235.1080.

Sender:	Jenny Popik <jpopik@nrlc.org>
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:	RE: USA Today comment?
Date:	2020/03/20 08:45:50
Priority:	Normal
Type:	Note

Great will do. Thank you!

From: Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>
Sent: Friday, March 20, 2020 8:42 AM
To: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Subject: Re: USA Today comment?

I would also try to loop in/ refer to my tweet on the topic where I state: Each elective surgery you do:

- 1) Brings possible #Coronavirus to your facilities
- 2) Pulls from PPE stores
- 3) Taxes personnel who may be needed for #COVID—19 response

https://twitter.com/surgeon_general/status/1238798972501852160?s=21

VADM Jerome Adams
20th US Surgeon General

On Mar 20, 2020, at 8:24 AM, Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>wrote:

Dr. Adams – Please see below inquiry from Jayne at USA Today and a draft response. Let me know if you have anything additional you’d like added. Right now I have it drafted to come from me, but we can easily rework if you’d like it to come from you.

SG Spokesperson:

“Dr. Adams and the President’s Coronavirus Task Force have encouraged healthcare facilities to consider rescheduling non-urgent outpatient visits and elective surgeries, as necessary, due to the demands on our healthcare system during the COVID-19 pandemic. This message is in sync with current CDC recommendations for healthcare facilities (see link below). As Dr. Adams has stated in recent days, we’re facing an unprecedented threat and it’s important we preserve critical hospital resources – and staff – to ensure we have adequate resources for the COVID-19 response.”

><https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html><

From: O'Donnell, Jayne <jodonnell@usatoday.com>
Sent: Friday, March 20, 2020 12:38 AM
To: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Subject: USA Today comment?

Hi, I'd like to get a comment from Dr. Adams about my story posting tomorrow afternoon on the number of hospitals that are still doing elective surgeries – including USC, Pitt and Virginia Hospital Center – despite shortages at least at Pitt and concerns about the risks by staff members.

1. • Why is this risky?
2. • Is it enough to leave this to states and local governments if it's a national problem (I've heard of other hospitals in Buffalo and Oklahoma)?
3. • What would you say to the hospitals still doing this and the employees (doctors and nurses) who are now worried about their jobs (given layoffs) and afraid to speak up?

I'd need a comment by noon if possible. Maybe 2.

Thanks!

Jayne O'Donnell

Health policy reporter

USA TODAY

<image001.jpg>

jodonnell@usatoday.com | P. 703-854-5330 | C. (b)(6) |

7950 Jones Branch Drive, McLean, VA 22108

Follow me on Twitter: <https://twitter.com/JayneODonnell>

and Facebook: <https://protect2.fireeye.com/url?k=e89949a8-b4cc4078-e8997897-0cc47a6a52de-9ed1a315f0d6c17a&u=https://www.facebook.com/jayneodonn>

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From:	Oakley, Caitlin B. (OS/ASPA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=E5EE4C35534C4AF9BDAC46789C034790-OAKLEY, CAI>
To:	ASPA-Deputies </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=884d75c735db47cca76a4c0fc74a06b8-ASPA-Deputi>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	FW: Fauci: 'Clearly, more needs to be done' on coronavirus testing
Date:	2020/03/20 09:10:58
Priority:	Normal
Type:	Note

From: POLITICO Pro Health Care <politicoemail@politicopro.com>
Sent: Friday, March 20, 2020 9:09 AM
To: Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Subject: Fauci: 'Clearly, more needs to be done' on coronavirus testing

Fauci: 'Clearly, more needs to be done' on coronavirus testing

By Quint Forgey

03/20/2020 09:08 AM EDT

Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, said Friday that "more needs to be done" to make coronavirus testing widely available across the United States, even as the Trump administration ramps up its efforts to check Americans for exposure to the illness.

"Clearly, more needs to be done, but we are rapidly getting to the point where we will have many, many tests out there available for virtually everyone," Fauci said in an interview on NBC's "Today" show.

The remarks from the nation's top infectious disease expert represent an improvement in his assessment of the administration's testing system, which he characterized during congressional testimony last week as a "failing."

While President Donald Trump's initial management of the pandemic has been widely condemned by state leaders and public health experts, the most criticized aspect of the administration's early response was its inability to quickly mount a large-scale testing operation and track tests that had migrated to local health care providers.

But Trump and members of the White House coronavirus task force over the past week have touted increased levels of cooperation with the private sector that they say will make screening more accessible, while cautioning that the new wave of tests will result in an explosion of new cases.

"Early on, as I've said, it wasn't the way it should've been. But we're really now very much in the right direction, flooding the system with it," Fauci said Friday. "There are going to be people, for sure, who will call in and say they can't get tested. It's not a perfect system yet, but we're getting there very rapidly."

The president has largely attributed the testing deficiencies to his own Centers for Disease Control and Prevention, arguing that the federal agency was unprepared to tackle an outbreak of this magnitude. He has also claimed without evidence that former President Barack Obama's administration shares blame for the shortfall, remarking last week that "I don't take responsibility at all."

To view online:

<https://protect2.fireeye.com/url?k=1fdc00e6-438909f5-1fdc31d9-0cc47adb5650-f19f66cfed651b56&u=https://subscriber.politicopro.com/health-care/article/2020/03/fauci-clearly-more-needs-to-be-done-on-coronavirus-testing-1898594>

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Subject: Fauci: 'Clearly, more needs to be done' on coronavirus testing

Fauci: 'Clearly, more needs to be done' on coronavirus testing

By Quint Forgey

03/20/2020 09:08 AM EDT

Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, said Friday that "more needs to be done" to make coronavirus testing widely available across the United States, even as the Trump administration ramps up its efforts to check Americans for exposure to the illness.

"Clearly, more needs to be done, but we are rapidly getting to the point where we will have many, many tests out there available for virtually everyone," Fauci said in an interview on NBC's "Today" show.

The remarks from the nation's top infectious disease expert represent an improvement in his assessment of the administration's testing system, which he characterized during congressional testimony last week as a "failing."

While President Donald Trump's initial management of the pandemic has been widely condemned by state leaders and public health experts, the most criticized aspect of the administration's early response was its inability to quickly mount a large-scale testing operation and track tests that had migrated to local health care providers.

But Trump and members of the White House coronavirus task force over the past week have

touted increased levels of cooperation with the private sector that they say will make screening more accessible, while cautioning that the new wave of tests will result in an explosion of new cases.

"Early on, as I've said, it wasn't the way it should've been. But we're really now very much in the right direction, flooding the system with it," Fauci said Friday. "There are going to be people, for sure, who will call in and say they can't get tested. It's not a perfect system yet, but we're getting there very rapidly."

The president has largely attributed the testing deficiencies to his own Centers for Disease Control and Prevention, arguing that the federal agency was unprepared to tackle an outbreak of this magnitude. He has also claimed without evidence that former President Barack Obama's administration shares blame for the shortfall, remarking last week that "I don't take responsibility at all."

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Subject:	Reminder: COVID-19 Daily Disaster Leadership Group Meeting
Date:	2020/03/20 09:16:12
Priority:	Normal
Type:	Note

Dear Colleagues: This is a reminder that the Disaster Leadership Group (DLG) serves as a forum for senior-level discussion and decision making. We encourage senior leaders to call-in or designate representatives with your full authority. Today's discussion of Allocation Strategy for SNS-held Ventilators will produce recommendations to be forwarded to the Task Force, so we want input from leadership across HHS. You will be receiving today's agenda and read-ahead information later this morning.

If you have any questions, please reach out to me, Dan Dodgen (Daniel.Dodgen@hhs.gov) and kindly copy DLGDESK@hhs.gov.

Respectfully,

Daniel Dodgen, Ph.D.
Senior Advisor

Office of the Assistant Secretary for Preparedness and Response (ASPR)
Office of Strategy, Policy, Planning and Requirements (SPPR)

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Sent Date: 2020/03/20 09:16:08

Delivered Date: 2020/03/20 09:16:12

From:	Thomas, Peter <Peter.Thomas@PowersLaw.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>; HHS Secretary (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5e3fce8f00194d8d94fc91094888d811-HHS Secreta>; Verma, Seema (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e36583cd19bb453997718e4ca9ac8a93-SeemaVermaP>
CC:	Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>; Kouzoukas, Demetrios (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f4b26cbb0cbd43dd99c01d0862026aa3-KLY4>; Brookes, Brady (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7a794d62ee454992a4268ae71690f3c1-BDI7>; Brandt, Kimberly (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d3e40f9c0e604ccfb9acbc4e69f49157-BKCN>; Bennett, Jason (CMS/CM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7254f026a0a0487b922cb18a3293d1e3-BOBR>; Kranacs, Jeanette L. (CMS/CM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1328e6ea16484da6bcf9b52b4a6455e9-K168>; Richter, Elizabeth (CMS/CM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=209b7cf8b621463cacbdaf96da6e94a5-XR36>; Kaiser, Joel E. (CMS/CM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f0f7aa0a562f44149c1fb0c0566bdb44-XS29>; Keane, Michael P. (CMS/CM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=19a1928bd0734a4c889fe59c60fd23f1-K1D2>; Bryson, Joseph P. (CMS/CM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ccf005dad1ac45378895e46e41934e1f-B1V2>
Subject:	CPR/ITEM Coalition Letter to CMS on Competitive Bidding of Non-Invasive Ventilators During Coronavirus Pandemic
Date:	2020/03/20 09:31:59
Priority:	Normal
Type:	Note

Dear Secretary Azar and Administrator Verma:

On behalf of the Coalition to Preserve Rehabilitation (CPR) and the Independence Through Enhancement of Medicare and Medicaid (ITEM) Coalition Steering Committees, please see the attached letter on the issue of competitive bidding for critical ventilation technology during the coronavirus pandemic.

As CMS works to respond to this crisis, we urge the agency to take decisive action to expand access to ventilators, needed now more than ever, by removing NIVs from the next round of the competitive bidding program and protect beneficiaries in need of these devices, whether their need is related to coronavirus or other diagnoses. Thank you and please contact me if I can answer any questions you may have.

Sincerely,

Peter Thomas
ITEM Coalition Coordinator

Peter W. Thomas, Principal
POWERS

Powers Pyles Sutter & Verville PC

1501 M Street NW, Seventh Floor | Washington, DC 20005-1700

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Peter.Thomas@ppsv.com | <https://protect2.fireeye.com/url?k=baa7f402-e6f3ed7e-baa7c53d-0cc47adc5fa2-14601f809f3319a3&u=http://www.ppsv.com/>

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Sender:	Thomas, Peter <Peter.Thomas@PowersLaw.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>; HHS Secretary (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5e3fce8f00194d8d94fc91094888d811-HHS Secreta>; Verma, Seema (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e36583cd19bb453997718e4ca9ac8a93-SeemaVermaP>; Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>; Kouzoukas, Demetrios (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f4b26cbb0cbd43dd99c01d0862026aa3-KLY4>; Brookes, Brady (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7a794d62ee454992a4268ae71690f3c1-BDI7>; Brandt, Kimberly (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d3e40f9c0e604ccfb9acbc4e69f49157-BKCN>; Bennett, Jason (CMS/CM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7254f026a0a0487b922cb18a3293d1e3-BOBR>; Kranacs, Jeanette L. (CMS/CM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1328e6ea16484da6bcf9b52b4a6455e9-K168>; Richter, Elizabeth (CMS/CM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=209b7cf8b621463cacbdaf96da6e94a5-XR36>; Kaiser, Joel E. (CMS/CM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f0f7aa0a562f44149c1fb0c0566bdb44-XS29>; Keane, Michael P. (CMS/CM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=19a1928bd0734a4c889fe59c60fd23f1-K1D2>; Bryson, Joseph P. (CMS/CM) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ccf005dad1ac45378895e46e41934e1f-B1V2>
Sent Date:	2020/03/20 09:31:29
Delivered Date:	2020/03/20 09:31:59

From:	Orsega, Susan (OS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D8171C34A0CD4581A49F33CB8F60F684-ORSEGA, SUS>
To:	Girori, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; Trent-Adams, Sylvia (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=650dc3276414421693345147bfafd132-Trent-Adams>; 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>
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Subject:	Corps COVID-19 Quad 19 MAR 2020
Date:	2020/03/20 09:39:26
Priority:	Normal
Type:	Note

As of 19Mar2020 at 2000, **1082** Commissioned Corps have deployed.

CCHQ Headquarters has deployed a total of 732 officers; 305 officers are currently deployed

****350 Agency Deployments:** ACF (8), CDC (315), CMS (1), IHS (3), NIH (23)

13 officers deployed to Boston for Community-Based Testing Sites Initiative; fit testing will take place in Boston with private partners; 12 officers (plus two fit testers) deployed to support state testing sites in Houston, TX

All Corps deployments for ASPR and CDC support missions are on hold while CC leadership reevaluates mission priorities; ASPR has requested an update on our posture for ASPR support mission.

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

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Sender:	Orsega, Susan (OS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D8171C34A0CD4581A49F33CB8F60F684-ORSEGA, SUS>
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Delivered Date:	2020/03/20 09:39:26

From:	Sherman, Jennifer (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F30FE7FAE664419FA654B20EDCCB1E78-SHERMAN, JE>
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Subject:	FW: Exclusive: Emergency coronavirus funds for American Indian health stalled
Date:	2020/03/20 10:03:35
Priority:	Normal
Type:	Note

FYI

From: POLITICO Pro Health Care <politicoemail@politicopro.com>
Sent: Friday, March 20, 2020 9:57 AM
To: Sherman, Jennifer (HHS/OASH) <Jennifer.Sherman@hhs.gov>
Subject: Exclusive: Emergency coronavirus funds for American Indian health stalled

Exclusive: Emergency coronavirus funds for American Indian health stalled

By Adam Cancryn

03/20/2020 09:55 AM EDT

The Trump administration has held up \$40 million in emergency aid Congress approved earlier this month to help American Indians combat the coronavirus — a delay that’s left tribal leaders across the nation frustrated and ill-equipped to respond to the fast-growing outbreak.

The funding has languished in bureaucratic limbo for weeks, despite increasingly urgent pleas from tribal organizations desperate to stockpile essential supplies and keep health clinics operational. Federally run American Indian health facilities are well short on hospital beds and ventilators, some frontline clinics received fewer than a dozen coronavirus tests, and federal officials have already signaled there will be little in the way of reinforcements — telling tribal leaders that all they can send right now are expired respirators.

That’s fueled alarm throughout American Indian country and on Capitol Hill, where advocates warn the administration has done comparatively little to protect American Indians as it plans drastic action elsewhere to protect vulnerable populations and slow the virus’ spread.

“We’re already the poster child for the most vulnerable populations in this country,” said Stacy Bohlen, the CEO of the National Indian Health Board, which represents tribal governments. “This is not the place you want to skimp on resources if you want to hold the tide on this

disease.”

The funding holdup is the latest hiccup in the federal government’s response to an outbreak that is poised to overwhelm American health care. It’s also a setback for the Indian Health Service, the \$6 billion health agency primarily responsible for serving roughly 2.5 million American Indians and Alaska Natives, more than a quarter of whom are uninsured. The IHS has come under fire over the last several years for poor medical care, untrained staff, leadership turnover and, more recently, an investigation over reports that it failed to prevent a pediatrician from sexually assaulting young patients despite repeated warnings.

An IHS spokesperson told POLITICO that the agency is working with HHS and the CDC to determine how best to allocate the \$40 million, but did not provide a timeline for distributing the funds.

There are four confirmed coronavirus cases among American Indians so far. But a widespread shortage of tests has largely prevented tribes from monitoring for the virus, which they worry could spread rapidly through their tight-knit communities. And most American Indians and Alaska Natives now live in urban areas, where American Indian health organizations are already running low on medical supplies and funding.

In hard-hit Seattle for example, one health center anticipates losing \$734,000 a month during the response effort — assuming it doesn’t first run out of supplies and be forced to close. Other frontline urban American Indian facilities reported receiving fewer than a dozen coronavirus tests.

The initial \$8.3 billion coronavirus response package President Donald Trump signed into law March 6 allocated \$40 million to help support American Indian care providers. Administration officials have since touted to tribal leaders the cash infusion as extraordinary for its inclusion of urban American Indian organizations and indicative of how serious Washington is approaching the outbreak.

Yet the money remains hung up as officials at IHS and the CDC debate how to solve an obscure appropriations hurdle. Congress initially allocated the aid as grants through the CDC, despite warnings from tribal organizations and some House staffers that it could invite bureaucratic snafus, two people with knowledge of the process said.

Congressional appropriators say they inserted specific language to avoid issues and ensure tribes were eligible for the funding.

“We checked with CDC when we were finalizing the language,” said Evan Hollander, a spokesperson for the House Appropriations Committee.

But the CDC has since told tribal organizations that it can’t distribute the funds because it doesn’t have the necessary funding relationship with the IHS hospitals, tribal-run health facilities and urban American Indian organizations that are supposed to receive it.

Tribal leaders said the CDC has also balked at their idea to set up an inter-agency transfer that would deliver the money to IHS directly, questioning whether it has the authority for such a

transfer

A CDC spokesperson did not respond to specific questions about the funding, saying only that the agency is working across the administration and with tribal organizations to “finalize a plan to allocate these funds and maximize public health impact and reach to tribal populations.”

The IHS has also said there's another problem. Even if it received a direct funding transfer from the CDC, it could not simply hand over the money to tribes and urban American Indian organizations because the legislation structured the funds as grants, which requires a more complex process.

Federal officials haven't yet offered other alternatives for freeing up the money, and have remained vague about the funding's status in conversations with tribes.

“Health providers across Indian Country are risking their lives on the front lines of this crisis,” said Meredith Raimondi, a spokesperson for the National Council of Urban Indian Health, which supports health services for American Indians living in urban areas. “We don't know what the delay is.”

The delay comes as the Trump administration races to pour resources into the broader national response, promising a “whole-of-government” effort aimed at reinforcing frontline hospitals and ramping up production of ventilators and face masks.

On a conference call last Friday, IHS officials, led by chief medical officer Michael Toedt, told House and Senate staffers that the agency's health system had 625 hospital beds available nationwide, including just six ICU beds and 10 ventilators, according to three people with direct knowledge of the discussion. There are another 772 beds available across tribal-run health programs, he said, according to one person on the call.

Tribes rely heavily on IHS facilities, which provide many health care services to American Indians and Alaska Natives for free. Over a quarter of the tribal population in the U.S. is uninsured, more than double the national rate.

Toedt days later reportedly revised IHS' capacity figures on a press call for media outlets that cover Native issues. But IHS also warned at least one Hill office that the agency doesn't have accurate information readily available because reporting is optional for tribal programs, and IHS was still collecting data from its regional offices, according to a person briefed on the call.

IHS has since told POLITICO that as of Thursday, the agency had 37 ICU beds and 1,257 hospital beds across both IHS facilities and ones run by tribal organizations themselves, as well as 81 ventilators.

Pressed further on IHS' readiness, one IHS official characterized the agency as a “shoestring operation.” At another point, Toedt downplayed the threat by telling staffers that “IHS believes this virus will be slower to reach Indian country,” according to a person on the call.

“It was quite scary, to be very frank,” said the person, who left the discussion shaken.

Another person on the call blamed chronic underfunding of the IHS for the agency's dire assessment. "They're working out of a hole that is so deep it's really kind of unfathomable," that person said.

An IHS spokesperson noted that the agency's annual budget is less than one-sixth what tribal leaders estimate is needed to fully fund the American Indian health system. When asked about Toedt's comments on the virus' spread, the spokesperson emphasized that IHS has "always been clear that this is a rapidly evolving situation."

The IHS has also made few promises to organizations running low on critical protective equipment and medical needs, just as the rest of the health care industry struggles to stock up ahead of an expected wave of patients.

Unlike states, American Indian organizations cannot easily draw on the federal Strategic National Stockpile designed specifically to aid the response to a public health emergency. Instead, the IHS told tribal organizations in recent weeks that its National Supply Service Center, created in 1981 to aid tribal needs, will release two models of respirators to help bridge the gap. However, it warned, the respirators are already expired.

IHS confirmed those details, telling POLITICO that the broader health department is "inundated" with supply requests from all over the country.

"To address ongoing nationwide shortages IHS has offered, at no cost, N95 respirators that have exceeded their manufacturer-designated shelf life, in accordance with CDC guidelines," the IHS spokesperson said. The CDC has said expired N95 respirators may offer more protection than surgical masks.

In a survey published Tuesday by the National Indian Health Board, just 16 percent of its tribal leaders, providers and partners reported receiving federal resources of any form to aid the response. Even fewer — 4 percent — had received basic protective equipment.

"We don't know what this really looks like," Bohlen said of the virus' impact on Indian country. "Because we don't have the tools necessary — like the rest of America — to figure out what is going on here."

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Subject:	Emerging Storyline on PPE
Date:	2020/03/20 10:18:40
Priority:	Normal
Type:	Note

Full power point with all the supporting data available later today, but here is the basic story:

I. Current Situation

- With the exception of N95 masks, the vast majority (> 75%) of PPE production comes from Asia
- Since beginning of year, and most recently on an *accelerated* basis, three things are happening:
 - **Orders** are up 3-20X over what was a steady state at year end 2019; these increases are most pronounced in the non-acute environment which including Nursing home and physician offices
 - **Shipments** are up as well by 2-3x, but have not kept up with orders
 - A good deal of the increased shipments have come at expense of **depleting inventory**, which has roughly declined from 30 days on hand to <10 days
- Despite this inventory depletion, **order fulfillment** has dropped from 85%-90% in December to less 10% this past week for N95 respirators
- Anecdotally, most believe production has already begun to increase, particularly as China comes back online and US manufacturers such as 3M increase their output
- However, the increased production out of China may not reach our shores for another 30 days

II. Complication

- As the COVID 19 breakout spreads in the U.S., it will put enormous *additional* burden on PPE. Without successful mitigation, for instance, we would have a “peak” demand 20x-25x the number of N95 masks relative to steady state (20 million per day vs. 1 million per day), and for the entire duration of the pandemic we would need an additional 3x last year’s entire production
- This suggests the imperative for an aggressive combination of mitigating factors to address the gap

III. Resolution

- This suggests the imperative for an aggressive combination of mitigating factors to address the gap:

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Subject:	FW: Coronavirus and GVP
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The U.S. Counselor visited Wuhan Institute of Virology, CAS

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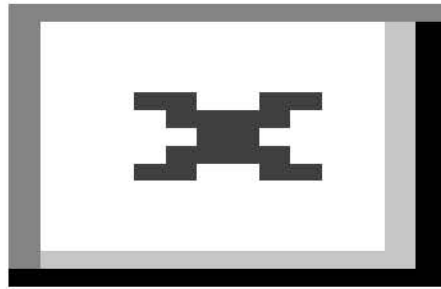
On March 27th, Mr. Rick Switzer, Counselor of Environment, Science, Technology and Health Section of Embassy of the United States in China, accompanied by the U.S. Consul General in Wuhan, Mr. Jamison Fouss, visited Wuhan Institute of Virology (WIV), Chinese Academy of Sciences (CAS). Prof. Yanyi WANG, the Deputy Director General of the WIV, met with the U.S. delegation. Prof. Zhengli SHI, Director of Center for Emerging Infectious Diseases and Deputy Director of Wuhan P4 Laboratory, and Prof. Zhihong HU, Director of Center for Bacteria and Virus Resources and Application, participated the meeting.

Prof Yanyi WANG extended a warm welcome on behalf of the Institute. She pointed out that for a long time the American scientific research institution is one of the major strategic partners that WIV continues to carry out international cooperation with. The Institute has established close cooperation with a number of well-known U.S. organizations including the National Science Foundation, the EcoHealth Alliance, University of Texas Medical Branch, and the Galveston National Laboratory, and has achieved a series of academic exchanges.

Mr. Switzer said that this time he came to WIV, and discussed with the institute's colleagues in depth to enhance consensus, and understand demands from both sides. He hopes that with the efforts of both parties, cooperation and exchanges in the field of health will proceed smoothly. Mr. Fouss emphasized that the work focus of the U.S. Consulate General in Wuhan will further point to cooperation in the medical and health field in the future, and the relevant departments will also invest

more support in promoting the development. He believes that both parties will continue to achieve more and greater achievements in cooperation in related fields.

Afterwards, the participants discussed in depth the issues of the two sides in terms of development needs, their own advantages, project cooperation and promotion plans.



http://english.whiov.cas.cn/Exchange2016/Foreign_Visits/201804/W020180403548782416085.jpg

Sent from my iPhone

This article only gets part of the story right:

<https://www.nytimes.com/2020/01/28/opinion/coronavirus-china.html> -- We Made the Coronavirus Epidemic

It may have started with a bat in a cave, but human activity set it loose.

<https://pubmed.ncbi.nlm.nih.gov/29190287-discovery-of-a-rich-gene-pool-of-bat-sars-related-coronaviruses-provides-new-insights-into-the-origin-of-sars-coronavirus/> -- GPV assisted study to track the zoonotic origins of SARS and other coronaviruses.

<https://protect2.fireeye.com/url?k=9f0f7d2a-c35b5401-9f0f4c15-0cc47a6d17cc-cd55896e0feb35dd&u=https://www.ecohealthalliance.org/wp-content/uploads/2018/04/Nature-SADS-CoV.pdf>

http://english.whiov.cas.cn/Exchange2016/Foreign_Visits/201804/t20180403_191334.html -- Wuhan Institute of Virology -- lead scientist who helped conduct the Yunnan coronavirus bat study.

<https://www.contagionlive.com/news/global-virome-project-will-spend-next-10-years-identifying-unknown-viruses-in-the-wild>

Following recent outbreaks of viruses such as Zika and Ebola, public health researchers are increasingly working to discover new viruses before they emerge and cause human outbreaks. To meet that goal, this year will mark the launch of the Global Virome Project.

The World Health Organization (WHO) recently published its priority list of diseases and pathogens in need of research and development in 2018. Along with viruses such as Lassa fever, Rift Valley fever, and Zika, last on that list is Disease X, which the WHO says represents the understanding that a currently unknown pathogen may emerge to cause a serious global epidemic in the human population. While the inclusion of Disease X has been somewhat controversial, it reflects the growing belief that rather than waiting for the emergence of a new pathogen to react, the public health community needs to find the next viral threats and prepare for them before they cause human pandemics.

In a study published in 2017, researchers suggested that the most likely place to discover emerging pathogens would be along the fault lines of human-animal interaction. To that end, a new paper published in the journal Science has announced the impending launch of the Global Virome Project in 2018 to find unknown diseases in the wild, an effort expected to take 10 years and cost \$1.2 billion. The project was first announced in 2016 as a proposed cooperative scientific initiative to identify and characterize 99% of the world's zoonotic viruses with the potential to cause human epidemics.

“Nearly all recent pandemics have a viral etiology with animal origins, and with their intrinsic capacity for interspecies transmission, viral zoonoses are prime candidates for causing the next

great pandemic,” write the paper’s authors. “However, if these viruses are our enemy, we do not yet know our enemy very well.”

The Global Virome Project follows in the footsteps of the US Agency for International Development’s (USAID) work to preemptively mitigate pandemic threats. While the USAID Emerging Pandemic Threats (EPT) PREDICT project has already found 1,000 viruses from viral families that contain zoonotic diseases, the Global Virome Project aims to do so at a larger scale. The authors note that about 263 viruses from 25 viral families are known to infect humans but estimate that there are 1.67 million viral species yet to be discovered in mammal and bird hosts, which are key reservoirs in viral zoonoses. About 631,000 to 827,000 of these unknown viruses have the potential to be transmitted from animals to infect humans.

“Furthermore, the rate of zoonotic viral spillover into people is accelerating, mirroring the expansion of our global footprint and travel networks, leading to a nonlinear rise in pandemic risk and an exponential growth in their economic impacts,” the authors write.

This underscores the need for better preparation; to better prepare, more knowledge is needed.

“By developing an exhaustive catalog of viruses that exist in wildlife and knowing in what animals and where they exist will enable us to move forward to be proactive and prepare before an outbreak occurs. To achieve this, we must fill the knowledge gap for unknown viruses, including their ecology and drivers,” said Edward Rubin, MD, PhD, chief scientific officer of Metabiota, in an interview with Contagion®. “Having a better understanding of the vast majority of the genomes of viruses that exist in nature will enable us to approach viral diseases and the development of countermeasures in new and powerful ways,” he added.

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(19\)30335-3/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(19)30335-3/fulltext)

Major global actors are starting to engage. “China will help lead a project to identify unknown viruses from wildlife to better prepare humans for major epidemics—if not global pandemics...The Global Virome Project will start in China and Thailand with field work to collect samples from wild animals and analyze the viruses detected”, said Gao Fu, the head of the Chinese Centre for Disease Control and Prevention. Cost estimates for the Global Virome Project range from an initial \$1.2 billion to \$3.4 billion over a 10-year period.⁹ The projected cost is modest when it is put in perspective.

The GVP is formally launching on January 30 as an international NGO with a mission to systematically and comprehensively catalogue the viral load worldwide of pathogens that pose a threat to mankind. The program is a direct spin-off of the U.S. Agency for International Development's (USAID) PREDICT Initiative, which served as a proof of concept. Stakeholders include U.S. federal, state, and local government officials, universities, and the private sector, as well as the China Academy of Sciences' Virology Institutes and China CDC. This initiative utilizes existing science to sample viral families found in hotspots around the world, particularly where diverse mammalian wildlife populations and migratory waterfowl are prominent. Once these viral families are identified, GVP will sequence their genomes, estimate the likelihood of human transmission and risks, and develop a range of countermeasures to mitigate or possibly even avoid the next pandemic.

GVP's first phase will focus on pilot countries that are prepared to establish their own national virome collection and sequencing activities and share the resulting information. An upcoming Nature article, *Fatal Swine Disease Outbreak Caused by a Novel Coronavirus of Bat Origin*, describes a recent joint GVP collaboration between U.S. and Chinese researchers.

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Type:	Note

Sent to White House (Night Note):

- **NIH to announce firearm injury research funding opportunity and NOSI**

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- **FDA to issue guidance on ventilator supply strategies for HCPs.**

Today, FDA will issue an immediately in effect guidance to provide a policy for expanding the availability of ventilators and accessories as well as other respiratory devices during the COVID-19 pandemic.

- **Part D Senior Savings Model**

Today, CMS will announce, on the Model's webpage within CMS.gov, the pharmaceutical that have executed contract addendums to participate in the Part D Senior Savings Model, as well as the associated insulin drugs that will be covered. Under this voluntary model, some Medicare beneficiaries will pay no more than \$35 a month for insulin. There are early indications that there will be broad participation from all manufacturers.

- **CDC to publish article on adverse childhood experiences and associated prescription opioid misuse**

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Washington Post // Aaron Davis, Erin Cox

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

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U.S. Department of Health and Human Services

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Recipient:	IOS Nightly Update </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ac603d3712a448338b70d3ad0ea131c9-IOS Nightly>; Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>; Stecker, Judy (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0280b227911b40b6b30a81b8574ede6b-Stecker, Ju>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>
Sent Date:	2020/03/20 10:59:48
Delivered Date:	2020/03/20 10:59:49
Message Flags:	Unread

From:	Americans for Limited Government <media@limitgov.org>
To:	Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>
Subject:	Senate must work together to save 30 million small businesses
Date:	2020/03/20 11:00:18
Priority:	Normal
Type:	Note



6

For Immediate Release

Contact: Robert Romano

March 20, 2020

Phone: 703-383-0880 ext. 1

Senate must work together to save 30 million small businesses

March 20, 2020, Fairfax, Va.—Americans for Limited Government President Rick Manning today issued the following statement in support of the \$1 trillion Senate plan to rescue the U.S. economy from the fallout of the Chinese coronavirus:

"In virtually every retail establishment with glassware there are signs that say 'you break you buy it.' It is in this spirit that Americans for Limited Government supports

Congressional measures to ensure that 30 million small businesses nationwide are able to restart operations seamlessly once the public health emergency from the Chinese coronavirus ends.

"President Trump and the federal government as a whole made a decision that protecting potentially millions of lives, more than the total American losses in every war we've ever fought, superseded the current health U.S. economy. As part of this decision, the

President and Congress have a responsibility to use our vast wealth to shore up individuals and businesses that are being put on the verge of bankruptcy overnight.

"If done correctly, the next two months will not only save potentially millions of lives, but will put America's economy in a position to immediately rebound. Republicans and Democrats to work together to create solutions that recognize the economic plight that our nation has been thrown into, and set aside partisanship. We have to put on American workers and businesses first so that after the virus, we can restore the economic miracle of the previous three years."

To view online: <https://protect2.fireeye.com/url?k=4a394086-166d69ad-4a3971b9-0cc47a6d17cc-62c88d692c5856fe&u=https://getliberty.org/2020/03/senate-must-work-together-to-save-30-million-small-businesses/>

Attachments:

"Trump virus response calls for covering payroll for every small business in America with \$300 billion," By Robert Romano, March 20, 2020 at <https://protect2.fireeye.com/url?k=e57bc467-b92fed4c-e57bf558-0cc47a6d17cc-617c04c7711f78b0&u=http://dailytorch.com/2020/03/trump-virus-response-calls-for-covering-payroll-for-every-small-business-in-america-with-300-billion/>

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

###

Americans for Limited Government is dedicated to fighting for the survival of America by restoring constitutionally limited government, allowing individuals to pursue life, liberty and happiness. For more information on ALG please visit our website at <https://protect2.fireeye.com/url?k=54be3287-08ea1bac-54be03b8-0cc47a6d17cc-6f9598a537cfeac4&u=http://www.getliberty.org/> and <https://protect2.fireeye.com/url?k=aa3e320a-f66a1b21-aa3e0335-0cc47a6d17cc-f0235a04a86d7115&u=http://www.dailytorch.com/>.

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

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Sender:	Americans for Limited Government <media@limitgov.org>
Recipient:	Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>
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From:	Americans for Limited Government <media@limitgov.org>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	Senate must work together to save 30 million small businesses
Date:	2020/03/20 11:00:15
Priority:	Normal
Type:	Note



6

For Immediate Release

Contact: Robert Romano

March 20, 2020

Phone: 703-383-0880 ext. 1

Senate must work together to save 30 million small businesses

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Subject:	Secretary's Nightly Update
Date:	2020/03/20 11:01:08
Priority:	Normal
Type:	Note

Sent to White House (Night Note):

- NIH to announce firearm injury research funding opportunity and NOSI**
 Today, NIH will announce a Funding Opportunity Announcement and a Notice of Special Interest (NOSI) which both encourage research to improve the determinants of firearm injury, the development and evaluation of innovative interventions to prevent firearm injury and mortality, and the examination of approaches to improve the implementation of existing, evidence-based interventions to prevent firearm injury and mortality. The R61 Exploratory/Developmental Grants is a 2 year mechanism for high risk high reward research.
- FDA to issue guidance on ventilator supply strategies for HCPs.**
 Today, FDA will issue an immediately in effect guidance to provide a policy for expanding the availability of ventilators and accessories as well as other respiratory devices during the COVID-19 pandemic.
- Part D Senior Savings Model**
 Today, CMS will announce, on the Model's webpage within CMS.gov, the pharmaceutical that have executed contract addendums to participate in the Part D Senior Savings Model, as well as the associated insulin drugs that will be covered. Under this voluntary model, some Medicare beneficiaries will pay no more than \$35 a month for insulin. There are early indications that there will be broad participation from all manufacturers.
- CDC to publish article on adverse childhood experiences and associated prescription opioid misuse**
 Today, CDC is expected to publish "Adverse Childhood Experiences (ACEs), Internalizing/Externalizing Symptoms, and Associated Prescription Opioid Misuse: A Mediation Analysis" in *Preventive Medicine*. This study examined how internalizing and externalizing symptoms mediate the association of ACEs with prescription opioid misuse. Respondents with higher ACE scores had greater odds of reporting past-year and lifetime prescription opioid misuse and a diagnosed opioid use disorder.

- **FDA efforts to warn consumers about companies marketing fake COVID-19 diagnostic tests, including home test kits**

Today, the Agency is issuing a consumer warning about fraudulent test kits that are being marketed to test for the coronavirus (COVID-19) in the home. We want to alert the American public that, at this time, there is no test that is legally available to purchase for testing yourself at home for COVID-19.

Other Newsworthy Items:

- Surgeon General Adams will participate in the following interview:
 - *The Story w/ Martha MacCallum* (FNC) LIVE @ 7:00PM
- Dr. Fauci will be participate in the following interviews:
 - *Bill Hemmer Reports* (FNC) LIVE @ TBD 3:00-4:00PM
- Administrator Verma will participate in the following interview:
 - *Watters World* (FNC) @ 3:00PM
- AHRQ will publish the EPC draft report, Interventions for Dyspnea in Patients with Advanced Cancer
- ASPR will send the press release, “HHS, DOD Coordinate International Airlift of COVID-19 Supplies”
- ASPR will send the press release, “HHS funds Phase 2/3 Clinical Trial for potential treatment for COVID-19”

From Yesterday:

- (FDA) [FDA Approves New Treatment for Pediatric Patients with Any Strain of Hepatitis C](#)
- (FDA) [Coronavirus \(COVID-19\) Update: FDA Continues to Facilitate Development of Treatments](#)
- (FDA) [Coronavirus \(COVID-19\) Update: Blood Donations](#)
- (CDC) [CDC Encourages Donating Blood If You Are Well](#)
- (CDC) [Food Safety Alert Regarding a Multistate Outbreak of E. Coli](#)
- (NIH) [NIH study provides genetic insights into osteosarcoma in children](#)

- (ACL) ACL Releases a New Alzheimer's and Dementia Program Cooperative Agreement Grant Opportunity

Notable Coverage:

HHS Offers 4 Hot Tips for Churches to Stop the Spread of COVID-19
CBN // Heather Sells

The inside story of the CPAC scare: When the coronavirus passed within a handshake of the president, no public health agency took charge
Washington Post // Aaron Davis, Erin Cox

U.S. Moves to Expand Array of Drug Therapies Deployed Against Coronavirus
Wall Street Journal // Tom Burton, Andrew Restuccia, Jared Hopkins

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

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Sender:	Dareshori, Zack (HHS/IOS) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A4E07B941ED04118AB39D2F6E3F2392C-DARESHORI,>
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Sent Date:	2020/03/20 11:01:07
Delivered Date:	2020/03/20 11:01:08

From: Jay Levitt <jlevitt@lofta.com>

To: Jay Levitt <jlevitt@lofta.com>

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Subject: Lofta - Urgent Correspondence Regarding Ability To Provide Immediate Respiratory Products/Services In California/Nationally

Date: 2020/03/20 11:09:42

Priority: Normal

Type: Note

This email is being sent (bcc) to multiple recipients at the state and federal levels as well as various members of the press.

Please find below a letter sent moments ago to the Honorable Gavin Newsom. In the spirit of time I am forwarding this to you so that you are looped into the assistance Lofta is proposing both in the State of California and nationally to assist in the coronavirus pandemic.

I apologize in advance for the informal nature of this communication. We are working tirelessly to scale our enterprise to add the highest level of value during this unprecedented time of need.

If you would like a member of your team to contact me I am available on demand at , 858-204-0000 or by replying to this email

The Honorable Gavin Newsom
California Governor State Capitol, Suite 1173
Sacramento, CA 95814

Dear Governor Newsom:

I will keep this email short in the spirit of respecting your time. If what I write is of interest we can get more granular in future and immediate communications. I am working 24/7 to quickly scale up and meet the current and growing demand for sleep breathing devices, supplemental oxygen, and diagnostic services. Lofta is 100% virtual and can respond to individuals in their homes within 24 hours and in many cases the same day both in California and nationally.

My name is, Jay Levitt. I am the CEO of Lofta, a San Diego based company involved in the sleep space. More specifically Lofta provides virtual screening ,testing , diagnosis and therapy for sleep apnea and sleep breathing disorders. Our company currently uses a virtual care platform and technology to serve tens of thousands of customers nationally. We have established ourselves as having the ability to provide respiratory products quickly, efficiently and responsibly to the end user patient. Lofta has been a trailblazer and major disrupter in the sleep breathing space due to our ability to provide individuals with the healthcare services, products and supplies they need through a technology driven virtual experience. Our technology approach is supported by a team of Respiratory Therapists that are on demand for support that is not not always best delivered via technology.

Over the past several weeks Lofta has experienced a massive increase in demand from existing users of sleep breathing therapy as well as new individuals that require quick screening, testing and the commencement of therapy. We can fulfill upwards of 20,000 breathing devices and supply

orders per month and conduct thousands of screenings and diagnostic tests per month all from the patients home.

We are prepared to scale up our staffing and create jobs new to meet the growing demand that we are facing.

Lofta maintains a close and exclusive relationship with ResMed , the largest manufacturer of sleep breathing devices in the world (also based in San Diego). We also, have close relationships with Philips Respironics and Fisher and Paykel. Through our partnership with ResMed we have the ability to immediately meet the massive demand that exists today and will certainly increase over the coming days, weeks and months. Lofta maintains a supply chain and on hand inventory of all products and supplies for immediate fulfillment. We can move undiagnosed individuals through screening, testing diagnosis and onto therapy within days-all from home. We can also provide same or next day fulfillment to medical facilities.

The Lofta team is committed to doubling down to ensure that we can deliver diagnostic services, products and supplies to those that need them most. There are currently a couple of regulatory friction points that compromise our efforts and charter to help everyone possible without delay. We believe these friction points can be relaxed quickly (without compromising best practices or outcomes) so that those in need can receive the services and products they require for their treatment of sleep breathing disorders. Even without relaxation of the aforementioned friction points Lofta is committed to making an immediate difference.

As more individuals are diagnosed with the coronavirus the demand for our products and services will become increasingly more paramount and Lofta can make a real difference due to our virtual and rapid delivery model. In addition, as the healthcare system becomes more challenged in terms of human and other resources we can deliver services and products to those not inflicted with coronavirus but nevertheless need attention thus reducing the demand on the healthcare system by these patients.

Lofta is working diligently to extend same day delivery of testing kits, breathing devices, supplies etc. in major cities throughout California and the country. We currently can fulfill customer demand within the same day in San Diego. We believe that we can roll out these services throughout the

entire state by the middle to the end of next week. Worst case with the active participation of the traditional supply chain patients can have what they need typically in under 24-hours anywhere in the United States. Same and next day fulfillment can occur today in many cases!

Sleep breathing disorders are closely connected to other co-morbidities and combined with the respiratory implications of the coronavirus our services, products and ability to execute quickly should be considered in your comprehensive approach to this serious issue impacting all Californians. Lofta stands ready to make a real difference and be engaged 24/7.

Lofta owns aircraft that can be used to move people and products to where they are needed most. I also can travel with short notice (same day) to meet with any members of your team.

Without getting too much into the weeds I wanted to get this email out to you so that perhaps you can interface me with an appropriate individual to explore ways that Lofta can make a real difference quickly in the state of California.

All of us at Lofta are standing ready to fill this void with a cost effective and easily accessible model. We can scale up staffing to deliver rapid response when and where needed.

I can be reached by replying to this email or calling me directly on my mobile phone at , 858-204-0000.

Thank you for your time. We are anxious to help during this unprecedented moment.

Best regards-

Jay Levitt

7661 Girard Avenue, Suite 230
La Jolla, California 92037

800 698 8000 Main
858 224 7000 Direct
jlevitt@lofta.com
lofta.com



LOFTA - Sleep Elevated



The

AirMini. CPAP to-go. Try it risk free

Sender: Jay Levitt <jlevitt@lofta.com>

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From:	Scott Bryant-Comstock <sbcc@cmhnetwork.org>
SentVia:	<bcinnovations.12all.com@d35c.emsend3.com>
To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Subject:	CMHNetwork Friday Update 3-20-20
Date:	2020/03/20 11:20:56
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Friday Update 3-20-20

Let's get this issue of Friday Update started with one of my favorite Canadian groups, [The Wailin' Jennys](#), singing their beautiful song, "One Voice." I have included the complete lyrics on the [video page](#) – a most worthy read during these times of monumental change. Okay, [enjoy the song](#), get your chakras in line, and then get to readin' Friday Update, cuz we got work to do!

Most Important Reads of the Week

[Sanjay Gupta Podcast – Pandemic Panic](#)

Living in a pandemic can be scary, isolating, overwhelming. CNN Chief Medical Correspondent Dr. Sanjay Gupta invites Dr. Deepak Chopra to help answer the question: how do we cope in these times of uncertainty?

[What the Coronavirus Reveals About the Digital Divide Between Schools and Communities](#)

In 2019, an estimated 21.3 million Americans lacked access to broadband internet. As more school curricula move online amid the COVID-19 pandemic, Nicol Turner Lee, Brookings Institute, offers interim strategies to keep students connected to their teachers and coursework, including equipping school buses and nutrition centers with WiFi hotspots.

[Bridging Digital Divides Between Schools and Communities](#)

Getting internet to the school is just one piece of the puzzle in closing the digital divide and the growing "homework gap" in which students lack residential and community broadband access. Even in communities with exceptional broadband in their schools, how are student experiences affected when nearby institutions and establishments, including libraries, churches and other public facilities, have limited digital resources and connectivity?

[How to Create an APA Style Reference for a Canceled Conference Presentation](#)

For those of you who worked so hard to develop your presentation for the canceled Tampa Conference, the American Psychological Association has posted instructions for how you can list your

presentation on your CV so that you can get the credit that you deserve! The instructions in this blog post apply to any canceled conference presentation.

Fight for the Equitable Health Care System We Need!

The Coronavirus (COVID-19) has exposed the vast shortcomings of our nation's health system and the critical importance of affordable coverage and care for all. As we mark the 10th anniversary of the Affordable Care Act (ACA) on March 23rd, which brought health coverage to 20 million people, the virus makes clear we need to protect the gains we've made and continue to advocate for a health system that enables us all to live healthy lives. This is particularly important for people with substance use disorders and/or mental illness, who have greater risk of COVID-19 and still face many barriers to care.

Meet George Miller – GEM Art Studios

Child Advocacy Artist George E. Miller creates art that addresses the issues that affect our children & young people. His multicultural artwork embraces the beauty of diversity and gives vision to our most positive thoughts and beliefs. His messages will enlighten, educate, and lift your spirit!" If you have attended the Tampa Conference in the past, you likely have seen George's artwork – stunningly beautiful. Share the love, Network faithful!

Resources for Supporting Children's Emotional Well-Being During the COVID-19 Pandemic

While the Centers for Disease Control and Prevention (CDC) currently reports that the risk of exposure to COVID-19 is [low for young Americans](#), [research on natural disasters makes it clear that](#), compared to adults, children are more vulnerable to the emotional impact of traumatic events that disrupt their daily lives. This resource offers information on supporting and protecting children's emotional well-being as this public health crisis unfolds.

Coronavirus Resources

Like individuals and institutions around the globe, the National Health Law Program is monitoring the coronavirus pandemic. As part of their work protecting and expanding access to health rights for low-income and underserved individuals, they are curating a selection of coronavirus related resources that will be helpful for advocates. The [Coronavirus Resource page](#) contains helpful material from NHeLP, and covers topics like Medicaid, CHIP, immigrant health, legislation, reproductive and sexual health, and more.

Mental Health Considerations during COVID-19 Outbreak

The World Health Organization has developed a list of mental health considerations as support for mental and psychological well-being during COVID-19 outbreak. The recommendations included on the list are spot on!

Exploring Age Differences in the Experiences of Academic Supports Among College Students with Mental Health Conditions

College students with mental health conditions struggle to succeed academically potentially limiting their future. Previous research has shown that college students of all ages with mental health conditions under-utilize academic supports. However traditional (i.e. young adult) and non-traditional (i.e. older adult) students have different academic learning experiences and may also have different academic support experiences. This research explored the academic support experiences of young adult college students with mental health conditions and compared them to those of older adult college students with mental health conditions. Young adults were less likely to access formal disability services, less satisfied in their college experience and reported lower quality relationships with staff and faculty as compared to their older peers. Further investigation of the many potential reasons for these differences is warranted. Read the brief [here](#).

Request for Information on How Youth with Behavioral Health Needs are Being Served When Schools are Closed

We are compiling a list of innovative strategies for effectively meeting the needs of children and youth with behavioral challenges who have been abruptly displaced with school closings. If you know of

ways communities are rallying around these students, tell us about it. [Click here](#) and share either the good news in your community or let us know what's needed.

Is Friday Update workin' for ya?

We love feedback so let us know how we can improve the website to better meet your needs. [Contact us here](#). Thanks again to so many of you who are spreading the word. We do not accept federal funds and are funded solely by donations. All donations go toward keeping the Children's Mental Health Network a vibrant forum for information and dialogue about children's mental health, research, policy and practice. Please consider showing your support through a donation by [clicking here](#).



Scott Bryant-Comstock
President & CEO

<https://protect2.fireeye.com/url?k=96ca425a-ca9e5b26-96ca7365-0cc47adc5fa2-79e0fc749a15373e&u=https://cmhnetwork.org/>

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Children's Mental Health Network, 11312 US 15-501 North, Suite 107162, Chapel Hill, NC 27517, United States

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Subject:	Corrected: Senate must work together to save 30 million small businesses
Date:	2020/03/20 11:31:01
Priority:	Normal
Type:	Note



6

For Immediate Release

Contact: Robert Romano

March 20, 2020

Phone: 703-383-0880 ext. 1

Senate must work together to save 30 million small businesses

March 20, 2020, Fairfax, Va.—Americans for Limited Government President Rick Manning today issued the following statement in support of the \$1 trillion Senate plan to rescue the U.S. economy from the fallout of the Chinese coronavirus:

"In virtually every retail establishment with glassware there are signs that say 'you break you buy it.' It is in this spirit that Americans for Limited Government supports

Congressional measures to ensure that 30 million small businesses nationwide are able to restart operations seamlessly once the public health emergency from the Chinese coronavirus ends.

"President Trump and the federal government as a whole made a decision that protecting potentially millions of lives, more than the total American losses in every war we've ever fought, superseded the current health of the U.S. economy. As part of this decision, the

President and Congress have a responsibility to use our vast wealth to shore up individuals and businesses that are being put on the verge of bankruptcy overnight.

"If done correctly, the next two months will not only save potentially millions of lives, but will put America's economy in a position to immediately rebound. Republicans and Democrats must work together to create solutions that recognize the economic plight that our nation has been thrown into, and set aside partisanship. We have to put American workers and businesses first so that after the virus, we can restore the economic miracle of the previous three years."

To view online: <https://protect2.fireeye.com/url?k=15125701-49467e2a-1512663e-0cc47a6d17cc-9b134cc6ce1c9c4f&u=https://getliberty.org/2020/03/senate-must-work-together-to-save-30-million-small-businesses/>

Attachments:

"Trump virus response calls for covering payroll for every small business in America with \$300 billion," By Robert Romano, March 20, 2020 at <https://protect2.fireeye.com/url?k=e843ce00-b417e72b-e843ff3f-0cc47a6d17cc-274e11cc54ea4d32&u=http://dailytorch.com/2020/03/trump-virus-response-calls-for-covering-payroll-for-every-small-business-in-america-with-300-billion/>

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

###

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Type:	Note



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March 20, 2020

Phone: 703-383-0880 ext. 1

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

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Date:	2020/03/20 11:24:00
Priority:	Normal
Type:	Note

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From: Herrmann, Jack (OS/ASPR/OEA) <John.Herrmann@hhs.gov>
Sent: Friday, March 20, 2020 11:24 AM
To: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Yeskey, Kevin (OS/ASPR/IO) <Kevin.Yeskey@hhs.gov>; Redd, John (OS/ASPR/SPPR) <John.Redd@hhs.gov>
Subject: RE: CCDC/CMS/ASPR COVID-19 Nursing Home Coordination Call

Received. Our team developed this😊

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

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Subject: FW: CCDC/CMS/ASPR COVID-19 Nursing Home Coordination Call

From: McBride, Stefanie (CDC/DDID/NCEZID/DHQP) (b)(6)
Sent: Friday, March 20, 2020 11:19 AM
To: Phillips, Sally (OS/ASPR/SPPR) <Sally.Phillips@hhs.gov>; Donato, Darrin (OS/ASPR/SPPR) <Darrin.Donato@hhs.gov>; Cardo, Denise M. MD (CDC/DDID/NCEZID/DHQP) (b)(6)
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Hunter, Jennifer C. (CDC/DDID/NCEZID/DHQP) (b)(6)
Nilasena, David S. (CMS/CQISCO) <David.Nilasena@cms.hhs.gov>
Cc: Joshi, Cecilia (CDC/DDID/NCEZID/DHQP) (b)(6) Hanns, Sheila R. (CMS/CCSQ) <Sheila.Hanns@cms.hhs.gov>; Ford, Mary (CMS/CCSQ) <Mary.Ford@cms.hhs.gov>; Wright, Jessica (CMS/CCSQ) <Jessica.Wright@cms.hhs.gov>; McBride, Stefanie (CDC/DDID/NCEZID/DHQP)

(b)(6)

Subject: RE: CCDC/CMS/ASPR COVID-19 Nursing Home Coordination Call

All,

Please find a document attached. This is a very rough draft shared with the FEMA-ASPR health care resilience group to start discussion.

Stefanie

-----Original Appointment-----

From: McBride, Stefanie (CDC/DDID/NCEZID/DHQP)

Sent: Wednesday, March 4, 2020 1:23 PM

To: Phillips, Sally (OS/ASPR/SPPR); McBride, Stefanie (CDC/DDID/NCEZID/DHQP); Donato, Darrin (OS/ASPR/SPPR); Cardo, Denise M. MD (CDC/DDID/NCEZID/DHQP); Srinivasan, Arjun (CDC/DDID/NCEZID/DHQP); Bell, Michael MD (CDC/DDID/NCEZID/DHQP); Moran, Kerri (CDC/DDID/NCEZID/DHQP); Shulman, Evan T. (CMS/CCSQ); Stone, Nimalie (CDC/DDID/NCEZID/DHQP); Jacobs Slifka, Kara (CDC/DDID/NCEZID/DHQP); Adams, Danielle N. (CMS/CCSQ); Hayden, Megan R. (CMS/CCSQ); Tritz, Karen L. (CMS/CCSQ); Hittle, Matthew (CMS/OA); Harris, Melissa L. (CMS/CMCS); Finne, Kristen (OS/ASPR/EMMO); Levine, Cheryl (OS/ASPR/EMMO); Kallen, Alexander (CDC/DDID/NCEZID/DHQP); Schaefer, Melissa K. (CDC/DDID/NCEZID/DHQP); Autrey, Sophia (CMS/CCSQ); Archibald, Traci (CMS/CCSQ); Saunders, Adriane (CMS/CCSQ); Lollar, Ralph F. (CMS/CMCS); Davis, Angel (CMS/CCSQ); Tripp, Lisa C. (CMS/CCSQ); Pace, Sandra M. (CMS/CCSQ); Ling, Shari (CMS/CCSQ); Couch, Marion (CMS/OA); Perz, Joseph (CDC/DDID/NCEZID/DHQP); Coffin, Nicole (CDC/DDID/NCEZID/DHQP); Epstein, Lauren H. (CDC/DDID/NCEZID/DHQP); Blackfield, Anne (CMS/CMCS); Moody-Williams, Jean D. (CMS/CCSQ); Blackford, Carol W. (CMS/CM); Saxon, Bobby (CMS/CCIIO); Meier, Patricia A. (CMS/CQISCO); Ford-Barnes, Arwenithia (OS/ASPR/IO); Payne, Skip (CMS/OA); Wright, David R. (CMS/CCSQ); Brandt, Kimberly (CMS/OA); Ay, Jean (CMS/CCSQ); Chickering, Steven D. (CMS/CCSQ); Smith, Linda D. (CMS/CCSQ); Reinertsen, Lauren (CMS/CCSQ); Wardlow-Dotter, Dianna (CMS/CCSQ); Garza, Alex (CMS/CCSQ); St Aubin, Francoise E. (CMS/CCSQ); Shuy, Bryan (OS/ASPR/IO); Valentine, Steven (HHS/OASH); Trent-Adams, Sylvia (HHS/OASH); McGowan, Robert (Kyle) (CDC/OD/OCS); Romanik, Nikki Jo (CDC/OD/OCS); Herrmann, Jack (OS/ASPR/OEA); Dafflitto, Scott (OS/ASPR/EMMO); Williams, Teresa (CDC/OD/OCS); Gershman, Lynn E. (CDC/DDPHSIS/OD); Schwartz, Erica (HHS/OASH); Kadlec, Robert (OS/ASPR/IO); Good-Cohn, Meredith (CMS/OA); Perez-Rivera, Diana (CMS/OA); Blackstone, Ronisha (CMS/CCSQ); Kuhar, David T. (CDC/DDID/NCEZID/DHQP); Hunter, Jennifer C. (CDC/DDID/NCEZID/DHQP); Nilasena, David S. (CMS/CQISCO)

Cc: Joshi, Cecilia (CDC/DDID/NCEZID/DHQP); Hanns, Sheila R. (CMS/CCSQ); Ford, Mary (CMS/CCSQ); Wright, Jessica (CMS/CCSQ)

Subject: CCDC/CMS/ASPR COVID-19 Nursing Home Coordination Call

When: Friday, March 20, 2020 11:00 AM-11:30 AM (UTC-05:00) Eastern Time (US & Canada).

Where: Skype Meeting or (b)(6)

Update (2020-03-11): Adding additional participants as requested. Resending invite to all so that everyone has correct distribution list.

Update (2020-03-10): Per guidance from the CMS Administrator, this call will move to a daily frequency.

Update (2020-03-09): Adding additional CDC and CMS participants, as requested.

Update (2020-03-08): Many people were forwarded the invite to this call over the weekend, and I also received requests to add people to the invite. I am resending this invite to the full group so that everyone has the full distribution list for the call and that all recipients receive updates to the invite series. There has been no change to the frequency or day/time of the meetings; only changes to the participant list. If there are others who should be added, please contact Stefanie Bumpus McBride. Thanks! - SBM

Update (2020-03-06): Renaming call to reflect all participants and adding addition participants.

Scheduling CDC/CMS COVID check-in: nursing homes for M/W/F from 11-11:30 am.

Please contact Stefanie Bumpus McBride if a call needs to be moved or cancelled, or if additional participants should be added.

If Stefanie is out of the office, please contact Kerri Moran.

CDC staff: if at least one person can join by Skype and monitor if anyone needs to be admitted to the call, that would be very helpful (especially on days I am unable to join).

Join Skype Meeting

Trouble Joining? [Try Skype Web App](#)

Join by phone

(b)(6)	(Atlanta Dial-in Conference Region)	English (United States)
	(Atlanta Dial-in Conference Region)	English (United States)

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Sender:	Kadlec, Robert (OS/ASPR/IO) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A182EDA693D040D3832BAE6EFCF7A255-KADLEC, ROB>
Recipient:	Herrmann, Jack (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bebe389042ba411496b284f678ce7247-Herrmann, Ja>; Yeskey, Kevin (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fe6cf13518445fd9c3a1c254e166b3f-Yeskey, Kev>; Redd, John (OS/ASPR/SPPR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ba3fed4ee8646ec849a5a87136a24f6-Redd, John>
Sent Date:	2020/03/20 11:24:51
Delivered Date:	2020/03/20 11:24:00

From:	Ken Finn <kfinn@springsrehab.net>
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=41f672e2527b4f44891fb4f8e08cdfd-Wright, Jan>
Subject:	California shuts down except pot shops?
Date:	2020/03/20 12:02:40
Priority:	Normal
Type:	Note

Good morning,

I am thankful for your leadership in this challenging time.

Please consider addressing this issue which may contribute to this pandemic:

<https://www.forbes.com/sites/kriskrane/2020/03/18/how-the-coronavirus-pandemic-will-affect-the-cannabis-industry/#5a674e245adf>

The author states: "The lives of thousands of patients depend on it"

From Bertha Madras (Harvard) this morning to our group:

"Another issue (NIDA aware of my concerns): smoking and vaping conceivably increase risk to others. The 6 feet separation distance assumes people exhale passively. Exhalation by smokers and vaperers is "propulsion" exhalation which may increase the spread and range of coronavirus well beyond the 6 foot limit. I've watched marijuana vaping and smoking numerous times; they exhale differently; 1. They aim their heads and exhale smoke or vapor high which gives smoke arc longer range; 2. They have a compulsion to exhale deeply and forcefully"

My comments to the group: "I think lay people wouldn't understand immunosuppression overall but a terribly important point. Given this is a severe pulmonary illness, forceful coughing and deep inhalation by pot smokers, in the midst of a pandemic and vaping epidemic (with lung injury) creates a perfect storm for spread and illness."

Pharmacy input: "There may also be drug pot interactions with some of the antiviral agents being used. Pot has been shown to induce enzymes that aide in the faster elimination of drugs from your body. So if the antiviral is eliminated faster from the body then it does not work as well. So the pothead will need to take more of a limited supply of antiviral so that it will work in them against COVID 19."

Please shut down pot shops as non essential. They are a breeding ground for the virus and a source of psychosis for the ER.

No one will die without them - more could die because of them

Ken Finn, MD
Springs Rehabilitation, PC
6005 Delmonico Drive
Suite 130
Colorado Springs, CO 80919
719-634-7246
kfinn@springsrehab.net

Sender:	Ken Finn <kfinn@springsrehab.net>
Recipient:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>; Wright, Janet (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=41f672e2527b4f44891fb4fbe08cdfd-Wright, Jan>
Sent Date:	2020/03/20 12:02:12
Delivered Date:	2020/03/20 12:02:40

From:	CyberScoop <news@cyberscoop.com>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	How cyber pros are trying to help
Date:	2020/03/20 12:29:26
Priority:	Normal
Type:	Note

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cyberscoop

CyberScoop

How a cyberattack on a hospital inspired some in the infosec community to get involved. The Russian hackers who broke into the DNC are back. And another Pwn2Own ends with big vulnerabilities. This is CyberScoop for Friday, March 20.

Security pros line up to help safeguard hospitals

After a cyberattack on a Czech hospital last week, many cybersecurity professionals said that enough is enough. They're banding together in their spare time to send threat data to medical organizations to protect them from hackers trying to exploit the COVID-19 crisis. By day, they are cybersecurity professionals at well-known companies in Israel, Europe, and North America. By night, they're doing what they can to help out during an unprecedented pandemic. **Sean Lyngaas has the story.**

Vote for the Best Bosses in Federal IT

Good leadership is one of the most important facets of federal technology management. At the center of the most successful IT shops around government are tireless decision makers, striving to deliver on their agency's mission and serve the American public through technology. The Best Bosses in Federal IT List was sourced from community nominations and honors the CIOs, CTOs, CISOs and other technology leaders driving modernization and innovation around the federal government. [Cast your vote here.](#)

Fancy Bear relies on hacked emails for new attacks

Russian hackers have long relied on zero-days to target their victims. But they have other attack methods, too. In the last year, they've used previously hacked email accounts from Middle Eastern defense firms to send an array of phishing attempts, according to new Trend Micro research. The group, known as Fancy Bear, has also used hacked email accounts belonging to high-profile personnel in government, as well as the financial, utilities and transportation sectors in the United Arab Emirates, India, Pakistan, Jordan and the U.S. That's a possible indication that Fancy Bear, also called APT28, has compromised plenty of email accounts that we don't even know about yet, according to Feike Hacquebord, a senior threat researcher at Trend Micro.

Shannon Vavra breaks it down.

Hackers pwn macOS, Oracle machines from home

The Pwn2Own hacking contest, in which security researchers earn rewards by uncovering flaws in commercial technology, closed its spring 2020 edition Thursday after participants probed systems like the macOS and Oracle VirtualBox. It's a premier competition that global technology firms now use to recruit bug hunters who might be able to help protect widely used products. Unlike prior contests, which have taken place in Vancouver and Miami, organizers conducted much of this tournament online. A team from Georgia Tech Systems Software & Security Lab won \$70,000 for using the calculator app in a macOS to access root privileges to the machine, essentially taking control of the device from one of the most innocuous apps. **Jeff Ston**

has more details.

CyberScoop's DC CyberWeek is back, Oct 19-23

Join thousands of the most influential cybersecurity leaders for one week to connect, collaborate and achieve a common goal: making enterprises, governments and ourselves safer online. [Access the nation's largest city-wide cybersecurity festival.](#)

CISA clarifies who needs to go to work

DHS's cybersecurity agency issued a list of "Essential Critical Infrastructure Workers" on Thursday to guide state and local officials how to identify the personnel necessary to maintain functions critical to public health, the economy, and national security, as much of the population goes into isolation. "Promoting the ability of such workers to continue to work during periods of community restriction, access management, social distancing, or closure orders/directives is crucial to community resilience and continuity of essential functions," the guidance says. "Certain critical infrastructure industries have a special responsibility in these times to continue operations." **[Here's the whole thing.](#)**

What comes after the name-and-shame strategy?

IronNet Cybersecurity Vice President for Strategy Jamil Jaffer talks with CyberScoop Editor-in-Chief Greg Otto about the different ways the U.S. government is trying to stop nation-states from carrying out hacking attempts — and if those efforts are successful. “We need to learn how to bring companies together, industries together to really collectively defend against a cyber threat, because it’s not just enough to push back overseas,” Jaffer told Otto. “We have to fend here at home.” **Watch the whole conversation.**

NIST urges agencies to utilize cyber resources

Remote access technologies are, by nature, exposed to more external threats, notes a NIST Information Technology Laboratory bulletin issued to federal agencies Thursday. The advisory follows a separate guidance Wednesday by the Office of Management and Budget for agencies minimize face-to-face interactions as the coronavirus spreads. The lab’s Computer Security Division suggested limiting remote access to as few teleworkers as possible to decrease the risk of compromise. The typical civilian agency worker is accessing their agency’s network with desktops, laptops, smartphones and tablets via remote access software like virtual private networks and portals. **Dan Nyczepir explains at FedScoop.**

Tweet of the Day



Chris Albon ✓ @chrisalbon · Mar 16



When shelter-in-place takes affect in San Francisco, each afternoon everyone in the city will stand on their balconies as a community and pitch their startups.

💬 70

↻ 1.3K

♥ 7.4K



Image

Just when it seemed like things couldn't get worse.

Want more? Catch our events for all things cybersecurity!

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Sent Date:	2020/03/20 12:29:08
Delivered Date:	2020/03/20 12:29:26
Message Flags:	Unread

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To:	Redfield, Robert R. (CDC/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ab74a26317547b8a754285d9eaa847c-robert.redf>; Schuchat, Anne MD (CDC/OD) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b6e506fd4b204294906aa26f44d2f2c8-Schuchat, A>; Giroir, Brett (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
CC:	Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ea51e17a084644918dbee2d9b4db2a0f-Jernigan, D>; CDC IMS 2019 NCOV Response Policy (b)(6) Knotts, Ashley (CDC/OD/OCS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=52477e016db64c4a836cfd0500d6eb38-ashley.knot>; Warner, Agnes (CDC/OD/OCS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a9351ab28a9b45c68eec6986b6125049-Warner, Agn>; Hoo, Elizabeth (CDC/OD/OCS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1dac613f7182426b94e913a4b8951888-elizabeth.h>
Subject:	RE: New snap shot of LTCF and COVID-19 for 3 18-19 2020
Date:	2020/03/20 12:33:05
Priority:	Normal
Type:	Note

Thanks for sending

From: Redfield, Robert R. (CDC/OD) (b)(6)
Sent: Friday, March 20, 2020 11:18 AM
To: Schuchat, Anne MD (CDC/OD) (b)(6) Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; CMS SV1 <SV1@cms.hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Cc: Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) (b)(6) CDC IMS 2019 NCOV Response Policy (b)(6) Knotts, Ashley (CDC/OD/OCS) (b)(6) Warner, Agnes (CDC/OD/OCS) (b)(6) Hoo, Elizabeth (CDC/OD/OCS) (b)(6)
Subject: Re: New snap shot of LTCF and COVID-19 for 3 18-19 2020

Thanks

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From: Schuchat, Anne MD (CDC/OD) (b)(6)
Sent: Friday, March 20, 2020 11:01:42 AM
To: Redfield, Robert R. (CDC/OD) (b)(6) Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; CMS SV1 <SV1@cms.hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Cc: Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) (b)(6) CDC IMS 2019 NCOV Response Policy (b)(6) Knotts, Ashley (CDC/OD/OCS) (b)(6) Warner, Agnes (CDC/OD/OCS) (b)(6) Hoo, Elizabeth (CDC/OD/OCS) (b)(6)
Subject: New snap shot of LTCF and COVID-19 for 3 18-19 2020

The data below were provided by HAI/AR Programs and the Healthcare IPC Team and represent the minimum number of long-term care facilities reporting one or more confirmed COVID-19 case as of March 18–19, 2020. These are rough estimates based on information HAI Coordinators had available.

- 47 of 50 state and 7 local and territorial health departments provided data on COVID-19 cases in LTC facilities.
- At least 146 LTC facilities across 27 states reported having one or more confirmed COVID-19 cases in LTC Facilities in their jurisdiction as of March 18–19, 2020

Yesterday's report for comparison:

Approximately 109 long term care facilities and assisted living facilities across 21 states have suspected or confirmed cases.

Anne Schuchat, MD
Principal Deputy Director
Centers for Disease Control and Prevention
Rear Admiral, US Public Health Service (Retired)

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Sent Date:	2020/03/20 12:33:03
Delivered Date:	2020/03/20 12:33:05

From:	Erin Hemlin <Erin.Hemlin@younginvincibles.org>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>; Verma, Seema (CMS/OA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e36583cd19bb453997718e4ca9ac8a93-SeemaVermaP>; Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>; Pate, Randy (CMS/CCIIO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6fd12d3874fa4e9f83aa99e683bc6120-PRU9>
CC:	Carrie Mead <cmead@communitycatalyst.org>; Paydon Miller <paydon.miller@younginvincibles.org>; Jesse Barba <jesse.barba@younginvincibles.org>; Stephen Eisele <SEisele@communitycatalyst.org>
Subject:	Request: Emergency Special Enrollment Period to Combat COVID-19
Date:	2020/03/20 13:15:01
Priority:	Normal
Type:	Note

Dear Secretary Azar, Administrator Verma, and Vice President Pence:

Young Invincibles is a national nonprofit organization dedicated to expanding economic opportunity for young adults 18-34. As part of our work, we are dedicated to ensuring quality, affordable health care for all and understand the importance of outreach and enrollment in that goal. We are deeply concerned about access to affordable health coverage as we aim to address the COVID-19 pandemic in the United States.

In partnership with Community Catalyst, Young Invincibles organized the attached letter with over 200 co-signed organizations requesting the Administration create a 60-Day Special Enrollment Period in [Healthcare.gov](https://www.healthcare.gov) states. Attached is our recommendation letter for your consideration. Please do not hesitate to contact us should you have any questions or if you would like additional information.

Sincerely,

Carrie Mead, Community Catalyst

Erin Hemlin, Young Invincibles

--

Erin Hemlin
Health Policy and Advocacy Director

YOUNG
INVINCIBLES

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Sender:	Erin Hemlin <Erin.Hemlin@younginvincibles.org>
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Sent Date:	2020/03/20 13:13:30
Delivered Date:	2020/03/20 13:15:01

From:	The Heritage Foundation <heritage@heritage.org>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	The Senate's Coronavirus Bill and Responding to COVID-19
Date:	2020/03/20 13:20:10
Priority:	Normal
Type:	Note

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Image

The Senate's Coronavirus Bill and Responding to COVID-19 Resources

March 20, 2020

*Congress and the Administration continue to take action to fight the coronavirus as American society grinds to a stand still. The Federal Government must work to **keep employees tied to their employers** and providing temporary and targeted relief.*

Congress Should:

1. • Congress's response to the economic consequences of the coronavirus should be targeted, temporary, and directed at public health efforts while limiting political abuse
2. • While the CARES Act includes positive reforms, providing \$200 billion in bailouts to select industries fails to meet these targeted and temporary objectives.
3. • The Senate must significantly reform these special benefits to limit abuse, reduce the need for bailouts, and get aid directly to affected workers.

The Senate's Coronavirus Bill: Bailouts, Missed Opportunities, and Positive Reforms

New Report!

By Lindsey Burke, PhD, David R. Burton, Marie Fishpaw, Rachel Greszler, Adam Michel, Norbert J. Michel, PhD, Parker Sheppard, PhD, and Paul Winfree

Any action that Congress takes should be targeted, temporary, and linked directly to the coronavirus epidemic in order to address the source of the economic shock while limiting any political abuse that can

develop in a moment of crisis. Unfortunately, the Senate's coronavirus bill, the Coronavirus Aid, Relief, and Economic Security (CARES) Act misses this mark by including special benefits to specific industries that will exceed \$200 billion. We have specified a number of proposals in other papers that would do more to help workers continue to receive paychecks while mitigating the economic effects associated with the coronavirus pandemic. Congress must resist the urge to provide special benefits to select industries and give the robust fiscal and monetary policy response that has already been enacted time to work.

New State Department Warning Shows Travel Restrictions Key to Curbing Coronavirus

By: Lora Reis, Senior Research Fellow and Peter Brookes, Senior Research Fellow

As the State Department warns Americans not to travel internationally and advises all Americans abroad to return home or prepare to shelter in place, the U.S. continues to expand travel restrictions as a key component in the fight against the coronavirus. That advisory Thursday afternoon from the State Department comes a day after the joint announcement by the United States and Canada that our common border is closed temporarily. Flattening the coronavirus infection curve, or reducing the numbers, through social distancing, good public hygiene, and well-considered travel restrictions provides real potential benefits.

In Combating Coronavirus, Trump and Governors Act Constitutionally

By: John Malcom, Vice President, Institute for Constitutional Government

Fox News contributor Andrew Napolitano, a former judge, recently penned an article with the provocative title "Coronavirus fear lets government assault our freedom in violation of Constitution." Although Napolitano is right to be concerned, President Donald Trump and other federal, state, and local officials appear to be acting within the bounds of the Constitution in responding to the severe threat posed by spread of the new coronavirus disease, which health officials call COVID-19. Napolitano first quotes from the Supreme Court's 1866 opinion in *Ex parte Milligan* ("The Constitution of the United States is a law for rulers and people, equally in war and in peace, and covers with the shield of its protection all classes of men, at all times and under all circumstances.").

Curricula Resource Initiative New Resource!

By: The Center for Education Policy

These resources include school models, curricula, essays, research, and products that emphasize moral education, civics, character development, and classical content, reflecting the importance of these foundational areas to student development.

China's Anti-U.S. Coronavirus Propaganda Ridiculous—So What's Behind Beijing's Lies?

By: James Carafano, Vice President, Davis Institute

For quite some time, China has been trying to undercut the foundation of American global power. Unlike Moscow's often coarse, brutish efforts, Beijing has been stealthier than an F-35, using public diplomacy initiatives to subtly buy its way into schools, civil society and the private sector. Now, however, the mask—and the gloves—are coming off. In the last few days, the Chinese Communist Party has changed its propaganda tactics. Party officials, government representatives and state media are now overtly attacking the U.S., spreading deliberate lies about the COVID-19 outbreak.

Calculating the Coronavirus Mortality Rate? It's Complicated

By: Thomas Spoehr, Director Center for National Defense

We all like our facts simple. One of the data points that many want to know is the mortality rate for the COVID-19 illness so they can make informed risk decisions. Unfortunately, like so many other things in life, it's complicated. Even though it seems like the novel coronavirus that causes the disease health officials call COVID-19 has now been around for a while, it has only just arrived on the scene. Thus,

scientists are only now starting to gain some early insights.

Costly New Sick Leave Mandate Would Hurt Businesses

By: Rachel Greszler, Research Fellow in Economics, Budget and Entitlements

Government mandates often have unintended consequences. Take mandating paid sick leave in response to the coronavirus. Even if it's temporary, it could further damage businesses harmed by the virus—and hurt the very workers it's meant to help. The vast majority—86% of full-time workers—already have access to paid sick leave. The rest primarily work for small employers or are part-time or hourly workers. Unfortunately, it's small employers and workers who don't yet have sick leave who could be most hurt by a federal mandate, and who wouldn't be helped by federally funded sick leave.

What the Defense Production Act Is and How Can It Can Help the Government Fight COVID-19

By: Charles "Cully" Stimson, Senior Legal Fellow

We have been critical of such overuse of the Defense Production Act. But under the current circumstances, we think the administration and Congress need to use all lawful tools, including federal statutes as properly understood, to defeat the coronavirus and help America get back on her feet.

"Panic in the Streets": Life Imitates Art With Coronavirus

By: Hans Von Spokovsky, Election Law Reform Initiative and Senior Legal Fellow

In 1950, the great Hollywood director Elia Kazan produced a movie, "Panic in the Streets," about a desperate attempt to stop a pandemic (pneumonic plague, the pulmonary version of the bubonic plague, or "Black Death") from spreading out of New Orleans and across the United States. What's most interesting about that film is contrasting how the government deals with the problem in the movie versus how the government is dealing with the reality we face today.

Trump's Coronavirus National Emergency Declaration Helps Mobilize Nation

By: Kay Coles James, President of The Heritage Foundation

In many parts of our country, schools are shutting down for weeks. Businesses are sending their employees home to telework when possible. Churches and synagogues are closing their doors. Professional sports events have been canceled. More than 30 governors have declared states of emergency.

There are some who view this response to the coronavirus as an overreaction. After all, millions of Americans get the seasonal flu every year and we don't take these measures. But this isn't an overreaction. On the contrary, this is a commonsense, measured response to mitigate the spread of the coronavirus.

The Golden Age of Telehealth Is Here (Thanks to the Coronavirus)

By: Marie Fishpaw, Director, Domestic Policy Studies

The coronavirus pandemic has renewed interest in telehealth—the practice of letting patients consult with doctors directly, via phone or video-conferencing. This method of health care delivery offers obvious advantages, allowing patients to get personal medical advice quickly, without having to come to the doctor's office first. President Trump reiterated his commitment to clearing away barriers inhibiting the use of telehealth. And lawmakers have already moved to clear some away. But they can and should do more.

"Flattening the Curve" Critical to Fighting Coronavirus

By: Peter Brookes, Senior Research Fellow

Come commentators have ominously suggested that the United States is just a few days—maybe a week to

10 days—behind the crippling coronavirus crisis that is hammering Europe, especially Italy. If true, that's troubling. That said, however, taking personal responsibility for doing the right thing with public hygiene and the new (to most of us) concept of social distancing to flatten the possible infection curve could mean the difference between success and failure in fighting the virus here in this country.

Coronavirus Testing Delays Show Why Federal Health Care Rules Need Thorough Review

By: Robert Moffit, Senior Research Fellow at The Heritage Foundation

The coronavirus pandemic demonstrates with crystal clarity how the federal government's vast regulatory apparatus governing health care can be an obstacle to rapid response in a national emergency. We've seen this movie before.

The law of unintended consequences is an ironclad rule of public policy, and in health policy, that law can go berserk. The normal concerns that preoccupy economists and political scientists, wrestling with the day-to-day concerns about health care costs and access in government programs and insurance markets, pale in comparison with urgent matters of public health and safety.



Image

214 Massachusetts Avenue, NE | Washington, DC 20002 | (202) 546-4400

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Sender:	The Heritage Foundation <heritage@heritage.org>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
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Delivered Date:	2020/03/20 13:20:10

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To:	<mberry@noamedical.com>; Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>
Subject:	RE: ACUTE CARE HOSPITAL BEDS – IMMEDIATE AVAILABILITY – GSA/VA APPROVED VENDOR
Date:	2020/03/20 14:19:29
Priority:	Normal
Type:	Note

Thank you for the email we will make sure the Deputy Secretary receives your email and will let you know if we have additional follow-up.

Ken

From: mberry@noamedical.com <mberry@noamedical.com>
Sent: Thursday, March 19, 2020 4:18 PM
To: Hargan, Eric (OS/IOS) <Eric.Hargan@hhs.gov>
Subject: ACUTE CARE HOSPITAL BEDS – IMMEDIATE AVAILABILITY – GSA/VA APPROVED VENDOR

Dear Mr. Secretary:

I want to ensure you and the Department of Health and Human Services are aware of NOA Medical Industries ability to **RAPIDLY DEPLOY ACUTE CARE HOSPITAL BEDS DURING THE COVID-19 PANDEMIC**. NOA Medical Industries is already a VA and GSA approved vendor, allowing for expedited procurement.

Our current inventory of **ACUTE CARE HOSPITAL BEDS** follows:

BED TYPE	AVAILABLE UNITS*	COST PER UNIT**	SHIPS WITHIN***
NOAH Hospital Platinum SC Plus Bed	Inquire at NOA for On Demand Qty	\$ 5,413.07	TBD
NOAH Hospital Platinum NS Bed		\$ 4,562.81	
NOAH Hospital Platinum ML Bed		\$ 3,875.38	
NOAH Hospital Platinum Bariatric Bed		\$ 6,000.00	
NOAH Platinum Patient Transport Stretcher		\$ 2,950.00	

*Current raw materials allow for a total number of units be shipped in any desired configuration.

**Cost per unit is standard GSA Pricing and based upon available inventory. If inventory depletes, additional charges for expediting orders may apply. Price per Unit includes freight charges within the US 48 States.

***Shipment time based upon existing inventory. If inventory is depleted, shipping times may vary.

Additionally, we have ready-to-ship **LONG TERM CARE BEDS THAT ARE IDEAL FOR TEMPORARY/FIELD HOSPITAL OPERATIONS** as follows:

BED TYPE	AVAILABLE UNITS*	COST PER UNIT**	SHIPS WITHIN***
Elite EX – <i>Certified to 60601-2-52 (Hospital Standard)</i>	Inquire at NOA for On Demand Qty	\$ 1,4 86.93	TBD
Elite II – <i>Certified to 60601-2-52 (Hospital Standard)</i>		\$ 1,2 50.00	
Elite Riser Bed		\$ 1,3 86.93	
Twin Elite Riser		\$ 1,5 13.57	
Bariatric Elite		\$ 3,1 96.98	
Bariatric Elite w/Scale		\$ 4,3 21.61	

*Current raw materials allow for a total number of units be shipped in any desired configuration.

**Cost per unit is standard GSA Pricing and based upon available inventory. If inventory depletes, additional charges for expediting orders may apply. Price per Unit includes freight charges within the US 48 States.

***Shipment time based upon existing inventory. If inventory is depleted, shipping times may vary.

MORE INFORMATION AND CONTACT

Contact (available 24/7 via cell):

Marilyn Berry
President/Owner
Noa Medical Industries

801 Terry Lane
Washington Mo 63090

Email: mberry@noamedical.com

Cell: (b)(6)

Visit <https://protect2.fireeye.com/url?k=659be19b-39cff8e7-659bd0a4-0cc47adc5fa2-89bb95fa34dc2ff9&u=http://www.noamedical.com/> for additional information. A detailed RFP can be produced upon request through the above contact.

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Sent Date:	2020/03/20 14:19:27
Delivered Date:	2020/03/20 14:19:29

From:	Robert Rutkowski <(b)(6)>
To:	<(b)(6)>
CC:	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>
Subject:	Protective Gear for COVID-19 Health Care First-Responders
Date:	2020/03/20 14:23:30
Priority:	Normal
Type:	Note

Mr. Donald J. Trump
c/o Director of Presidential Correspondence
The White House
1600 Pennsylvania Avenue NW
Washington, DC 20500
FAX: 202-456-2461
Phone: (202) 456-7000

(b)(6)

Re: Protective Gear for COVID-19 Health Care First-Responders

Dear Mr. Trump:

I am writing to express my grave concern with the U.S. government's response to the ongoing Coronavirus Disease 2019 (COVID-19) pandemic. As you know, we are in the midst of a global health crisis, an emergency unlike anything we have faced as a nation and as a member of the international community of nations. COVID-19 has permeated the borders of almost every country in the world; it does not discriminate, nor does it heed borders and physical barriers. We must also overcome these boundaries if humanity is to endure and survive this threat. The world needs strong leadership now more than ever and we expect you, as the President of the United States, to stand up to the worldwide challenge and protect people across the globe.

You will see no finer example of the kind of courageous and compassionate leadership required than in the physicians, nurses, and other health care workers and first responders working on the front lines to care for those who are affected both in the United States and internationally. These brave men and women have put their own health and safety at grave risk by doing so. Nearly 3,400 Chinese health workers have been infected by COVID-19 and an additional 2,629 have been infected in Italy. Their ability to assess people for the disease and to provide care depends on the availability of personal protective equipment (PPE) and other critical supplies. Health care workers in the United States and across the globe are reporting a desperate shortage of protective supplies – forcing doctors and nurses to reuse masks, gowns, and gloves, which puts them at great risk for contracting the disease. Exposure to infected people without PPE forces health workers to self-quarantine, further diminishing the workforce of the already strained system.

The Centers for Disease Control (CDC) has stated that PPE manufacturers are reporting an exponential increase in orders and are facing challenges in meeting those demands. Similarly, lawmakers and governors have expressed concerns that their requests for supplies from the Strategic National Stockpile (SNS) are not being filled. In response, the CDC has encouraged healthcare systems to implement strategies to conserve supplies. This is a dangerous suggestion that fails to address the severe PPE shortages and is already forcing health care workers to

make impossible decisions, further jeopardizing their own lives and the lives of those they care for.

Your recently issued Executive Order on Prioritizing and Allocating Health and Medical Resources to Respond to the Spread of COVID-19 is a welcome step, but the U.S. government response to the COVID-19 pandemic must provide further safeguards for health workers across the globe. I write to you now to urge you to mobilize the public and private sectors in a coordinated and urgent collaboration with your global counterparts in an alliance that encourages leaders to take similar measures immediately. This must include as an immediate priority the implementation of policies to ensure that health and medical resources like PPE are swiftly and properly distributed to healthcare systems in the United States and around the world. Global leadership is needed to provide those resources to nations that are unable to meet the demands of their own healthcare systems. This is a global problem, and as such, it requires a global solution.

The actions you take now will form the foundation of your legacy and define how your presidency is remembered. It is not acceptable to blame others. It is not appropriate to shift the burden of responding to the coronavirus to local governments, private sector manufacturers, and other national leaders. It is not good policy to seal our borders and force vulnerable populations and struggling nations to fend for themselves. What you have done thus far is not nearly adequate to the scope, scale, and urgency of the global crisis, and it is certainly not the leadership the world has come to expect of the United States.

Yours sincerely,
Robert E. Rutkowski

cc:
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

Representative Steny Hoyer
House Majority Leader
Legislative Correspondence Team
1705 Longworth House Office Building
Washington DC 20515
Office: (202) 225-4131
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<https://protect2.fireeye.com/url?k=4e98cb71-12cdc262-4e98fa4e-0cc47adb5650-b447fc53af9fad91&u=https://www.majorityleader.gov/content/email-whip>

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Sender:	Robert Rutkowski < r_e_rutkowski@att.net >
Recipient:	< engagement@ostp.eop.gov >; 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>
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Subject:	FW: President Donald J. Trump Is Taking Necessary Safety Measures at the Border to Prevent Further Spread of the Coronavirus
Date:	2020/03/20 14:24:52
Priority:	Normal
Type:	Note

FYI

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

Sent: Friday, March 20, 2020 2:15 PM

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

Subject: President Donald J. Trump Is Taking Necessary Safety Measures at the Border to Prevent Further Spread of the Coronavirus



The White House

Office of the Press Secretary

FOR IMMEDIATE RELEASE

March 20, 2020

**PRESIDENT DONALD J. TRUMP IS TAKING NECESSARY SAFETY
MEASURES AT THE BORDER TO PREVENT FURTHER SPREAD OF THE
CORONAVIRUS**

"I will never hesitate to take any necessary steps to protect the lives, health, and safety

of the American people. I will always put the wellbeing of America first.” – President Donald J. Trump

PROTECTING PUBLIC HEALTH: President Trump is taking action at our northern and southern borders to prevent further spread of the coronavirus in the United States.

- • The United States has reached mutual agreements with Canada and Mexico to restrict non-essential travel across our northern and southern borders.
- • The United States will expeditiously return aliens who cross between ports of entry or are otherwise not allowed to enter the country, as the facilities in which these aliens would normally be held cannot support quarantine for the time needed to assess potential cases.
 - • These aliens are processed in stations designed for short-term processing, where distancing is not a viable option, creating a serious danger of an outbreak.
 - • The Centers for Disease Control and Prevention (CDC) has determined that these conditions present a serious infection control challenge and are a risk to public health.
 - • Should an outbreak occur at these facilities, local medical facilities would be forced to devote extensive resources and may become overwhelmed.
 - • This action will also protect the health of our country’s dedicated border agents and other law enforcement personnel, who are vital to the security of our Nation.
- • Trade and business travel will continue to operate across our borders, ensuring workers and goods are not impeded.
 - • American citizens, lawful permanent residents, and individuals with valid travel documents will be exempted.
 - • CBP will continue to process cargo, as there has been no identified health threat related to cargo shipments.

- • Entry for trade and business travel will continue to operate with additional screening.

SAFETY MEASURES AT THE BORDER: Numerous countries around the world have taken safety measures at their borders to stem the spread of the virus.

- • The President, like dozens of other leaders across the world, is taking action to protect the health and wellbeing of our citizens during this public health crisis.
- • Similar measures have been taken by numerous countries.

- • A number of countries have closed or restricted their borders to neighboring countries or the international community together.

STEMMING THE SPREAD OF THE CORONAVIRUS: President Trump acted early and decisively to restrict travel from impacted areas and continues to do so.

- • President Trump took action early to restrict travel from China and stem the spread of coronavirus to the United States.
- • The President took further action to restrict travel from additional impacted areas, including Iran, Europe, the United Kingdom, and Ireland.
- • American citizens are exempt from the travel restrictions and are being routed to select airports, where they can be properly screened.
- • The State Department has issued a global level 4 travel advisory, informing Americans that they should avoid all international travel.

###

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Subject:	Fwd: OPINION: A quick way to find more face masks
Date:	2020/03/20 14:25:29
Priority:	Normal
Type:	Note

Sent from my iPhone

Begin forwarded message:

From: POLITICO Pro Trade <politicoemail@politicopro.com>
Date: March 20, 2020 at 1:23:48 PM EDT
To: "Stecker, Judy (OS/IOS)" <Judy.Stecker@hhs.gov>
Subject: **OPINION: A quick way to find more face masks**
Reply-To: "POLITICO subscriptions" <reply-fe971c727160017c75-553241_HTML-880489367-1376319-330274@politicoemail.com>

OPINION: A quick way to find more face masks

By Joe Kwan-Ho Yun

03/20/2020 01:18 PM EDT

The scarcity of surgical face masks and other protective equipment for health workers has quickly become the most urgent problem facing those on the front lines of the coronavirus pandemic. Manufacturers are ramping up production of masks, gowns and gloves, but there will be a lag before the new supplies can reach hospitals already struggling to care for infected patients. Earlier this week, Vice President Mike Pence called on construction companies to donate their dust masks — which are identical to the ones used by doctors and nurses — to their local hospitals.

But there's another source of protective medical equipment that hasn't yet been discussed: Dentists and veterinarians. With the right financial incentives, dentists and vets can help bridge this critical gap.

Dentists and veterinarians use the exact same personal protective equipment as other medical workers, and they adhere to rigorous OSHA guidelines for surgical masks, gloves, and various sanitization materials. With an estimated 200,419 dentists and 71,060 veterinarians in the U.S.

workforce primarily in private practice, there exists an inventory of readily available medical equipment in dental and veterinary offices that could reinforce the strained supply chain.

But here's the problem: Most dental and veterinary offices are small businesses. Despite recommendations from the American Dental Association, many dental offices are staying open during the crisis; they share the concerns of fellow small-business owners in staying financially solvent and keeping employees on the payroll. Many are holding off as they await details of the small-business loans included in the Senate's COVID relief legislation, to see if they can afford to close. Meanwhile, their valuable medical supplies — such as face masks — have not been redirected toward hospitals.

Rather than hope for goodwill, federal and state governments should quickly implement policies to incentivize dentists and veterinarians to contribute their medical supplies to the fight against the coronavirus pandemic. Here are two ideas for doing that:

A direct buyback program. Federal, state and local governments could offer to purchase personal protective equipment from dental and veterinary clinics and directly cut a check to the businesses. This would provide dentists and vets quick revenue at a time that they may be strapped for cash; this would allow them to close while redistributing their inventory to hospitals. While the ideal buyback program would be at market rate or cost-plus pricing, the costs of such a plan may be less politically palatable given the already high level of estimated federal spending on COVID relief and economic stimulus. An alternative would be for governments to offer to purchase the protective equipment at a percentage of Medicare rates instead. (A similar policy could also be implemented for individual hoarders of protective equipment, but at a lower rate to discourage their practice.)

A “war bonds” style bond exchange. Historically, war bonds were federally backed patriotic debt securities purchased by citizens to finance the war efforts of World Wars I and II. Citizens purchased bonds to generate federal monetary supply in exchange for a guaranteed return on their security with interest at a lower rate. In echoing a war-time call to combat disease, modeling a similar initiative for protective equipment could incentivize donations faster and at lower cost to the government than a direct buyback.

Here's how a bond program could work: The government could set the value of a “COVID bond” at a discounted Medicare rate for the protective equipment and guarantee a set rate of interest. For example, if you donated \$100 worth of masks, the government would issue you a bond currently valued at \$80 with a guaranteed rate of 2.5% interest a year. At the end of a 15-year term, the bond would be valued at \$115.86. Dentists and vets could either hold on to the bonds or, if they needed short-term capital, sell the bonds on a secondary market to other individuals for cash.

These options would benefit both sides: Hospitals would receive a short-term influx of protective equipment, while private dental and veterinary offices could utilize the funds to cover fixed costs and offer employees leave. This way, dentists and vets could immediately contribute to addressing the public health emergency at a time when they are already seeing fewer patients already and benefit when demand and productivity resumes.

With hospital supplies nearing critical levels, the federal government must use creative policy tools to bolster dwindling supplies of protective equipment. Tapping existing inventory of masks, gowns and gloves in dental and veterinary offices can bridge the gap in the availability of personal protective equipment as we wait for supply chains to ramp up.

This report first appeared on The Agenda on March 20, 2020.

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Recipient:	Mango, Paul (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1d8863b643654b1aad9a38c952af613e-Mango, Paul>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Sent Date:	2020/03/20 14:25:28
Delivered Date:	2020/03/20 14:25:29

From:	FiscalNote CQ Roll Call <info@cq.com>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	New Coronavirus Resource Center
Date:	2020/03/20 14:46:35
Priority:	Normal
Type:	Note

FiscalNote | CQ Roll Call Fiscal Note + CQ

Hi there,

Our nation and the world are facing unprecedented instability and economic uncertainty in light of the COVID-19 pandemic; and the potential human toll is of greatest concern to us all.

We know that beyond the immediate health concerns, organizations like yours are likely grappling with additional policy implications from this crisis.

We've launched a [new resource center](#) to act as a trusted, consolidated source of coronavirus information including timely news coverage, transcripts, best practice resources, podcasts, policy guidance, and relevant federal, state, local and international data to help you navigate your organization's response.

Here are just a few highlighted resources:

Webinar: Coronavirus & The President's Budget

Join us on March 26 at 2:00 p.m. ET for a deep-dive into the President's budget and how COVID-19 is likely to affect it. You'll hear directly from the experts on what we can expect in the coming months, where the disagreements and concessions will be made, and what proposed additions and cuts will be finalized. [Register Now.](#)

Blog: COVID-19 and Legislation in the States

While much of the attention has been on the federal response, as of March 17, a total of 27 states had introduced legislation to combat the spread and effects of COVID-19. We've rounded them up and tracked their progress on our blog. [Read Now.](#)

Document: Nancy Pelosi's Letter to the Democratic Caucus Regarding the Coronavirus Response Bill

Read the full text of Speaker Pelosi's March 18 letter to her Democratic colleagues regarding further coronavirus relief bills. [Read Now.](#)

Podcast: CQ on Congress—Coronavirus Special Report

Get all the policy news and analysis you need to start and end your day, in just a few minutes. At 6 a.m., the Morning Minute includes potential House, Senate, White House and agency activity for the day as it relates to the virus. The 6 p.m. Evening Update shares the top coronavirus policy headlines and what they mean for Americans during this national crisis. [Listen Now.](#)

Visit the [FiscalNote Coronavirus Updates & Resource Center](#) for more. You can also [sign up for our daily newsletter](#) to receive the latest resources & news updates right to your inbox.

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<https://protect2.fireeye.com/url?k=e22269ef-be7760fc-e22258d0-0cc47adb5650-02abd1cbd8b870ee&u=https://fiscalnote.com/> | [Manage My Communication Preferences](#)

This email was sent to alex.azar@hhs.gov. If you no longer wish to receive these emails you may [manage your communication preferences](#) at any time.

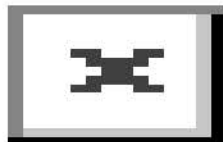
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Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 14:46:11
Delivered Date:	2020/03/20 14:46:35
Message Flags:	Unread

From:	Gerard Scimeca <gds@caseforconsumers.org>
To:	Gerard Scimeca <gds@caseforconsumers.org>
Subject:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. Mandate
Date:	2020/03/20 15:31:31
Priority:	Normal
Type:	Note

Good Afternoon --

Because of your important position as an advisor to the President, as well as the high level of influence you carry during this national crisis, our organization, Consumer Action for a Strong Economy (CASE) wanted to direct your attention to our urgent plea that the President abandon the proposed "Buy American" mandate for drug sourcing. Our position is stated in the message and link below.

Thank you for your time and attention, and all of your hard work and dedication on behalf of the American people.



trump_briefing2.jpg

President Trump Must Abandon Ill-Timed "Buy American" Drug Mandate

[See full message here:](#)

March 18, 2020

Prior to the interruptions caused due to the coronavirus, the Trump economy was surging. One of the primary factors propelling the robust economy is the President's focus on strengthening key domestic industries, such as energy and manufacturing that were previously neglected.

But in the midst of a global pandemic that has largely caused everyday life for tens of millions of Americans to screech to a halt, **now is certainly NOT the time to abruptly change the rules regarding how doctors and healthcare professionals treat their patients.**

It is extremely bad timing, then, that the administration is proposing a “Buy American” executive order that would require government agencies such as HHS, Defense Department and Veterans Affairs to requisition their medicines only from domestic sources. It would also likely apply to businesses with government contracts as well.

The problems with this maneuver are obvious; while the nation is mired in an ongoing global health crisis, creating new mandates on global supply chains will be entirely disruptive to efforts to diagnose, treat, and prevent the spread of coronavirus, as well as all other ailments, the treatments for which may lag as coronavirus stresses our healthcare system.

Mandating from where medicines and their vital ingredients are sourced limits us at a time when we need to be looking far and wide for answers. It is also a prescription for supply shortages and disruptions in treatment, which are the natural consequences to access restrictions.

As economist Wayne Winegarden writes, now is neither the time nor place to restrict America’s access to medical components and formulas that could lead to a treatment or vaccine, but to take action that “leverages the collective knowledge and resources from public and private institutions across the globe.”

And medicines are not entirely interchangeable, like auto parts. A medicine that may work on one patient may not be effective on another, which presents an entirely new danger to U.S. consumers. A sudden jerking of the wheel to steer medical supply chains away from current sources opens up the possibility that working formularies of medications could be entirely unavailable to the patients that need them. This would be a disaster, but it is entirely preventable.

Supporting U.S. industry and domestic independence on healthcare solutions is an important and admirable goal. But it must be measured by a higher priority, namely, what is in the best interest of America’s short-term and long-term health. We should never jeopardize the lives and health of Americans through secondary considerations such as the point of origin of a cure or treatment. Political considerations as evoked by a “Buy American” mandate put the health and lives of Americans.

Gerard Scimeca

Vice President

CASE - *Consumer Action for a Strong Economy*

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Sender:	Gerard Scimeca <gds@caseforconsumers.org>
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Delivered Date:	2020/03/20 15:31:31
Message Flags:	Unread

From:	Clark Tibbs PhageVax-VHO <cta@ee.net>
To:	Collins, Francis (NIH/OD) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4bd4f570bdc43f2800bf986fa40d75f-francis.col>; Collins, Francis (NIH/OD) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4bd4f570bdc43f2800bf986fa40d75f-francis.col>; Tabak, Lawrence (NIH/OD) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=197374c4f1864f8e97f24f1d96aeb765-lawrence.ta>; Allen-Gifford, Patrice (NIH/OD) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=803ed4e77c17499e9ad51fc86b512f9a-patrice.all>; Fauci, Anthony (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau>; Conrad, Patricia (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3793ae43a1744d8f8aa56b600c0c975b-patricia.co>; <GrantsPolicy@nih.gov>; <csdrr@mail.nih.gov>
CC:	Charrow, Robert (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00531138af454ce3ac0b5885bead345f-Charrow, Ro>; Bird, Catherine (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb9d9180497c49c4a06a0dd1f6043dc7-Bird, Cathe>; Stimson, Brian (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=338aa495176d4c92bb314f8f3f51d118-Stimson, Br>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Balsamo, Ralph (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5154e90d1f17484293769cd43eb7447e-Balsamo, Ra>; Tegeris, John (OS/ASPR/BARDA) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fd48e9eb139645df8b45ea8439820e7f-Tegeris, Jo>; Johnson, Anthony (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7565fc8485c446cf9b65beb58b6d74ce-Johnson, An>; Patrick, Vanessa (OS/ASPR/BARDA) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e4c572358d7e494f990ef256b7b7b238-Patrick, Va>; Blatner, Gretta (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=623cb123c2324236b1db6fb9153e0bbf-Blatner, Gr>
Subject:	TO NIH :: (Model Vaccine vs. COVID-19) (See Pg 8) FULL T-4 PHAGE Based Dual Vaccine vs Anthrax and Plague ... Courtesy from PhageVax
Date:	2020/03/20 15:33:03
Priority:	Normal
Type:	Note



PhageVax Logo ct.jpg Assume the virus is everywhere, because it is ...

Today is: Friday, March 20, 2020

>>> How many Doses can **CEPI Sponsored Companies** claim over what period of time? <<<

For the USA, alone, we will need 700 Million Vaccine Doses of the Tunable T-4 Lambda Bacteriophage-Head Vaccine vs. COVID-19:

-

Please see the Quality (from this Attachment), Speed and Volume claims below

-

To:

Francis S. Collins, PhD Francis.Collins@nih.hhs.gov ; collinsf@od.nih.gov

Director NIH ... DHHS/NIH/OD/IMOD ... Building 1, Room 126 ... MS 0122, Bethesda MD 20892-0122 USA ... Phone: (b)(6)

-and-

Dr. Lawrence Tabak lawrence.tabak@nih.gov ... NIH Principal Deputy Director ... Phone: (b)(6)

(b)(6)

-and

Patrice L. Allen-Gifford patrice.allen-gifford@nih.hhs.gov ... DHHS/NIH/OD/IMOD/ES ... Director Executive Secretariat ... Phone: (b)(6)

-

Email list: Francis.Collins@nih.hhs.gov ; collinsf@od.nih.gov ; lawrence.tabak@nih.gov ; patrice.allen-gifford@nih.hhs.gov

-

Division of Grants Policy GrantsPolicy@nih.gov

Office of Policy for Extramural Research Administration ... Office of Extramural Research ... Telephone: (b)(6)

Ref: https://grants.nih.gov/grants/natural_disasters.htm

and

Division of Receipt and Referral csrdrr@mail.nih.gov

Center for Scientific Review ... Telephone: (b)(6)

Ref: <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-20-082.html>

-

-

Please review then forward to the NIH DECISION-MAKERS for immediate funding consideration ... *before it is too late?*

-

BY THE WAY, NIH FUNDED THE EXCELLENT WORK IN THIS WORLD-CLASS Anthrax and Plague VACCINE.

-

QUESTION:

What is the Government's follow through ... to use this model for a COVID-19 Vaccine?

-

The PhD lab workers are getting sick! The ER MDs and Nurses are getting sick!

-

Please call Clark Tibbs today and/or this weekend at 1-740-366-9013 ... Thank you!

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Please consider. Since we are at the beginning of a global COVID-19 pandemic, your investment may save your own life and may reduce mortality in those **humans 60+** Quality, Volume and Speed. See this attachment which serves as the model.

PhageVax has selected three (3) teams of Bacteriophage (Phage) Experts for Redundancy and Con-Ops (Continuity of Operations).

We have comparison information showing superiority over other vaccine-types.

Clark Tibbs 1-740-502-9010 Let's talk this weekend?

-
PhageVax™ and its science-base of experts may need to enhance the epitopes whilst using **Codon Harmonization**.

Please consider this Novel “Tunable Lambda Phage-Head” Vaccine Platform vs. the new Coronavirus **COVID-19** ...

PhageVax™, hereby, offers to plan & organize diverse teams of well-established scientists to defeat/prevent various global Viral & Bacterial & Fungal & Parasite Diseases ... after funding from any responsible global organization. Gated communities will not stop disease.

‘**One Health**’ is observed and the primary paradigm at PhageVax™. Typical international travel from 1st world nations *has become hazardous to your health*.

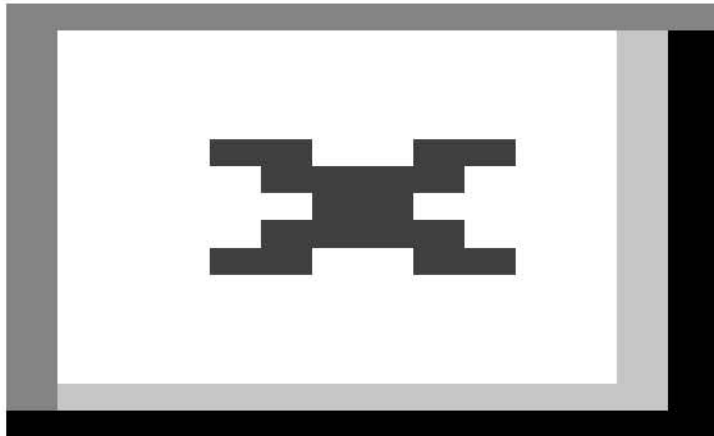
Nation-states and other Terrorist-organizations are contemplating the low financial cost and high kill-rate of easy to genetically-modify and rapidly distributed Viral Diseases. The USA is not ready. The World is not ready. This vaccine-platform documented below makes steps toward desired ‘readiness’.

Tunable Designer Nanoparticles™ for Theragnostic™, Vaccine and Bioreactor Applications

Overview: Historically, nanoparticles fall into two broad classes, viral and synthetic; each has advantages and disadvantages. To address these issues, we have developed a system that marries viral and synthetic design principles to afford “designer” nanoparticles for use in therapeutic, diagnostic and vaccine applications. Specifically, we have adapted the **phage lambda system** to afford nanoparticles whose surface can be *selectively* decorated with a variety of protein, carbohydrate and synthetic polymer-based macromolecules.

-
These can be displayed alone or in combination in *rigorously defined ratios* that are *precisely displayed* on the **shell (capsid) surface**. This feature is unprecedented in nanoparticle design. In addition, the particle can be **simultaneously loaded** with a variety of **cargo (phage-head packaging)**, again tailored to specific end-user requirements. Potential cargos include peptide, nucleic acid, organic and inorganic molecules, including drugs, toxins, quantum dots and metallic beads.

The system is **modular, tunable and adaptable**, which allows the design and construction of semi-synthetic nanoparticles for rapid deployment of particles tailored to specific “theragnostic™”, bioreactor, and vaccine applications.



cid:image002.png@01D307BE.10329F10

Designer Nanoparticle™ Construction and Applications

Our partners have shown that (i) small molecules, antibodies, glycoproteins and synthetic polymers can be used to decorate the shell surface in defined ratios, and that (ii) DNA and enzymes can simultaneously be “packaged into” each of the particles as cargo.

Here we propose to develop the system as a defined and tuned antigen particle for vaccine applications vs. Parasites, Viruses, Bacteria

Modular paradigm affords plug-n-play as universal platform.

Briefly, the decoration protein will be modified to display peptides derived from the target glycoprotein(s).

The nanoparticle shell can be decorated with a single sequence, or with a single and/or variety of different peptide sequences, glycosylated and non-glycosylated.

The epitopes will be displayed in defined ratios to optimize the antibody response. Importantly, the modified decoration proteins assemble as trimers at 140 sites that are symmetrically

displayed on the shell (capsid) surface. This feature affords a particle that presents antigens in high concentration and that are displayed in a predictable manner. In addition, the particle can be designed to simultaneously display antigens and many permutations of various types of adjuvants to engender a *highly antigenic* particle.

The platform can be *rapidly and specifically adapted* to generate a highly antigenic particle for vaccine development vs. *any pathogen*. Fewer steps to completion.

Thus, the modular system is ideally suited to rapid development and deployment of viable vaccines for emerging viral and bacterial threats, both natural and those developed as bioterror agents.

As an example: At least Three (3) to Four (4) individual vaccines (vs. the target pathogen) ... can be add-mixed to: inform the T-cells; inform the B-Cells; inform the Dendritic Cells (DCs); inform the Hematopoietic Stem Cells (HSC) (if needed) ? ... please see *recent discovery* below.

Note: When/if ... **cytokine storms** are observed in non-human primates and/or other Test Animals, then the PhageVax™ Teams will simply dial-back the tune-ability mechanisms that are built into these superior vaccine tools:

Please see: <https://www.ncbi.nlm.nih.gov/pubmed/?term=cytokine+storm+review>

The Phage-heads may be more heat-stable than current preparations for *less dependence on the cold-chain*.

The Lambda Phage Heads have distinct advantages over **Ad5** or **MVA** or **Lentivirus** or **Cell Culture** or **VLPs** or **Baculovirus**

=====

Recent discovery (Sept. 2018):

Eva Kaufmann receives the prize for describing a new mechanism for protection against tuberculosis with the vaccine Mycobacterium bovis Bacillus Calmette-Guérin (BCG). Tuberculosis is an infectious disease caused by mycobacteria. With approximately 1.7 million deaths per year, the disease is one of the ten most frequent causes of death worldwide. BCG is so far the only tuberculosis vaccine approved worldwide. The vaccine consists of attenuated, non-infectious bovine tuberculosis bacteria that are used as live vaccines. It is known that macrophages play a decisive role in the defence against tuberculosis infections. Unfortunately, macrophages are only very short-lived. Therefore, vaccine strategies directly targeting macrophages would have only a limited effect on the generation of longterm immunological memory. In contrast to macrophages, their precursor cells, the **Hematopoietic Stem Cells (HSC)** in the bone marrow, are very long-lived. HSC **generate all cells** of the blood system. Eva Kaufmann's work in the mouse model shows that the access of BCG to the bone marrow leads to a **reprogramming of HSCs**.

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COVID-19 SEQUENCES AS OF MID-FEB 2020

<http://virological.org/c/novel-2019-coronavirus/ncov-2019-evolutionary-history/35>

<http://virological.org/c/novel-2019-coronavirus/ncov-2019-genomic-epidemiology/36>

<http://virological.org/c/novel-2019-coronavirus/ncov-2019-diagnostics-and-vaccines/37>

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<https://www.ncbi.nlm.nih.gov/genbank/2019-ncov-seqs/>

2019-nCoV Sequences (Wuhan coronavirus) The tables below list the 2019-nCoV (Wuhan coronavirus) sequences currently available in GenBank and the Sequence Read Archive (SRA). The sequence lists were last updated Friday Feb 07 10:45 2020 EST, and are updated as additional sequences are released. The table content is available for [download](#).

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>>> How many Doses can **CEPI Sponsored Companies** claim over what period of time? <<<

For the USA, alone, we will need **700 Million Vaccine Doses** of the Tunable T-4 Lambda Bacteriophage-Head Vaccine vs. COVID-19:

-

-

See these Timeline & Volume Estimates: +/- 10%

-

The Tunable T-4 Lambda Phage Head Vaccine Platform vs. the 2019-nCoV Coronavirus

-

COVID-19 VACCINE ... STEPS ... TIME ... VOLUME [Manufactured to FDA cGMP and cGLP Standards]

Start: When funded:

2 WEEKS ... to find the **optimal epitopes** to **decorate** the T-4 Lambda Bacteriophage (Phage) Heads
..... via 50+ Candidates tested in mouse model

-

1 WEEK ... to verify the optimal epitopes did raise optimal antibodies in mouse model. Begin challenge-testing in **rabbit model**.

-

2 WEEKS ... 10+ Vaccine Candidates are grown in 1 liter flasks for viability and other proprietary standards.

-

2 WEEKS ... 2+ Vaccine Candidates are transferred to (2 Qty) **GE Wave Bioreactors** and grown overnight to 10^{13} Phage Heads Titer.

[Note: **25 LITERS** disposable plastic bags]

-

1 WEEK ... 10^{13} Phage Heads Titer ... are **diluted** in proper medium to 10^7 Phage Heads Titer = **10 Million Doses** for typical human.

-

-

1 WEEK ... Challenge-testing in **rabbit model** ... must prove **90% effective**, otherwise must re-construct the Phage Heads

-

4 WEEKS ... After all testing is completed: (35 to 40 Qty) GE Wave Bioreactors = **25 LITERS/each** = **700 Million Doses** for typical human.

diluted to 10^7 Phage Heads Titer

-

13 WEEKS

=====

NOTE:

Various administration routes will be tested in **Human Clinical Trials**, however the typical **Intramuscular (IM)** route is preferred.

=====

CC: TO:

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Ref: <https://directory.psc.gov/hhsdir/eeKey.asp?Key=38749>

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-

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=====

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	(FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau>; Conrad, Patricia (NIH/NIAID) [E] </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3793ae43a1744d8f8aa56b600c0c975b-patricia.co>; <GrantsPolicy@nih.gov>; <csrdrr@mail.nih.gov>; Charrow, Robert (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00531138af454ce3ac0b5885bead345f-Charrow, Ro>; Bird, Catherine (OS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bb9d9180497c49c4a06a0dd1f6043dc7-Bird, Cathe>; Stimson, Brian (HHS/OGC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=338aa495176d4c92bb314f8f3f51d118-Stimson, Br>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Bright, Rick (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric>; Balsamo, Ralph (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5154e90d1f17484293769cd43eb7447e-Balsamo, Ra>; Tegeris, John (OS/ASPR/BARDA) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fd48e9eb139645df8b45ea8439820e7f-Tegeris, Jo>; Johnson, Anthony (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7565fc8485c446cf9b65beb58b6d74ce-Johnson, An>; Patrick, Vanessa (OS/ASPR/BARDA) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e4c572358d7e494f990ef256b7b7b238-Patrick, Va>; Blatner, Gretta (OS/ASPR/BARDA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=623cb123c2324236b1db6fb9153e0bbf-Blatner, Gr>
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Delivered Date:	2020/03/20 15:33:03
Message Flags:	Unread NotifyRead

From:	Jobelle Reyes <speakers@covid-19-summit.net>
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Ford-Barnes, Arwenithia (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d533abc24cbe44b79f6fddc6b08737a6-Ford-Barnes>
CC:	<speakers@cov-s.com>
Subject:	RE: COVID-19 Preparedness Summit & Workshop- Call for Speakers
Date:	2020/03/20 15:50:00
Priority:	Normal
Type:	Note

Dear Ms. Ford-Barnes,

Good day. Hope everyone there is well.

I am emailing regarding the speaking invitation to Dr. Kadlec for the upcoming Coronavirus Preparedness Summit planned for this June 17th to 19th.

It is my pleasure to invite him to speak via satellite since we're going to have the conference via live broadcasting.

We can (dependent on availability) facilitate his participation either at a local studio, convenient to him, or a camera crew can visit him at his office or home.

Our virtual attendees are from the United States and also attendees from more than 45 countries.

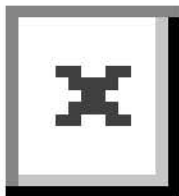
I greatly appreciate your consideration of this request.

Praying for the safety of everyone. Have a nice and safe day.

Thank you.

Best Regards,

Jobelle Reyes
(703) 665 4603
speakers@cov-s.net



CoV_signature.png

From: Ford-Barnes, Arwenthia (OS/ASPR/IO) [mailto:Arwenthia.FordBarnes@hhs.gov] **On Behalf Of** Kadlec, Robert (OS/ASPR/IO)
Sent: Monday, March 09, 2020 6:43 PM
To: speakers@cov-s.com; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Cc: Ford-Barnes, Arwenthia (OS/ASPR/IO) <Arwenthia.FordBarnes@hhs.gov>
Subject: RE: COVID-19 Preparedness Summit & Workshop- Call for Speakers

Good morning Ms. Reyes – I will send you an email separately in reference to this request.

Respectfully,

Arwenthia Ford-Barnes

Executive Assistant to the ASPR | *Dr. Robert Kadlec*

Office: (202) 205-8905 Mobile: (b)(6)

Email: Arwenthia.FordBarnes@hhs.gov



cid:image001.jpg@01D25524.FE41BB70

While others rest...we 'ASPR' are fighting the mission...

From: Jobelle Reyes <speakers@cov-s.net>
Sent: Monday, March 9, 2020 10:35 AM
To: Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>
Subject: COVID-19 Preparedness Summit & Workshop- Call for Speakers

Dear Dr. Kadlec,

It is my sincere pleasure to invite you to speak at the upcoming Coronavirus Preparedness Summit & Workshop planned for this June 17th to 19th in Washington, DC.

With expected 300 delegates from local, state, federal, and abroad, the 3-day event will bring together Public Health Officials, Emergency Preparedness Leaders, Academia, Business, Public and Private Sector Partners.

The COVID-19 Summit will provide a platform for public health officials and community stakeholders to come together, to network and exchange preparedness and response efforts. Special emphasis will be placed on identifying the responsibilities of various stakeholders in order to improve global communication coordination and collaboration.

Topics include:

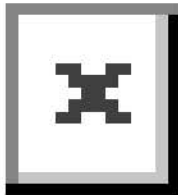
- • Delivery of Vaccine and Antiviral Medication
- • Mass Fatality Management Planning

- • Preparing Communities Strategies; Local Partnership and Participation
- • Benefit-Risk Assessment: Public Health, Industry and Regulatory Perspectives
- • Prevention Education Efforts and Risk Communication
- • Command, Control and Management
- • Emergency Response Management
- • Business-Based Planning
- • Community-Based Planning

I greatly appreciate your consideration of this request.

Best Regards,

Jobelle Reyes
 (703) 665 4603
speakers@cov-s.net



CoV_signature.png

Sender:	Jobelle Reyes <speakers@covid-19-summit.net>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Ford-Barnes, Arwenithia (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d533abc24cbe44b79f6fddc6b08737a6-Ford-Barnes>; <speakers@cov-s.com>
Sent Date:	2020/03/20 15:49:50
Delivered Date:	2020/03/20 15:50:00

From:	Lauren Graham (b)(6)
To:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Subject:	Buy America Executive Order
Date:	2020/03/20 15:52:15
Priority:	Normal
Type:	Note

Robert,

I recently learned of a planned executive order pertaining to the Buy America Act that would require items purchased using specific funds appropriated by Congress (i.e., COVID-19 assistance funds) be produced or manufactured in the United States.

I urge you and your colleagues to do everything in your power to discourage President Trump from issuing this directive.

There is no place for trade protectionism when we are in the midst of a global pandemic. We need to be willing and able to accept supplies, resources, and support from anywhere we can find it. Restricting resources at a time when we are already experiencing significant supply chain issues for these products could ultimately cost Americans their lives.

Not to mention, complying with such a mandate would require a massive shift in manufacturing for lifesaving medicine, medical supplies, and their components to U.S.-only sources, which would be prohibitively costly, if not impossible, especially in the short term.

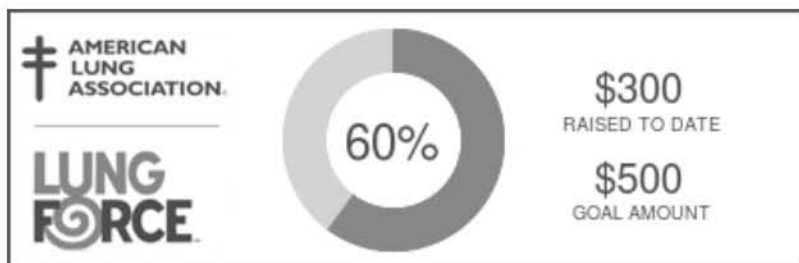
The last thing the U.S. needs in the face of the COVID-19 outbreak is a major disruption to the global supply chain that American patients rely on for access to their medicines.

Thank you for your consideration.

Sincerely,

Lauren

Lauren Graham, PhD
Development Manager
American Lung Association



Be a part of the FORCE to defeat lung cancer and lung disease.

Sender:	Lauren Graham <(b)(6)>
Recipient:	Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>
Sent Date:	2020/03/20 15:51:40
Delivered Date:	2020/03/20 15:52:15

From:	OS OASH ASHNEWS (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F41B63D3B2A94DACBDB6F1F7BD9B5997-OSASHNEWS>
To:	OS OASH ASHNEWS (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f41b63d3b2a94dacbdb6f1f7bd9b5997-OSashnews>; OASH All Staff </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9f598c298b7340b2bd419b1eb6b13fb2-OASH-All-St>
Subject:	ASH NEWS: Administrative & Personnel Updates
Date:	2020/03/20 16:04:07
Priority:	Normal
Type:	Note

Dear Colleagues:

I want to share important administrative and personnel updates with you as HHS and OASH continue our mission in response to the COVID-19 outbreak. This is an unprecedented situation, with unforeseen challenges, and demands professionals with broad experience and training, who can adapt and go anywhere needed to perform a variety of functions. As we continue to respond to the pandemic, I am calling on various expertise within OASH to contribute their talents to the response.

I want to ensure that I have fully communicated to you my role in the response. In early March, Secretary Azar named Dr. Bob Kadlec, Assistant Secretary for Preparedness and Response, the internal HHS lead for the COVID-19 response. I was designated to serve as his deputy. In addition, last week Secretary Azar designated me to lead coordination of the COVID-19 diagnostic testing among Public Health Service agencies, state and local public health authorities, and private/public clinical laboratories.

To ensure smooth continuity of OASH programs, RADM Sylvia Trent-Adams, Principal Deputy Assistant Secretary for Health, will oversee the day-to-day operations of OASH until further notice. If there are critical matters that require my attention, please work with RADM Trent-Adams and Carla Haddad, Chief of Staff.

As part of our efforts to stand up community-based testing sites around the country, RADM Erica Schwartz, Deputy Surgeon General, will lead the operation that will stand up community based testing sites in at least 12 states. These will supplement existing testing sites established by state, local, and private partners. Because this will require 100% effort and location at the National Emergency Response Center, I have instructed RADM Susan Orsega, Director of Commissioned Corps Headquarters, to report directly to RADM Trent-Adams until further notice.

Dr. Tammy Beckham, Director of the Office of Infectious Disease and HIV/AIDS Policy (OIDP), will lead the entire Lab/Diagnostics Team that is responsible for coordinating the development distribution of laboratory testing capabilities throughout the private and public sector, including technology integration. Similarly, because this will require 100% effort and

location at the National Emergency Response Center, RADM Trent-Adams will oversee the day-to-day operations of ODP until further notice.

Thank you for your dedication and continued work during these stressful times. We have critical work that must move forward, as much as feasibly possible, as we lead America to healthier lives.

Sincerely,

Brett P. Giroir, MD
ADM, US Public Health Service
Assistant Secretary for Health

Sender:	OS OASH ASHNEWS (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F41B63D3B2A94DACBDB6F1F7BD9B5997-OSASHNEWS>
Recipient:	OS OASH ASHNEWS (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f41b63d3b2a94dacbdb6f1f7bd9b5997-OSashnews>; OASH All Staff </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9f598c298b7340b2bd419b1eb6b13fb2-OASH-All-St>
Sent Date:	2020/03/20 16:03:26
Delivered Date:	2020/03/20 16:04:07

From:	Oxner, Julie (OS/ASPR/OEA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F96241C6A5F8401A9A218C259F2E614A-OXNER, JULI>
To:	Oxner, Julie (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f96241c6a5f8401a9a218c259f2e614a-Oxner, Juli>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Kemp, Micha (OS/ASPR/MFHC) <Micha.Kemp@hhs.gov>; Waters, Cicely (OS/ASPR/OEA) <Cicely.Waters@hhs.gov>
CC:	Callahan, Victoria (OS/ASPR/IO) (CTR) <Victoria.Callahan@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Sauer, Michael (OS/ASPR) <Michael.Sauer@hhs.gov>
Subject:	HOLD Hill COVID-19 Call
Date:	2020/03/20 12:11:39
Start Date:	2020/03/20 14:00:00
End Date:	2020/03/20 15:00:00
Priority:	Normal
Type:	Appointment
Location:	CALL (b)(6)
Attendees:	Oxner, Julie (OS/ASPR/OEA); Shuy, Bryan (OS/ASPR/IO); Kemp, Micha (OS/ASPR/MFHC); Waters, Cicely (OS/ASPR/OEA); Callahan, Victoria (OS/ASPR/IO) (CTR); Kadlec, Robert (OS/ASPR/IO) (Robert.Kadlec@hhs.gov); Michael Sauer (OS/ASPR) (Michael.Sauer@hhs.gov)

Hi Victoria, we are doing a 2pm Hill call (with members and staff but members only asking questions). Bryan Shuy asked me to have you add this Dr. Kadlec's calendar.

This is the call in info: (b)(6)

And this is his role: After Dr. Giroir provides an update on testing, Dr. Kadlec should speak to general PPE issues, what we're doing to get more PPE, and also give an overview of how SNS is working. That entities should first go to the state and the state can request supplies from the SNS, etc. Twomey can weigh in here on what else would be helpful for ASPR to hit on since he's been talking with so many offices about SNS things.

-----Original Appointment-----

From: Oxner, Julie (OS/ASPR/OEA) <Julie.Oxner@hhs.gov>

Sent: Friday, March 20, 2020 11:55 AM

To: Oxner, Julie (OS/ASPR/OEA); Shuy, Bryan (OS/ASPR/IO); Kemp, Micha (OS/ASPR/MFHC); Waters, Cicely (OS/ASPR/OEA)

Cc: Callahan, Victoria (OS/ASPR/IO) (CTR)

Subject: HOLD Hill COVID-19 Call

When: Friday, March 20, 2020 2:00 PM-3:00 PM (UTC-05:00) Eastern Time (US & Canada).

Where: CALL

-----Original Appointment-----

From: Oxner, Julie (OS/ASPR/OEA)

Sent: Thursday, March 19, 2020 2:07 PM

To: Oxner, Julie (OS/ASPR/OEA); Shuy, Bryan (OS/ASPR/IO); Kemp, Micha (OS/ASPR/MFHC); Waters, Cicely (OS/ASPR/OEA)

Subject: HOLD Hill COVID-19 Call

When: Friday, March 20, 2020 2:00 PM-3:00 PM (UTC-05:00) Eastern Time (US & Canada).

Where: CALL

HHS: ADM Brett Giroir

ASPR: Bryan Shuy

CDC: Dr. Butler

FDA: Dr. Shah

NIAID: Dr. Andrea Lerner & Dr. Chase Crawford

CMS: Alec Aramanda

Again, the call in information is as follows:

Dial-in: (b)(6)

Leader code: (b)(6)

Participant code: (b)(6)

ADM Giroir will give an update on testing

ASPR provide general overview of PPE:

- HHS is deploying personal protective equipment from the Strategic National Stockpile to areas in need in the most equitable way for a nationwide response.
- The allocation strategy is based on a pro-rata formula that is proportionate to the population size of each jurisdiction based on 2010 U.S. Census data.
- Jurisdictions included in the allocation include all 50 states, 4 large metropolitan areas (New York City, Chicago, Los Angeles County and Washington, D.C.) and 8 island jurisdictions.
- It is important to note that the pro-rata allocations are likely less than what states are currently requesting. However, jurisdictions are receiving 100% of their allocations. Areas of high transmission may receive additional allocations by request.
- At this time, we have received requests from almost all 50 states.
- If states need additional PPE, they should work through their State Health Department. States will then identify needs, consolidate the request, and submit to HHS.

Sender:	Oxner, Julie (OS/ASPR/OEA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F96241C6A5F8401A9A218C259F2E614A-OXNER, JULI>
Recipient:	Oxner, Julie (OS/ASPR/OEA) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f96241c6a5f8401a9a218c259f2e614a-Oxner, Juli>; Shuy, Bryan (OS/ASPR/IO) <Bryan.Shuy@hhs.gov>; Kemp, Micha (OS/ASPR/MFHC) <Micha.Kemp@hhs.gov>; Waters, Cicely (OS/ASPR/OEA) <Cicely.Waters@hhs.gov>; Callahan, Victoria (OS/ASPR/IO) (CTR) <Victoria.Callahan@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob>; Sauer, Michael (OS/ASPR) <Michael.Sauer@hhs.gov>
Sent Date:	2020/03/20 12:11:39
From:	Pence, Laura (HHS/ASL) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D1027E80D2334093870FDB436C5576CD-PENCE, LAUR>
To:	Callahan, Victoria (OS/ASPR/IO) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=95162cb185624a6ebe5fadf08484c141-Callanhan,>
CC:	Paden, Maris (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=eae4452ac13a4ac899073281e0b49ece-Paden, Mari>; Morse, Sara (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=eb3a04f7dbde41049bfd10f490d3e178-Morse, Sara>; Twomey, John K. (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=19680eb195ee416382a5b401b6b3aa3f-Twomey, Joh>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>
Subject:	2pm call for Kadlec
Date:	2020/03/20 11:41:44
Importance:	High
Priority:	Urgent
Type:	Note

Hi Victoria, we are doing a 2pm Hill call (with members and staff but members only asking questions). Bryan Shuy asked me to have you add this Dr. Kadlec's calendar.

This is the call in info: (b)(6)

And this is his role: After Dr. Giroir provides an update on testing, Dr. Kadlec should speak to general PPE issues, what we're doing to get more PPE, and also give an overview of how SNS is working. That entities should first go to the state and the state can request supplies from the SNS, etc. Twomey can weigh in here on what else would be helpful for ASPR to hit on since he's been talking with so many offices about SNS things.

Sender:	Pence, Laura (HHS/ASL) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D1027E80D2334093870FDB436C5576CD-PENCE, LAUR>
Recipient:	Callahan, Victoria (OS/ASPR/IO) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=95162cb185624a6ebe5fadf08484c141-Callanhan,>; Paden, Maris (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=eae4452ac13a4ac899073281e0b49ece-Paden, Mari>; Morse, Sara (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=eb3a04f7dbde41049bfd10f490d3e178-Morse, Sara>; Twomey, John K. (HHS/ASL) </o=ExchangeLabs/ou=Exchange Administrative Group

	(FYDIBOHF23SPDLT)/cn=Recipients/cn=19680eb195ee416382a5b401b6b3aa3f-Twomey, Joh>; Shuy, Bryan (OS/ASPR/IO) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fdeb5ca04b6b4ed19fec2209b5f571e7-Shuy, Bryan>
Sent Date:	2020/03/20 11:41:43
Delivered Date:	2020/03/20 11:41:44

From:	Newman, Kimberly (OS/ASPR/MFHC) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=108923B7CFCF4DA4983724291F619FB9-NEWMAN, KIM>
To:	OS - ASPR - Supervisors </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=be1305c678b64ce9becf3504c7679215-ASPR-Superv>; Harrell, Fran (ASPR/SNS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b192ab3dc540475693a4bf486fd66d5f-fran.harrel>
CC:	Newman, Kimberly (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=108923b7cfcf4da4983724291f619fb9-Newman, Kim>
Subject:	FW: DCIO Operations going forward for the next couple of weeks
Date:	2020/03/20 17:16:11
Importance:	High
Priority:	Urgent
Type:	Note

Good evening Managers and Supervisors,

I'd like to highlight #3 from the update that Clayton sent out earlier. As HC continues to work to bring on hires for ASPR to include those to support COVID-19, note that these candidates will be impacted by the equipment shortage. We will continue to highlight urgent and priority hires as quickly as possible, but wanted to manage expectations as much as we can.

3. **NEW USER REQUEST** - DCIO is informing us to put in New User request as we get them. DCIO will do their best to get the equipment out on a case by case effort but there is an equipment shortage and a man power shortage. Delivery times will vary. The SSB IT group will work with DCIO to help facilitate these request but understand there are no guarantees as far as delivery times.

Kimberly M. Newman
 Director, Division of Human Capital
 Office: 202-260-1100
 Mobile: (b)(6)

From: Austin, Clayton (OS/ASPR/ORM) <Clayton.Austin@hhs.gov>
Sent: Friday, March 20, 2020 2:28 PM
To: OS - ASPR Staff <ASPRStaff@hhs.gov>
Subject: DCIO Operations going forward for the next couple of weeks

To All ASPR Users:

Please be advised of DCIO Operations for the next couple of weeks, see below:

1. **All Windows 10 – 1803** - upgrades have been “**SUSPENDED**” until a VPN solution is available. No one will be kicked off the network.
2. **DCIO will have no staff in the North Capital Region** - this means, **No Tech’s on site to hand out or deal with Break fixes**. If you have a break fix need, email [HHS ITIO SERVICEDESK@hhs.gov](mailto:HHS_ITIO_SERVICEDESK@hhs.gov) and copy us at ASPRITSERVICEREQUEST@hhs.gov and we will get DCIO to send you a laptop. As for your data transfer, DCIO confirmed that they will have to do this at a later date. DCIO also confirms once they have techs onsite again they will do data transfers.
3. **NEW USER REQUEST** - DCIO is informing us to put in New User request as we get them. DCIO will do their best to get the equipment out on a case by case effort but there is an equipment shortage and a man power shortage. Delivery times will vary. The SSB IT group will work with DCIO to help facilitate these request but understand there are no guarantees as far as delivery times.
4. **VPN upgrade** – According to DCIO, the VPN upgrades were successful which means better performance and more users can gain access. If you are still having issues please contact the HHS Service Desk at the email above.
5. **iPhone lockout/resets** – If you experience an iPhone lockout or need your iPhone reset, please contact the HHS Service Desk and Cc ASPR IT. We have been assured by DCIO that the Service Desk can handle these request remotely.

Thanks for everyone’s patience and cooperation, everyone Stay Safe.

Clayton Austin, MCP

Branch Chief

Service & Support Branch (SSB)
Information Technology Services Division (ITSD)
Office of Resource Management (ORM)
Assistant Secretary for Preparedness & Response
U.S. Department of Health and Human Services (HHS)
The Thomas P. O'Neill Federal Building
200 C Street, SW
Concourse Level
Room C3F13
Washington, DC 20024
Office: 202-205-0907
Mobile: (b)(6)
Fax: 202-260-0264

Disclaimer:

This message is intended for the exclusive use of the recipient(s) named above. It may contain information that is PROTECTED, PRIVILEGED, and/or CONFIDENTIAL, and it should not be disseminated, distributed, or copied to persons not authorized to receive such information. All sensitive documents must be properly labeled before dissemination via email. If you are not the intended recipient, any dissemination, distribution, or copying is strictly prohibited. If you have received this communication in error, please erase all copies of the message and its attachments and notify us immediately.

Sender:	Newman, Kimberly (OS/ASPR/MFHC) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=108923B7CFCF4DA4983724291F619FB9-NEWMAN, KIM>
Recipient:	OS - ASPR - Supervisors </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=be1305c678b64ce9becf3504c7679215-ASPR-Superv>; Harrell, Fran (ASPR/SNS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b192ab3dc540475693a4bf486fd66d5f-fran.harrel>; Newman, Kimberly (OS/ASPR/MFHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=108923b7cfcf4da4983724291f619fb9-Newman, Kim>
Sent Date:	2020/03/20 17:16:09
Delivered Date:	2020/03/20 17:16:11
Message Flags:	Unread

From:	Janet McKnight <janet.mcknight@aah.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:	2020/03/20 17:20:21
Priority:	Normal
Type:	Note

Janet McKnight

(b)(6)

March 20, 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,
Janet McKnight

Sender:	Janet McKnight <janet.mcknight@aah.org>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:19:56
Delivered Date:	2020/03/20 17:20:21
Message Flags:	Unread

From:	Rick Michaelson <richard.michaelson@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:	2020/03/20 17:20:23
Priority:	Normal
Type:	Note

Rick Michaelson
Department of Pathology St Thomas Rutherford Hospital
Murfreesboro, TN 37129

March 20, 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,
Rick Michaelson

Sender:	Rick Michaelson <richard.michaelson@ascension.org>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:19:56
Delivered Date:	2020/03/20 17:20:23
Message Flags:	Unread

From:	Ron Lee <(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:	2020/03/20 17:20:30
Priority:	Normal
Type:	Note

Ron Lee
(b)(6)

March 20, 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,
Ron Lee

Sender:	Ron Lee <(b)(6)>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:19:56
Delivered Date:	2020/03/20 17:20:30
Message Flags:	Unread

From:	Yimin Dong (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:	2020/03/20 17:20:34
Priority:	Normal
Type:	Note

Yimin Dong

(b)(6)

March 20, 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,
Yimin Dong

Sender:	Yimin Dong (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:19:57
Delivered Date:	2020/03/20 17:20:34

From:	Michael A Nardi <michael.nardi@nyumc.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:	2020/03/20 17:30:30
Priority:	Normal
Type:	Note

Michael A Nardi

(b)(6)

March 20, 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,
Michael A Nardi

Sender:	Michael A Nardi <michael.nardi@nyumc.org>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:29:58
Delivered Date:	2020/03/20 17:30:30
Message Flags:	Unread

From:	Karen Mosier (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:	2020/03/20 17:30:33
Priority:	Normal
Type:	Note

Karen Mosier

(b)(6)

March 20, 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,
Karen Mosier

Sender:	Karen Mosier (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:29:58
Delivered Date:	2020/03/20 17:30:33
Message Flags:	Unread

From:	Chanda Neak <(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:	2020/03/20 17:30:32
Priority:	Normal
Type:	Note

Chanda Neak

(b)(6)

March 20, 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,
Chanda Neak

Sender:	Chanda Neak <(b)(6)>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:29:58
Delivered Date:	2020/03/20 17:30:32
Message Flags:	Unread

From:	Hany Meawad <(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:	2020/03/20 17:30:28
Priority:	Normal
Type:	Note

Hany Meawad

(b)(6)

March 20, 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,

Hany Meawad

Sender:	Hany Meawad <(b)(6)>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:29:58
Delivered Date:	2020/03/20 17:30:28
Message Flags:	Unread

From:	Kim Williams (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:	2020/03/20 17:30:15
Priority:	Normal
Type:	Note

Kim Williams

(b)(6)

March 20, 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,
Kim Williams

Sender:	Kim Williams (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:29:58
Delivered Date:	2020/03/20 17:30:15
Message Flags:	Unread

From:	Megan Ritter <(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:	2020/03/20 17:30:29
Priority:	Normal
Type:	Note

Megan Ritter

(b)(6)

March 20, 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,
Megan Ritter

Sender:	Megan Ritter <(b)(6)>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:29:59
Delivered Date:	2020/03/20 17:30:29
Message Flags:	Unread

From:	Rosalind McClure (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:	2020/03/20 17:30:33
Priority:	Normal
Type:	Note

Rosalind McClure
Campus drive
Klamath Falls, OR 97603

March 20, 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,
Rosalind McClure

Sender:	Rosalind McClure (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:29:59
Delivered Date:	2020/03/20 17:30:33
Message Flags:	Unread

From:	Juliana Hultstrom (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:	2020/03/20 17:30:34
Priority:	Normal
Type:	Note

Juliana Hultstrom
(b)(6)

March 20, 2020

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Sincerely,
Juliana Hultstrom

Sender:	Juliana Hultstrom (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:29:59
Delivered Date:	2020/03/20 17:30:34
Message Flags:	Unread

From:	Melissa Hinton <(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:	2020/03/20 17:30:34
Priority:	Normal
Type:	Note

Melissa Hinton

(b)(6)

March 20, 2020

Dear Alex Azar,

Dear Administrator Verma:

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Sincerely,
Melissa Hinton

Sender:	Melissa Hinton <(b)(6)>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:29:59
Delivered Date:	2020/03/20 17:30:34
Message Flags:	Unread

From:	Alan Hirayama <alan.hirayama@providence.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:	2020/03/20 17:30:41
Priority:	Normal
Type:	Note

Alan Hirayama

(b)(6)

March 20, 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,
Alan Hirayama

Sender:	Alan Hirayama <alan.hirayama@providence.org>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:29:59
Delivered Date:	2020/03/20 17:30:41
Message Flags:	Unread

From:	Reda Tadros (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:	2020/03/20 17:30:38
Priority:	Normal
Type:	Note

Reda Tadros

(b)(6)

March 20, 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,
Reda Tadros

Sender:	Reda Tadros (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:29:59
Delivered Date:	2020/03/20 17:30:38
Message Flags:	Unread

From:	Patricia Perez (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:	2020/03/20 17:30:38
Priority:	Normal
Type:	Note

Patricia Perez

(b)(6)

March 20, 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,
Patricia Perez

Sender:	Patricia Perez (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:29:59
Delivered Date:	2020/03/20 17:30:38
Message Flags:	Unread

From:	Alexandra Harrington (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:	2020/03/20 17:30:38
Priority:	Normal
Type:	Note

Alexandra Harrington

(b)(6)

March 20, 2020

Dear Alex Azar,

Dear Administrator Verma:

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Sincerely,
Alexandra Harrington

Sender:	Alexandra Harrington (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:29:59
Delivered Date:	2020/03/20 17:30:38
Message Flags:	Unread

From:	Nicola Rieker (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:	2020/03/20 17:30:36
Priority:	Normal
Type:	Note

Nicola Rieker

(b)(6)

March 20, 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,
Nicola Rieker

Sender:	Nicola Rieker (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:29:59
Delivered Date:	2020/03/20 17:30:36
Message Flags:	Unread

From:	Kristi Parsons <kristi_parsons@memorial.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:	2020/03/20 17:30:36
Priority:	Normal
Type:	Note

Kristi Parsons

(b)(6)

March 20, 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,
Kristi Parsons

Sender:	Kristi Parsons <kristi_parsons@memorial.org>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:29:59
Delivered Date:	2020/03/20 17:30:36
Message Flags:	Unread

From:	Yadiris López (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:	2020/03/20 17:30:35
Priority:	Normal
Type:	Note

Yadiris López

(b)(6)

March 20, 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,
Yadiris López

Sender:	Yadiris López (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:30:00
Delivered Date:	2020/03/20 17:30:35
Message Flags:	Unread

From:	Paulette Arnold (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:	2020/03/20 17:30:35
Priority:	Normal
Type:	Note

Paulette Arnold

(b)(6)

March 20, 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,
Paulette Arnold

Sender:	Paulette Arnold (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:30:00
Delivered Date:	2020/03/20 17:30:35
Message Flags:	Unread

From:	Liliane Meteumba <(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:	2020/03/20 17:30:40
Priority:	Normal
Type:	Note

Liliane Meteumba

(b)(6)

March 20, 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,
Liliane Meteumba

Sender:	Liliane Meteumba <(b)(6)>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:30:00
Delivered Date:	2020/03/20 17:30:40
Message Flags:	Unread

From:	Peter Gabra <(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:	2020/03/20 17:30:39
Priority:	Normal
Type:	Note

Peter Gabra

(b)(6)

March 20, 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,
Peter Gabra

Sender:	Peter Gabra <(b)(6)>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:30:00
Delivered Date:	2020/03/20 17:30:39
Message Flags:	Unread

From:	Nancy Alexander (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:	2020/03/20 17:31:07
Priority:	Normal
Type:	Note

Nancy Alexander

(b)(6)

March 20, 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 Alexander

Sender:	Nancy Alexander (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:30:00
Delivered Date:	2020/03/20 17:31:07
Message Flags:	Unread

From:	Wendy Budge <(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:	2020/03/20 17:31:05
Priority:	Normal
Type:	Note

Wendy Budge

(b)(6)

March 20, 2020

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Dear Administrator Verma:

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Sincerely,
Wendy Budge

Sender:	Wendy Budge <(b)(6)>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:30:00
Delivered Date:	2020/03/20 17:31:05
Message Flags:	Unread

From:	Lisa Marek <lisa.marek@bswhealth.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:	2020/03/20 17:30:42
Priority:	Normal
Type:	Note

Lisa Marek

(b)(6)

March 20, 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,
Lisa Marek

Sender:	Lisa Marek <lisa.marek@bswhealth.org>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:30:00
Delivered Date:	2020/03/20 17:30:42
Message Flags:	Unread

From:	Carmen Evrard <slecjne@roadrunner.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:	2020/03/20 17:31:16
Priority:	Normal
Type:	Note

Carmen Evrard

(b)(6)

March 20, 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,
Carmen Evrard

Sender:	Carmen Evrard <slecjne@roadrunner.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:30:01
Delivered Date:	2020/03/20 17:31:16
Message Flags:	Unread

From:	ANNA LUBATTI (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:	2020/03/20 17:31:11
Priority:	Normal
Type:	Note

ANNA LUBATTI

(b)(6)

March 20, 2020

Dear Alex Azar,

Dear Administrator Verma:

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Sincerely,

ANNA LUBATTI

Sender:	ANNA LUBATTI (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:30:01
Delivered Date:	2020/03/20 17:31:11
Message Flags:	Unread

From:	Dan Betinec (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:	2020/03/20 17:31:10
Priority:	Normal
Type:	Note

Dan Betinec

(b)(6)

March 20, 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,
Dan Betinec

Sender:	Dan Betinec (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:30:01
Delivered Date:	2020/03/20 17:31:10
Message Flags:	Unread

From:	Stephen Gill (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:	2020/03/20 17:31:07
Priority:	Normal
Type:	Note

Stephen Gill

(b)(6)

March 20, 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,
Stephen Gill

Sender:	Stephen Gill (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:30:01
Delivered Date:	2020/03/20 17:31:07
Message Flags:	Unread

From:	Sherman, Jennifer (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F30FE7FAE664419FA654B20EDCCB1E78-SHERMAN, JE>
To:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Subject:	RE: NYT story
Date:	2020/03/20 17:37:41
Priority:	Normal
Type:	Note

So, if asked about the piece, the main thing to stress here is that this was a pandemic flu exercise – which is vastly different from what’s currently taking place.

Below is information ASPA provided to the reporters working on the piece – lots of great info below (if asked)

On background:

I’d note that this Crimson Contagion exercise was on pandemic influenza...very different than the novel coronavirus.

Related to pandemic influenza, August 13-16, 2019, ASPR led the Crimson Contagion 2019 Functional Exercise (Crimson Contagion). In December 2019, Dr. Kadlec testified on the hill:

<https://docs.house.gov/meetings/IF/IF02/20191204/110278/HHRG-116-IF02-Wstate-KadlecMDMTMHMSR-20191204.pdf>

So the premise of this question, on dates, isn’t fair:

Given the exercise’s conclusion that the US was woefully unprepared, and needed far larger commitments of funds for hospitals, equipment, vaccines and other arenas, why did Mr. Trump not move in 2021 FY or in the three prior fiscal years to allocate more funding to help prevent and respond to global pandemics?

The FY 2021 budget robustly supports these programs: <https://www.hhs.gov/sites/default/files/fy-2021-budget-in-brief.pdf>

On funding—Working with Congress, during President Trump’s tenure, every part of HHS’s preparedness and infectious disease program activity has been enhanced & expanded. From FY17-20:

- CDCgov budget +\$668M
- NIH budget +\$7.4B
- PHEgov budget +\$621M
- CDC Global Disease Detection +\$125M
- ASPR Pandemic Preparedness +\$203M
- Strategic National Stockpile +\$130M
- BARDA & BioShield +\$275M

Furthermore—After the exercise on pandemic influenza, POTUS announced the flu EO in September 2019.

From: Sherman, Jennifer (HHS/OASH)

Sent: Friday, March 20, 2020 5:32 PM

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

Subject: NYT story

Hi, sir – Martha just sent over this NYT story from yesterday and indicated she might ask you about this. I've asked ASPA if they have any guidance but wanted to check in with you too.

Before Virus Outbreak, a Cascade of Warnings Went Unheeded

Government exercises, including one last year, made clear that the U.S. was not ready for a pandemic like the coronavirus. But little was done.

By David E. Sanger, Eric Lipton, Eileen Sullivan and Michael Crowley

• Published March 19, 2020 Updated March 20, 2020, 9:49 a.m. ET

•

WASHINGTON — The outbreak of the respiratory virus began in China and was quickly spread around the world by air travelers, who ran high fevers. In the United States, it was first detected in Chicago, and 47 days later, the World Health Organization declared a pandemic. By then it was too late: 110 million Americans were expected to become ill, leading to 7.7 million hospitalized and 586,000 dead.

That scenario, code-named “Crimson Contagion” and imagining an influenza pandemic, was simulated by the Trump administration’s Department of Health and Human Services in a series of exercises that ran from last January to August.

The simulation’s sobering results — [contained in a draft report dated October 2019](#) that has not previously been reported — drove home just how underfunded, underprepared and uncoordinated the federal government would be for a life-or-death battle with a virus for which no treatment existed.

The draft report, marked “not to be disclosed,” laid out in stark detail repeated cases of “confusion” in the exercise. Federal agencies jockeyed over who was in charge. State officials and hospitals struggled to figure out what kind of equipment was stockpiled or available. Cities and states went their own ways on school closings.

Many of the potentially deadly consequences of a failure to address the shortcomings are now playing out in all-too-real fashion across the country. And it was hardly the first warning for the nation’s leaders. Three times over the past four years the U.S. government, across two administrations, had grappled in depth with what a pandemic would look like, identifying likely shortcomings and in some cases recommending specific action.

In 2016, the Obama administration produced a [comprehensive report](#) on the lessons learned by the government from battling Ebola. In January 2017, outgoing Obama

administration officials ran an extensive exercise on responding to a pandemic for incoming senior officials of the Trump administration.

The full story of the Trump administration's response to the coronavirus is still playing out. Government officials, health professionals, journalists and historians will spend years looking back on the muddled messages and missed opportunities of the past three months, as President Trump moved from dismissing the coronavirus as a few cases that would soon be "under control" to [his revisionist announcement on Monday](#) that he had known all along that a pandemic was on the way.

What the scenario makes clear, however, is that his own administration had already modeled a similar pandemic and understood its potential trajectory.

The White House defended its record, saying it responded to the 2019 exercise with an executive order to improve the availability and quality of flu vaccines, and that it moved early this year to [increase funding](#) for the Department of Health and Human Services' program that focuses on global pandemic threats.

"Any suggestion that President Trump did not take the threat of COVID-19 seriously is false," said Judd Deere, a White House spokesman.

But officials have declined to say why the administration was so slow to roll out broad testing or to move faster, as the simulations all indicated it should, to urge social distancing and school closings.

Asked at his news briefing on Thursday about the government's preparedness, Mr. Trump responded: "Nobody knew there would be a pandemic or epidemic of this proportion. Nobody has ever seen anything like this before."

The work done over the past five years, however, demonstrates that the government had considerable knowledge about the risks of a pandemic and accurately predicted the very types of problems Mr. Trump is now scrambling belatedly to address.

Crimson Contagion, the exercise conducted last year in Washington and 12 states including New York and Illinois, showed that federal agencies under Mr. Trump continued the Obama-era effort to think ahead about a pandemic.

But the planning and thinking happened many layers down in the bureaucracy. The knowledge and sense of urgency about the peril appear never to have gotten sufficient attention at the highest level of the executive branch or from Congress, leaving the nation with funding shortfalls, equipment shortages and disorganization within and among various branches and levels of government.

The October 2019 report in particular documents that officials at the Departments of Homeland Security and Health and Human Services, and even at the White House's National Security Council, were aware of the potential for a respiratory virus outbreak originating in China to spread quickly to the United States and overwhelm the nation. "Nobody ever thought of numbers like this," Mr. Trump said on Wednesday, at a news conference.

In fact, they had.

From Ebola, Lessons Learned

As early as the George W. Bush administration, homeland security and health officials focused on big gaps in the American response to a biological attacks and the growing risk of pandemics. The first test came in April 2009, just a few months after the start of President Barack Obama's first term. A 10-year-old California girl was diagnosed with a

contagious disease that would be called swine flu or H1N1, the first flu pandemic in more than 40 years.

The Centers for Disease Control and Prevention estimates that ultimately there were about 60.8 million cases in the United States, along with 274,304 hospitalizations and 12,469 deaths associated with H1N1.

The virus turned out to be less deadly than first expected. But it was a warning shot that officials in the Obama administration said they took seriously, kicking off a planning effort that escalated in early 2014, with the outbreak of Ebola in West Africa and ensuing fear that it could spread to the United States.

Ebola was less contagious than the flu, but far more deadly. It killed 11,000 people in Africa. But it could have been far worse. The United States sent nearly 3,000 troops to Africa to help keep the disease from spreading. While the containment effort was considered a success, inside the White House, officials sensed that the United States had gotten lucky — and that the response had revealed gaps in preparedness.

Christopher Kirchhoff, a national security aide who moved from the Pentagon to the White House to deal with the Ebola crisis, was given the job of putting together a “lessons learned” report, with input from across the government.

The weaknesses Mr. Kirchhoff identified were early warning signals of what has unfolded in the past three months.

His report concluded that the United States assumed more ability on the part of the World Health Organization than the agency actually had.

The United States had its own issues. There was no airplane in the U.S. fleet capable of evacuating an American doctor who was infected while treating patients in Liberia. The Pentagon was largely unprepared for the intervention that Mr. Obama ordered.

While the United States rapidly developed a way to screen air passengers coming into the country — borrowing from intelligence tools developed after the Sept. 11, 2001, attacks to track possible terrorists — Mr. Kirchhoff found deficiencies in even measuring how fast the virus was spreading.

On the plus side, the Obama White House had created an Ebola Task Force, run by Ron Klain, Vice President Joseph R. Biden Jr.’s former chief of staff, before a single case emerged in the United States. Congress allocated \$5.4 billion in emergency funding to pay for Ebola treatment and prevention efforts in the United States and West Africa. The money helped fund a little-known agency inside the Department of Health and Human Services in charge of preparing for future contagious disease outbreaks, the same office that in 2019 ran the Crimson Contagion exercise and other similar events in the years since.

After a man named Thomas Duncan, a Liberian citizen, became the first person given a diagnosis of Ebola on American territory in September 2014, errors resulted in the infection of two nurses and fear of a wider spread in the United States. (Mr. Duncan died, but the two nurses recovered.)

What is striking in reading Mr. Kirchhoff’s account today, however, is how few of the major faults he found in the American response resulted in action — even though the report was filled with department-by-department recommendations.

There were deficiencies “in personal protective equipment use, disinfection” and “social services for those placed under quarantine.”

There was confusion over travel restrictions, and the need “for a smoother sliding scale of escalation of government response, from local authorities acting on their own to local

authorities acting with some federal assistance” to the full activation of the federal government.

The report concluded that “a minimum planning benchmark might be an epidemic an order of magnitude or two more difficult than that presented by the outbreak of Ebola in West Africa, with much more significant domestic spread.”

But one big change did come out of the study: The creation of a dedicated office at the National Security Council to coordinate responses and raise the alarm early.

“What I learned most is that we had to stand up a global biosecurity and health directorate, and get it enshrined for the next administration,” said Lisa Monaco, Mr. Obama’s homeland security adviser.

Getting the Trump Team’s Attention

After Mr. Trump’s election, Ms. Monaco arranged an extensive exercise for high-level incoming officials — including Rex W. Tillerson, the nominee for secretary of state; John F. Kelly, designated to become homeland security secretary; and Rick Perry, who would become energy secretary — gaming out the response to a deadly flu outbreak.

She asked Tom Bossert, who was preparing to come in as Mr. Trump’s homeland security adviser, to run the event alongside her.

“We modeled a new strain of flu in the exercise precisely because it’s so communicable,” Ms. Monaco said. “There is no vaccine, and you would get issues like nursing homes being particularly vulnerable, shortages of ventilators.”

Ms. Monaco was impressed by how seriously Mr. Bossert, her successor, appeared to take the threat, as did many of the 30 or so Trump team members who participated in the exercise, details of which were [reported](#) by Politico.

But by the time the current crisis hit, almost all of the leaders at the table — Mr. Tillerson, Mr. Kelly and Mr. Perry among them — had been fired or moved on.

In 2018, Mr. Trump’s national security adviser at the time, John R. Bolton, ousted Mr. Bossert and eliminated the National Security Council directorate, folding it into an office dedicated to weapons of mass destruction in what Trump officials called a logical consolidation.

Asked about that shift on March 13, Mr. Trump told a reporter that it was “[a nasty question](#),” before adding: “I don’t know anything about it.” Writing on Twitter the next day, Mr. Bolton lashed out at critics who said the shift had reflected disregard for pandemic threats.

“Claims that streamlining NSC structures impaired our nation’s bio defense are false,” [Mr. Bolton tweeted](#). “Global health remained a top NSC priority.”

In a statement, the National Security Council said it “has directors and staff whose full-time job it is to monitor, plan for, and respond to pandemics, including an infectious disease epidemiologist and a virologist.”

But in testimony to Congress last week, Dr. Anthony S. Fauci, the director of the National Institute of Allergy and Infectious Diseases, suggested that ending the stand-alone directorate was ill-advised. “It would be nice if the office was still there,” he said.

On Feb. 10, [nearly three weeks](#) after the first coronavirus case was diagnosed in the United States, Mr. Trump submitted a 2021 budget proposal that called for a \$693.3 million reduction in funding for the C.D.C., or about 9 percent, although there was a modest increase for the division that combats global pandemics.

‘Crimson Contagion’

The Crimson Contagion planning exercise run last year by the Department of Health and Human Services involved officials from 12 states and at least a dozen federal agencies. They included the Pentagon, the Department of Veterans Affairs and the National Security Council. Groups like the American Red Cross and American Nurses Association were invited to join, as were health insurance companies and major hospitals like the Mayo Clinic.

The war game-like exercise was overseen by Robert P. Kadlec, a former Air Force physician who has spent decades focused on biodefense issues. After stints on the Bush administration’s Homeland Security Council and the staff of the Senate Intelligence Committee, he was appointed assistant secretary of Health and Human Services for Preparedness and Response.

“He recognized early that we have a big problem and we needed much bigger budgets to prepare,” said Richard Danzig, the secretary of the Navy in the Clinton administration, who had worked with Mr. Kadlec.

The exercise played out in four separate stages, starting in January 2019.

The events were supposedly unspooling in real time — with the worst-case scenario underway as of Aug. 13, 2019 — when, according to the script, 12,100 cases had already been reported in the United States, with the largest number in Chicago, which had 1,400.

The fictional outbreak involved a pandemic flu, which the Department of Health and Human Services says was “very different than the novel coronavirus.” The staged outbreak had started when a group of 35 tourists visiting China were infected and then flew home to Australia, Kuwait, Malaysia, Thailand, Britain and Spain, as well as to the United States, with some developing respiratory symptoms and fevers en route.

A 52-year-old man from Chicago, who was on the tour, had “low energy and a dry cough” upon his return home. His 17-year-old son on that same day went out to a large public event in Chicago, and the chain of illnesses in the United States started.

Many of the moments during the tabletop exercise are now chillingly familiar.

In the fictional pandemic, as the virus spread quickly across the United States, the C.D.C. issued guidelines for social distancing, and many employees were told to work from home.

But federal and state officials struggled to identify which employees were essential and what equipment was needed to effectively work from home.

There also was confusion over how to handle school children. The C.D.C. recommended that states delay school openings — the exercise took place toward the end of the summer. But some school districts decided to go ahead with the start of school while others followed the federal advice, causing the same types of confusion and discrepancies that have marked the response to the coronavirus.

The exercise from last year then went on to predict how the situation on the ground in the United States would worsen as the weeks passed.

Confusion emerged as state governments began to turn in large numbers to Washington for help to address shortages of antiviral medications, personal protective equipment and ventilators. Then states started to submit requests to different branches of the federal government, leading to bureaucratic chaos.

Friction also emerged between the Federal Emergency Management Agency, which is traditionally in charge of disaster response, and the Department of Health and Human Services, another scenario playing out now.

But the problems were larger than bureaucratic snags. The United States, the organizers realized, did not have the means to quickly manufacture more essential medical equipment, supplies or medicines, including antiviral medications, needles, syringes, N95 respirators and ventilators, the agency concluded.

Congress was briefed in December on some of these findings, including the inability to quickly replenish certain medical supplies, given that much of the product comes from overseas.

These concerns turned more urgent at a hearing last Thursday on Capitol Hill, as lawmakers peppered officials with the Department of Health and Human Services with questions that sounded almost as if they had read the script from the fictional exercise, reflecting the shortage of respirators and protective gear.

Senator Mitt Romney, Republican of Utah, said last week that he blamed Congress and prior administrations for not increasing stockpiles of this type of equipment.

“That is an area we ought to consider making an investment in,” he added, making a point, apparently unknown to him, that the administration’s own simulation had made clear five months earlier.

Jenn Sherman

Director of Public Affairs

Office of the Surgeon General

Department of Health and Human Services (HHS)

Sender:	Sherman, Jennifer (HHS/OASH) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F30FE7FAE664419FA654B20EDCCB1E78-SHERMAN, JE>
Recipient:	Adams, Jerome (HHS/OASH) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
Sent Date:	2020/03/20 17:37:40
Delivered Date:	2020/03/20 17:37:41

From:	Nina Williams (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:	2020/03/20 17:40:25
Priority:	Normal
Type:	Note

Nina Williams

(b)(6)

March 20, 2020

Dear Alex Azar,

Dear Administrator Verma:

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Sent Date:	2020/03/20 17:40:02
Delivered Date:	2020/03/20 17:40:25
Message Flags:	Unread

From:	Manda Wood <mwood@carti.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:	2020/03/20 17:40:24
Priority:	Normal
Type:	Note

Manda Wood

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Sender:	Manda Wood <mwood@carti.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:40:02
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Message Flags:	Unread

From:	Margery Michael (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:	2020/03/20 17:40:23
Priority:	Normal
Type:	Note

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March 20, 2020

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Sent Date:	2020/03/20 17:40:02
Delivered Date:	2020/03/20 17:40:23
Message Flags:	Unread

From:	Danielle Pirain (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:	2020/03/20 17:40:27
Priority:	Normal
Type:	Note

Danielle Pirain

(b)(6)

March 20, 2020

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Sent Date:	2020/03/20 17:40:02
Delivered Date:	2020/03/20 17:40:27
Message Flags:	Unread

From:	Crystal Clough <(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:	2020/03/20 17:40:14
Priority:	Normal
Type:	Note

Crystal Clough

(b)(6)

March 20, 2020

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Message Flags:	Unread

From:	Dalal Sierra (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:	2020/03/20 17:40:46
Priority:	Normal
Type:	Note

Dalal Sierra

(b)(6)

March 20, 2020

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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,
Dalal Sierra

Sender:	Dalal Sierra (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:40:02
Delivered Date:	2020/03/20 17:40:46
Message Flags:	Unread

From:	Annette Gaskill <jagaskill@vcn.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:	2020/03/20 17:40:46
Priority:	Normal
Type:	Note

Annette Gaskill

(b)(6)

March 20, 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,
Annette Gaskill

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Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:40:02
Delivered Date:	2020/03/20 17:40:46
Message Flags:	Unread

From:	Steven Tracy <steven.tracy@caromonthealth.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:	2020/03/20 17:40:34
Priority:	Normal
Type:	Note

Steven Tracy

(b)(6)

March 20, 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,
Steven Tracy

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Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:40:03
Delivered Date:	2020/03/20 17:40:34
Message Flags:	Unread

From:	Zorely Arvelo Ortiz <(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:	2020/03/20 17:40:33
Priority:	Normal
Type:	Note

Zorely Arvelo Ortiz

(b)(6)

March 20, 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,
Zorely Arvelo Ortiz

Sender:	Zorely Arvelo Ortiz <(b)(6)>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:40:03
Delivered Date:	2020/03/20 17:40:33
Message Flags:	Unread

From:	Daisy Jimenez-Joseph <jimend1@labcorp.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:	2020/03/20 17:40:28
Priority:	Normal
Type:	Note

Daisy Jimenez-Joseph
LabCorp
Phoenix, AZ 85040

March 20, 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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Daisy Jimenez-Joseph

Sender:	Daisy Jimenez-Joseph <jimend1@labcorp.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:40:03
Delivered Date:	2020/03/20 17:40:28
Message Flags:	Unread

From:	sheryl anes (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:	2020/03/20 17:40:49
Priority:	Normal
Type:	Note

sheryl anes

(b)(6)

March 20, 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,
Sheryl Dumangas

Sender:	sheryl anes (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:40:03
Delivered Date:	2020/03/20 17:40:49
Message Flags:	Unread

From:	Linda Moore (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:	2020/03/20 17:40:13
Priority:	Normal
Type:	Note

Linda Moore

(b)(6)

March 20, 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,
Linda Moore

Sender:	Linda Moore (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:40:03
Delivered Date:	2020/03/20 17:40:13
Message Flags:	Unread

From:	Jane Sable (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:	2020/03/20 17:40:27
Priority:	Normal
Type:	Note

Jane Sable

(b)(6)

March 20, 2020

Dear Alex Azar,

Dear Administrator Verma:

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Sincerely,
Jane Sable

Sender:	Jane Sable (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:40:03
Delivered Date:	2020/03/20 17:40:27
Message Flags:	Unread

From:	Marilyn Heet <(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:	2020/03/20 17:40:18
Priority:	Normal
Type:	Note

Marilyn Heet
(b)(6)

March 20, 2020

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Sincerely,
Marilyn Heet

Sender:	Marilyn Heet <(b)(6)>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:40:03
Delivered Date:	2020/03/20 17:40:18
Message Flags:	Unread

From:	Katherine Taylor (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:	2020/03/20 17:40:23
Priority:	Normal
Type:	Note

Katherine Taylor
(b)(6)

March 20, 2020

Dear Alex Azar,

Dear Administrator Verma:

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Sincerely,
Katherine Taylor

Sender:	Katherine Taylor <(b)(6)>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:40:04
Delivered Date:	2020/03/20 17:40:23
Message Flags:	Unread

From:	Alana 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:	2020/03/20 17:40:22
Priority:	Normal
Type:	Note

Alana Smith

(b)(6)

March 20, 2020

Dear Alex Azar,

Dear Administrator Verma:

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Sincerely,
Alana Smith

Sender:	Alana Smith (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:40:04
Delivered Date:	2020/03/20 17:40:22
Message Flags:	Unread

From:	Susan Strenk <sstrenk@fredhutch.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:	2020/03/20 17:41:00
Priority:	Normal
Type:	Note

Susan Strenk

(b)(6)

March 20, 2020

Dear Alex Azar,

Dear Administrator Verma:

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Sincerely,
Susan Strenk

Sender:	Susan Strenk <sstrenk@fredhutch.org>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:40:04
Delivered Date:	2020/03/20 17:41:00
Message Flags:	Unread

From:	Jorge Billoch <jbilloch@hrplabs.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:	2020/03/20 17:40:58
Priority:	Normal
Type:	Note

Jorge Billoch
300 Ave. Domenech
San Juan, PR 00918

March 20, 2020

Dear Alex Azar,

Dear Administrator Verma:

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Sincerely,
Jorge Billoch, MD

Sender:	Jorge Billoch <jbilloch@hrplabs.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:40:04
Delivered Date:	2020/03/20 17:40:58
Message Flags:	Unread

From:	Aubrey Gasper <(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:	2020/03/20 17:40:50
Priority:	Normal
Type:	Note

Aubrey Gasper

(b)(6)

March 20, 2020

Dear Alex Azar,

Dear Administrator Verma:

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Sincerely,
Aubrey Gasper

Sender:	Aubrey Gasper <(b)(6)>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 17:40:04
Delivered Date:	2020/03/20 17:40:50
Message Flags:	Unread

From:	Teresa Hosmer <(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:	2020/03/20 17:50:42
Priority:	Normal
Type:	Note

Teresa Hosmer

(b)(6)

March 20, 2020

Dear Alex Azar,

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Sincerely,

Teresa Hosmer

Sender:	Teresa Hosmer <(b)(6)>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
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From:	Jennifer Hopkins <jennifer.hopkins@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:	2020/03/20 17:50:41
Priority:	Normal
Type:	Note

Jennifer Hopkins

(b)(6)

March 20, 2020

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From:	JAMA <updates@jamanetwork.org>
To:	Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.(FYDIBOHF23SPDLT)/cn=Recipients/cn=184fe51f7350400b8a99dabd65ac0db5-Adams, Jero>
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EDITORIAL

Conserving Supply of Personal Protective Equipment—A Call for Ideas

JAMA seeks creative immediate solutions for how to maximize the use of PPE, conserve the supply of PPE, and identify new sources of PPE.

Howard Bauchner, MD; Phil B. Fontanarosa, MD, MBA; Edward H. Livingston, MD

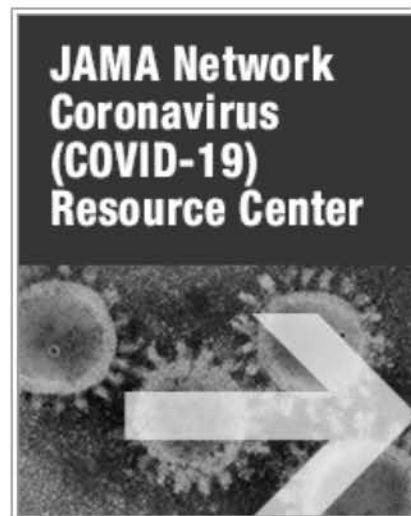
JAMA PATIENT PAGE

Stopping the Spread of COVID-19

Angel N. Desai, MD, MPH; Payal Patel, MD, MPH

CORRECTION

Errors in Text, Figure, and End Matter



[Check back here for updates on COVID-19 diagnosis and treatment](#)

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Subject:	HHS, DOD Coordinate International Airlift of COVID-19 Supplies
Date:	2020/03/20 18:10:21
Priority:	Normal
Type:	Note



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Subject:	HHS, DOD Coordinate International Airlift of COVID-19 Supplies
Date:	2020/03/20 18:12:27
Priority:	Normal
Type:	Note



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Subject:	HHS, DOD Coordinate International Airlift of COVID-19 Supplies
Date:	2020/03/20 18:10:50
Priority:	Normal
Type:	Note



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To:	Hargan, Eric (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9a3a3891ba3c4624821f80867da25a4b-Hargan, Eri>
Subject:	HHS, DOD Coordinate International Airlift of COVID-19 Supplies
Date:	2020/03/20 18:10:53
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From:	HHS Office of Public Affairs <hhsopa@hhs.gov>
To:	Harrison, Brian (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B>
Subject:	HHS, DOD Coordinate International Airlift of COVID-19 Supplies
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From:	Kathleen Becan-McBride <(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:	2020/03/20 18:10:42
Priority:	Normal
Type:	Note

Kathleen Becan-McBride

(b)(6)

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From:	Keaunis Grant <(b)(6)>
To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
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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,
Keaunis Grant

Sender:	Keaunis Grant <(b)(6)>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 18:10:09
Delivered Date:	2020/03/20 18:10:35
Message Flags:	Unread

From:	Lauren Gagnon <(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:	2020/03/20 18:10:40
Priority:	Normal
Type:	Note

Lauren Gagnon

(b)(6)

March 20, 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,
Lauren Gagnon

Sender:	Lauren Gagnon <(b)(6)>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 18:10:10
Delivered Date:	2020/03/20 18:10:40
Message Flags:	Unread

From:	Danielle Heinze <(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:	2020/03/20 18:10:40
Priority:	Normal
Type:	Note

Danielle Heinze

(b)(6)

March 20, 2020

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Dear Administrator Verma:

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Sincerely,

Danielle Heinze

Sender:	Danielle Heinze <(b)(6)>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 18:10:10
Delivered Date:	2020/03/20 18:10:40
Message Flags:	Unread

From:	EDWIN ALICEA <(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:	2020/03/20 18:10:38
Priority:	Normal
Type:	Note

EDWIN ALICEA

(b)(6)

March 20, 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,
EDWIN ALICEA

Sender:	EDWIN ALICEA <(b)(6)>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 18:10:10
Delivered Date:	2020/03/20 18:10:38
Message Flags:	Unread

From:	Rose Riley <(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:	2020/03/20 18:10:38
Priority:	Normal
Type:	Note

Rose Riley

(b)(6)

March 20, 2020

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Dear Administrator Verma:

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Sincerely,
Rose Riley

Sender:	Rose Riley <(b)(6)>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 18:10:10
Delivered Date:	2020/03/20 18:10:38
Message Flags:	Unread

From:	Robin Moiseff <(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:	2020/03/20 18:10:44
Priority:	Normal
Type:	Note

Robin Moiseff

(b)(6)

March 20, 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,
Robin Moiseff

Sender:	Robin Moiseff <(b)(6)>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 18:10:10
Delivered Date:	2020/03/20 18:10:44
Message Flags:	Unread

From:	Amy Etherington (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:	2020/03/20 18:10:44
Priority:	Normal
Type:	Note

Amy Etherington

(b)(6)

March 20, 2020

Dear Alex Azar,

Dear Administrator Verma:

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Sincerely,

Amy Etherington

Sender:	Amy Etherington (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 18:10:10
Delivered Date:	2020/03/20 18:10:44
Message Flags:	Unread

From:	Wendi Savage (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:	2020/03/20 18:10:43
Priority:	Normal
Type:	Note

Wendi Savage

(b)(6)

March 20, 2020

Dear Alex Azar,

Dear Administrator Verma:

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Sender:	Wendi Savage (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 18:10:10
Delivered Date:	2020/03/20 18:10:43
Message Flags:	Unread

From:	Georgianne Mattise (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:	2020/03/20 18:10:43
Priority:	Normal
Type:	Note

Georgianne Mattise

(b)(6)

March 20, 2020

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Georgianne Mattise

Sender:	Georgianne Mattise (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 18:10:10
Delivered Date:	2020/03/20 18:10:43
Message Flags:	Unread

From:	Nilufar Rahman (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:	2020/03/20 18:11:17
Priority:	Normal
Type:	Note

Nilufar Rahman

(b)(6)

March 20, 2020

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Sincerely,

Nilufar Rahman

Sender:	Nilufar Rahman <mdrahman18@gmail.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 18:10:11
Delivered Date:	2020/03/20 18:11:17
Message Flags:	Unread

From:	Kathy Grinaway (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:	2020/03/20 18:10:46
Priority:	Normal
Type:	Note

Kathy Grinaway

(b)(6)

March 20, 2020

Dear Alex Azar,

Dear Administrator Verma:

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Sincerely,
Kathy Grinaway

Sender:	Kathy Grinaway (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 18:10:11
Delivered Date:	2020/03/20 18:10:46
Message Flags:	Unread

From:	Angela Biron (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:	2020/03/20 18:10:45
Priority:	Normal
Type:	Note

Angela Biron

(b)(6)

March 20, 2020

Dear Alex Azar,

Dear Administrator Verma:

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Sincerely,
Angela Biron

Sender:	Angela Biron <(b)(6)>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 18:10:11
Delivered Date:	2020/03/20 18:10:45
Message Flags:	Unread

From:	Kristina McKim (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:	2020/03/20 18:10:39
Priority:	Normal
Type:	Note

Kristina McKim

(b)(6)

March 20, 2020

Dear Alex Azar,

Dear Administrator Verma:

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Sincerely,
Kristina McKim

Sender:	Kristina McKim (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 18:10:11
Delivered Date:	2020/03/20 18:10:39
Message Flags:	Unread

From:	Jazmin Zamora Meza (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:	2020/03/20 18:10:41
Priority:	Normal
Type:	Note

Jazmin Zamora Meza

(b)(6)

March 20, 2020

Dear Alex Azar,

Dear Administrator Verma:

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Sincerely,

Jazmin Zamora Meza

Sender:	Jazmin Zamora Meza (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 18:10:11
Delivered Date:	2020/03/20 18:10:41
Message Flags:	Unread

From:	Judith Shaw (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:	2020/03/20 18:10:41
Priority:	Normal
Type:	Note

Judith Shaw
(b)(6)

March 20, 2020

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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,
Judith Shaw

Sender:	Judith Shaw (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 18:10:11
Delivered Date:	2020/03/20 18:10:41
Message Flags:	Unread

From:	Patricia DeTurk (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:	2020/03/20 18:11:28
Priority:	Normal
Type:	Note

Patricia DeTurk

(b)(6)

March 20, 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,

Patricia DeTurk

Sender:	Patricia DeTurk (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 18:10:12
Delivered Date:	2020/03/20 18:11:28
Message Flags:	Unread

From:	Lynnette Wielgos (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:	2020/03/20 18:11:25
Priority:	Normal
Type:	Note

Lynnette Wielgos

(b)(6)

March 20, 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,
Lynnette Wielgos

Sender:	Lynnette Wielgos (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 18:10:12
Delivered Date:	2020/03/20 18:11:25
Message Flags:	Unread

From:	Hannan Yahya (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:	2020/03/20 18:11:21
Priority:	Normal
Type:	Note

Hannan Yahya

(b)(6)

March 20, 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,
Hannan Yahya

Sender:	Hannan Yahya (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 18:10:12
Delivered Date:	2020/03/20 18:11:21
Message Flags:	Unread

From:	Michelle Jackson <(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:	2020/03/20 18:11:20
Priority:	Normal
Type:	Note

Michelle Jackson

(b)(6)

March 20, 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,
Michelle Jackson

Sender:	Michelle Jackson <(b)(6)>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 18:10:12
Delivered Date:	2020/03/20 18:11:20
Message Flags:	Unread

From:	mary ann merritt <maryann.merritt@tmmc.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:	2020/03/20 18:11:53
Priority:	Normal
Type:	Note

mary ann merritt

(b)(6)

March 20, 2020

Dear Alex Azar,

Dear Administrator Verma:

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

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Sincerely,

mary ann merritt

Sender:	mary ann merritt <maryann.merritt@tmmc.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 18:10:13
Delivered Date:	2020/03/20 18:11:53
Message Flags:	Unread

From:	Alexandra Brown <(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:	2020/03/20 18:11:53
Priority:	Normal
Type:	Note

Alexandra Brown

(b)(6)

March 20, 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,

Alexandra Brown

Sender:	Alexandra Brown <(b)(6)>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 18:10:13
Delivered Date:	2020/03/20 18:11:53
Message Flags:	Unread

From:	Casey Earls <(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:	2020/03/20 18:11:49
Priority:	Normal
Type:	Note

Casey Earls

(b)(6)

March 20, 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,
Casey Earls

Sender:	Casey Earls <(b)(6)>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 18:10:13
Delivered Date:	2020/03/20 18:11:49
Message Flags:	Unread

From:	Frankie Schmidt (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:	2020/03/20 18:11:37
Priority:	Normal
Type:	Note

Frankie Schmidt

(b)(6)

March 20, 2020

Dear Alex Azar,

Dear Administrator Verma:

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Sincerely,
Frankie Schmidt

Sender:	Frankie Schmidt (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 18:10:13
Delivered Date:	2020/03/20 18:11:37
Message Flags:	Unread

From:	Robert Schwartz (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:	2020/03/20 18:20:56
Priority:	Normal
Type:	Note

Robert Schwartz

(b)(6)

March 20, 2020

Dear Alex Azar,

Dear Administrator Verma:

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Sincerely,
Robert Schwartz

Sender:	Robert Schwartz (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 18:20:14
Delivered Date:	2020/03/20 18:20:56
Message Flags:	Unread

From:	Erica Percy (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:	2020/03/20 18:20:55
Priority:	Normal
Type:	Note

Erica Percy
(b)(6)

March 20, 2020

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Dear Administrator Verma:

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Sincerely,
Erica Percy

Sender:	Erica Percy (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 18:20:14
Delivered Date:	2020/03/20 18:20:55
Message Flags:	Unread

From:	colleen olsen <colleen.olsen@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:	2020/03/20 18:20:54
Priority:	Normal
Type:	Note

colleen olsen

(b)(6)

March 20, 2020

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Dear Administrator Verma:

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Sincerely,
colleen olsen

Sender:	colleen olsen <colleen.olsen@ascension.org>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 18:20:14
Delivered Date:	2020/03/20 18:20:54
Message Flags:	Unread

From:	Brigette Hinton (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:	2020/03/20 18:21:04
Priority:	Normal
Type:	Note

Brigette Hinton

(b)(6)

March 20, 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,
Brigette Hinton

Sender:	Brigette Hinton (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 18:20:15
Delivered Date:	2020/03/20 18:21:04
Message Flags:	Unread

From:	Rebecca Devine (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:	2020/03/20 18:21:02
Priority:	Normal
Type:	Note

Rebecca Devine

(b)(6)

March 20, 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,
Rebecca Devine

Sender:	Rebecca Devine (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 18:20:15
Delivered Date:	2020/03/20 18:21:02
Message Flags:	Unread

From:	Lucy Giraldo (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:	2020/03/20 18:21:02
Priority:	Normal
Type:	Note

Lucy Giraldo

(b)(6)

March 20, 2020

Dear Alex Azar,

Dear Administrator Verma:

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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,
Lucy Giraldo

Sender:	Lucy Giraldo (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 18:20:15
Delivered Date:	2020/03/20 18:21:02
Message Flags:	Unread

From:	Christia Keyte (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:	2020/03/20 18:21:02
Priority:	Normal
Type:	Note

Christia Keyte

(b)(6)

March 20, 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,
Christia Keyte

Sender:	Christia Keyte (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 18:20:15
Delivered Date:	2020/03/20 18:21:02
Message Flags:	Unread

From:	Donald Durett (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:	2020/03/20 18:21:01
Priority:	Normal
Type:	Note

Donald Durett

(b)(6)

March 20, 2020

Dear Alex Azar,

Dear Administrator Verma:

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Sincerely,
Donald Durett

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Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 18:20:15
Delivered Date:	2020/03/20 18:21:01
Message Flags:	Unread

From:	elaine Christ <elaine.christ@agilent.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:	2020/03/20 18:21:00
Priority:	Normal
Type:	Note

elaine Christ

(b)(6)

March 20, 2020

Dear Alex Azar,

Dear Administrator Verma:

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Sincerely,
elaine Christ

Sender:	elaine Christ <elaine.christ@agilent.com>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 18:20:15
Delivered Date:	2020/03/20 18:21:00
Message Flags:	Unread

From:	Linda Klinkenberger (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:	2020/03/20 18:30:34
Priority:	Normal
Type:	Note

Linda Klinkenberger

(b)(6)

March 20, 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,
Linda Klinkenberger

Sender:	Linda Klinkenberger (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 18:30:17
Delivered Date:	2020/03/20 18:30:34
Message Flags:	Unread

From:	Edouard Tassy (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:	2020/03/20 18:30:34
Priority:	Normal
Type:	Note

Edouard Tassy

(b)(6)

March 20, 2020

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Dear Administrator Verma:

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Edouard Tassy

Sender:	Edouard Tassy (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 18:30:17
Delivered Date:	2020/03/20 18:30:34
Message Flags:	Unread

From:	Kenya Harley (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:	2020/03/20 18:30:33
Priority:	Normal
Type:	Note

Kenya Harley
(b)(6)

March 20, 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,
Kenya Harley

Sender:	Kenya Harley (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 18:30:17
Delivered Date:	2020/03/20 18:30:33
Message Flags:	Unread

From:	Max Faeq <(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:	2020/03/20 18:30:41
Priority:	Normal
Type:	Note

Max Faeq

(b)(6)

March 20, 2020

Dear Alex Azar,

Dear Administrator Verma:

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Max Faeq

Sender:	Max Faeq <(b)(6)>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 18:30:17
Delivered Date:	2020/03/20 18:30:41
Message Flags:	Unread

From:	Rebecca Haag <(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:	2020/03/20 18:30:38
Priority:	Normal
Type:	Note

Rebecca Haag

(b)(6)

March 20, 2020

Dear Alex Azar,

Dear Administrator Verma:

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Sincerely,
Rebecca Haag

Sender:	Rebecca Haag <(b)(6)>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 18:30:17
Delivered Date:	2020/03/20 18:30:38
Message Flags:	Unread

From:	Victoria Rensink (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:	2020/03/20 18:30:35
Priority:	Normal
Type:	Note

Victoria Rensink

(b)(6)

March 20, 2020

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Dear Administrator Verma:

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Victoria Rensink

Sender:	Victoria Rensink (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 18:30:18
Delivered Date:	2020/03/20 18:30:35
Message Flags:	Unread

From:	Bradley Kopec (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:	2020/03/20 18:30:44
Priority:	Normal
Type:	Note

Bradley Kopec

(b)(6)

March 20, 2020

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Sincerely,
Bradley Kopec

Sender:	Bradley Kopec (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 18:30:18
Delivered Date:	2020/03/20 18:30:44
Message Flags:	Unread

From:	Dennis Dayton <(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:	2020/03/20 18:30:42
Priority:	Normal
Type:	Note

Dennis Dayton

(b)(6)

March 20, 2020

Dear Alex Azar,

Dear Administrator Verma:

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Sincerely,
Dennis Dayton

Sender:	Dennis Dayton <(b)(6)>
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 18:30:18
Delivered Date:	2020/03/20 18:30:42
Message Flags:	Unread

From:	Susan Weekley (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:	2020/03/20 18:30:34
Priority:	Normal
Type:	Note

Susan Weekley

(b)(6)

March 20, 2020

Dear Alex Azar,

Dear Administrator Verma:

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Sincerely,
Susan Weekley

Sender:	Susan Weekley (b)(6)
Recipient:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Sent Date:	2020/03/20 18:30:18
Delivered Date:	2020/03/20 18:30:34
Message Flags:	Unread

From:	HHS Office of Public Affairs <hhsopa@hhs.gov>
To:	Brooks, John (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=646c7a34da9148189df0d76a885388b9-Brooks, Joh>
Subject:	HHS Announces Upcoming Action to Provide Funding to Tribes for COVID-19 Response
Date:	2020/03/20 18:39:02
Priority:	Normal
Type:	Note



U.S. Department of Health and
Human Services

News Release

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

FOR IMMEDIATE RELEASE

March 20, 2020

HHS Announces Upcoming Action to Provide Funding to Tribes for COVID-19 Response

Today, the Department of Health and Human Services (HHS) is announcing upcoming action by the Centers for Disease Control and Prevention (CDC) to provide \$80 million in funding to tribes, tribal organizations, and Urban Indian Organizations for resources in support of our nation's response to the 2019 novel coronavirus (COVID-19). This initial action will be followed by additional funding made available on Wednesday, when President Trump signed the Families First Coronavirus Response Act into law, providing additional funds to the Indian Health Service for COVID-19 testing.

"Our nation's tribal health leaders are on the front lines of the COVID-19 outbreak and these additional resources will help increase public health capacity for Indian Country," said CDC Director Robert Redfield. "This virus presents new challenges and our nation's public health infrastructure must have the flexibility to implement public health measures to respond aggressively to the outbreak and to protect all Americans."

As part of this upcoming funding action, CDC will:

- • Supplement an existing CDC Cooperative Agreement to get resources quickly to nine regionally designated tribal organizations, including resources for sub-awards to tribes with the greatest burden and needs in their region and other direct funds to a number of large tribes.
- • Supplement existing funding to the National Council of Urban Indian Health, which will make sub-awards to 41 urban Indian health centers.
- • Supplement existing funding to the National Indian Health Board for COVID-19 communication activities.
- • Issue a new non-competitive grant Notice of Funding Opportunity to reach all Title I and Title V tribes that are eligible to apply for a Federal grant.

For more information about COVID-19, please visit CDC's website:
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

###

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If you would rather not receive future communications from U.S. Department of Health and Human Services (HHS), let us know by clicking [here](#).
 U.S. Department of Health and Human Services (HHS), 200 Independence Avenue, SW 6th Floor Room 647-D, Washington, DC 20201 United States

Sender:	HHS Office of Public Affairs <hhsopa@hhs.gov>
Recipient:	Brooks, John (HHS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=646c7a34da9148189df0d76a885388b9-Brooks, Joh>
Sent Date:	2020/03/20 18:38:28
Delivered Date:	2020/03/20 18:39:02
Message Flags:	Unread

From:	HHS Office of Public Affairs <hhsopa@hhs.gov>
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Subject:	HHS Announces Upcoming Action to Provide Funding to Tribes for COVID-19 Response
Date:	2020/03/20 18:39:09
Priority:	Normal
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U.S. Department of Health and
Human Services

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FOR IMMEDIATE RELEASE

March 20, 2020

HHS Announces Upcoming Action to Provide Funding to Tribes for COVID-19 Response

Today, the Department of Health and Human Services (HHS) is announcing upcoming action by the Centers for Disease Control and Prevention (CDC) to provide \$80 million in funding to tribes, tribal organizations, and Urban Indian Organizations for resources in support of our nation's response to the 2019 novel coronavirus (COVID-19). This initial action will be followed by additional funding made available on Wednesday, when President Trump signed the Families First Coronavirus Response Act into law, providing additional funds to the Indian Health Service for COVID-19 testing.

"Our nation's tribal health leaders are on the front lines of the COVID-19 outbreak and these additional resources will help increase public health capacity for Indian Country," said CDC Director Robert Redfield. "This virus presents new challenges and our nation's public health infrastructure must have the flexibility to implement public health measures to respond aggressively to the outbreak and to protect all Americans."

As part of this upcoming funding action, CDC will:

- • Supplement an existing CDC Cooperative Agreement to get resources quickly to nine regionally designated tribal organizations, including resources for sub-awards to tribes with the greatest burden and needs in their region and other direct funds to a number of large tribes.
- • Supplement existing funding to the National Council of Urban Indian Health, which will make sub-awards to 41 urban Indian health centers.
- • Supplement existing funding to the National Indian Health Board for COVID-19 communication activities.
- • Issue a new non-competitive grant Notice of Funding Opportunity to reach all Title I and Title V tribes that are eligible to apply for a Federal grant.

For more information about COVID-19, please visit CDC's website:
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

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To:	Azar, Alex (OS/IOS) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cd4875f6a7414810934ed443c7f34740-Azar, Alex>
Subject:	HHS Announces Upcoming Action to Provide Funding to Tribes for COVID-19 Response
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